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
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description A's vs. Red Sox
   Face Value of Each Admission $ 35
   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>Chan, Daren</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>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Alexandra Boskovitch
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   08/27/2012
   (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 cheryl_perkins@acgov.org

Date Stamp California Form A Public Document 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title ____________________________ Face Value of Each Admission $ 120.90

Description Ward vs. Dawson boxing fight

Date(s) 8/31/12 ____________________

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>McCormick, Tom</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</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
08/31/2012

(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
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   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim 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 A's vs. Red Sox
   Face Value of Each Admission $ $75/$17-park
   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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chun, Ann 3+1 parking</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
</tr>
<tr>
<td>pass</td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</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.
   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator: 8/31/2012
   (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 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ___________________________ Face Value of Each Admission $ 35
Description A's vs. Red Sox
Date(s) 9 / 1 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title _______________________________________________________________________
The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee ____________________________
Print Name ____________________________
Title ____________________________
Date 08/31/2012 (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 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description A's vs. Angels
   Face Value of Each Admission $35
   Date(s) 9/5/12
   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>Mann, Rayma</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
</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
   08/30/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors

   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@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. Orioles
   Date(s) 9/15/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: 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>Berg, Rob</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility in order to maximize potential income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
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<td></td>
<td>Income</td>
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<td>Income</td>
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<td>Income</td>
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<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
   8/29/2012
   (Month, Day, Year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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 A's vs. Orioles
   Face Value of Each Admission $ 75/$17-park
   Date(s) 9 /14 /12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Oakland Athletics

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martins, Kathy</td>
<td>4+1 parking</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
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<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<td>Yes □ No □</td>
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<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</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
   8/28/2012 (month, day, year)

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

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 cheryl.perkins@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
   Face Value of Each Admission $ 222/$35 park
   Date(s) 8/25/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Raiders
   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>Cravalho, Paul</td>
<td>3 + 1</td>
<td>Yes □ No □</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td>park pass</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.

Alexandra Boskovitch
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
8/23/2012
(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)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information

Title
A's vs. Orioles

Face Value of Each Admission $35

Date(s) 9/14/12

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

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>Norris, Anne</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility in order to maximize potential</td>
</tr>
</tbody>
</table>

Income ☐


3. Verification

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
8/20/2012

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)
Cheryl Perkins Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________ Face Value of Each Admission $ 35
Description A's vs. Angels
Date(s) 9 / 3 / 12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Supervisor Wilma Chan
Official’s Name (Last, First) and Title

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<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kleu, Julie</td>
<td>2</td>
<td>Yes □</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>No □</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>County revenue from sales. Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td>Income □</td>
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<td>Income □</td>
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<td>Income □</td>
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<td>Yes □</td>
<td>Income □</td>
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<td>Income □</td>
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</table>

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Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
08/13/2012
Print Name
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): Cheryl Perkins, Interim 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: Raiders vs. Cowboys preseason
Face Value of Each Admission: $222
Date(s): 8/8/12
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Oakland Raiders
Was the distribution to persons identified below made at the behest of an agency official? Yes [x] 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>Gorini, Rachel</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
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</tbody>
</table>

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

Signature of Agency Head or Designee: [Signature]
Print Name: Alexandra Boskovitch
Title: Ticket Administrator
Date: 8/13/2012
(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
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Board of Supervisors
Street Address
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Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________ Face Value of Each Admission $ 222
Description Raiders vs. Cowboys preseason
Date(s) 8/13/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Raiders
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>Diskin, Julia</td>
<td>1</td>
<td>Yes □  No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</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
8/13/2012
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)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   Area Code/Phone Number    E-mail
   (510) 272-3882    cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description Ringling Brothers circus
   Face Value of Each Admission $ 58
   Date(s) 8/10/12 8/11/12
   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>Building Futures with Women and Children</td>
<td>8</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>To reward a non-profit for its contributions to the San Leandro community.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<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 Alexandra Boskovitch Ticket Administrator
Print Name Title
8/9/2012 (month, day, year)

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

1. Agency Name
   County of Alameda
   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 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description A's vs. Blue Jays
   Face Value of Each Admission $ 75
   Date(s) 8 / 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 ☐
   Official's Name (Last, First) and Title
   Supervisor Wilma Chan
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Type of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassidy, Amy</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 income</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</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: ____________________________
   Title: ____________________________
   Date: 8/3/2012 (month, day, year)

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

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

Date Stamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title
Description A's vs. Blue Jays
Face Value of Each Admission $ 35
Date(s) 8 / 4 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☒ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan Zoe</td>
<td>2</td>
<td>Yes ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
</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
8/3/2012 (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
(510) 272-3882
E-mail
cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________________________________________________________
Face Value of Each Admission $ 35
Description _______________________________________________________________________
Date(s) 8/3/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Supervisor Wilma Chan
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Bill</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
Print Name
Title
8/3/2012
(month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information

   Title ____________________________ Face Value of Each Admission $ ____________
   Description Ringling Brothers circus
   Date(s) 8 __ 9 __ 12 __
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/Ticket(s) Agency Official
   Yes ☐ No ☐
   Rodriguez, Vanessa 2 Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential Income ☐
   Yes ☐ No ☐ County revenue from sales. Income ☐
   Yes ☐ No ☐ Income ☐
   Yes ☐ No ☐ Income ☐
   Yes ☐ No ☐ Income ☐

3. Verification

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

   Signature of Agency Head or Designee: Alexandra Boskovitch
   Print Name
   Ticket Administrator
   8/3/2012 (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
     - Ringling Brothers Circus
   - Face Value of Each Admission
     - $58.00
   - Date(s)
     - 08 / 11 / 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>McEvoy, Regina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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<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
     - MICHELLE DIANDA
   - Print Name
   - 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): 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.): No

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

2. Function, Event, or Ceremonial Role Information

Title: Ringling Brothers Circus

Face Value of Each Admission: $58.00

Date(s): 08 / 12 / 12

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

Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐ If yes: 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>Plancarte, Luisanna</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

