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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number  E-mail
   (510) 272-3882    crystal.hishida@acgov.org
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ____________________________ (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title  A's baseball
   Description  Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s)  6/30/12
   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: Alameda County Supervisor Scott Haggerty, Dist 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society 2244 Oakland Ave Pleasanton, CA 94588</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td># 10 non-profit ☑</td>
</tr>
<tr>
<td>Relay for Life</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income ☑</td>
</tr>
</tbody>
</table>

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title  
   As Game  
   Description  
   Baseball  
   Face Value of Each Admission $ 35.00
   Date(s)  
   6, 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:  
   Alameda County Supervisor Scott Haggerty - Dist. 1
   Officials 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>
</table>
| Rudy G�o  
114460 Rampart Drive | 2 | Yes □ No □ # 8 (Community Volunteer) | □ |
| Dublin CA | | Yes □ No □ | □ |
| | | Yes □ No □ | □ |
| | | Yes □ No □ | □ |
| | | Yes □ No □ | □ |

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee  
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   7-18-17
   (month, day, year)
   Comment: (Use this space of 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:** A's Game
- **Face Value of Each Admission:** $38.00
- **Description:** Baseball
- **Date(s):** 6/24/12
- **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:** Alameda County Supervisor Scott Haggerty, Dis 1

#### The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Thompson 242 E. Rees Circle Livermore CA 94550</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
<td># (Community Volunteer)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

### 3. Verification

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

**Signature of Agency Head or Designee**

**Ticket Administrator**

**Print Name**

**Title**

**Date:** 7-16-12

**Comment:** (Use this space of 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 BASEBALL
Face Value of Each Admission $ 38.00
Description A'S
Date(s) 6.7.12 6.22.12
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: [Name of Source]

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>Charles Santana 537 St. George Rd.</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Danville CA 94524</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

☐ 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.

Lee Ann Ferguson
Signature of Agency Head or Designee

Ticket Administrator 7-16-12
Print Name (month, day, year)

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

County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number 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 A's Game
Description Baseball
Face Value of Each Admission $ 38.00
Date(s) 6.17.12
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: Alameda County Supervisor Scott Haggerty, Dist 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunny Alam School 1100 Main St., Sunny CA 94580</td>
<td>2</td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<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.

Lee Ann Fergerson
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
2-15-12
(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
Summer Jam

Description
Concert

Face Value of Each Admission $ 50.00

Date(s) 6/10/12

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: ___________________________
Official's Name (Last, First) and Title
Supervisor Scott Haggerty - Dist. 1

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>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>Albert Teixeira</td>
<td>4</td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
</tbody>
</table>
| 26026 Regal Ave
Hayward CA 94544 | Yes □ No □ | Income |
| Yes □ No □ | Income |
| Yes □ No □ | Income |

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

Lee Ann Fergerson
Signature of Agency Head or Designee

Ticket Administrator
Print Name

7-18-12
(month, day, year)

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description Baseball game
   Face Value of Each Admission $38.00
   Date(s) 9/29/12 10/1/12
   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 __________________________

<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 Swim Academy</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>(500 Dublin Bl.</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>54101, Dublin, CA</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>8-328</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.

   Lee Ann Fergerson
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   7-11-12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title A's game tickets
Face Value of Each Admission $ 15.00
Description BASEBALL
Date(s) 1/1/ __ / __ / __
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: Alameda County Supervisor Scott Haggerty, Dist. 1
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>FaVON Middle School</td>
<td>20</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td>3601 Kohnen Way</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin, CA 94568</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mustang Round Up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
LeeAnn Ferguson
Print Name
Ticket Administrator
7-16-12

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   A's Luxury Suite
   Face Value of Each Admission $1500
   Description
   BASEBALL GAME
   Date(s)
   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: Alameda County Supervisor Scott Hargis, Dist. 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals on Wheels</td>
<td>20</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>P.O. Box 14002</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Oakland, CA 94614</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Star Night</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
   Print Name
   Ticket Administrator
   Title

