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

2. Function, Event, or Ceremonial Role Information

   Title  WARRIORS GAME
   Description  MIAMI HEAT
   Face Value of Each Admission $  95.00
   Date(s) 01/10/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: ____________________________
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY
   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>LEIF MADRIGAL</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER SERVICE TO THE PUBLIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<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
   LEE ANN FERGERSON
   Print Name
   Ticket Administrator
   01/25/12
   (month, day, year)

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

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 Golden State Warriors v Memphis Grizzlies

Face Value of Each Admission $ 95.00

Description Basketball Game

Date(s) 3/7/12

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: Haggerty, Scott; 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>Tri-Cities Volunteers</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>37350 Joseph Street, Fremont, CA 94536</td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Newman Park Neighborhood</td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Newark Union City Residents</td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Newark Union City School</td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Newark Union City Elementary School</td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee

Lee Ann Fergusson

Print Name

Ticket Administrator

Title

1/12/12

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
### Agency Name
- **County of Alameda**
- **Board of Supervisors**

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

### Designated Agency Contact
- **Crystal Hishida Graff, Clerk, Board of Supervisors**

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

### E-mail
- crystal.hishida@acgov.org

### Function, Event, or Ceremonial Role Information

- **Title:** Golden State Warriors v. Phoenix Suns
- **Description:** Basketball game
- **Face Value of Each Admission:** $95.00
- **Date(s):** 2/13/12

### Ticket(s)/Admission(s) provided by agency?
- Yes [X] No [ ]

### Was the distribution to persons identified below made at the behest of an agency official?
- Yes [X] No [ ]

#### 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>Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612</td>
<td>4</td>
<td>Yes [X] No [ ]</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>Broad range of services for domestic violence victims and their families</td>
<td></td>
<td>No [X]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X] No [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X] No [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X] No [ ]</td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

### 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 Ferguson
- **Print Name:** Ticket Administrator
- **Title:** 1/9/12

**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

2. Function, Event, or Ceremonial Role Information
   Title WARRIORS GAME
   Description BASKETBALL
   Face Value of Each Admission $ 95.00
   Date(s) 03/16/12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: __________________________ Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY
   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.
   |------------------------------------------------------------------|---------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------
   | TOM BURNS                                                      | 4                               | Yes ☑ No ☐      | TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER SERVICE TO THE PUBLIC  
   |                                                                 |                                 | Yes ☑ No ☐      | Income  
   |                                                                 |                                 | Yes ☑ No ☐      | Income  
   |                                                                 |                                 | Yes ☑ No ☐      | Income  
   |                                                                 |                                 | Yes ☑ No ☐      | Income  
   |                                                                 |                                 | Yes ☑ No ☐      | Income  

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   LEE ANN FERGERSON
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   01/25/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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 WARRIORS GAME
   Description BASKETBALL
   Face Value of Each Admission $ 95.00
   Date(s) 02 / 02 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: ____________________________ Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Income
   |------------------------------------------------------------------|---------------------------------|----------------|--------
   | GARRETT CONTRERAS                                               | 4                               | Yes ☐ No ☐     | Income
   |                                                                  |                                 |                |        
   |                                                                  | Yes ☐                           | No ☐           |        
   |                                                                  |                                 |                |        
   |                                                                  | Yes ☐                           | No ☐           |        
   |                                                                  |                                 |                |        
   |                                                                  | Yes ☐                           | No ☐           |        
   |                                                                  |                                 |                |        
   |                                                                  | Yes ☐                           | No ☐           |        
   |                                                                  |                                 |                |        
   |                                                                  | Yes ☐                           | No ☐           |        
   |                                                                  |                                 |                |        
   |                                                                  | 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
   LEE ANN FERGEBRON
   Ticket Administrator
   01/25/12
   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)
   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  WARRIORS GAME
   Description  BASKETBALL
   Face Value of Each Admission $ 95.00
   Date(s)  01/25/12
   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:  ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY
             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>rob stoker</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
<td>Income</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>
<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>
<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>
</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  01/25/12
   (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

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

☐ Amendment (Must provide explanation in Part 3.)

