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

1. Agency Name
   County of Alameda  
   Board of Supervisors 

   1221 Oak Street, Suite 536  
   Crystal Hishida Graff, Clerk, Board of Supervisors   
   Area Code/Phone Number: (510) 272-3882
   E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball Game
   Face Value of Each Admission: $26.00
   Date(s): 07/04/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X]  
   If no: [ ] Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes [X] No [ ]
   If yes: 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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archuleta, Justin</td>
<td>2</td>
<td>Yes [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td>Income [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

   Signature of Agency, Read or Designee: [Signature]
   Print Name: MICHELLE DIANDA
   Ticket Administrator: [Signature]
   Title: [Title]
   Date: 07/12/12
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

Street Address
   1221 Oak Street, Suite 536

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

Area Code/Phone Number
   (510) 272-3882

E-mail
   crystal.hishida@acgov.org

Date Stamp

2. Function, Event, or Ceremonial Role Information

Title
   Oakland A's

Description
   Baseball Game

Face Value of Each Admission $ 26.00

Date(s)
   07 / 17 / 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>Zamudio, Rosalba</td>
<td>2</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></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.

[Signature: MICHELLE DIANDA]
[Print Name:]
[Title:]

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

[Signature:]
[Date: 7/10/12]

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

1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Designated Agency Contact (Name, Title)
   (510) 272-3882

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s): 07/18/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Oakland A's
   Name of Source: Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [x]
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title: 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>Mu, Xin Min</td>
<td>2</td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>No [ ]</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: Michelle Dianda
   Print Name: Michelle Dianda
   Title: Ticket Administrator
   Date: 7/10/12

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 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) 07 / 19 / 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>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 ceremonials roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sims, Steven</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>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.

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)
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

   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) 07 / 20 / 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>Cardenas, Rafael</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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: [Signature]
   Print Name: MICHELLE DIANDA
   Title: Ticket Administrator

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

   (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (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
   Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s) 07 / 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>Nawabi, Asadullah</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   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
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) 07/30/12

Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: 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>Taylor, Terron</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>
</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

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

1. Agency Name
   County of Alameda
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

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

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

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

   Description
   Baseball Game

   Face Value of Each Admission $ 26.00

   Date(s)
   07 / 31 / 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.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obispo, Humberto</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   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.)

   MICHELLE DIANDA

   7/10/12
   (month, day, year)
1. Agency Name
   County of Alameda
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s) 08/19/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Oakland A's
   Name of Source
  Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [ ] If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>2</td>
<td>Yes [ ] No [x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature: MICHELLE DIANDA
Print Name
Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information
Title A's Luxury Suite
Description Baseball Game
Face Value of Each Admission $ 1500
Date(s) 9/21/12
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.
Official's Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor Family Fund</td>
<td>20</td>
<td>Yes ☑</td>
<td>11</td>
</tr>
<tr>
<td>5555 Arroyo Rd.</td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td>Livermore CA 94550</td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's Skybox
Description Baseball game
Face Value of Each Admission $ 1500
Date(s) 10, 1, 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore Valley Winegrowers Assoc.</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
<td>#11 Non-profit</td>
</tr>
<tr>
<td>Wente Family Estates</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>5565 Tesla Rd</td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Livermore CA 94550</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 7-16-12
Title (month, day, year)
Agency Name: County of Alameda
Division, Department, or Region (if applicable): Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title): Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number: (510) 272-3882
E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: A's Game
Description: Baseball
Face Value of Each Admission $ 38.00
Date(s): 8, 16, 12
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ❌
If no: 
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ❌
If yes: Alameda County Supervisor Scott Haggerty, Dist. 1
Official's Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAUREN MANNING 3601 Kohen Way</td>
<td>Z</td>
<td>Yes ☑</td>
<td>#8 Community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ❌</td>
<td>Volunteer</td>
</tr>
<tr>
<td>DUBLIN CA 94568</td>
<td></td>
<td>Yes ☑</td>
<td>#10 Reward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ❌</td>
<td>School</td>
</tr>
<tr>
<td>FALLON MIDDLE SCHOOL</td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ❌</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ❌</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ❌</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Ferguson
Print Name: Ticker 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 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) 7/8/12
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: __________________________