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

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

2. Function, Event, or Ceremonial Role Information
Title A's Baseball Luxury Suite
Description Skybox
Face Value of Each Admission $1,500
Date(s) 1/1/2012
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: Alameda County Supervisor Scott Haagensen, Dist. 1
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Middle School</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>#11 Reward School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's Game
   Description
   Baseball Game
   Face Value of Each Admission $75.00
   Date(s) 06/05/12
   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>Badarelo, Jason</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue</td>
<td>Income [ ]</td>
<td></td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Income [ ]</td>
<td></td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Income [ ]</td>
<td></td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Income [ ]</td>
<td></td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Income [ ]</td>
<td></td>
</tr>
</tbody>
</table>

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

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

A Public Document

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Oakland A's Game
Face Value of Each Admission $ 75.00
Date(s) 06 / 05 / 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>Gill, Lauren</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue</td>
</tr>
</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
   Date Stamp
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number   E-mail
   (510) 272-3882   crystal.hishida@acgov.org
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title KMEL Summer Jam
   Description Concert
   Face Value of Each Admission $ 50.80
   Date(s) 06 / 10 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: 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, 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>Irvin, Armon</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to promote maximum potential revenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

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

**1. Agency Name**

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

**Date Stamp**
California Form 802
For Official Use Only

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

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

Title: Oakland A's Game
Description: Baseball Game
Face Value of Each Admission: $26.00
Date(s): 07 / 03 / 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basoco-Villarreal, Anissa</td>
<td>2</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

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

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
   Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s)
   08 / 03 / 12
   Description
   Ticket(s)/Admission(s) provided by agency? Yes X 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 X No X
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>The explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resurrection Greek Orthodox Church</td>
<td>4</td>
<td>Yes X No X</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>20104 Center Street, Castro Valley, CA 94546</td>
<td></td>
<td>Yes X No X</td>
<td>Income</td>
</tr>
<tr>
<td>Hosting fundraiser to support local charities</td>
<td></td>
<td>Yes X No X</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes X No X</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes X No X</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 of Designee
Print Name
Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $17

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's
Description Baseball Game
Face Value of Each Admission $ 26.00
Date(s) 06/21/2012
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: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
MICHELLE DIANDA

Print Name
Ticket Administrator

Title

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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
   X Factor
   Face Value of Each Admission $ 0.00
   Description
   TV Audition
   Date(s)
   06/16/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No ☑
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>6</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>
</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.

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
   Description Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s) 06/15/12

   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: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moreno, Mike</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<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>

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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
   MICHELLE DIANDA

   Print Name
   Ticket Administrator
   (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's
   Description Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s) 06 / 16 / 12
   Ticket(s)/Admission(s) provided by agency? Yes [x] 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 [x] No [ ]
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plancarte, Luisanna</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income [ ]</td>
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<td>Yes [x] No [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income [ ]</td>
</tr>
</tbody>
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   Signature of Agency, Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator
   Title
   Date of Original Filing: (month, day, year)

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

County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
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Designated Agency Contact (Name, Title)
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Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title Oakland A's
Description Baseball Game
Face Value of Each Admission $ 26.00
Date(s) 06 / 17 / 12
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Oakland A's

Was the distribution to persons identified below made at the behest of an agency official?
Yes [x] No [ ] If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodrigues, Robert</td>
<td>2</td>
<td>Yes [x]</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name

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  

2. Function, Event, or Ceremonial Role Information  
Title Oakland A's  
Face Value of Each Admission $ 26.00  
Description Baseball Game  
Date(s) 06 / 19 / 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: Valle, Richard - Supervisor District 2  
Official's Name (Last, First) and Title  
The identity of recipient(s) and the explanation:  
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonzalez, Yosenia</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