2. Function, Event, or Ceremonial Role Information

Title: WARRIORS GAME

Description: BASKETBALL

Face Value of Each Admission $ 95.00

Date(s) 03 / 13 / 12

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: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY

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>ANDREAS CLUVER</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.

☐ If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

3. Verification

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

LEE ANN FERGERSON
Print Name
Ticket Administrator
Title
01/25/12 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title GSW
   Description AMA SUPERCROSS
   Face Value of Each Admission $ 156
   Date(s) 01 / 28 / 12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: __________ Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERITY, DIST. 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>
</tr>
</thead>
<tbody>
<tr>
<td>NICK NAPPO</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public</td>
</tr>
</tbody>
</table>

   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 LEE ANN FERGERSON
   Print Name
   Ticket Administrator Title
   01.26.12 (month, day, year)

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

1. Agency Name
   COUNTY OF ALAMEDA
   BOARD OF SUPERVISORS
   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 GSW
   Description AMA SUPERCROSS
   Face Value of Each Admission $156
   Date(s) 01/28/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: ________________________________ Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐
   If yes: ________________________________ 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>DALE RABENEAU</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to reward a community volunteer for his service to the County</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☑</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

   LEE ANN FERGERSON
   Print Name

   TICKET ADMINISTRATOR
   Title
   01.26.12 (month, day, year)

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

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 Golden State Warriors v Utah Jazz
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 1/7/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Haggerty, Scott; 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>4</td>
<td>Yes ☐ No ☑</td>
<td>To reward a community volunteer for his contributions to the community.</td>
<td>☐</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</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.

   Lee Ann Fergerson
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   1/12/12
   (month, day, year)

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

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 Golden State Warriors v. Phoenix Suns
Description Basketball game
Face Value of Each Admission $ 95.00
Date(s) 2 / 13 / 12

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Lockyer, Nadia - Alameda County 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>Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612</td>
<td>4</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Broad range of services for domestic violence victims and their families</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.

Michelle Dianda
Ticket Administrator
1/5/12

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

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) 272-3832
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: (month, day, year)

2. Function, Event, or Ceremonial Role Information
Title  Golden State Warriors
Description  Basketball Game
Face Value of Each Admission $ 95.00
Date(s)  01 / 07 / 12

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

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

Yes ☑ No ☐ If yes: 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>Lockyer, Nadia</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.

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.

MICHELLE DIANDA  
Signature of Agency Head or Designee  

Ticket Administrator  
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)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3832
E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors Game
Face Value of Each Admission $ 95.00
Description Basketball Game
Date(s) 01 / 10 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: 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>Briones, Mario</td>
<td>4</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>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.

MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Title

Ticket Administrator
1/10/12 (month, day, year)

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

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 Golden State Warriors
Description Basketball Game
Face Value of Each Admission $ 95.00
Date(s) 04 / 24 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Lockyer, Nadia- Supervisor District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th># 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>Literacy Plus Program</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>835 C Street, Hayward, CA 94541</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Operated by Hayward Library to help students improve reading and writing skills.</td>
<td>Yes ☐ No ☐</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 Ticket Administrator

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) 272-3832 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Harlem Globetrotters
   Description Basketball Event
   Face Value of Each Admission $ 69.00
   Date(s) 01/14/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: 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>YMCA- Fremont/Newark</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>41811 Blacow Rd, Fremont 94538</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Offers childcare and youth programs</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date 1/12/12

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

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
WWE Raw
Description
Wrestling Event
Date(s)
01 / 15 / 12
Face Value of Each Admission
$ 62.00
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>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>YMCA- Fremont/Newark</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>41811 Blacow Rd, Fremont 94538</td>
<td>Yes ☐ No ☑</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td>Offers childcare and youth programs</td>
<td>Yes ☐ No ☑</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</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 Field or Designee

Ticket Administrator
Print Name

Date
12/12
(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: 886/ASK-FPPC (886/275-3772)
1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors Game
Description Basketball Game
Face Value of Each Admission $ 95.00
Date(s) 02 / 07 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
If yes: 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Laughlin, Jim</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<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.

