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 ____________________________ Face Value of Each Admission $ 75/$17-park
Description A's vs. Mariners Date(s) 9/28/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
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>Low, Ray</td>
<td>8+2 parking</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18044.1 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
04/11/2012 (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   E-mail

(510) 272-3882   crystal.hishida@acgov.org

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

**Title**  Golden State Warriors vs. San  

**Face Value of Each Admission** $95.00

**Description**  Basketball Game

**Date(s)**  04/16/12

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: 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>
</tbody>
</table>

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

Income ☐

### 3. Verification

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

Amy Shrago  Ticket Administrator  04/25/12

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
   Board of Supervisors
   1221 Oak Street, Suite 536
   Anna Gee, Operations Manager
   510-891-5585

   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: Athletics vs. Giants
   Description: Baseball Game
   Face Value of Each Admission $38.00
   Date(s): 04 / 03 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   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
   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>Thompson, Lamont</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

   To reward a community volunteer for their service to the public Income ☐

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

   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   04/02/2012 (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 Athletics vs. Mariners
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 04 / 06 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Athletics
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
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>McCane, Gwen</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Suite 251 - Oakland, CA 94605</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee
Print Name
Operations Manager
Title
Date 04/02/2012
(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

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's
   Description
   Baseball Game
   Face Value of Each Admission
   $26.00
   Date(s)
   04 / 21 / 12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: [ ]
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [ ] If yes: Lockyer, Nadia- Supervisor District 2
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Mario</td>
<td>2</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income ☑️</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income ☑️</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income ☑️</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income ☑️</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Ticket Administrator
   Print Name
   Title
   4/19/12
   (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
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Warrior's vs. New Jersey Nets
   Description
   Basketball Game
   Face Value of Each Admission
   $95.00
   Date(s)
   03/30/2019
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☒
   If no:
   Golden States 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
   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>Desai, Avani</td>
<td>1</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Desai, Kruti</td>
<td>1</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Desai, Ansha</td>
<td>1</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Desai, Ashini</td>
<td>1</td>
<td>Yes ☐</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
   04/02/2012
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
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 E-mail
510-891-5585 anna.gee@acgov.org

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title MANA concert

Description Baseball Game

Face Value of Each Admission $ 123

Date(s) 04 / 27 / 12

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

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

Yes ☐ No ☑ If yes: Miley, Nate - 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>Lagunas, Michelle</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 County revenue from parking and concession sales.</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.

Anna Gee Operations Manager 04/02/2012

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.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)
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
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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 Oakland A's
Face Value of Each Admission $43.75
Description Baseball/ Game, Loge Suite
Date(s) 04/07/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's

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

Yes □ No □ If yes: Carson, Keith Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</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>
<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
Print Name
Ticket Administrator
Title
04/25/12 (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)
   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
   Athletics vs. Indians
   Description
   Baseball Game
   Face Value of Each Admission
   $38.00
   Date(s)
   04 / 20 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Athletics
   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
   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>Benson, Jr., Andre</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

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

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

Anna Gee
Operations Manager
Signature of Agency Head or Designee
Print Name
Title
Date of Filing: 04/02/2012 (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: 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**: A's vs. Mariners
   - **Face Value of Each Admission**: $35
   - **Date(s)**: 4/6/12
   - **Ticket(s)/Admission(s) provided by agency?**: Yes [ ] No [ ]
   - If no: Oakland Athletics
   - 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Bill</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>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>County revenue from sales.</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</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**: Alexandra Boskovich
   - **Title**: Ticket Administrator
   - **Date**: 04/06/2012 (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
Athletics vs. Indians
Face Value of Each Admission
$ 38.00
Description
Baseball Game
Date(s)
04 / 21 / 12
Ticket(s)/Admission(s) provided by agency?
Yes ☐ No ☐
If no: Oakland Athletics
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
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 &amp; Alameda County</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 · Oakland, CA 94605</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</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
Print Name
Operations Manager
04/02/2012
Title
(month, day, year)