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

2. Function, Event, or Ceremonial Role Information
   Title: A's baseball
   Face Value of Each Admission $ 38.00
   Description: Baseball Game
   Date(s): 6/30/12
   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: Alameda County Supervisor Scott Haggerty, Dist. 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society 2264 Oakland Ave, Pleasanton, CA 94588</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td># 10 non-profit</td>
</tr>
<tr>
<td>Relay for Life</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

   Date Stamp
   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
   A's Game
   Baseball
   Face Value of Each Admission $ __________ 00
   Date(s) __________ / __________ / __________
   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: Alameda County Supervisor Scott Haggerty Dist. 1
   Officers 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>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rudy Estrada 114416 Rampart Drive</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☑</td>
<td>(Community Volunteer)</td>
</tr>
<tr>
<td>Dublin CA</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>
</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>
</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: Lee Ann Fergerson
   Title: Ticket Administrator
   (month, day, year) 7-18-17

   Comment: (Use this space for 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 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 A's Game
Face Value of Each Admission $ 38.00
Description Baseball
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: Alameda County Supervisor Scott Haggerty, Dist. 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Thompson, 2426 Rees Circle, Livermore, CA 94550</td>
<td>2</td>
<td>Yes ☑ No ☐ #8 (Community Volunteer) Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Lee Ann Ferguson
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
Comment: (Use this space of an attachment for any additional information including amendment explanation.)

7-16-12 (month, day, year)
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 BASEBALL
   Description A's
   Face Value of Each Admission $ 38.00
   Date(s) 6, 7, 12   6, 22, 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: Name of Source

   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>Charles Santana 531 St. George Rd.</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>Danville CA 94524</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Lee Ann Ferguson
   Signature of Agency Head or Designee

   Ticket Administrator 7-16-12
   (Month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title A's Game
   Description Baseball
   Face Value of Each Admission $38.00
   Date(s) 6.17.12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, Dist 1
   Name of Source "Oakland A's"
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunny Glen School</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>11601 Main St., Sunny Glen CA 94586</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#10 ~ Reward School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Lee Ann Fergerson
Signature of Agency Head or Designee
Print Name

Ticket Administrator

2-15-12
(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 Summer Jam
   Description Concert
   Face Value of Each Admission $ 50.00
   Date(s) 6, 10, 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: ____________________________ Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: ____________________________ Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert &amp; Barbara Teixeira</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>26026 Redwood Ave Hayward CA 94544</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☒</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the course of the official capacity, the recipient(s) were guests of the agency.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

2. Function, Event, or Ceremonial Role Information
Title
Baseball game
Face Value of Each Admission $38.00
Date(s) 9/29/12 10/1/12
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>American Swim Academy</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>500 Dublin Bl.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHE 101, Dublin, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22228</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Lee Ann Fergerson
Signature of Agency Head or Designee

Ticket Administrator
Print Name

7-11-12
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - County of Alameda
   - Board of Supervisors
   - 1221 Oak Street, Suite 536
   - Crystal Hishida Graff, Clerk, Board of Supervisors
   - (510) 272-3882

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: A's game tickets
   - **Face Value of Each Admission**: $15.00
   - **Description**: BASEBALL
   - **Date(s)**: __/__/____
   - **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**: Alameda County Supervisor Scott Haggerty, Dist. 1
     - **Official's Name (Last, First) and Title**: __________

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>FALCON MIDDLE SCHOOL</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>3601 Kohnen Way</td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td>Dublin, CA 94568</td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td>Mustang Round up</td>
<td></td>
<td>Income ☑</td>
</tr>
</tbody>
</table>

3. **Verification**

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

   **Signature of Agency Head or Designee**: [Signature]
   **LeeAnn Ferguson**: [Print Name]
   **Ticket Administrator**: [Title]
   **Date**: 7-16-12

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

A Public Document

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Date Stamp
   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
   A's Luxury Suite
   Face Value of Each Admission
   $ 1,500
   Description
   BASEBALL GAME
   Date(s)
   