MICHELLE DIANADA
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.)
### Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. **Agency Name**
   - County of Alameda
   - Board of Supervisors

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Golden State Warriors
   - **Face Value of Each Admission**: $95.00
   - **Date(s)**: 02/07/12
   - **Ticket(s)/Admission(s) provided by agency?**: Yes □ No □
   - **If no**: Golden State Warriors
   - **Name of Source**

   Was the distribution to persons identified below made at the behest of an agency official?
   - Yes □ No □
   - **If yes**: 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Agency Official Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterson, Patti</td>
<td>6</td>
<td>Yes □ No □</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**: MICHELLE DIANDA
   - **Title**:  
   - **Date**: 1/7/12

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

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 Golden State Warriors
Face Value of Each Admission $ 95.00

Description Basketball Game
Date(s) 02 / 20 / 12

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

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

Yes ☑ No ☐ If yes: 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>Lighthouse Community Center 1217 A Street, Hayward CA 94541</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>☑</td>
</tr>
<tr>
<td>To serve the LGBTQ community and allies in Southern Alameda County</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
MICHELLE DIANDA
Print Name
Ticket Administrator

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 Parking Pass at a $18 value

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) 272-3832
E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors
Face Value of Each Admission $ 95.00
Date(s) 02/15/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claudia Briones</td>
<td>4</td>
<td>Yes ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Dianda
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) 272-3832 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 Michael Jackson Tour
Face Value of Each Admission $ 207.35
Description Cirque Du Soleil Show
Date(s) 01/17/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: 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>Batista, Michelle</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. 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.

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.)
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) 272-3832
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Michael Jackson Tour
   Face Value of Each Admission
   $ 207.35
   Description
   Cirque Du Soleil Show
   Date(s)
   01 / 18 / 12
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: 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>The explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Godoy, Shadia</td>
<td>4</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>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>
<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: 1/17/12
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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 Golden State Warriors
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 01 / 20 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes:锁钥, 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>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>Lowe, Elgin</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his exemplary service to the public. 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>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18044.1 and 18042. 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
(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

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission $95.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Basketball Game</td>
</tr>
<tr>
<td>Date(s)</td>
<td>01/23/12</td>
</tr>
<tr>
<td>Ticket(s)/Admission(s) provided by agency?</td>
<td>Yes ☐ No ☑ If no: Golden State Warriors</td>
</tr>
<tr>
<td>Was the distribution to persons identified below made at the behest of an agency official?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>If yes:</td>
<td>Lockyer, Nadia- Supervisor District 2</td>
</tr>
<tr>
<td>Official’s Name (Last, First) and Title</td>
<td></td>
</tr>
</tbody>
</table>

**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>Muhammad, David</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></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**3. Verification**

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

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.)
Includes 1 parking pass at a value of $18

FPPC Form 802 (2/11)
FPPC Toll-Free Hotline: 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
   Golden State Warriors
   Description
   Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 01 / 31 / 12

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

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Lockyer, Nadia- Supervisor District 2
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewart, Greg</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 revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</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>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator
   Title
   Date: 02/25/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at a value of $18.
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 Golden State Warriors
   Description Basketball Game
   Face Value of Each Admission $95.00
   Date(s) 01 / 25 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: 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>Richart, Brian</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year) 1/25/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at a value of $18.
**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** Golden State Warriors
   **Face Value of Each Admission** $95.00
   **Date(s)** 02 / 02 / 12
   **Ticket(s)/Admission(s) provided by agency?** Yes □ No □
   If no: Golden State Warriors
   **Name of Source**
   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes □ No □
   If yes: 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>Laws, Jeryl</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue</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**
Michele Dianda
**Print Name**
**Title**