Income

3. Verification

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

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) 272-3832
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Ringling Brothers Circus
Description
Circus
Face Value of Each Admission
$ 58.00
Date(s)
08 / 09 / 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>Laws, Jeri</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Ticket Administrator

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

1. Agency Name

2. Function, Event, or Ceremonial Role Information

Title Ringling Brothers Circus
Description Circus
Face Value of Each Admission $ 58.00
Date(s) 08 / 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: Vallo, 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>Gonzalez, Yesenia</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Income ☐</td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee

Print Name

Title

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

FPPC Form 802 (3/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
$$\text{Agency Report of:}$$
$$\text{Ceremonial Role Events and}$$
$$\text{Ticket/Admission Distributions}$$

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
<td>California Form 802</td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>For Official Use Only</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>Amendment (Must provide explanation in Part 3.)</td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number E-mail</td>
<td>Date of Original Filing: (month, day, year)</td>
</tr>
<tr>
<td>(510) 272-3882 <a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
<td></td>
</tr>
</tbody>
</table>

| 2. Function, Event, or Ceremonial Role Information | |
| Title | Face Value of Each Admission $225.00 |
| Concert | |
| Date(s) | 08/04/12 |
| Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors |
| Name of Source | |
| Was the distribution to persons identified below made at the behest of an agency official? | Yes ☐ No ☐ |
| If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) and Title | |

<p>| The identity of recipient(s) and the explanation: | |</p>
<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>Macapinlac, Andrae</td>
<td>4</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>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

| 3. Verification | |
| I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. | |
| MICHELLE DIANDA Ticket Administrator | 8/3/12 (month, day, year) |
| Signature of Agency Head or Designee | Print Name |
| Comment: (Use this space or an attachment for any additional information including amendment explanation.) | |

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's
   Face Value of Each Admission
   $26.00
   Description
   Baseball game
   Date(s)
   08/01/12
   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>Mott, Yvonne</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 attendance at an event held at a County facility in order to maximize potential revenue from sales.</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>
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<td>Yes ☐</td>
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<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
   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
   (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): 08 / 02 / 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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plancarete, Luisanna</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 revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator: (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 Е-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) 08 / 03 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Colette, Cheryl</td>
<td>2</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
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<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
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<td>Income [ ]</td>
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<tr>
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<td>Income [ ]</td>
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<td>Income [ ]</td>
</tr>
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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
   Print Name
   Title

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

   MICHELLE DIANDA
   Ticket Administrator
   8/3/12

   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
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   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) 08 / 04 / 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Alberto</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
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<td>Yes □ No □</td>
<td>Income</td>
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<td>Yes □ No □</td>
<td>Income</td>
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<td>Yes □ No □</td>
<td>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.

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: Ticket Administrator:
Title: 8/3/12
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information

   Title Oakland A's
   Description Baseball game
   Face Value of Each Admission $ 26.00
   Date(s) 08 / 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: Vallo, 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>Riener, Eileen</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 revenue from sales.</td>
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<td></td>
<td>Income ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Income ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Income ☐</td>
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<td>Yes ☐ No ☐</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.

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

[Date Stamp]
California Form 802
For Official Use Only

**2. Function, Event, or Ceremonial Role Information**
Title Oakland A's
Description Baseball game
Face Value of Each Admission $ 26.00
Date(s) 08 / 06 / 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>Austria, Mangae</td>
<td>2</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 revenue from sales.</td>
</tr>
<tr>
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<td>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.

Michelle Dianda
Signature of Agency Head or Designee
Print Name
Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball game
   Face Value of Each Admission $26.00
   Date(s): 08/07/12
   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: Valley, 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>Sanchez, Moesio</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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
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<td>No ☐</td>
<td>Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
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<td>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.

   Signature of Agency Head or Designee: [Signature]
   Print Name: MICHELLE DIANDA
   Title: Ticket Administrator
   Date: 8/3/12

   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
Description Baseball game
Face Value of Each Admission $ 26.00
Date(s) 08 / 08 / 12
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Oakland A's
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: 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>Mott, Yvonne</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
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<td>Income</td>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

MICHELLE DIANDA
Ticket Administrator

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

**Face Value of Each Admission:** $26.00

**Date(s):** 08/17/12

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

Yes [ ]  
No [ ]

If yes: Vallo, 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>Sanborn, Greg</td>
<td>2</td>
<td>Yes [ ]</td>
</tr>
</tbody>
</table>

**Verification**

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

Signature of Agency Head or Designee: [Signature]  
Print Name: MICHELLE DIANDA  
Title: Ticket Administrator  
(month, day, year): 8/3/12

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
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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
   Date(s) 08/18/12
   Face Value of Each Admission $ 26.00
   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>
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<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>Otero, Heysell</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 revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   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.)

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

2. Function, Event, or Ceremonial Role Information
   Title Oaklands A’s
   Description Baseball game
   Face Value of Each Admission $ 26.00
   Date(s) 08 / 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>Singh, Charanjit</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>
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</tr>
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<td></td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td></td>
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<td>No ☐</td>
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<td></td>
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<td>Yes ☐</td>
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<td>No ☐</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball game
   Face Value of Each Admission: $26.00
   Date(s): 08/21/12

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: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Date: 8/3/12

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 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) 08 / 22 / 12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mott, Yvonne</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue 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>
</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  
(month, day, year)

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

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

2. **Function, Event, or Ceremonial Role Information**
   **Title**
   Oakland A's
   **Description**
   Baseball game
   **Face Value of Each Admission $**
   26.00
   **Date(s)**
   08/31/12

   **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: 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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reiner, Eileen</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

   **Signature of Agency Head or Designee**
   __________________________
   **Print Name**
   MICHELLE DIANDA
   **Title**
   Ticket Administrator
   **Date**
   8/3/12

