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
   GSW
   Description
   BASKETBALL
   Face Value of Each Admission
   $ 95.00
   Date(s)
   3 / 19 / 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: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1
   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.
   |---------------------------------------------------------------|-------------------------------|-----------------|---------------------------------------------------------------
   | Livermore High School                                         | 4                             | Yes ☐ No ☐      | TO REWARD A SCHOOL OR NON-PROFILE ORGANIZATION FOR ITS CONTRIBUTIONS TO THE COMMUNITY
   | 600 MAPLE STREET                                               |                               | Yes ☐ No ☐      | Income
   | LIVERMORE, CA 94550                                           |                               | Yes ☐ No ☐      | Income
   |                                                               |                               | 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.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Ticket Administrator
   2/2/12
   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 E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title GSW
Description BASKETBALL
Face Value of Each Admission $ 95.00
Date(s) 3/28/12
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>Irvington High School</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>41800 BLACOW ROAD FREMONT CA 94538</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Ticket Administrator
2/2/12
(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 BASKETBALL
Face Value of Each Admission $ 95.00
Date(s) 04/07/12
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>FREMONT EDUCATION FOUNDATION</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>TO REWARD A NON-PROFIT ORGANIZATION FOR ITS CONTRIBUTIONS TO THE COMMUNITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 7764 FREMONT CA 94537</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>501 (c) supports programs of Fremont USD schools</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></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.

[Signature] Lee Ann Fergerson
Print Name
Ticket Administrator
Title
Date 2/14/12
(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  
A Public Document

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

2. Function, Event, or Ceremonial Role Information
Title GSW  
Face Value of Each Admission $95.00  
Description BASKETBALL  
Date(s) 2/20/12
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: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1  
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Fremont Senior Center</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>TO REWARD A NON-PROFIT ORGANIZATION FOR ITS CONTRIBUTIONS TO THE COMMUNITY</td>
</tr>
</tbody>
</table>
| P.O. Box 5006  
Fremont CA 94537 | | | | |
| Services and programs for senior residents | | 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.

Lee Ann Fergerson  
Signature of Agency Head or Designee  
Ticket Administrator  
2/21/12  
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 GSW
Description basketball
Face Value of Each Admission $ 95.
Date(s) 03/30/12
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: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Ticket Administrator
2/27/12
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 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) 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) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Mario</td>
<td>4</td>
<td>Yes ☐</td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<td>Yes ☐</td>
<td>No ☑</td>
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<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</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.

   MICHELLE DIANDA
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   02/07/12 (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes 1 parking pass at the 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

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) 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) 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>Martinez, Jose</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.</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>
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MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
02/07/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $18
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
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Division, Department, or Region (if applicable)
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(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
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) 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>Nicosia, Eileen</td>
<td>4</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>
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<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

MICHELLE DIANDA
Ticket Administrator 02/07/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $18
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors
Description Basketball Game
Face Value of Each Admission $ 95.00
Date(s) 03 / 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) or Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianda, Dante</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 from sales. Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
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<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
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</tr>
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<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee MICHELLE DIANDA Ticket Administrator
Print Name Title
(month, day, year) 2/27/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $18

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3882
E-mail
crystal.hishida@acgov.org
Date Stamp

2. Function, Event, or Ceremonial Role Information
Title
Disney On Ice
Face Value of Each Admission $
$32.10
Description
Date(s)
3/2/12
Ticket(s)/Admission(s) provided by agency? Yes $ No $ If no: Name of Source
Golden State Warriors
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
Supervisor Wilma Chan
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>Martins, Kathy</td>
<td>4</td>
<td>Yes $ No $</td>
<td>County facility in order to maximize potential</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
Print Name
02/28/2012
(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)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Date Stamp (California Form 802)
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title ____________________________
Face Value of Each Admission $56

Description Monster Jam
Date(s) 2 / 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: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

Alexandra Boskovich
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
02/24/2012
(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)
   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. Bucks
   Face Value of Each Admission $ 95 + $18-park
   Date(s) 3 / 16 / 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: Susan 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>Prola, Robert</td>
<td>4 tickets + 1</td>
<td>Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td>Parking pass ☐</td>
<td>Yes ☐ No ☐ County revenue from sales. 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>
<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.

   Alexandra Boskovitch
   Signature of Agency Head or Designee

   Print Name
   Ticket Administrator
   Title
   2/24/2012 (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 ____________________________
   Face Value of Each Admission $ ________
   Description Warriors vs. Clippers
   Date(s) 2 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Wydler, Diane</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 Boskovitch
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
2/16/2012
(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
   Description Warriors vs. Trailblazers
   Face Value of Each Admission $95 + $18-park
   Date(s) 2 / 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: 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>Silva, Ron</td>
<td>4 tickets + 1 parking pass</td>
<td>Yes ☑</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Print Name
   Ticket Administrator
   Title
   2/14/2012 (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
   Description Warriors vs. Rockets
   Face Value of Each Admission $95 + $18 park
   Date(s) 2/12/12
   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: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

   Brekke-Meisner, Lukas
   2 tickets + 1 parking pass
   Yes ☐ No ☐ To reward a community volunteer for his service to Alameda public schools.