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

FPPC Toll-Free Helplno: 866/ASK-FPPC (866/276-3772)
**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  

**Email**  
anna.gee@acgov.org

---

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

**Title**  
Athletics vs. Indians  

**Face Value of Each Admission** $38.00  

**Description**  
Baseball Game  

**Date(s)**  
04 / 22 / 12

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

**Was the distribution to persons identified below made at the behest of an agency official?**  
Yes [ ] No [X]  
If yes: Miley, Nate - 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>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes [ ] No [X]</td>
</tr>
</tbody>
</table>

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

---

**3. Verification**

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

**Signature of Agency Head or Designee**  
Anna Gee  

**Print Name**  
Operations Manager  

**Title**  
04/02/2012 (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536

2. Function, Event, or Ceremonial Role Information
   Title: Athletics vs. White Sox
   Description: Baseball Game
   Face Value of Each Admission: $38.00
   Date(s): 04/23/12

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 Designate: Anna Gee
   Print Name: Anna Gee
   Operations Manager: Anna Gee
   Title: Operations Manager
   Date: 04/02/2012

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

   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 Warrior's vs. Denver Nuggets
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 04/07/2018
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden States 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
   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 □</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>7200 Bancroft Ave, Suite 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes □</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</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.
   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operations Manager
   04/02/2012
   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
A Public Document

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

   Date Stmp
   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: Warrior's vs. San Antonio Spurs
   Description: Basketball Game
   Face Value of Each Admission $95.00
   Date(s): 04/26/2011
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no:
   Name of Source
   Golden States Warriors
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Miley, Nate - 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>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>Income ☑</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Suite 251 - Oakland, CA 94605</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Manager
Title: 04/02/2012
(month, day, year)

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

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 The Black Keys
   Description concert
   Face Value of Each Admission $60.75
   Date(s) 05 / 04 / 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>Pete, Geoffrey</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>
<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>
<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 Shrago
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
04/25/12
(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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title ______________________________
   Description A's vs. Indians
   Face Value of Each Admission $ 35
   Date(s) 4/21/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   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>McVay, Lance</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</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 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Ticket Administrator
   04/04/2012
   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)
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. San
Face Value of Each Admission $95.00
Description Basketball Game
Date(s) 04.16.12
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: ________________________________________________________________________
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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</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 Shrigo
Ticket Administrator 04/25/12

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
   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 $38.00
   Description
   Baseball Game
   Date(s)
   04  22  12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland A’s
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Carson, Keith Supervisor
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leung, Chris 2</td>
<td>Yes ☐ No ☑</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>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>
<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.

Amy Shrago
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
04/25/12
(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
(510) 272-3882
E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Golden State Warriors vs. New Orleans Hornets
Face Value of Each Admission $
95.00
Description
Basketball Game
Date(s)
04/24/12
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: 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>Oakland Technical High School</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head or Designee]
Amy Shrago
Print Name
Ticket Administrator
04/25/12
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

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**
(510) 272-3882

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

**Date Stamp**

**A Public Document**

**California Form 802**
For Official Use Only

[[Table goes here]]

2. Function, Event, or Ceremonial Role Information

**Title**

A's vs. Giants

**Face Value of Each Admission $**

S75/S17-park

**Date(s)**

4/3/12

**Ticket(s)/Admission(s) provided by agency?**

Yes [ ] No [ ]

If no: Oakland Athletics

**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>
</table>
| Chan, Zoe | 4+1 parking | Yes [ ] No [ ]
| | | To promote attendance at an event held at a County facility in order to maximize potential income |
| | | Yes [ ] No [ ]
| | | County revenue from sales. |
| | | 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**

Alexandra Boskovich

**Print Name**

Ticket Administrator

**Title**

04/03/2012

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Title: Oakland A's

Description: Baseball Game

Face Value of Each Admission: $26.00

Date(s): 04/23/12

Ticket(s)/Admission(s) provided by agency: Yes [ ] No [X] If no: Oakland A's

Was the distribution to persons identified below made at the behest of an agency official? Yes [X] No [ ] If yes: Lockyer, Nadia - Supervisor District 2