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

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   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) 09 / 02 / 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>Our Lady of the Rosary Church</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>703 C Street, Union City, CA 94587</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Support local charities through fundraisers</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
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<td></td>
<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   [Signature of Agency Head or Designee]
   Michele Dianda
   [Print Name]
   [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
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   Board of Supervisors
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   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Red Hot Chili Peppers
   Description Concert
   Face Value of Each Admission $ 109.00
   Date(s) 08/14/12
   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:

   | Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Income
   |---------------------------------------------------------------|---------------------------------|----------------|-------
   | Briones, Beradino                                           | 4                               | Yes □ No □      | No    |
   |                                                               |                                 |                |       |
   |                                                               |                                 |                |       |
   |                                                               |                                 |                |       |
   |                                                               |                                 |                |       |
   |                                                               |                                 |                |       |
   |                                                               |                                 |                |       |

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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
   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) 09 / 14 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Laura</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></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

(mth, dy, yr)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's
   Description
   Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s) 09 / 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Dems</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>27287 Patrick Ave. Hayward CA 94544</td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>To encourage people and volunteers to get out to vote</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
   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 Raiders vs. Dallas Cowboys
   Description Football Game
   Face Value of Each Admission $ 222.00
   Date(s) 08/13/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   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
   Valle, Richard - Supervisor District 2

<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>Dutra, John</td>
<td>3</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>☐</td>
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   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year) 8/13/12
   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
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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 Raiders vs. Detroit Lions
Description Football Game
Face Value of Each Admission $ 222.00
Date(s) 08 / 25 / 12
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Oakland Raiders

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>Leon, Raquel</td>
<td>3</td>
<td>Yes □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
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<td></td>
<td></td>
<td>Yes □</td>
<td></td>
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<td></td>
<td></td>
<td>No □</td>
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<td>Yes □</td>
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<td>Yes □</td>
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<td>No □</td>
<td></td>
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<td></td>
<td></td>
<td>Yes □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name

(month, day, year)

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

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

1. Agency Name
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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) 09/01/12
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
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Bay Bombs Car Club</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>1333 Decoto Road, Union City, CA 94587</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>Host fundraisers to donate scholarships to students in Union City</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders vs. Tampa Bay
Description Football Game
Face Value of Each Admission $ 222.00
Date(s) 11 / 04 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Raiders
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 or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Rose Hospital Foundation</td>
<td>3</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>27200 Calaroga Ave. Hayward CA 94545</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Helps support health care services</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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.)
Includes 1 parking pass at the value of $35.
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 Andre Ward vs. Chad Dawson
   Description Boxing
   Face Value of Each Admission $ 120.90
   Date(s) 09 / 08 / 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: Vallee, Richard- Supervisor, District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanborn, Greg</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To maximize 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>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td></td>
<td>Yes ☐</td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></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.
   
   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator: $/28/12
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title Mana
   Description Concert
   Face Value of Each Admission $ 114.05
   Date(s) 09 / 14 / 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: Vallo, 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, Bernardino</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To maximize attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.

MICHELLE DIANDA
Signature of Agency Head or Designee

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
   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 Oak A's vs. Seattle Mariners
   Description Baseball Game, Loge Suite
   Face Value of Each Admission $43.75
   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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>5</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Alameda County Meals On Wheels</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>PO Box 14002 Oakland, CA 94614</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KIPP Bridge Charter School</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>991 14th Street Oakland, CA 94607</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.)
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 vs. Boston Red Sox
   Description Baseball Game, Loge Suite
   Face Value of Each Admission $ 43.75
   Date(s) 07 / 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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Black Men of the Bay Area 1638 12th Street Oakland CA 94607</td>
<td>20 Yes ☐ No ☑</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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>
<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: Amy Shargo
Print Name: Ticket Administrator: 08/08/12
(If applicable, include date in format 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 vs. Boston Red Sox
   Face Value of Each Admission $ 43.75
   Description   Baseball Game, Loge Suite
   Date(s)   07 / 04 / 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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greene, Hannah</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Flores, Annie</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Fortini, Frances</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Flemming, Maggie</td>
<td>6</td>
<td>Yes [x] No [ ]</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Sbrago
Ticket Administrator: 08/08/12
Print Name
Title
(month, day, year)

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

1. Agency Name

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

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 vs. Boston Red Sox
Face Value of Each Admission $43.75
Description Baseball Game, Loge Suite
Date(s) 07/04/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Oakland A's Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: Carson, Keith Supervisor Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Urban Debate League 285 17th Street Oakland, CA 94612</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</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.

Amy Shrago 08/08/12
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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 vs. Boston Red Sox  
   Face Value of Each Admission  
   $43.75  
   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:  
   Carson, Keith Supervisor  
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leung, Chris</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee  
   Amy Shrago  
   Print Name  
   Ticket Administrator  
   08/08/12

   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   Oakland A’s vs. Boston Red Sox

   Description   Baseball Game

   Face Value of Each Admission $38.00

   Date(s)   07/02/12

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

   If no: Oakland A’s

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

   Yes ☐ No ☐

   If yes: Carson, Keith Supervisor

   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   Name (Last, First) or Organization (Name, Address, Description)   Number of Admission(s)/Ticket(s)   Agency Official
   Port of Oakland Asian Employee Association   2   Yes ☐ No ☐

   To reward a school or nonprofit organization for its contributions to the community

   Income ☐

3. Verification

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

Amy Shrago   Ticket Administrator
Signature of Agency Head or Designee   Print Name   Title
08/08/12 (month, day, year)

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

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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 vs. Boston Red Sox
Face Value of Each Admission $ 38.00
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: Carson, Keith Supervisor
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
08/03/12
(month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   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 vs. Boston Red Sox
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 07 / 04 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

Amy Shrago
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
08/08/12 (month, day, year)

