Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 35
   Description A's vs. Yankees
   Date(s) 5 / 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: 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>Hoock, Robyn</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
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<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
Alexandra Boskovich
Ticket Administrator
Print Name
Title
05/25/2012
(month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
2. Function, Event, or Ceremonial Role Information

Title ____________________________

Description: A's vs. Yankees

Face Value of Each Admission $ 35

Date(s): 5/26/12

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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada, John</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</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</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>
<tr>
<td></td>
<td></td>
<td>Income □</td>
<td></td>
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<td>Income □</td>
<td></td>
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3. Verification

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

Signature of Agency Head or Designee: ____________________________

Alexandra Boskovich

Print Name

Ticket Administrator

Title

05/25/2012 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information  
Title  

Description  
A's vs. Padres  

Face Value of Each Admission $ 535  

Date(s)  
6 / 16 / 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>Check the income box if not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wade, Laura</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income.</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
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<td>Yes ☐ No ☑</td>
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<td>Yes ☐ No ☑</td>
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<td></td>
<td>Yes ☐ No ☑</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
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<td></td>
</tr>
</tbody>
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3. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.  

Signature of Agency/Head or Designee  
Alexandra Boskovich  
Print Name  
Ticket Administrator  
Title  
05/31/2012  
(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 $167.35
Description Van Halen concert
Date(s) 6/3/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source ____________________________

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wydler, Art</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>
</tbody>
</table>

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
Print Name
Title
5/31/2012
(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
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   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   DateStamp 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 $ 167.35
   Description Van Halen concert
   Date(s) 6/3/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cravahlo, Brian</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></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   5/30/2012 (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. Giants
Face Value of Each Admission $ 35
Date(s) 6/24/12 __________/________
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: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Alexandra Boskovich
Ticket Administrator 05/302012
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

2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission $</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$35</td>
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</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>A's vs. Giants</td>
<td>6/23/12</td>
</tr>
</tbody>
</table>

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
Officer's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chan, Daren</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>Income</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>
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</tr>
<tr>
<td></td>
<td></td>
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<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Income</td>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
05/302012

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description A's vs. Tigers
   Face Value of Each Admission $ 35
   Date(s) 5 / 12 / 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
   Supervisor Wilma Chan
   The identity of recipient(s) and the explanation:

<table>
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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sparks, Brandon</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>
</tbody>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   Print Name
   Title
   05/10/2012
   (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  
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   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  
   **Date of Original Filing:** (month, day, year)

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

   **Title**  
   ____________________

   **Description**  
   A's vs. Tigers

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

   **Date(s)**  
   5  13  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:**

   | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official  
   |------------------------------------------------------------------|----------------------------------|-----------------  
   | McCormick, Melanie                                               | 20+4 parking passes               | Yes ☐ No ☐      
   |                                                                  |                                   | To promote attendance at an event held at a County facility in order to maximize potential Income ☐  
   |                                                                  |                                   | Country revenue from sales. Income ☐  
   |                                                                  |                                   | Income ☐  
   |                                                                  |                                   | Income ☐  
   |                                                                  |                                   | Income ☐  
   |                                                                  |                                   | Income ☐  

3. **Verification**

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

   **Signature of Agency Head or Designee**  
   Alexandra Boskovich

   **Ticket Administrator**  
   Print Name  
   Title  
   05/10/2012 (month, day, year)

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

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

Date Stamp California Form 802
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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 $ $35
Description A's vs. Tigers
Date(s) 5/12/12
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:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chen, Robert</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>Yes □ No □</td>
</tr>
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<td></td>
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Alexandra Boskovitch
Signature of Agency Head or Designee

Ticket Administrator
Print Name

05/10/2012 (month, day, year)

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

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

1. Agency Name
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Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
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E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________________________
Description A's vs. Tigers
Face Value of Each Admission $ 35
Date(s) 5/10/12
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>Silva, Ron</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>
<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
Ticket Administrator
05/10/2012

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description A's vs. Orioles
   Face Value of Each Admission $ 75/$17-park
   Date(s) 9 / 16 / 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:

   Name
   (Last, First) or Organization
   (Name, Address, Description)
   Number of Admission(s)/ Ticket(s)
   Agency Official
   Yes □ No □
   Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
   • Miller, Adam
     4+1 parking
     Yes □ No □
     To promote attendance at an event held at a County facility in order to maximize potential Income
     • pass
     Yes □ No □
     County revenue from sales.
     Income
     • Yes □ No □
     Income
     • Yes □ No □
     Income
     • Yes □ No □

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   5/9/2012
   (month, day, year)

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

Remedies (Must provide explanation in Part 3.)