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>Wanda Thompson, 2412 Rees Circle Livermore, CA 94550</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td># 8 community volunteer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

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
Date 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
A Public Document

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp

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) 7, 3, 12

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Alameda County Supervisor Scott Haggerty - Dist. 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francine Dawkins 450 Pine Hill Lane</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#8 Community Volunteer</td>
</tr>
<tr>
<td>Pleasonton CA 94560</td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</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: 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
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536
   Cheryl Perkins, Interim 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: ___/___/___

2. Function, Event, or Ceremonial Role Information

   Title ____________________________________________
   Description Red Hot Chili Peppers concert

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

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

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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

7/31/2012 (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim 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 Ringling Brothers circus
   Face Value of Each Admission $ 33
   Date(s) 8 / 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polkownikov, Ilya</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
</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
7/31/2012 (month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   (510) 272-3882
crystal.hishida@acgov.org

   Date .unta
   California
   Form 802
   For Official Use Only
   ⬜ Amendment (Must provide explanation in Part 3.)
   ⬜ Date of Original Filing:

2. Function, Event, or Ceremonial Role Information
   Title
   Description Aerosmith-Cheap Trick concert
   Face Value of Each Admission $ 235
   Date(s) 8 / 4 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ⬜ No ⬜
   If no: Golden State Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Title
   Ticket Administrator
   7/31/2012
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title _____________________________
   Description A's vs. Yankees
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland Athletics
   Face Value of Each Admission $75/$17-park
   Date(s) 07/19/12
   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>Louie, Darien</td>
<td>3+1 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>
</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  07/18/2012
   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
A Public Document

1. Agency Name

County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536

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

Date Stamp

California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title ____________________________________________

Description A's vs. Yankees

Face Value of Each Admission $75

Date(s) 7/19/12

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baria, Peter</td>
<td>3</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee: Alexandra Boskovich
Print Name

Ticket Administrator
Title
07/19/2012 (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. Yankees  
Face Value of Each Admission $75/$17-park  
Date(s) 7 / 19 / 12  
Ticket(s)/Admission(s) provided by agency?  Yes ☐ No ☐  
If no: Oakland Athletics  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐  
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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tran, Catherine</td>
<td>2+1 parking</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
</tr>
</tbody>
</table>

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

____________________________  
Signature of Agency Head or Designee  
Alexandra Boskovich  
Print Name  
Ticket Administrator  
Title  
07/19/2012  
(m/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
   Face Value of Each Admission $75/$17-park
   Date(s) 7/19/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Steven</td>
<td>1+1 parking</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>County revenue from sales. Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Alexandra Boskovich
   Print Name

   Ticket Administrator
   Title

   07/18/2012 (month, day, year)

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

2. Function, Event, or Ceremonial Role Information

Title

A's vs. Yankees

Description

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

Date(s) 7 / 19 / 12

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

If no:

Name of Source
Oakland Athletics

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

Yes ☐ No ☐

If yes: Supervisor Wilma Chan

Name (Last, First) or Organization (Name, Address, Description)
Silva, Ron

Number of Admission(s)/Ticket(s) 5+1 parking

Agency Official

Yes ☐ No ☐ 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 ☐

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

07/18/2012
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title _______________________________________________________________________
   Description A’s vs. Yankees
   Face Value of Each Admission $ 35
   Date(s) 7/19/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title

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

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

[Signature] Alexandra Boskovich
Print Name
Ticket Administrator
07/13/2012
(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. Yankees
Face Value of Each Admission $ 35
Date(s) 7/23/12
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

<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>Kyle, James</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

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
07/13/2012
(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 Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number   E-mail
   (510) 272-3882   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description A's vs. Rangers
   Face Value of Each Admission $35
   Date(s) 7/18/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
   Name of Source ____________________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title ____________________________
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chen, Robert</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<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: ____________________________
   Print Name: ____________________________
   Ticket Administrator: ____________________________
   Title: ____________________________
   Date: 07/13/2012 (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