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

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

#### 2. Function, Event, or Ceremonial Role Information
- Title: Oakland A's vs. Seattle Mariners
- Description: Baseball Game
- Face Value of Each Admission: $38.00
- Date(s): 07/05/12
- 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: Carson, Keith Supervisor
    - Official's Name (Last, First) and Title: [ ]

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

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

3. Verification

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

Amy Shraro [Signature of Agency Head or Designee]
Ticket Administrator [Print Name]
08/08/12 [Date]

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 vs. Seattle Mariners
Face Value of Each Admission $ 38.00
Description Baseball Game
Date(s) 07/08/12

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

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

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Income ☐

|                | Yes ☐ No ☐ | Income ☐ |
|                | Yes ☐ No ☐ | Income ☐ |
|                | Yes ☐ No ☐ | Income ☐ |
|                | Yes ☐ No ☐ | Income ☐ |

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

Signature of Agency Head or Designee

Print Name

Ticket Administrator

Title

Date (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:

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Texas Rangers
   Face Value of Each Admission $ 38.00
   Description Baseball Game
   Date(s) 07 / 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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stahl, Robert</td>
<td>2</td>
<td>Yes ☐ No ❑</td>
</tr>
</tbody>
</table>
   |                                                                  |                                 | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   |                                                                  |                                 | If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. |
   |                                                                  |                                 | To reward a County employee for his or her exemplary service to the public or to encourage staff development |
   |                                                                  |                                 | 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 or Agency Head or Designee: Amy Shrago
Print Name: Title
Ticket Administrator 08/08/12
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Texas Rangers
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 07 / 18 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A’s
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

   Amy Shrago
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   08/08/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. New York Yankees
Face Value of Each Admission $38.00
Description Baseball Game
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: Carson, Keith Supervisor
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leung, Chris</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑</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 Leader or Designee: Amy Shrago
Print Name: Ticket Administrator: 08/08/12
Title: (month, day, year)

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

1. Agency Name
   County of Alameda
   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: Oakland A's vs. New York Yankees
   Description: Baseball Game
   Face Value of Each Admission: $38.00
   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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Amy Shrago
   Ticket Administrator
   Title
   Date: 08/08/12

   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 Oakland A's vs. New York Yankees
   Description Baseball Game
   Face Value of Each Admission $38.00
   Date(s) 07/22/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not Income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
</tr>
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<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</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 of Agency Head or Designee
Ticket Administrator  Title
08/08/12  (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Tampa Bay Rays
Face Value of Each Admission $38.00
Date(s) 07 / 31 / 12
Description Baseball Game
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A's
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Carson, Keith Supervisor
Official’s Name (Last, First) and Title
Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/Ticket(s) Agency Official
Greene, Hannah 2 Yes □ No □
☐ Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
☐ If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
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
Print Name
Ticket Administrator
Title
08/08/12 (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: B&B CIRCUS
   Face Value of Each Admission $ 58.00
   Date(s): 8/8/12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: GSW
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Aguilera</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>524 Clover Way</td>
<td></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.
   
   Signature of Agency Head or Designee: ____________________________
   Print Name: ____________________________
   Title: ____________________________
   Date: 8-2-12

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

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

2. Function, Event, or Ceremonial Role Information
   Title RB & BB CIRCUS
   Face Value of Each Admission $ 58.00
   Description CIRCUS
   Date(s) 8, 9, 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: GSW
   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>
</tr>
</thead>
<tbody>
<tr>
<td>FRANK MORALLES</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>943 LYNN CT</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>SAN LEANDRO</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 Lee Ann Fergerson – Ticket Administrator
   Print Name
   Title
   Date (month, day, year) 6-2-12

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
   Description CIRCUS
   Face Value of Each Admission $58.00
   Date(s) 4/10/12
   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: Alameda Co. Supervisor Scott Haggerty, Dist. 1
   Officials 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>Clark &amp; Emma Linder</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>7572 Calle Verde Rd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin, CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking 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.

Lee Ann Fergerson – Ticket Administrator

Signature of Agency Head or Designee

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)  
1221 OAK STREET, #555  
Street Address  
OAKLAND, CA 94612  
Area Code/Phone Number  
(510) 272-3382  
E-mail  
crystal.hishida@acgov.org  
Agency Contact (name and title)  
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office  

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 6/20/12  
7/8/12  
Description of Event: Alameda County Fair  
Face Value of Ticket: $5.00  
Agency Event: □ Yes  
□ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency:  
Alameda County Fair Board  
Number of Tickets Received: 6  
Ticket(s) Provided to Agency:  
□ Gratuitously  
□ Pursuant to Contract  

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)  
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)  
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty  
Name of Individual or Organization: Lisa Macareeg  
Number of Tickets: 6  
Description of Organization:  
Address of Organization:  
Number and Street  
City  
State  
Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
For Community Service for the good of the public.  

5. Verification  
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
Lee Ann Ferguson, Ticket Administrator  
Signature of Agency Head or Designee  
Print Name  
Title  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)  

FPPC Form 801 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number  E-mail
   (510) 272-3882 crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/30/12  Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event  Yes □ No □ (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 8  Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First)  Number of Tickets  State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Matthew Olson
   Number of Tickets: 8
   Description of Organization:
   Address of Organization:  
   Number and Street  City  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   For Community Service for the good of the public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1
   Lee Ann Fergerson, 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.)
**Tickets Provided by Agency Report**

1. **Agency Name**
   - COUNTY OF ALAMEDA
   - Division, Department, or Region (if applicable): 
   - 1221 OAK STREET, #555
   - Street Address: OAKLAND, CA 94612
   - Area Code/Phone Number: (510) 272-3882
   - E-mail: crystal.hishida@acgov.org
   - Agency Contact (name and title): Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 6/20/12, 7/18/12
   - Description of Event: Alameda County Fair
   - Face Value of Ticket: $5.00

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   - Name of Official (Last, First)
   - Number of Tickets
   - State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official)
   - Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   - Name of Individual or Organization: Cindy Olson
   - Number of Tickets: 10
   - Description of Organization:
   - Purpose for Distribution: For Community Service for the good of the public