2. Function, Event, or Ceremonial Role Information

Title

Description
A's vs. Angels

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

Date(s)
5/22/12

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 (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton, John</td>
<td>4+1 parking</td>
<td>Yes ☐ No ☐</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as underprivileged youth.</td>
</tr>
<tr>
<td>pass</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
05/09/2012
FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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 The Black Keys concert
   Face Value of Each Admission $ 60.75
   Date(s) 5/4/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Alexandra Boskovitch
   Signature of Agency Head or Designee

   Ticket Administrator
   Print Name
   Title
   5/4/2012 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description
   A's vs. Orioles
   Face Value of Each Admission $ 75/$17-park
   Date(s)
   9/16/12
   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 Wilima 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>Tolentino, Edgar 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>
</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
   Ticket Administrator: [Signature]
   Title: [Title]
   Date: 5/7/2012

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

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

2. Function, Event, or Ceremonial Role Information

   Title
   Face Value of Each Admission $ 35

   Description A's vs. Tigers
   Date(s) 5 11 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>Campos, Janette</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>County revenue from sales.      Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income</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.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   05/03/2012 (month, day, year)

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

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3832 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) 05 / 23 / 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: Haggerty, Scott- Supervisor 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>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>Hayward Senior Center</td>
<td>20</td>
<td>Yes ☑</td>
<td>To promote health, motivate and provide opportunities to vulnerable populations in the County, such as seniors ☑</td>
</tr>
<tr>
<td>22325 N. Third St., Hayward, CA</td>
<td></td>
<td>Yes ☑</td>
<td>Income ☑</td>
</tr>
<tr>
<td>Providing programs and events for all 60 and over</td>
<td></td>
<td>Yes ☑</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</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.

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   The Black Keys
   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: Haggerty, Scott- Supervisor 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>
</tr>
</thead>
<tbody>
<tr>
<td>Hickey, Neal</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Ticket Administrator
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Function, Event, or Ceremonial Role Information

Title: Oakland A's Game  
Face Value of Each Admission $26.00

Description: Baseball Game

Date(s): 05/08/12

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: Haggerty, Scott- Supervisor 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>
</tr>
</thead>
<tbody>
<tr>
<td>Leonardo, Nick</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a student for outstanding scholastic achievement.</td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELLE DIANDA  
Ticket Administrator

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

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

#### 2. Function, Event, or Ceremonial Role Information
- **Title:** Oakland A's Game
- **Face Value of Each Admission:** $26.00
- **Date(s):** 05/10/12
- **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☒
- **If no:**
  - Name of Source: Oakland A's

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

- Yes ☐ No ☒
- If yes: Haggenery, Scott; Supervisor 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornelius, Ian</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>To reward a student for outstanding scholastic achievement. Income ☐</td>
</tr>
</tbody>
</table>

#### 3. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

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

---

**For Official Use Only**

**FPPC Form 802 (2/11)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agencies that received:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description
   Face Value of Each Admission
   $1568.00
   Date(s)
   08 / 08 / 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: Haggerty, Scott- Supervisor District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Rose Hospital Foundation</td>
<td>20</td>
<td>Yes [ ] No [ ]</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>27200 Calaroga Avenue, Hayward, CA 94545</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>Provides community support and assistance to enable the hospital to serve those in need</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   [5/1/12]

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's Face Value of Each Admission $75.00
   Description
   Baseball Game Date(s) 09/14/12
   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: Haggerty, Scott- Supervisor, District 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunchholm, Dean</td>
<td>4</td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

1. Agency Name

County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

Area Code/Phone Number E-mail
(510) 272-3882 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

Description Baseball Game

Face Value of Each Admission $ 1568.00

Date(s) 09 / 30 / 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: Haggerty, Scott- Supervisor 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>
</tr>
</thead>
<tbody>
<tr>
<td>Blalock, Gail</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<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.