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

   Alexandra Boskovitch
   Signature of Agency Head or Designee
   Ticket Administrator 2/9/2012
   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

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 vs. Rockets
- Face Value of Each Admission: $95
- Date(s): 2/12/12
- Ticket(s)/Admission(s) provided by agency? Yes □ No □
  - If no: Golden State Warriors
  - Name of Source: Supervisor Wilma Chan, Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amgott-Kwan, Jared</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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No ✗</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No ✗</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No ✗</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No ✗</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No ✗</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

- Signature of Agency Head or Designee: [Signature]
- Ticket Administrator: Alexandra Boskovitch, Print Name
- Title: 2/9/2012 (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 Warriors vs. Rockets
   Face Value of Each Admission $ 95 + $18-park
   Date(s) 2 / 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: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kawamoto, Edwin</td>
<td>2 tickets + 1 parking pass</td>
<td>Yes □ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. 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>
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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
   Title
   2/9/2012
   (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
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   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
   Email
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Face Value of Each Admission $ 95 + $18-park
   Date(s) 2/12/12
   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: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<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>Chan, Zoe</td>
<td>3 tickets + 1 parking pass</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>
</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
   Title
   2/9/2012 (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  
Face Value of Each Admission $ 95  
Description Warriors vs. Rockets  
Date(s) 2/12/12  
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: Supervisor Wilma Chan  
Official’s Name (Last, First) and Title  
The identity of recipient(s) and the explanation:  

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

Alexandra Boskovich  
Signature of Agency Head or Designee  
Print Name  
Ticket Administrator  
Title  
2/9/2012  
(month, day, year)  

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Description Warriors vs. Clippers
   Face Value of Each Admission $ 95
   Date(s) 2 / 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:

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<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income</td>
</tr>
</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
   2/8/2012
   (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)
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 Warriors vs. Rockets
   Face Value of Each Admission $95 + $18-park
   Date(s) 2/12/12
   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: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Daren</td>
<td>5 tickets + 1</td>
<td>Yes ☐ No ☐ Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 parking tix</td>
<td>Yes ☐ No ☐ Yes ☐ No ☐ County revenue from sales.</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Alexandra Boskovich
   Print Name
   Ticket Administrator

   Title
   2/7/2012
   (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. **Face Value of Each Admission**
   - $95

3. **Function, Event, or Ceremonial Role Information**
   - **Ticket(s)/Admission(s) provided by agency?**
     - Yes ☐ No ☐
   - **Description**
     - Warriors vs. Timberwolves
   - **Date(s)**
     - 3/19/12
   - **Name of Source**
     - Golden State Warriors

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brehm, Jeff</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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<td>Yes ☐ No ☐</td>
<td>Income</td>
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<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Ticket Administrator**
   - **Title**
   - **Date of Original Filing**
     - (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: Monster Energy AMA Supercross
   - Description: Motorcycle Racing
   - Face Value of Each Admission $156
   - Date(s): 01/28/12
   - 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 Alameda County Supervisor
   - Official's Name (Last, First) and Title

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leung, Chris</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 from parking and concession sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<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: [Signature]
   Print Name: Amy Shrago
   Title: Ticket Administrator
   Date: 02/29/2012 (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**

<table>
<thead>
<tr>
<th><strong>1. Agency Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
</tr>
<tr>
<td><strong>Division, Department, or Region (if applicable)</strong></td>
</tr>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
</tr>
<tr>
<td>(510) 272-3882</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
</tr>
<tr>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date Stamp</strong></th>
<th><strong>California Form 802</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Function, Event, or Ceremonial Role Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>Face Value of Each Admission</strong></td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
</tr>
<tr>
<td><strong>Ticket(s)/Admission(s) provided by agency?</strong></td>
</tr>
<tr>
<td><strong>If no:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Was the distribution to persons identified below made at the behest of an agency official?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td><strong>If yes:</strong> Carson, Keith Alameda County Supervisor</td>
</tr>
<tr>
<td><strong>Official's Name (Last, First) and Title</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>The identity of recipient(s) and the explanation:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>(Last, First)</strong></td>
</tr>
<tr>
<td><strong>Organization</strong></td>
</tr>
<tr>
<td><strong>(Name, Address, Description)</strong></td>
</tr>
<tr>
<td><strong>Number of Admission(s)/Ticket(s)</strong></td>
</tr>
<tr>
<td><strong>Agency Official</strong></td>
</tr>
<tr>
<td><strong>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.</strong></td>
</tr>
<tr>
<td><strong>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</strong></td>
</tr>
<tr>
<td><strong>Income</strong></td>
</tr>
<tr>
<td><strong>Leung, Chris</strong></td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td><strong>Income</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Verification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
<tr>
<td><strong>Signature of Agency Head or Designee</strong></td>
</tr>
<tr>
<td>Amy Shrago</td>
</tr>
<tr>
<td><strong>Ticket Administrator</strong></td>
</tr>
<tr>
<td>02/28/12</td>
</tr>
<tr>
<td><strong>Print Name</strong></td>
</tr>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>(month, day, year)</strong></td>
</tr>
</tbody>
</table>