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at a value of $18.
### 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:** Monster Energy AMA Supercross
- **Face Value of Each Admission:** $156.00
- **Date(s):** 01/28/12

#### Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X]
If no: Oakland Raiders

Was the distribution to persons identified below made at the behest of an agency official?
- Yes [X] No [ ]

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

#### 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>Briones, Antonia</td>
<td>3</td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ] To promote attendance at an event held at a County facility in order to maximize potential revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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:** [Signature]  
**Print Name:** MICHELLE DIANDA  
**Ticket Administrator Title:** [Title]  
**Date:** 1/27/12

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

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden State Warriors v. Phoenix Suns</td>
<td>$95.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball game</td>
<td>2/13/12</td>
</tr>
</tbody>
</table>

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

If no: Golden State Warriors

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

Yes □ No □

If yes: Chan, Wilma - Alameda County Supervisor, District 3

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>Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612</td>
<td>4</td>
<td>Yes □ No □</td>
<td>✔</td>
</tr>
<tr>
<td>Broad range of services for domestic violence victims and their families</td>
<td>Yes □ No □</td>
<td>Income</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  
Alex Boskovich

Ticket Administrator  
Print Name

Title  
1/5/12

(month, day, year)

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. Indiana Pacers
   Face Value of Each Admission $ 95
   Date(s) 1/20/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
      If no: Golden State Warriors
      Name of Source __________________________

   Was the distribution to persons identified below made at the behest of an agency official?
      Yes □ No □ If yes: Supervisor Wilma Chan
      Official's Name (Last, First) and Title __________________________

   The identity of recipient(s) and the explanation:

<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>Telder, Tracy</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>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 1/20/2012
   (month, day, year)

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

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 ______________________
   Description AMA Supercross
   Face Value of Each Admission $ 156
   Date(s) 1/28/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<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>Goulart, Tony</td>
<td>3</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>
</tbody>
</table>

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

   Alexandra Boskovich  Ticket Administrator  01/18/2012
   Signature of Agency Head or Designee  Print Name  Title  (month, day, year)

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

2. Function, Event, or Ceremonial Role Information

   Title ___________________________________________

   Face Value of Each Admission $ ____________________

   Description ________________________________

   Date(s) 1/17/12 __________________

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

   Name of Source ____________________________

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

     Official’s Name (Last, First) and Title ____________________________

   The identity of recipient(s) and the explanation:

<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></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>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<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  Print Name  Title

01/17/2012
(month, day, year)

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

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) 272-3832
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $
Date(s)
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>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murphy, Honora</td>
<td>4</td>
<td>Yes □ No □</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<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 Boskovich
Print Name
Ticket Administrator
01/17/2012
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)
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 of Original Filing: __________ (month, day, year)

2. Function, Event, or Ceremonial Role Information

   Title ____________________________  Face Value of Each Admission $ __________

   Description Michael Jackson Immortal Tour  Date(s) __________ / __________ / __________

   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: 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>Chan, Daren</td>
<td>4</td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
</tbody>
</table>
<pre><code>   |                                                               |                               | To promote attendance at an event held at a County facility in order to maximize potential |
</code></pre>

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
   01/11/2012

   (month, day, year)

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

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 ____________________________
   Date(s) 1/15/12 __/___/____
   Description WWE RAW World Tour
   Face Value of Each Admission $62

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

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

   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Print Name
   Ticket Administrator
   01/11/2012
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name:
County of Alameda
Board of Supervisors

Street Address:
1221 Oak Street, Suite 536

Designated Agency Contact:
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number: (510) 272-3882
E-mail: crystal.hishida@acgov.org

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

Title: Warriors vs. Utah Jazz
Face Value of Each Admission: $95

Date(s): 1/7/12

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: Supervisor Wilma Chan
Official’s Name (Last, First) and Title: _______________________

<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>Kronenberg, Danielle</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich
Ticket Administrator
1/6/2012

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
   Warriors vs. Trailblazers
   Description
   Basketball game
   Face Value of Each Admission
   $95.00
   Date(s)
   01/25/12