MICHELLE DIANDA

Signature of Agency Head or Designee

Ticket Administrator

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

**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** $26.00

**Description** Baseball Game

**Date(s)** 05 / 21 / 12

**Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [x] 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, Official’s Name (Last, First) and Title**
Haggerty, Scott - Supervisor, District 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>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>Leonardo, Tom</td>
<td>2</td>
<td>Yes [ ] No [x]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

---

**3. Verification**

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

**Signature of Agency Head or Designee**

**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
   (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
   $75.00
   Date(s)
   05 / 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:
   Haggerty, Scott- Supervisor, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliviares, Orlando</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   5/21/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $17
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  Van Halen
A face value of Each Admission $ 167.35
Date(s)  06 / 03 / 12

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

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

Yes ☑ No ☐ If yes: Haggerty, Scott- Supervisor District 1
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patterson, Patti</td>
<td>4</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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</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

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
   Brothers of the Sun
   Description
   Concert
   Face Value of Each Admission
   $125.50
   Date(s)
   07 / 15 / 12
   Ticket(s)/Admission(s) provided by agency? Yes □ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No □
   If yes:
   Haggerty, Scott- Supervisor 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>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>Steele, Allison</td>
<td>3</td>
<td>Yes ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
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<tr>
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<td>No □</td>
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<td>Yes ☑</td>
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<td>Yes ☑</td>
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<td>Yes ☑</td>
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<td>No □</td>
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<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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Signature
   Ticket Administrator
   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
     - (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**: $38.00
   - **Date(s)**: 05/08/12, 05/10/12
   - **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

<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>Socially Responsible Network 360 Grand Ave. #57</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   **Signature of Agency Head or Designee**: Amy Shrago
   **Print Name**: Ticket Administrator
   **Title**: 05/31/12
   **(month, day, year)**

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

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

2. Function, Event, or Ceremonial Role Information
Title: Oakland A's
Face Value of Each Admission $ 38.00
Description: Baseball Game
Date(s) 05/09/12 05/23/12
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)</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>Spencer, Scott</td>
<td>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></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator: 05/31/12
(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 Oakland A's
   Description Baseball Game
   Face Value of Each Admission $38.00
   Date(s) 05/11/12 05/12/12
   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>Socially Responsible Network 360 Grand Ave. #57</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Oakland A's</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Income</td>
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<td>Income</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Amy Shrango
   Print Name
   Ticket Administrator
   05/31/12
   (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
   Oakland A's
   Description
   Baseball Game, Loge Suite
   Face Value of Each Admission $43.75
   Date(s) 05/12/12
   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>Center for Early Intervention on Deafness 1035 Grayson St. Berkeley CA 94710</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>North Berkeley Senior Center 1901 Hearst St. Berkeley CA 94709</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>North Oakland Senior Center 5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5714 Martin Luther King Jr. Way, Oakland CA</td>
<td>8</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 Shrago
   Print Name: Ticket Administrator
   Title: 05/31/12

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 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 Oakland A's
Description Baseball Game,

Face Value of Each Admission $ 38.00

Date(s) 05/13/12

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially Responsible Network 360 Grand Ave. #57</td>
<td>2</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>
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<td></td>
<td></td>
<td>Yes □ No □</td>
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<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 Ticket Administrator 05/31/12
Signature of Agency Head or Designee Print Name Title
(month, day, year)

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

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  
   **Face Value of Each Admission**  
   $38.00  
   **Date(s)**  
   05/21/12  
   05/22/12  
   **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>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Leung, Chris</td>
<td>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>
<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>
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<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.

   Amy Shrago  
   Signature of Agency Head or Designee  
   Ticket Administrator  
   05/31/12  
   (month, day, year)

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

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

Date Stamp
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
Title
Oakland A's
Description
Baseball Game, Loge Suite
Face Value of Each Admission $ 43.75
Date(s)
05/25/12

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>Gillette, Kim</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></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
05/31/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
### Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3882
E-mail
crystal.hishida@acgov.org

### Function, Event, or Ceremonial Role Information
Title
Oakland A’s
Description
Baseball Game
Face Value of Each Admission
$38.00
Date(s)
05/25/12

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>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

### 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 Stratio
Print Name: Amy Stratio
Ticket Administrator
05/31/12 (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

2. **Function, Event, or Ceremonial Role Information**
   **Title**
   Oakland A's
   **Description**
   Baseball Game, Loge Suite
   **Face Value of Each Admission** $43.75
   **Date(s)** 05/26/12
   **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐
   **Name of Source**
   If no: Oakland A's
   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes ☐ No ☐
   **Official's Name (Last, First) and Title**
   Carson, Keith, Supervisor

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
   Signature of Designee: ****
   **Ticket Administrator**
   Print Name: Amy Shrago
   Title: Ticket Administrator
   **Date** 05/31/12
   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