**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 vs. Yankees  

**Face Value of Each Admission**  
$35

**Date(s)**  
7/12  

**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>McCormick, Mike</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

---

### 3. Verification

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

**Signature of Agency Head or Designee**  

Alexandra Boskovich  

**Print Name**  

**Ticket Administrator**  

Alexandra Boskovich  

**Title**  

**Date**  
07/13/2012  

(month, day, year)

---

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

Title: A’s Game
Description: Baseball
Face Value of Each Admission: $38.00
Date(s): 8/8/12
Ticket(s)/Admission(s) provided by agency: Yes
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Alameda Co. Supervisor Scott Haggerty, Dist. 1
Official’s Name (Last, First) and Title

<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>Dougherty</td>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Belvedere Valley H.S.</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10560 Albion Rd</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>San Ramon CA</td>
<td>94642</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Micah Love</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature: [Signature]
Ticket Administrator: LeeAnn Ferguson
Title: [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

Date Stamp
California Form 802
For Official Use Only
Date of Original Filing:
(month, day, year)

☐ Amendment (Must provide explanation in Part 3.)

2. Function, Event, or Ceremonial Role Information
Title A’s Luxury Suite
A’s baseball
Face Value of Each Admission $ 1,500
Date(s) 7/20/12
Ticket(s)/Admission(s) provided by agency?  ☑ Yes  ☐ No  ☐ If no: Oakland Athletics
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
☐ Yes  ☐ No  ☐ If yes: Alameda Co. 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>Dominic Piegaro 5598 Creekview Dr</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Ticket Administrator
7-31-12
(month, day, year)

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

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
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   A's Luxury Suite
   Description
   BASEBALL
   Face Value of Each Admission $1,500
   Date(s)
   7, 20, 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Haggerty
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Maas</td>
<td>20</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>4560 Augustine St</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Pleasanton, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94566</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   7-31-12
   (month, day, year)

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

1. Agency Name
   County of Alameda  
   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. Yankees
   Description
   Baseball Game
   Face Value of Each Admission
   $75.00
   Date(s)
   07/22/12
   Ticket(s)/Admission(s) provided by agency? Yes
   If no:
   Name of Source
   Oakland Athletics
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes
   If yes:
   Miley, Nate - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
   Name
   (Last, First)
   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.
   Income
   To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
   Income
   To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and

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  
   Operation Manager
   07/09/12
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation)
   Parking pass given, to Paul, Darryl, and United Seniors
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp

Califorma Form 802
For Official Use Only

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

Amendment (Must provide explanation in Part 3)

2. Function, Event, or Ceremonial Role Information
Title
Athletics vs. Yankees

Description
Baseball Game

Face Value of Each Admission $75.00

Date(s) 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dones, Alan</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Kennedy, James</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Dobbins, Christopher</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Miley, Christopher</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Hickey, Neal</td>
<td>6</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
</tbody>
</table>

- Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
- If no income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

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

[Signature]
Signature of Agency Head or Designee

Anna Gee
Print Name

Operations Manager
Title

07/09/12 (month, day, year)

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

[Comment]

Accepted by: [Signature]
Paul, David and Unitl Services

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  Email
510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Athletics vs. Angels
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 08 / 06 / 12  08 / 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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Simmons, Brandan</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Manager
Title: 07/09/12
(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

Date Stamp

A Public Document

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. Angels

Description
Baseball Game

Face Value of Each Admission
$ 38.00

Date(s)
08/08/12

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

If no: [ ] Yes [ ]

If yes: Miley, Nate - Alameda County Supervisor
Name of Source

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

Yes [ ] No [ ]

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>7200 Bancroft Avenue, Ste 251 - Oakland, CA 94612</td>
<td>4</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.

Income

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

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

Signature of Agency Head or Designee

Anna Gee

Operations Manager

Print Name

Title

07/09/12

(month, day, year)

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

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