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   - Lee Ann Fergerson, Ticket Administrator
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Lee Ann Fergerson
   - Title: Ticket Administrator
   - Date: 8/2/12
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number (510) 272-3882
Agency Contact Email crystal.hishida@acgov.org
Agency Contact Name and title
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/20/12
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 8
Ticket(s) Provided to Agency: ☑ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Marilyn Greenwood
Number of Tickets: 8
Description of Organization:
Address of Organization:
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) For Community Service for the good of the Public

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1
Lee Ann Fergerson, Ticket Administrator
Signature of Agency Head or Designee
Print Name
Title
Date (month, day, year)

Comment: (Use this space for an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

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   COUNTY OF ALAMEDA
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   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/20/12  Description of Event: Alameda County Fair
   7/8/12  Face Value of Ticket: $5.00
   Agency Event □ Yes □ No (Identify source of tickets below.): Alameda County Fair Board
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 10  Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Kim Cadelo
   Number of Tickets: 10
   Description of Organization:
   Address of Organization: ______________________________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) For Community Service for the Good of the Public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Lee Ann Fergerson, Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK.FPPC (866/275-3772)
# Tickets Provided by Agency Report

**Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**
1221 OAK STREET, #555

**Street Address**
OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

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

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

---

## 2. Event For Which Tickets Were Distributed

**Date(s) of Event:**
- 6/20/12
- 7/12/12

**Description of Event:** Alameda County Fair

**Face Value of Ticket:** $5.00

**Agency Event**
- Yes
- No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair Board

**Number of Tickets Received:** 10

**Ticket(s) Provided to Agency:**
- [ ] Gratuitously
- [X] Pursuant to Contract

---

## 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
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</tbody>
</table>

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## 4. Individual or Organization Receiving Ticket(s)

**Name of Behasting Agency Official:**

**Name of Individual or Organization:**

**Description of Organization:**

**Address of Organization:**

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

FOR COMMUNITY SERVICE FOR THE GOOD OF THE PUBLIC

---

## 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

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

Lee Ann Fergerson, Ticket Administrator

**Date:** 8-2-12

---

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA
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Area Code/Phone Number
(510) 272-3882
Agency Contact (name and title)
crystal.hishida@acgov.org
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/12/12, 7/8/12
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event: Yes
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 7
Ticket(s) Provided to Agency: Yes
Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Paula Campbell
Number of Tickets: 7

Description of Organization: 
Address of Organization: 
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
For Community Service, for the good of the public

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1
Lee Ann Fergerson, Ticket Administrator
Signature of Agency Head or Designee
Print Name
Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

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1221 OAK STREET, #555

**Street Address**
OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

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

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

---

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/20/12</td>
<td>Alameda County Fair</td>
</tr>
<tr>
<td>7/8/12</td>
<td></td>
</tr>
</tbody>
</table>

**Face Value of Ticket:** $5.00

**Agency Event**
- [ ] Yes
- [ ] No

**Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair Board

**Number of Tickets Received:** 5

**Ticket(s) Provided to Agency:**
- [ ] Gratuitously
- [x] Pursuant to Contract

---

**3. Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

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**4. Individual or Organization Receiving Ticket(s)**

**Name of Behesting Agency Official:** Alameda County Supervisor Scott Haggerty

**Name of Individual or Organization:** Fred Gotthardt

**Number of Tickets:** 5

**Description of Organization:**

**Address of Organization:**
- [ ] Number and Street
- [ ] City
- [ ] State
- [ ] Zip Code

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
For Community Service for the Good of the Public

---

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

**Lee Ann Fergerson, Ticket Administrator**

**Signature of Agency Head or Delegtee**
[Signature]

**Print Name**
[Print Name]

**Title**
[Title]

**Date**
8-2-12

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
## 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:**
  - 6-20-12
  - 7-18-12
- **Description of Event:** Alameda County Fair
- **Face Value of Ticket:** $5.00
- **Agency Event:** Yes
- **Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair Board
- **Number of Tickets Received:** 5
- **Ticket(s) Provided to Agency:** Pursuant to Contract

## 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

## 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official:** Alameda County Supervisor Scott Haggerty
- **Name of Individual or Organization:** Chris Camacho Appens
- **Number of Tickets:** 3
- **Description of Organization:**
- **Address of Organization:** Number and Street
- **State**
- **Zip Code**
- **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
  - For Community Service for the good of the public

## 5. Verification
- **Signature of Agency Head or Designee:** Lee Ann Fergerson, Ticket Administrator
- **Print Name:**
- **Title:**
- **Date:** 8-2-12 (month, day, year)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
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   1221 OAK STREET, #555
   Street Address
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   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6.20.12 7.18.12
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: [ ] Yes  [ ] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: [ ] Gratuitiesly  [x] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Bill Harrison
   Number of Tickets: 20
   Description of Organization:
   Address of Organization: Number and Street
   City
   State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   For Community Service for the good of the public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Lee Ann Fergerson, Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-3772)
Tickets Provided by
Agency Report

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   COUNTY OF ALAMEDA
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   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/20/12, 7/18/12
   Description of Event:
   Face Value of Ticket: $5.00
   Agency Event
   □ Yes □ No (Identify source of tickets below)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s)
   (use a continuation sheet for additional names)
   | Name of Official | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
   |-----------------------------------------------|
   |                                               |
   |                                               |
   |                                               |

4. Individual or Organization Receiving Ticket(s)
   (Provided at the behest of an agency official)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Mary Kopell
   Number of Tickets: 10
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   For Community Service for the good of the public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Lee Ann Fergerson, Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
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1. Agency Name
COUNTY OF ALAMEDA
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1221 OAK STREET, #555
Street Address
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Area Code/Phone Number (510) 272-3882
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/20/12, 7/18/12 Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event: No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 12 Ticket(s) Provided to Agency: Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Val Battenhoven
Number of Tickets: 12
Description of Organization: Community Service for the Good of the Public
Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Community Service for the Good of the Public

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Lee Ann Fergerson, 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.)