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

2. Function, Event, or Ceremonial Role Information
   Title Oak A's
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 05 / 26 / 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:

   | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   |-----------------------------------------------------------------|-------------------------------|----------------|----------------------------------------------------------------------------------|
   | Shrago, Amy                                                     | 2                             | Yes ☐ No ☐ No ☐ | To reward a County employee for his or her exemplary service to the public or to encourage staff development

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] [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
   Oakland A's
   Description
   Baseball Game
   Face Value of Each Admission $38.00
   Date(s) 05/27/12

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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
05/31/12
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: County of Alameda
Division, Department, or Region: Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact: 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. Blue Jays
Description: Baseball Game
Face Value of Each Admission: $38.00
Date(s): 05/08/12, 05/09/12
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>American Red Cross</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>85 Second St, 8th Fl-San Francisco, CA 94105</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Humanitarian services and programs</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Manager
Title: 05/01/12
(month, day, year)

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

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

Date Stamp  
California Form 802  
For Official Use Only  

2. Function, Event, or Ceremonial Role Information  
Title  Athletics vs. Tigers  
Face Value of Each Admission $38.00  
Description  Baseball Game  
Date(s)  05/10/12  
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>American Red Cross</td>
<td>2</td>
<td>Yes  □ No  □</td>
</tr>
<tr>
<td>85 Second St, 8th Fl-San Francisco, CA 94105</td>
<td></td>
<td>Yes  □ No  □</td>
</tr>
<tr>
<td>Humanitarian services and programs</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  
Anna Gee  
Print Name  
Operations Manager  
Title  
05/01/12 (month, day, year)  

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

FFPC Form 802 (2/11)  
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/278-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Athletics vs. Tigers
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 05/11/12 05/12/12
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>Baptista, Michelle</td>
<td>1</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Kelly, Correna</td>
<td>1</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Benson, Andre</td>
<td>2</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/Designee Print Name Operations Manager Title
05/01/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Athletics vs. Angels
   Face Value of Each Admission: $38.00
   Description: Baseball Game
   Date(s): 05/21/12, 05/23/12

   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 [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td>7200 Bancroft Avenue, Suite 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
</tr>
<tr>
<td></td>
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<td>Yes [x]</td>
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</tbody>
</table>

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

   Income [ ]

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

Signature of Agency Head or Designee
Anna Gee
Print Name
Operations Manager
05/01/12
Title
(month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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 Athletics vs. Yankees
   Description Baseball Game
   Face Value of Each Admission $38.00
   Date(s) 05/25/12
   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
   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>Kennedy, Jim</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee Operations Manager 05/01/12
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  Athletics vs. Yankees
   Description  Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s)  05 / 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
   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>Theobald, Andrew</td>
<td>1</td>
<td>Yes □ No □</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income □</td>
</tr>
<tr>
<td>Rodrigue, Cynthia</td>
<td>1</td>
<td>Yes □ No □</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income □</td>
</tr>
<tr>
<td>Theobald, Madison</td>
<td>1</td>
<td>Yes □ No □</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income □</td>
</tr>
<tr>
<td>Theobald, Jeremy</td>
<td>1</td>
<td>Yes □ No □</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income □</td>
</tr>
</tbody>
</table>

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Signature of Agency Head or Designee  Anna Gee  Operations Manager
Print Name  Title

05/01/12  (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

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   Board of Supervisors
   Street Address
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   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  Athletics vs. Rangers
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 06/04/12  06/05/12

   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>Hayward Area Recreation &amp; Park District</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance for an event held 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>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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   Anna Gee, Operations Manager
   Print Name: Date: 05/01/12 (month, day, year)

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

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**Agency Report of:**
Ceremonial Role Events and Ticket/Admission Distributions

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     - 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. Rangers
   - Face Value of Each Admission
     - $1.568
   - Description
     - Baseball Game
   - Date(s)
     - 06/06/12
   - Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
     - 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 ☐ No ☐
     - If yes: Miley, Nate - Alameda County Supervisor

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

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Deputy Sheriff's Activities League</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>19378 E. 14th Street, Suite #100-San Leandro, CA 94578</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Parking Passes</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<tr>
<td></td>
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<td>☐</td>
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3. **Verification**

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

   Signature of Agency Head or Designee: [Signature]