Official's Name (Last, First) and Title: 

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Joel</td>
<td>2</td>
<td>Yes [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Yes [X]</td>
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<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELE DIANDA
Ticket Administrator

Signature of Agency Head or Designee: 
Print Name: 
Title: 
Date: 4/9/12

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

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  Oakland A's
Face Value of Each Admission $ 1568.00
Description  Baseball Game
Date(s)  07 / 30 / 12
Ticket(s)/Admission(s) provided by agency?  Yes  No  ☒ If no:  Oakland A's

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>Greater Hayward Area Recreation and Park Foundation</td>
<td>20</td>
<td>Yes  ☐ No  ☒</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>1099 E Street, Hayward, CA 94541</td>
<td></td>
<td>Yes  ☐ No  ☐</td>
<td></td>
</tr>
<tr>
<td>To benefit the Hayward Area Recreation and Park District's programs and scholarships</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

Signature of Agency Head or Designee  Print Name  Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. San ☑
   Description Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 04 / 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: 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>5</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.</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.
   Amy Shrago
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   04/25/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FFPC 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:** Athletics vs. White Sox
- **Face Value of Each Admission:** $38.00
- **Date(s):** 04/25/12
- **Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [X]
- **If no:** Oakland Athletics
- **Name of Source:** Miley, Nate - Alameda County Supervisor

**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:** [Signature] Anna Gee  
**Operations Manager:** [Signature] Operations Manager  
**Date:** 04/02/2012

### 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 &amp; Alameda County</td>
<td>2</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes [X] No [ ]</td>
</tr>
</tbody>
</table>

- **To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, under/unemployed, seniors and youth in foster care**

### 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:** [Signature] Anna Gee  
**Print Name:** Operations Manager  
**Title:** Operations Manager  
**Date:** 04/02/2012

**Comment:** (Use this space or an attachment for any additional information including amendment explanation)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
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
   A's vs. Giants
   Face Value of Each Admission $ 35
   Date(s) 4 / 3 / 12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brekke-Meisner, Lucas</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></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   04/03/2012
   Comment: (Use this space for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Mana
   Description: Concert
   Face Value of Each Admission: $123.00
   Date(s): 04/27/12
   Ticket(s)/Admission(s) provided by agency? Yes
   If no: Oracle Arena
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes
   If yes: Lockyer, Nadia, Supervisor - District Two
   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
   4
   Yes No
   To provide attendance at an event held at a County facility in order to maximize potential revenue from sales.
   Income
   Yes No
   Yes No
   Yes No
   Yes No
   Yes No
   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: [Signature]
   Print Name: [Name]
   Title: [Title]
   Date: 4/16/12
   (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

   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. San
   Face Value of Each Admission $ 95.00
   Description
   Basketball Game
   Date(s)
   04 / 26 / 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>Platt, Larry</td>
<td>Yes [ ]</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<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
   Amy Shrago
   Print Name
   Ticket Administrator
   Ticket Administrator
   04/25/12
   (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)
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. New Orleans Hornets

Description
Basketball Game

Face Value of Each Admission $ 95.00

Date(s)
04 / 24 / 20

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

If no: Golden States 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

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, Suite 251 - Oakland, CA 94605</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes □ No □</td>
<td></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.