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E-mail crystal.hishida@acgov.org
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6-20-12 7-18-12
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event: [ ] Yes [ ] No (Identify source of tickets below)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 12
Ticket(s) Provided to Agency: [ ] Gratuitously [ ] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Joe Davis
Number of Tickets: 12
Description of Organization: 
Address of Organization: 
Number and Street: 
City: 
State: 
Zip Code: 
Purpose for Distribution: (Describe the public purpose for the distribution to the organization)
For Community Service for the good of the public

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
Lee Ann Ferguson, Ticket Administrator
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)

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   E-mail: crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/20/12
   Description of Event: Alameda County Fair
   Date(s) of Event: 7/13/12
   Face Value of Ticket: $5.00
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 25
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or State the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Mike Luna
   Number of Tickets: 15
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   For Community Service for the good of the Public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.
   Lee Ann Ferguson, Ticket Administrator
   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.)
## Tickets Provided by Agency Report

### A Public Document

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>COUNTY OF ALAMEDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td></td>
</tr>
<tr>
<td>1221 OAK STREET, #555</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>OAKLAND, CA 94612</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-3882</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Event For Which Tickets Were Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event: 6/1/2012</td>
</tr>
<tr>
<td>7/18/12</td>
</tr>
<tr>
<td>Agency Event</td>
</tr>
<tr>
<td>Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board</td>
</tr>
<tr>
<td>Number of Tickets Received: 10</td>
</tr>
</tbody>
</table>

### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Gloria Olson

Number of Tickets: 10

Description of Organization:

Address of Organization: [Blank]

Purpose for Distribution: For Community Service for the Good of the Public

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Lee Ann Fergerson, Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

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

---

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-3772)
## Tickets Provided by Agency Report

### 1. Agency Name
- COUNTY OF ALAMEDA
- Division, Department, or Region (if applicable)
- 1221 OAK STREET, #555
- Street Address
- OAKLAND, CA 94612

### 2. Event For Which Tickets Were Distributed
- Date(s) of Event: 6/20/12 7/8/12
- Description of Event: Alameda County Fair
- Face Value of Ticket: $ 5.00
- Agency Event: Yes
- Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
- Number of Tickets Received: 15
- Ticket(s) Provided to Agency: Not Gratuitously Pursuant to Contract

### 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s)

- Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
- Name of Individual or Organization: Harvey Knight
- Number of Tickets: 15
- Description of Organization:
- Address of Organization:
  - Number and Street
  - City
  - State
  - Zip Code
- Purpose for Distribution: For Community Service for the good of the public.

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Lee Ann Fergerson, Ticket Administrator

Signature of Agency Head or Designee: ____________________________

Print Name: Lee Ann Fergerson

Title: Ticket Administrator

(8/2/12) (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/20/12 7/8/12
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00

Agency Event: □ Yes □ No
(Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 10
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Francine Dawkins
Number of Tickets: 10

Description of Organization:

Address of Organization:

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

For Community Service for the good of the public

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Lee Ann Fergerson, 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.)
**Tickets Provided by Agency Report**

**1. Agency Name**
- COUNTY OF ALAMEDA
- Division, Department, or Region (if applicable)
  - 1221 OAK STREET, #555
- Street Address
  - OAKLAND, CA 94612
- Area Code/Phone Number
  - (510) 272-3882
- E-mail
  - crystal.hishida@acgov.org
- Agency Contact (name and title)
  - Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**2. Event For Which Tickets Were Distributed**
- **Date(s) of Event:** 6/20/12, 7/8/12
- **Description of Event:** Alameda County Fair
- **Face Value of Ticket:** $5.00
- **Agency Event:** Yes
- **Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair Board
- **Number of Tickets Received:** 15
- **Ticket(s) Provided to Agency:** Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<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>

**4. Individual or Organization Receiving Ticket(s)**
- **Name of Behesting Agency Official:** Alameda County Supervisor Scott Haggerty
- **Name of Individual or Organization:** Mel Luna
- **Number of Tickets:** 15
- **Description of Organization:**
- **Address of Organization:**
  - Number and Street
  - City
  - State
  - Zip Code
- **Purpose for Distribution:** For Community Service for the good of the public

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

**Signature:** Lee Ann Fergerson, Ticket Administrator

**Date:** 6-2-12

**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: Red Hot Chili Peppers
   Description: Concert
   Face Value of Each Admission: $109.00
   Date(s): 8/14/12
   Ticket(s)/Admission(s) provided by agency: Yes [ ] No [ ]
   If no: GSW
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [ ] If yes: Alameda Co. Supervisor Scott Haggerly, 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>Allyson Donovan</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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.
   Lee Ann Fergerson – Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (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
   Red Hot Chili Peppers
   Face Value of Each Admission
   $109.00
   Description
   Concert
   Date(s)
   8/15/12
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☐ If no:
  GSW
   Name of Source
   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</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Bassin</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his or her service to the community</td>
</tr>
<tr>
<td>338 Erica Ct</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Livermore, CA 94550</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

Ticket Administrator

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

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

   2. Function, Event, or Ceremonial Role Information
      Title A's Game
      Description Baseball
      Face Value of Each Admission $38.00
      Date(s) 9/15/12
      Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: ___________________________
      Name of Source
      Was the distribution to persons identified below made at the behest of an agency official?
      Yes ☐ No ☐ If yes: ___________________________
      Official's Name (Last, First) and Title

      The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mel Luna</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>11530 Padre Way</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin CA 94561</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
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<td>Yes ☐ No ☐</td>
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<tr>
<td>Yes ☐ No ☐</td>
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<tr>
<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   [Signature of Agency Head or Designee] [Print Name] [Ticket Administrator] 4/21/12
   (month, day, year)

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

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** A's Baseball
   - **Face Value of Each Admission:** $38.00
   - **Date(s):** 9/4/12
   - **Ticket(s)/Admission(s) provided by agency?:** 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.