   Anna Gee
   Operations Manager
   05/01/12
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
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   Area Code/Phone Number
   E-mail
   510-891-5585
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Athletics vs. Rangers
   Face Value of Each Admission
   $ 38.00
   Description
   Baseball Game
   Date(s)
   06 / 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 or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Deputy Sheriff's Activities League</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>16378 E. 14th Street, Suite #100-San Leandro, CA 94578</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
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Anna Gee
Signature of Agency Head or Designee
Operations Manager
Print Name
Title
05/01/12
(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. Padres
   Description  Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s) 06/15/12
   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>Castro Valley Parent and Teacher Association</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
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   Signature of agency head or designee
   Anna Gee
   Print Name
   Operations Manager
   Title
   05/01/12 (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
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   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. Padres
   Description Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s) 06/12/12
   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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggiman, Mary Lou</td>
<td>4 Yes ☑ No ☐</td>
<td>☐ To promote attendance for 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>Stewart, Darryl</td>
<td>1 Yes ☑ No ☐</td>
<td>☐ To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and</td>
<td></td>
</tr>
<tr>
<td>Stewart, Tyler</td>
<td>1 Yes ☐ No ☐</td>
<td>☐ To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and</td>
<td></td>
</tr>
<tr>
<td>Dobbins, Christopher</td>
<td>1 Yes ☐ No ☐</td>
<td>☐ To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and</td>
<td></td>
</tr>
<tr>
<td>Ponce, Sarai</td>
<td>1 Yes ☑ No ☐</td>
<td>☐ To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
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Signature of Agency Head or Designee
Anna Gee Operations Manager
Print Name Title
05/01/12 (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**
510-891-5585

**E-mail**
anna.gee@acgov.org

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

**Title** Athletics vs. Dodgers

**Face Value of Each Admission** $38.00

**Description** Baseball Game

**Date(s)** 06/19/12, 06/20/12

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

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

**Name of Source**
Oakland Athletics

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

- Yes ☐ No ☑

**Official's Name (Last, First) and Title**
Gayle, 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>
<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>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>

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

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

**Print Name**
Operations Manager

**Title**
05/01/12

**(month, day, year)**

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

2. Function, Event, or Ceremonial Role Information
Title
Athletics vs. Dodgers
Description
Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 06/19/12 06/20/12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no, Name of Source
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"

The identity of recipient(s) and the explanation:

<table>
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<th>Number of Admission(s)/ Ticket(s)</th>
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</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>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
</tbody>
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Signature of Agency Head or Designee
Anna Gee
Signature
Print Name
Operations Manager
05/01/12
Title
(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

Date Stamp

California Form 802

 Amendement (Must provide explanation in Part 3)

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

2. Function, Event, or Ceremonial Role Information

Title Athletics vs. Dodgers

Face Value of Each Admission $ 38.00

Description Baseball Game

Date(s) 06/21/12

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>
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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes ☐, No ☐</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes ☐, No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐, No ☐</td>
<td>Income</td>
</tr>
<tr>
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3. Verification

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Signature of Agency Head or Designee: Anna Gee

Print Name: Operations Manager: 05/01/12

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)
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Ceremonial Role Events and Ticket/Admission Distributions

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   Street Address
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   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title
   Athletics vs. Dodgers
   Face Value of Each Admission $ 75.00
   Description
   Baseball Game
   Date(s)
   06 / 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, Nale - Alameda County Supervisor
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   Name
   (Last, First) or Organization (Name, Address, Description)
   Number of Admission(s)/Ticket(s)
   Agency Official
   • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
   Alameda County District Attorney's Office
   4
   Yes ☐ No ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
   Income ☐

   Human Exploitation and Human Trafficking Watch Unit
   5
   Yes ☐ No ☐
   Income ☐

   1225 Fallon St Ste 900-Oakland, CA 94612
   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
   Anna Gee
   Print Name
   Operations Manager
   05/01/12
   Title
   (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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 Athletics vs. Giants
   Description Baseball Game
   Face Value of Each Admission $38.00
   Date(s) 06/22/12
   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) of 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>Dunlap, Kamika</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Anna Gee Operations Manager
   Print Name Title
   05/01/12 (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors

Street Address
   1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager

Area Code/Phone Number  E-mail
   510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Athletics vs. Padres
   Description  Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s)  06/15/12
   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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro Valley Elementary Parent and Teacher Association</td>
<td>4</td>
<td>Yes  No</td>
<td>To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>20185 San Miguel Ave, Castro Valley, CA 94546</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support through resources to Castro Valley Elementary</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
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<td></td>
<td></td>
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<td>Income</td>
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<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee  Anna Gee  Operations Manager  05/01/12

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