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
   01/23/2012
   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)
   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
   Michael Jackson Tour
   Description
   Cirque du Solei acrobatic show
   Face Value of Each Admission
   $ 207.35
   Date(s)
   01/17/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Karnika</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td>Porter-Lankford, Sonia</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and</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
   01/23/2012
   (month, day, year)

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

1. Agency Name  
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  
Michael Jackson Tour  
Description  
Cirque du Soleil acrobatic show  
Face Value of Each Admission $ 207.35  
Date(s)  
01 / 18 / 12  
Ticket(s)/Admission(s) provided by agency?  
Yes ☐ No ☐  
If no:  
Golden State Warriors  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐  
If yes:  
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>Stewart, Darryl</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Stewart, Tyler</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Hunter, Jada</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Brown, James</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  
01/23/2012  
(month, day, year)

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

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: Harlem Globetrotters
   Face Value of Each Admission $ 69.00
   Description: basketball show
   Date(s): 01/14/12
   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 [ ] No [X]
   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>Kong, Andy</td>
<td>4</td>
<td>Yes [ ] No [X]</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   Print Name
   Title
   01/23/2012 (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)
2. Function, Event, or Ceremonial Role Information

Title: WWE Raw

Face Value of Each Admission: $62.00

Date(s): 01/15/12

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

If no: Golden State Warriors

Name of Source

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

Yes ☐ No ☐

If yes: 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>Garrett, Andrea</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Garrett, Cameron</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Garrett, Cameron Jr.</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Garrett, Alexis</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

01/23/2012

(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Magic
   Description: Basketball game
   Face Value of Each Admission $ 95.00
   Date(s): 01/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes [ ] No [ ]
   If yes: Milloy, Nato, Alameda County Board of Supervisors, 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>Dunlap, Kamika</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>✔</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>✔</td>
</tr>
<tr>
<td>Garrett, Cameron</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>✔</td>
</tr>
<tr>
<td>Garrett, Cameron Jr.</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
   01/23/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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
   Warriors vs. Pacers
   Description
   Basketball game
   Face Value of Each Admission
   $95.00
   Date(s)
   01/20/12
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Miley, Nate, Alameda County Board of Supervisors, 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ma, Milton</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 revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Vu, Binh</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 revenue from parking and</td>
</tr>
<tr>
<td>Mitsumo, Ray</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 revenue from parking and</td>
</tr>
<tr>
<td>Patel, Amish</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 revenue from parking and</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
   Operations Manager
   Title
   01/23/2012
   (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 Warriors vs. Trailblazers
   Description Basketball game
   Face Value of Each Admission $95.00
   Date(s) 01/27/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Miley, Nate, Alameda County Board of Supervisors, 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Patricia</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 revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Pete, Geoffrey</td>
<td>2</td>
<td>Yes ☐ No ☐ ☐ ☐</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Hunt, Clarence</td>
<td>2</td>
<td>Yes ☐ No ☐ ☐ ☐</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Dones, Alan</td>
<td>2</td>
<td>Yes ☐ No ☐ ☐ ☐</td>
<td>To promote an event being held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee Anna Gee
   Print Name
   Operations Manager
   Title
   01/23/2012
   (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) 272-6694
- **E-mail**: anna.gee@acgov.org

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

- **Title**: Supercross
- **Description**: Motorcycle Show
- **Face Value of Each Admission $**: 156.00
- **Date(s)**: 01/28/12
- **Ticket(s)/Admission(s) provided by agency?**: Yes ☑ No ☐
- **If no**: Golden State Warriors
- **Name of Source**
- **Was the distribution to persons identified below made at the behest of an agency official?**
  - Yes ☑ No ☐
  - If yes: Miley, Nate, Alameda County Board of Supervisors, 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>Reite, Barry</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reite, Kristen</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reite, Marlene</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reite, Ted</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**: 01/10/2012

**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) 272-6694
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Monster Jam
   Face Value of Each Admission
   $ 56.00
   Date(s)
   02 / 25 / 12