Anna Gee
Signature of Agency Head or Designee

Operations Manager
Print Name
Title
04/02/2012 (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

2. Function, Event, or Ceremonial Role Information
Title
Athletics vs. Mariners
Face Value of Each Admission $38.00
Description
Baseball Game
Date(s) 04/07/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Oakland Athletics
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
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>Wilson, Dana</td>
<td>1</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
<td></td>
</tr>
<tr>
<td>Gage, Ronald</td>
<td>1</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Print Name
Operations Manager
Title
04/02/2012
(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
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 Golden State Warriors vs. San
Face Value of Each Admission $ 95.00
Description Basketball Game
Date(s) 04 / 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: 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>Greene, Hannah</td>
<td>2</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>
<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>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 Shargo
Print Name
Ticket Administrator
04/25/12 (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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ______________________________________________________________________
   Face Value of Each Admission $ 75/$17-park
   Description A's vs. Orioles
   Date(s) 9/16/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No ☐ If no: Oakland Athletics
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassi, Emily</td>
<td>4+1 parking</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>pass</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>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Alexandra Boskovitch
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
04/12/2012 (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

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

2. Function, Event, or Ceremonial Role Information
Title __________________________
Description A's vs. Angels
Face Value of Each Admission $ ________________
Date(s) __9__/ __4__/ __12__ __/__/ __
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Oakland Athletics 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>Mitamura, Summer</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>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>

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 04/11/2012
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.)

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

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

2. Function, Event, or Ceremonial Role Information
Title ______________________________________ Face Value of Each Admission $ $95 + $18-park
Description Warriors vs. Hornets Date(s) 4/24/12
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: 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>Carbajal, Roxana</td>
<td>4 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.

Alexandra Boskovich  Ticket Administrator  4/24/2012
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  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 ____________________________________________

Description  A's vs. Royals

Face Value of Each Admission $   75/$17-park

Date(s)  4/9/12

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

If no: Oakland Athletics

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>Kline, Shirley</td>
<td>20+4 parking</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>passes</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>

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
04/04/2012  (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

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 $75/$17-park

Description A's vs. Mariners

Date(s) 4/6/12

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

If no: Oakland Athletics

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

Yes ☐ No ☐

If yes: Supervisor Wilma Chan

Responsible 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>Chan, Wilma</td>
<td>2+1 parking</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>pass</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 not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

To evaluate the ability of a local sports team to attract business and contribute to the local economy.

### 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 04/05/2012
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)
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Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number | E-mail
---|---
(510) 272-3882 | crystal.hishida@acgov.org

Date Stamp

2. Function, Event, or Ceremonial Role Information
Title ____________________________________________
Description Mana concert
Face Value of Each Admission $ 123
Date(s) 4/27/12
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: 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>Vela, Thelma</td>
<td>4</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></td>
<td></td>
<td>Yes ☐ No ☐ County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐ 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
Ticket Administrator
04/27/2012
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

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title ________________________________
Face Value of Each Admission $ ________
Description A's vs. Padres
Date(s) __________ __________ __________

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If yes: Oakland Athletics
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>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ham, Miguel</td>
<td>20+4 parking passes</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>
</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] Alexandra Boskovich
Signature of Agency Head or Designee
Print Name
Ticket Administrator 04/04/2012
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
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's Game
   Description
   Baseball
   Face Value of Each Admission $ 75
   Date(s) 06/15/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   Name of Source
   Yes ☐ No ☐
   If yes: Lockyer, Nadia, Supervisor - District Two
   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>Mimi Johnson-Jacobs, First Tee of Oakland</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>
<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.

Signature of Agency Head or Designee __________________________
Print Name __________________________
Title __________________________
Date of Original Filing: 06/15/12
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
   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. Dallas
   Description
   Basketball Game
   Face Value of Each Admission $ 95.00
   Date(s) 04 / 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>Henderson, Adrian</td>
<td>4</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>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<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
   04/25/12
   (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
   Board of Supervisors
   1221 Oak Street, Suite 536
   Anna Gee, Operations Manager
   510-891-5585
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Athletics vs. Mariners
   Description: Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s): 04/06/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: Oakland Athletics
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [X]
   If yes: Miley, Nate - 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>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td>7206 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</td>
</tr>
</tbody>
</table>