   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: Alameda County Supervisor Scott Haggerty, Dist. 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals on Wheels</td>
<td>20</td>
<td>Yes ☐ No ☒</td>
<td># 11 non-profit</td>
<td>☐</td>
</tr>
<tr>
<td>P.O. Box 14002</td>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Oakland CA 94614</td>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>5 Star Night</td>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

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

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

2. Function, Event, or Ceremonial Role Information  
Title: A's Baseball Luxury Suite  
Face Value of Each Admission $1,500  
Description: Skybox  
Date(s): / /  
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: Alameda County Supervisor Scott Haggerty, Dist.  
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>Wells Middle School</td>
<td>20</td>
<td>Yes ☐ No ☐ #11 Reward School</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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<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<td></td>
<td></td>
<td>Income ☐</td>
</tr>
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<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.  
Signature of Agency Head or Designee:  
Print Name:  
Ticket Administrator:  
Title:  
Date (month, day, year): 7-16-12  
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 Game
Description Baseball Game
Face Value of Each Admission $ 75.00
Date(s) 06 / 05 / 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 (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badarello, Jason</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential revenue

Income □

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Print Name
Ticket Administrator

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

Date Stamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Oakland A's Game
Face Value of Each Admission $ 75.00
Description Baseball Game
Date(s) 06/05/12
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>Gill, Lauren</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

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

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

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 (866/275-3772)
### 1. Agency Name
County of Alameda

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

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

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

**Area Code/Phone Number**: 510 272-3882

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

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

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

**Title**: KMEL Summer Jam

**Face Value of Each Admission**: $50.80

**Description**: Concert

**Date(s)**: 06/10/12

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

- Yes [ ]
- No [ ]

**If no: Golden State Warriors**

**Name of Source**

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

- Yes [ ]
- No [ ]

**If yes**: 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>Irvin, Armon</td>
<td>4</td>
<td>Yes [ ]</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
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</tr>
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<td></td>
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<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

### 3. Verification

I have read and understand FPPC Regulations 18944 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**

**Date** (month, day, year)

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

FPPC Form 802 (2/11)

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Oakland A's Game
Description Baseball Game
Face Value of Each Admission $ 26.00
Date(s) 07 / 03 / 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>Basoco-Villarreal, Anissa</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County</td>
<td></td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Ticket Administrator

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number	E-mail
(510) 272-3882
crystal.hishida@acgov.org

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information
Title
Oakland A's Game

Face Value of Each Admission $ 75.00

Description
Baseball Game

Date(s)
08/03/12

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: Valle, Richard- Supervisor District 2

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resurrection Greek Orthodox Church</td>
<td>4</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td>20104 Center Street, Castro Valley, CA 94546</td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td>Hosting fundraiser to support local charities</td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $17

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
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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
Face Value of Each Admission $ 26.00
Date(s) 06 / 21 / 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: Valle, Richard- Supervisor District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

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

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

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

1. Agency Name

County of Alameda
Division, Department, or Region (if applicable)
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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 X Factor
Description TV Audition
Face Value of Each Admission $ 0.00
Date(s) 06/16/12
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes [ ] No [ ] If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>6</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

3. Verification

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

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

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-3882</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td>Amendment (Must provide explanation in Part 3.)</td>
<td>Date of Original Filing: (month, day, year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function, Event, or Ceremonial Role Information</th>
<th>Face Value of Each Admission $26.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Oakland A's</td>
</tr>
<tr>
<td>Description</td>
<td>Baseball Game</td>
</tr>
<tr>
<td>Date(s)</td>
<td>06/15/12</td>
</tr>
<tr>
<td>Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐</td>
<td>If no: Oakland A's Name of Source</td>
</tr>
<tr>
<td>Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐</td>
<td>If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The identity of recipient(s) and the explanation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First) or Organization (Name, Address, Description)</td>
</tr>
<tr>
<td>Moreno, Mike</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's
Description Baseball Game
Face Value of Each Admission $ 26.00
Date(s) 06 / 16 / 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: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plancarte, Luisanna</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for her service to the public. Income ☐</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Ticket Administrator

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

FPPC Form 802 (2011)
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
   Date of Original Filing: (month, day, year)
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s): 06/17/12
   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: Valle, Richard- Supervisor District 2
   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.