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

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

2. Function, Event, or Ceremonial Role Information
   - Title
     Disney on Ice
   - Face Value of Each Admission $ 20.35
   - Description
     Event
   - Date(s)
     02 / 29 / 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 Alameda County Supervisor
     Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee  Amy Shrago  Ticket Administrator  02/28/12 (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
   Disney on Ice
   Face Value of Each Admission $ 20.35
   Date(s) 03/03/12
   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
   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 □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance 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
   Amy Shrugo
   Ticket Administrator
   02/28/12 (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
- Board of Supervisors
- 1221 Oak Street, Suite 536
- Crystal Hishida Graff, Clerk, Board of Supervisors
- Area Code/Phone Number: (510) 272-3882
- E-mail: crystal.hishida@acgov.org

#### 2. Function, Event, or Ceremonial Role Information
- **Title**: Disney on Ice
- **Face Value of Each Admission**: $20.35
- **Date(s)**: 03/04/12
- **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 ☑

**Official's Name (Last, First) and Title**
- Carson, Keith Alameda County Supervisor

**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, Maria</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 from parking and concession sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<td></td>
<td>Income ☐</td>
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<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**: [Signature]

**Print Name**: Amy Shrango

**Title**: Ticket Administrator

**Date**: 02/28/12 (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)
   Anna Gee, Operations Manager
   Area Code/Phone Number E-mail
   510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Warriors vs. Trailblazers
   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: 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>Stewart, Darryl</td>
<td>1</td>
<td>Yes ☑ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Felicia Shaw</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>☐ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐ Income</td>
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<td>Yes ☐ No ☐</td>
<td>☐ Income</td>
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<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 Anna Gee Operations Manager 02/29/2012
   Print Name Title (month, day, year)

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

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

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. 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: 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>Dunlap, Karnika</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>Basoco-Vilarreal, Anissa</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vilarreal, David</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
   Operations Manager
   Title
   02/29/2012
   (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  E-mail
   510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Grizzlies
   Description: Basketball game
   Face Value of Each Admission $  95.00
   Date(s): 03/07/12
   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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro Valley High School Athletics Boosters</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>19400 Santa Maria Ave, Castro Valley 94546</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support for the athletics program at the High School</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

   3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee  Anna Gee  Operations Manager
   Print Name  Title
   02/29/2012 (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 Warriors vs. Bucks
   Description Basketball game
   Face Value of Each Admission $ 95.00
   Date(s) 03 / 16 / 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>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251-Oakland, CA 94605</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>senior advocacy</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>

   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 net income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
   To reward a non profit organization for 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 Anna Gee Operations Manager
   Print Name
   Title
   Date 02/29/2012 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   
   County of Alameda  
   
   **Division, Department, or Region (if applicable):**  
   
   Board of Supervisors  
   
   **Street Address:**  
   
   1221 Oak Street, Suite 536  
   
   **Designated Agency Contact (Name, Title):**  
   
   Anna Gee, Operations Manager  
   
   **Area Code/Phone Number:**  
   
   510-891-5585  
   
   **E-mail:**  
   
   anna.gee@acgov.org  
   
   **Date Stamp:**

2. **Function, Event, or Ceremonial Role Information**
   
   **Title:** Warriors vs. Timberwolves  
   
   **Face Value of Each Admission:** $95.00  
   
   **Description:** Basketball game  
   
   **Date(s):** 03/19/12  
   
   **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐  
   
   **If no:** Golden State Warriors  
   
   **Name of Source:**

3. **The identity of recipient(s) and the explanation:**
   
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251-Oakland, CA 94665</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>senior advocacy</td>
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</tr>
</tbody>
</table>

4. **Verification**
   
   I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   **Signature of Agency Head or Designee:** Anna Gee  
   
   **Print Name:** Anna Gee  
   
   **Operations Manager:** Anna Gee  
   
   **Title:** Operations Manager  
   
   **Date:** 02/29/2012  
   
   **(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 E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Timberwolves
Face Value of Each Admission $95.00
Description Basketball game
Date(s) 03/24/12
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>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251-Oakland, CA 94605</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>senior advocacy</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.

Anna Gee Operations Manager
Signature of Agency Head or Designee Print Name Title
02/29/2012
(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
   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 Warriors vs. Hornets
   Description Basketball game
   Face Value of Each Admission $95.00
   Date(s) 03/28/12
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Alisal Elementary School PTA</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>1454 Santa Rita Rd, Pleasanton, CA 94566</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>support for Alisal Elementary School</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

   Income ☐

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

   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operations Manager
   02/29/2012
   (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)
   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
   Disney On Ice

   Face Value of Each Admission
   $32.10

   Date(s)
   3 / 3 / 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>Cooper, Brian</td>
<td>4</td>
<td>Yes ☐</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td></td>
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<td>To promote attendance at an event held at a County facility in order to maximize potential income ☐</td>
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<tr>
<td></td>
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<td>Yes ☐</td>
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<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td>Yes ☐</td>
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<td>Income ☐</td>
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<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.

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   02/29/2012
   (month, day, year)

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