---

<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>Wanda Thompson 24-26</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>24-26 Rees Circle</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Livermore CA 94530</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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

Date Stemp

2. Function, Event, or Ceremonial Role Information
Title
Oakland A's
Face Value of Each Admission $  36.00
Description
Baseball
Date(s) 2/2/12
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: 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>Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
<th>Description</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma Coughlin</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his or her service to the public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15532 Lark St</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Sam Leandro CA 94578</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</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
Lee Ann Ferguson
Print Name
Ticket Administrator
8-28-12
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)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3882
E-mail
crystal.hishida@acgov.org

---

**Function, Event, or Ceremonial Role Information**
Title **AEROSMITH**
Description **ROCK CONCERT**
Face Value of Each Admission $235.00
Date(s) 8/4/12
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>TODD PADDEN</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>6017 Turnberry Dr. Dublin CA 94568</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.*

---

**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
Leela Fergusson
Ticket Administrator

Print Name

Title

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

---

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

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

2. Function, Event, or Ceremonial Role Information
   Title ______________________________________________________________________
   Description __________________________________________________________________
   Face Value of Each Admission $ 32.10
   Date(s) Oct 16, 2012 __________/
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: GSW
   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>
</tr>
</thead>
<tbody>
<tr>
<td>HolySpirit School</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>50 Kenneth Beagle</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>3930 Parish Ave</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Fremont CA 94536</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>800</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>900</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>100</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>110</td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee ____________________________
Print Name ________________________________________________
Ticket Administrator ____________________________
Title ____________________________
Date 8/22/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title A's Game
   Description Luxury Box
   Face Value of Each Admission $1500
   Date(s) 09.01.12
   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 ☐
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Youth Foundation 5167 Clayton Rd. #F Concord CA 94524</td>
<td>20</td>
<td>#11 Reward Non Profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   LeeAnn Ferguson Title
   Print Name Ticket Administrator
   (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) 272-3862 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 Randus vs Detroit Lions
Description Football
Face Value of Each Admission $ 222.00
Date(s) 08/25/12
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

Alameda Co. 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>Kelly Luntry 7317 Dublin, CA St. Andrews #46</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not income, describe public purpose, including ceremonial roles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<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 – Ticket Administrat

Signature of Agency Head or Designee

Print Name

Title

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 886/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**: A's Game
- **Description**: Baseball game
- **Face Value of Each Admission**: $38.00
- **Date(s)**: 4/19/12
- **Ticket(s)/Admission(s) provided by agency?**: Yes [x] No [ ]
- **If no**: OAKLAND ATHLETICS
  - **Name of Source**:
- **Was the distribution to persons identified below made at the behest of an agency official?**: Yes [x] No [ ]
  - **Official's Name (Last, First) and Title**: Alameda County Supervisor Scott Haggerty, Dist 1

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID ROMERO</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
<td>#8 community volunteer</td>
</tr>
<tr>
<td>3529 FIRST ST. LIVERMORE, CA 94550</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes [x] 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

**Ticket Administrator**:

**Print Name**:

**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)
   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. Indians
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 08/18/12 08/19/12
   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: Miley, Nate - Alameda County Supervisor
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>A</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</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.

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: Anna Gee
   Operations Manager: Anna Gee
   Title: Operations Manager
   Date: 08/22/2012

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

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Anna Gee, Operations Manager

Area Code/Phone Number

510-891-5585

E-mail

anna.gee@acgov.org

Date Stamp

California Form 802

For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title Athletics vs. Indians

Description Baseball Game

Face Value of Each Admission $ 38.00

Date(s) 08/18/12 08/19/12

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: Miley, Nate - Alameda County Supervisor

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

Anna Gee

Print Name

Operations Manager

Title

08/22/2012 (month, day, year)

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

2 tickets to each date

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)
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. Indians
Description Baseball Game
Face Value of Each Admission $1500.00
Date(s) 08/19/12
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: 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>Women on the Way to Recovery</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>20424 Haviland Ave, Hayward, CA 94541</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Anna Gee Operations Manager
Print Name
Title
08/22/2012 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
3 parking passes
**Agency Report of:**
Ceremonial Role Events and Ticket/Admission Distributions

1. **Agency Name**
   - County of Alameda
   - Board of Supervisors
   - 1221 Oak Street, Suite 536
   - Anna Gee, Operations Manager
   - Area Code/Phone Number: 510-891-5585
   - Email: anna.gee@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Athletics vs. Twins
   - **Description**: Baseball Game
   - **Face Value of Each Admission**: $38.00
   - **Date(s)**: 08/20/12, 08/22/12

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

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>A</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 parking and concession sales</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 536-Oakland, CA 94605</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<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**: Anna Gee
   **Print Name**: Anna Gee
   **Operations Manager**: Operations Manager
   **Title**: Operations Manager
   **Date**: 08/22/2012

   **Comment**: (Use this space or an attachment for any additional information including amendment explanation.)
   - 2 tickets to each date
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. Twins, Athletics vs. Red Sox
   Description
   Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 08/22/12
   08/31/12
   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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Sarah</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 County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Dunlap, Kamika</td>
<td>1</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 parking and concessions</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</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 parking and concessions</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 Official/Designee: Anna Gee
   Print Name: Operations Manager
   Title: 08/22/2012

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Athletics vs. Giants, Athletics vs. Angels
   Face Value of Each Admission
   $1500.00
   Description
   Baseball Game
   Date(s)
   09/01/12
   09/03/12
   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, Nato - Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Levy</td>
<td>20</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 parking and concession sales</td>
</tr>
<tr>
<td>Alameda County Healthcare Agency - Oral History</td>
<td>20</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 parking and concession sales</td>
</tr>
<tr>
<td>1000 san leandro blvd, ste 300-san leandro 94577</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
   Anna Gee
   Operations Manager
   Title
   Date
   08/22/2012 (month, day, year)
   Comment:
   (Use this space or an attachment for any additional information including amendment explanation) 

   each entity received 20 tickets and 3 parking passes to each date
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. Orioles
Description  
Baseball Game
Face Value of Each Admission $  
75.00 & $38.00
Date(s)  
09/14/12