<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>Rodrigues, Robert</td>
<td>2</td>
<td>Yes □ No □ To reward a community volunteer for his service to the public. Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Ticket Administrator
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
   Description  Baseball Game
   Face Value of Each Admission $26.00
   Date(s) 06 / 19 / 12
   Ticket(s)/Admission(s) provided by agency?  Yes  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:  Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

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

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

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

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

Date Stamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 35
Description A’s vs. Red Sox
Date(s) 9/2/12
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>Falcon, Ernesto</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

- To promote attendance at an event held at a County facility in order to maximize potential

- County revenue from sales.

- 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 Print Name
Ticket Administrator
Title
06/25/2012 (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
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   Board of Supervisors
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   E-mail
   crystal.hishida@acgov.org
   Date Stamp

2. Function, Event, or Ceremonial Role Information
   Title
   Description A's vs. Blue Jays
   Face Value of Each Admission $75/$17-
park
   Date(s) 8/2/12
   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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>(Last, First) or Organization</td>
<td>Number of</td>
</tr>
<tr>
<td>(Name, Address,</td>
<td>(Name, Address, Description)</td>
<td>Admission(s)/</td>
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<td>Ticket(s)</td>
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<td>Agency Official</td>
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<td></td>
<td>Yes ☐ No ☐</td>
<td>To promote</td>
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<td></td>
<td>attendance</td>
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<td></td>
<td>at an event held</td>
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<td>at a</td>
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<td>County facility</td>
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<td>in order to</td>
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<td>maximize potential</td>
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<td></td>
<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<tr>
<td></td>
<td></td>
<td>County revenue</td>
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<tr>
<td></td>
<td></td>
<td>from sales.</td>
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<td></td>
<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<tr>
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<td>County revenue</td>
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<td>from sales.</td>
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<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
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<td>County revenue</td>
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<tr>
<td></td>
<td></td>
<td>from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</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: Alexandra Boskovich
   Print Name: Ticket Administrator: 06/25/2012
   Title: (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information

   Title ____________________________________

   Description A's vs. Angels

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

   Date(s) 8 / 7 / 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan, Esther</td>
<td>20+4 parking</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<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 ________________________________
   Print Name
   Alexandra Boskovich
   Ticket Administrator
   Title
   06/22/2012
   (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
   Sesame Street Live
   Date(s) 6/22/12
   Face Value of Each Admission $41.35
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caldwell, Lori</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to Henry Haught Elementary School</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   6/21/2012
   (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. Orioles
Face Value of Each Admission $ __________
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 Wiima 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>Oddie, Jim 8+1 parking</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
</tr>
<tr>
<td>pass</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Alexandra Boskovich
Ticket Administrator 6/19/2012
Print Name Title (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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 New Edition concert
   Face Value of Each Admission $92.50
   Date(s) 6/23/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: 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>Jackson, Bob</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
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<td>County revenue from sales. Income ☐</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.
   Alexandra Boskovich
   Ticket Administrator
   6/13/2012 (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 Hotline: 866/ASK-FPPC (866/275-3772)
Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information  
Title  
Face Value of Each Admission $ 35

Description A's vs. Padres

Date(s) 6/17/12

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>Harris, Bill</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential Income □