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

   Anna Gee
   Signature of Agency Head or Designee
   Operations Manager
   Print Name
   Title
   04/02/2012
   (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  
Oakland A's  
Face Value of Each Admission $ 43.75  
Description  
Baseball/ Game, Loge Suite  
Date(s)  
04/24/12  
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐  
If no: Oakland A's  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☑ No ☐  
If yes:  
Carson, Keith Supervisor  
Official's Name (Last, First) and Title  
The identity of recipient(s) and the explanation:  

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Senior Center 846 Masonic Albany CA 94706</td>
<td>10</td>
<td>Yes ☑ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community Income ☐</td>
</tr>
<tr>
<td>Emeryville Senior Center 4321 Salem Street, Emeryville CA 94608</td>
<td>10</td>
<td>Yes ☑ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community 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  
04/25/12
(month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball Game
   Face Value of Each Admission: $1568.00
   Date(s): 08 / 18 / 12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
   If no: Oakland A's
   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>Sunol Glen Community Park</td>
<td>20</td>
<td>Yes [ ]</td>
<td>To reward a nonprofit organization for its contribution to the community</td>
</tr>
<tr>
<td>11901 Main Street, Sunol, CA 94568</td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td>To help provide additional funding to the Sunol Glen School to support extra-curricular activities</td>
<td></td>
<td>Yes [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td>Income</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: [Signature]
   Print Name: MICHELLE DIANDA
   Title: Ticket Administrator
   Date: 4/19/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
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   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
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   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
   Warrior's vs. LA Lakers
   Description
   Basketball Game
   Face Value of Each Admission
   $ 95.00
   Date(s)
   04/18/2019
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden States Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐ If yes: Miley, Nato – 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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kokotaylo, Kristopher</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Miloy, Christopher</td>
<td>1</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Rodrigues, Angelina</td>
<td>1</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Franklin, Mary</td>
<td>3</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>Pete, Geoffrey</td>
<td>2</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
   04/02/2012
   (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 A’s vs. Mariners
   Face Value of Each Admission $ $75/$17-park
   Date(s) 9/28/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
   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>Hernandez, Angela 4+1 parking</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>Pass</td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</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>
<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: Alexandra Boskovich
Print Name: Ticket Administrator: 04/03/2012
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's Game
Face Value of Each Admission $ 26

Date(s) 07/22/12

Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's Stadium
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 Two
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>Anissa Basoco-Villarreal</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To provide attendance at an event held at a County facility in order to maximize potential 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

Print Name

Ticket Administrator

(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
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 Oakland A's Game
Face Value of Each Admission $ 26
Description Baseball
Date(s) 06/24/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland A's Stadium
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Lockyer, Nadia, Supervisor - District Two
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>David Villarreal</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To provide attendance at an event held at a County facility in order to maximize potential revenue from sales. 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>
<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>
<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

Print Name

Ticket Administrator

(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. San
Face Value of Each Admission $
95.00
Description
Basketball Game
Date(s)
04 / 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:
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>Sanchez, Mina</td>
<td>5</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  
Ticket Administrator  
04/25/12  
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)
Anna Gee, Operations Manager
Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warrior's vs. Mavericks
Description Basketball Game
Face Value of Each Admission $ 95.00
Date(s) 04/12/2012
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden States 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
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name 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, Karinka</td>
<td>1</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Basoco-Villarreal, Anissa</td>
<td>1</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Villarreal, David</td>
<td>1</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Operations Manager
Anna Gee Print Name
Date Title 04/02/2012
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
   (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: A's Luxury Suite
   Description: Baseball
   Face Value of Each Admission $ 1.500
   Date(s): 04 / 21 / 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, 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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soroptimist International of Pleasanton/Dublin</td>
<td>20</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.

LEE ANN FERGERSON
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
04/11/12 (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
E-mail
510-891-5585
anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Warrior's vs. New Orleans Hornets
Description
Basketball Game
Face Value of Each Admission $95.00
Date(s)
04/24/2019
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Golden States Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes [x] No [ ] If yes: Miley, Nato - 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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
<td></td>
</tr>
<tr>
<td>7200 Bancroft Ave, Suite 251 - Oakland, CA 94605</td>
<td>Yes [ ] No [x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td>Yes [ ] No [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [x] No [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [x]</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.