   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes □ No □
   If yes: Milloy, Nate, Alameda County Board of Supervisors, 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>Archuleta, Kim</td>
<td>1</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Archuleta,</td>
<td>1</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Reite, Marlene</td>
<td>1</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Reite, Ted</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
   01/10/2012
   (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
   Date Stamp
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Raiders vs Lions
   Face Value of Each Admission $ 61.00
   Description
   Football Game
   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>Stewart, Tyler</td>
<td>1</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Brown, James</td>
<td>1</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Stuart, Jack</td>
<td>1</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Patton, Lewis</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
   Date 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
   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
   Warriors vs. Utah Jazz
   Description
   Basketball game
   Face Value of Each Admission
   $ 95.00
   Date(s)
   01 / 07 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no:
   Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes:
   Miley, Nate, Alameda County Board of Supervisors, 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>Kudus, Simon</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Kudus, Michael</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Kudus, Filhawi</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Tammnu, Biruk Althayie</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
   Operations Manager: 01/10/2012
   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: Golden State Warriors v. Phoenix Suns
   Description: Basketball game
   Face Value of Each Admission $ 95.00
   Date(s) 2/13/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Miley, Nate - Alameda County Supervisor, District 4
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>Broad range of services for domestic violence victims and their families</td>
<td>☑</td>
<td>Yes ☐ No ☑</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
   Anna Gee
   Print Name
   Ticket Administrator
   1/9/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

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

   Date Stamp
   California Form 802
   (For Official Use Only)

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Grizzlies
   Description: Basketball game
   Face Value of Each Admission: $95.00
   Date(s): 01/23/12

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

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐
   If yes: Milay, Nate, Alameda County Board of Supervisors, 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes ☒ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
<tr>
<td>Provide support for seniors, enable community participation and foster older adult leadership</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
   Anna Gee
   Operations Manager
   Date: 01/23/2012
   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 Golden State Warriors v. Phoenix Suns
Description Basketball game
Face Value of Each Admission $ 95.00
Date(s) 2 / 13 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Carson, Keith - Alameda County Supervisor, District 5
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>Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>broad range of services for domestic violence victims and their families</td>
<td>Yes ☐ No ☐</td>
<td>Income</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
Amy Shrugo
Print Name
Ticket Administrator
1/11/12
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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Golden State Warriors vs. Orlando
   Description
   Basketball Game
   Face Value of Each Admission
   $95.00
   Date(s)
   01/12/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □
   If yes: Carson, Keith Supervisor Fifth District
   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>Socially Responsible Network 360 Grp.</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>360 Grand Avenue #57, Oakland, CA 94610</td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Social justice advocates: Provide resources,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>technical assistance, and facilitates networking,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>communication among community organizations</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
   Amy Shrago
   Print Name
   Ticket Administrator
   01/11/12 (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
Michael Jackson the Immortal Week
Description
Event
Date(s)
01/17/12
Face Value of Each Admission
$207.35
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 ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Amy Shrago
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
01/11/12
(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)
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**
Michael Jackson the Immortal Week

**Description**
Event

**Face Value of Each Admission**
$207.35

**Date(s)**
01/18/12

**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 Fifth District

**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>Brown, Aisha</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
</tbody>
</table>

To reward a County employee for her exemplary service to the public.

---

### 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**
01/11/12 (month, day, year)

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

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 WWE: Raw World Tour
   Description Wrestling
   Face Value of Each Admission $ 62.00
   Date(s) 01/15/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Carson, Keith Supervisor Fifth District
   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>Williams, Sharifa</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   01/11/12
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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 Golden State Warriors vs. Sacramento Kings
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 01/31/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor Fifth District
   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>Shrago, Amy</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.
   Amy Shrago
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   01/11/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title: Golden State Warriors vs. Minnesota Timberwolves

Description: Basketball Game

Face Value of Each Admission $95.00

Date(s): 03/19/12

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

If no: Golden State Warriors

Name of Source

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

Yes ☐ No ☐

If yes: Carson, Keith Supervisor Fifth District

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>Socially Responsible Network 360 Grp 4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community. ☐</td>
</tr>
<tr>
<td>360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources, technical assistance, and facilitates networking, communication among community organizations</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</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: Amy Shrago
Print Name: Ticket Administrator: 01/11/12

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@ecgov.org

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. Portland Trail Blazers
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 02/15/12

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

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor Fifth District
   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>Greene, Hannah</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue</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>
<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.