County 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

06/13/2012

(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description A's vs. Mariners
   Face Value of Each Admission $ 35
   Date(s) 7 / 8 / 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>
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</thead>
<tbody>
<tr>
<td>Lyons, Warren</td>
<td>2</td>
<td>Yes □ No □</td>
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<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income</td>
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<td>County revenue from sales. Income</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
   6/8/2012
   (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
   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 ____________________________________________
   Description 106 KMEL Summer Jam concert
   Face Value of Each Admission $ 50.80
   Date(s) 6/10/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □
   If yes: 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>Lankford, Raymond</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income</td>
</tr>
<tr>
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<td></td>
<td>Income</td>
</tr>
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</table>

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

   Signature of Agency Head or Designee

   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   6/8/2012
   (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 LMFAO concert
   Face Value of Each Admission $ 75.25
   Date(s) 6 / 8 / 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>Chan, Daren</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
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<td>County revenue from sales. 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                        Print Name                        Title
   Alexandra Boskovich                                          Ticket Administrator            6/72012
   (month, day, year)

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Athletics vs. Giants
   - **Description**: Baseball Game
   - **Face Value of Each Admission $**: 38.00
   - **Date(s)**: 06/23/12
   - **Ticket(s)/Admission(s) provided by agency?**: Yes ☐ No ☑
     - If no: Oakland Athletics
     - **Name of Source**

3. **Verification**
   - **Signature of Agency Head or Designee**: Anna Gee
   - **Print Name**: Operations Manager
   - **Title**: 06/29/12
     - (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. Giants
   Description  Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s)  06/24/12
   Ticket(s)/Admission(s) provided by agency?  Yes □ No □
   If no:  Oakland Athletics (Name of Source)
   Was the distribution to persons identified below made at the behest of an agency official?  Yes □ No □
   If yes:  Miley, Nate - Alameda County Supervisor (Official's Name (Last, First) and Title)

   The identity of recipient(s) and the explanation:

<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>Miley, Christopher</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>Stewart, Daryl</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>Gee, Anna</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>Ng, Eileen</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>Miley, Nate</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  06/29/12
   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
   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. Giants
   Description
   Baseball Game
   Face Value of Each Admission $ 75.00
   Date(s)
   06/24/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<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>Dunlap, Kamika</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Rodrigues, Angelina</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Hickey, Neal</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Gee, Terrence</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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
   Anna Gee
   Print Name
   Operations Manager
   06/29/12
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name:
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Anna Gee, Operations Manager
Area Code/Phone Number
510-891-5585
E-mail
anna.gee@acgov.org

Face Value of Each Admission $75.00

Title
Athletics vs. Giants

Description
Baseball Game

Date(s)
06/24/12

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

Name (Last, First)
Sanftner, Paul

Name, Address, Description

Number of Admission(s)/Ticket(s)
2

Agency Official
Yes ☐ No ☐

[Box checked for Yes]

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.

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

Income ☐

Ramirez, Coco
4
Yes ☐ No ☐

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

Income ☐

Miley, Sarah
1
Yes ☐ No ☐

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

Income ☐

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
06/29/12

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. Red Sox  
Face Value of Each Admission $75.00  

Description Baseball Game  

Date(s) 07/02/12  

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>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Sheriff's Activities League 20</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>
<td></td>
</tr>
<tr>
<td>16378 E. 14th Street, Suite #100-San Leandro, CA 94578</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Anna Gee  
Operations Manager  
06/29/12 (month, day, year)  

Signature of Agency Head or Designee  
Print Name  
Title  

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

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

1. Agency Name
   County of Alameda

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

   Street Address
   1221 Oak Street, Suite 536

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

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

   Amendment  □ Yes  □ No
   Date of Original Filing: □ month, □ day, □ year

2. Function, Event, or Ceremonial Role Information

   Title  Athletics vs. Red Sox

   Description  Baseball Game

   Face Value of Each Admission $ 75.00

   Date(s)  07/03/12

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

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

   Yes □ No □
   If yes: Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Identity of Recipient(s) and the Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Al</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. Income □</td>
</tr>
<tr>
<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
   Anna Gee
   Operations Manager
   06/29/12 (month, day, year)