Anna Gee
Signature of Agency Head or Designee
Print Name
Operations Manager
Title
04/02/2012
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Parking Pass
1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Anna Gee, Operations Manager
   510-891-5585
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Athletics vs. Mariners
   Description: Baseball Game
   Face Value of Each Admission: $38.00
   Date(s): 04/06/12

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

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [x] If yes: Miley, Nate - 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>McCane, Gwen</td>
<td>2</td>
<td>Yes [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Yes [x]</td>
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<td></td>
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<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>

   To reward a community volunteer for their service to the public: Income [ ]

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

   Signature of Agency Head or Designee: Anna Gee
   Print Name: Operations Manager
   Title: 04/02/2012 (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 Oakland A's
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 04 / 25 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Carson, Keith Supervisor
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Scott</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 from parking and concession sales</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 Shrago
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
04/25/12
(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  
   (510) 272-3882 
   E-mail  
   crystal.hishida@acgov.org 

2. Function, Event, or Ceremonial Role Information 
   Title  A's Game  
   Description  Baseball game  
   Face Value of Each Admission $ 38.00  
   Date(s)  4, 19, 12  
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ 
   If no:  OAKLAND ATHLETICS  
   Name of Source 
   Was the distribution to persons identified below made at the behest of an agency official? 
   Yes ☑ No ☐ 
   Official’s Name (Last, First) and Title  Alameda County Supervisor Scott Haggerty, Dist 1 
   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>
</table>
| David Romero                                                   | 2                               | Yes ☑ No ☐     | ☐  
| 3529 First St.                                                |                                 |                |        |
| Livermore, CA 94550                                            |                                 |                |        |
|                                 |                                 |                |        |
|                                 |                                 |                |        |
|                                 |                                 |                |        |
|                                 |                                 |                |        |

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 Ferguson  
Signature of Agency Head or Designee  
Ticket Administrator  
Print Name  
Title  7-16-12  
(month, day, year)  

Comment: (Use this space or an attachment for any additional information including amendment explanations.)
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
   Athletics vs. Mariners
   Face Value of Each Admission $ 75.00
   Description
   Baseball Game
   Date(s)
   04/06/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   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
   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 &amp; 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

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

Anna Gee
Signature of Agency Head or Designee
Operations Manager
Print Name
Title
04/02/2012
(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 Warrior's vs. LA Lakers
   Face Value of Each Admission $ 95.00
   Description Basketball Game
   Date(s) 04 / 18 / 2014
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: Golden States 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
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linton, Donna</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Ziegler, Donna</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Davis, Celeste</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Ziegler, Bakari</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
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   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operations Manager
   04/02/2012
   (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

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** Athletics vs. White Sox
   - **Face Value of Each Admission:** $38.00
   - **Description:** Baseball Game
   - **Date(s):** 04/23/12
   - **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐
   - **If no:** Oakland Athletics
   - **Name of Source:**

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

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<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 -Oakland, CA 94605</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td></td>
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   Signature of Agency Head or Designee: Anna Gee
   - Print Name: Operations Manager
   - Title: 04/02/2012
   - (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
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E-mail  
anna.gee@acgov.org

Date Stamp  
Date of Original Filing: ___/___/___

California Form 802  
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title  
Athletics vs. White Sox

Face Value of Each Admission $ 38.00

Description  
Baseball Game

Date(s)  
04/24/12

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

If no:  
Oakland Athletics

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<tr>
<td>Theobald, Andrew</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐</td>
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Anna Gee

Print Name  
Operations Manager

Title  
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Anna Gee, Operations Manager
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510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Athletics vs. White Sox
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 04 / 25 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Athletics
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
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Signature of Agency Head or Designee: Anna Gee
Operations Manager: Anna Gee
Print Name: Anna Gee
Title: Operations Manager
04/02/2012 (month, day, year)

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