   Amy Shrago
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   01/11/12
   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 Golden State Warriors vs. LA Clippers
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 02/20/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Carson, Keith Supervisor Fifth District
   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>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Amy Shrigo
   Print Name
   Ticket Administrator
   01/11/12 (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
   Golden State Warriors vs. Memp.
   Description
   Basketball Game
   Face Value of Each Admission
   $95.00
   Date(s)
   02 / 07 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no:
   Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes:
   Carson, Keith Supervisor Fifth District
   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>Brown, Aisha</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary 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.

   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Ticket Administrator
   Title
   01/11/12 (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
   Face Value of Each Admission $ 95.00
   Date(s) 02 / 16 / 12
   Title Golden State Warriors vs. Milwaukee
   Description Basketball Game
   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 Fifth District
   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>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary service to the public. 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] Amy Shrago
   [Print Name] Date

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

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

   Face Value of Each Admission $ 95.00
   Date(s) 01 / 23 / 12

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. Memm
   Description Basketball Game
   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 Fifth District
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

   Socially Responsible Network 360 Gra
   360 Grand Avenue #57, Oakland, CA 94610
   Social justice advocates: Provide resources,
   technical assistance, and facilitates networking, communication among community organizations
   Number of Admission(s)/Ticket(s) 4
   Agency Official
   Yes [] No []
   Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
   To reward a school or nonprofit organization for income its contributions to the community.
   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
   Date 01/11/12 (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
   Golden State Warriors vs. Sacramento Kings
   Description
   Basketball Game
   Face Value of Each Admission
   $95.00
   Date(s)
   03/24/12
   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
   If yes: ____________________________

   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>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue</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.

   Amy Shrago
   Signature of Agency Head or Designee
   Signature
   Print Name
   Ticket Administrator
   Title
   01/11/12
   (month, day, year)

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

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: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. LA
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 03/27/12

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

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □

   If yes: Carson, Keith Supervisor Fifth District
   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>Brown, Aisha</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Greene, Hannah</td>
<td>6</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Income □
Income □
Income □
Income □
Income □
Income □

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
01/11/12
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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Golden State Warriors vs. New
   Description
   Basketball Game
   Face Value of Each Admission
   $ 95.00
   Date(s)
   03 / 30 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor Fifth District
   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>Sanchez, Mina</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>
</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
   01/11/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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 Golden State Warriors vs. Denver
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 04/07/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: ________________________________ 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>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County 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>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

Amy Shargo                                                Ticket Administrator          01/11/12
Signature of Agency Head or Designee                        Print Name  Title                       (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Designated Agency Contact: Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number: (510) 272-3862
   E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Golden State Warriors vs. Indiana
   Description: Basketball Game
   Face Value of Each Admission: $95.00
   Date(s): 01/20/12

   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:

   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>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County 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: Amy Shrago
   Print Name: Ticket Administrator
   Title: 01/11/12 (month, day, year)

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

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 Golden State Warriors vs. Utah
   Description Basketball Game
   Face Value of Each Admission $95.00
   Date(s) 01/07/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐
   If yes: ____________________________ 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>Carson, Keith</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue</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
   Amy Shrago
   Print Name
   Ticket Administrator
   01/11/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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 Golden State Warriors vs. 
   Description Basketball Game
   Face Value of Each Admission $95.00
   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: Carson, Keith Supervisor Fifth District
   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>Brown, Aisha</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<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
   Amy Shrago
   Ticket Administrator
   01/11/12
   (month, day, year)

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