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

☐ Amendment  (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title  Athletics vs. Red Sox

Face Value of Each Admission $ 38.00

Description  Baseball Game

Date(s)  07/03/12

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

If no:  Oakland Athletics

Name of Source

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

Yes ☐ No ☑

If yes:  Miley, Nate - Alameda County Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

Income ☐

3. Verification

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

Anna Gee
Signature of Agency Head or Designee

Operations Manager
Print Name

06/29/12
(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. Mariners
   Description
   Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 07/06/12 07/07/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Oakland Athletics
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carroll, Ellen</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. Income □</td>
</tr>
<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 Income □</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 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 □ Agency Head or Designee
   Anna Gee
   Operations Manager
   06/29/12 (month, day, year)
   Print Name
   Title

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. Mariners

**Face Value of Each Admission $**
75.00

**Description**
Baseball Game

**Date(s)**

07 / 08 / 12

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

If no: Oakland Athletics

**Name of Source**

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

Yes ☐ No ☑

If yes: Miley, Nate - Alameda County Supervisor

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

### The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 536, Oakland, CA 94611</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 concessions sales. ☐</td>
</tr>
<tr>
<td>Guins, Angelica</td>
<td>3</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 concessions income. ☐</td>
</tr>
<tr>
<td>Tangren, Linda</td>
<td>3</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 concessions 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.

Anna Gee

Signature of Agency Head or Designee

Operations Manager

06/29/12

Print Name

Title (month, day, year)

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

---

FPPC Form 802 (2/11)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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. Rangers  
   Description: Baseball Game  
   Face Value of Each Admission $38.00  
   Date(s): 07/17/12 07/18/12

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

   Signature of Agency Head or Designee

   Anna Gee  
   Operations Manager  
   06/29/12

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

5. **Was the distribution to persons identified below made at the behest of an agency official?**  
   Yes [ ] No [ ] If yes: Miley, Nate - Alameda County Supervisor

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 5</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>Oakland, CA 94405</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>

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
2 tickets to each game
1. **Agency Name**
   - County of Alameda
   - 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. Yankees
   - **Description**: Baseball Game
   - **Face Value of Each Admission**: $38.00
   - **Date(s)**: 07/19/12, 07/20/12

3. **Ticket(s)/Admission(s) provided by agency?**
   - Yes □ No □
   - If yes: Oakland Athletics

4. **Was the distribution to persons identified below made at the behest of an agency official?**
   - Yes □ No □
   - If yes: Miley, Nate - Alameda County Supervisor

5. **The identity of recipient(s) and the explanation:**
   - **Name (Last, First)**
     - United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 35
     - Oakland, CA 94605
   - **Number of Admission(s)/Ticket(s)**: 4
   - **Agency Official**: Yes □ No □
   - **Explanation**: To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
   - **Income**: □

6. **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: Anna Gee
   - Title: Operations Manager
   - Date: 06/29/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
- 2 tickets to each game
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)  07/21/12  07/22/12
   
   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) 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 - 7200 Bancroft Ave, Ste 538</td>
<td>25</td>
<td>Yes  ☐  No  ☐</td>
</tr>
<tr>
<td>Oakland, CA 94605</td>
<td>4</td>
<td>Yes  ☐  No  ☐</td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>Income  ☐  No  ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes  ☐  No  ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oakland Athletics</td>
<td>94605</td>
<td>Yes  ☐  No  ☐</td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>Income  ☐  No  ☐</td>
<td></td>
<td></td>
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<tr>
<td>Yes  ☐  No  ☐</td>
<td></td>
<td></td>
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<tr>
<td>Yes  ☐  No  ☐</td>
<td></td>
<td></td>
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<tr>
<td>Yes  ☐  No  ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes  ☐  No  ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   
   Signature of Agency Head or Designee  Anna Gee  Operations Manager  06/29/12

   Comment: (Use this space or an attachment for any additional information including amendment explanation)
   2 tickets to each game

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)