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

<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>Quintero, Barbara</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 County revenue from parking and concession sales</td>
<td>☐</td>
</tr>
<tr>
<td>Hayward Democratic Club</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 County revenue from parking and concessions</td>
<td>☐</td>
</tr>
<tr>
<td>27287 Patrick Ave-Hayward, California 94544</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  
Anna Gee
Print Name  
Operations Manager
Title  
08/22/2012
(month, day, year)

Comment:  
(Use this space or an attachment for any additional information including amendment explanation.)
Quintero received skybox and Hayward Demos received Plaza

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Athletics vs. Orioles
   Description  Baseball Game
   Face Value of Each Admission $ 1500.00
   Date(s)  09/15/12
   Ticket(s)/Admission(s) provided by agency?  Yes No
   If no:  Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?  Yes No
   If yes:  Mile, 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>Black Women Organized for Political Action-Hayward/South County Chapter</td>
<td>20</td>
<td>Yes No</td>
</tr>
<tr>
<td>920 Peralta Street, Suite 2A-Oakland 94607</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee  Anna Gee  Operations Manager  08/22/2012
   Print Name  Title  (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Chesney & McGraw
Description concert
Face Value of Each Admission $ 125.50
Date(s) 07 / 15 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☒ If yes: 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>Wong, Melissa</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 County revenue from parking and concession sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Operations Manager
Print Name
Title
08/01/12 (month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   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 vs. Tampa Bay Rays and LAA

   Face Value of Each Admission
   $38.00

   Description
   Baseball Game

   Date(s)
   08/01/12
   08/08/12

   Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Oakland A's

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No ☑ If yes: Carson, Keith Supervisor

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Scott</td>
<td>4</td>
<td>Yes ☑</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
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<td></td>
<td></td>
<td>No ☑</td>
<td></td>
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<td>Yes ☑</td>
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<td>No ☑</td>
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<td>Yes ☑</td>
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<td>No ☑</td>
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<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
   Amy Shrago
   Ticket Administrator
   08/31/12

   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 vs. Minnesota Twins
   Description  
   Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 08/22/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no:  
   Name of Source  
   Oakland A's
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes:  
   Official's Name (Last, First) and Title  
   Carson, Keith Supervisor
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer, Scott</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>☑</td>
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<td></td>
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<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: [Signature]
Print Name: Amy Shrago
Title: Ticket Administrator
Date: 08/31/12
(month, day, year)

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

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

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 vs. Toronto Blue Jays
Face Value of Each Admission $ 38.00
Date(s) 08/02/12

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leung, Chris</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales Income □</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
08/31/12
(month, day, year)

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

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

   □ 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 vs. Toronto Blue Jays
   Description  Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s)  08/03/12
   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:  Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanations</th>
</tr>
</thead>
<tbody>
<tr>
<td>McWilson, Marlon</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee  Amy Shrago  Print Name
   Ticket Administrator  08/31/12  (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

☐ 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 vs. Toronto Blue Jays
Face Value of Each Admission $ 38.00
Date(s) 08 / 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: Carson, Keith Supervisor
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watts, Alfred</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
08/31/12 (month, day, year)

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

1. Agency Name

County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information

Title  Oakland A's vs. Los Angeles Angels

Description  Baseball Game

Face Value of Each Admission $ 38.00

Date(s)  08  07  12

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

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ella Baker Center for Human Rights 1970 Broadway, Suite 450 Oakland CA 94612</td>
<td>2</td>
<td>Yes  ☐  No  ☐</td>
</tr>
<tr>
<td>To reward a school or nonprofit organization for its contributions to the community</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  Amy Shrago  Ticket Administrator  08/31/12
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**
  - **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 vs. Cleveland Indians
- **Face Value of Each Admission**: $38.00
- **Date(s)**: 08/17/12
- **Ticket(s)/Admission(s) provided by agency?**: Yes [ ] No [ ]
- **If no**:
  - **Name of Source**: Oakland A's

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</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 of Agency Head or Designee]  
**Print Name**: Amy Shrago  
**Title**: Ticket Administrator  
**Date**: 08/31/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Minnesota Twins
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 08 / 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: Carson, Keith Supervisor
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ella Baker Center for Human Rights 1970 Broadway, Suite 450 Chicago, IL 60616</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>Number of Admission(s)/Ticket(s)</td>
<td>Agency Official</td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐ No ☒</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td>☐</td>
</tr>
<tr>
<td>Yes ☐ No ☒</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Yes ☐ No ☒</td>
<td></td>
<td>☐</td>
</tr>
<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
Amy Shargo
Ticket Administrator
Print Name
Title
08/31/12 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

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

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

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 vs. Boston Red Sox

Face Value of Each Admission $ 38.00

Description Baseball Game

Date(s) 08/31/12

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
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3. Verification

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Signature of Agency Head or Designee

Amy Shrago
Print Name

Ticket Administrator

Title

08/31/12
(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
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Area Code/Phone Number       E-mail
(510) 272-3882       crystal.hishida@acgov.org

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

2. Function, Event, or Ceremonial Role Information
Title       Oakland A's vs. Tampa Bay Rays
Face Value of Each Admission $ 43.75
Description       Baseball Game, Loge Suite
Date(s)       08/01/12
Ticket(s)/Admission(s) provided by agency?       Yes ☐ No □
If no:       Oakland A’s
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No □
If yes:       Carson, Keith Supervisor
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downtown Oakland Senior Center 200 Grand Ave. Oakland CA</td>
<td>10</td>
<td>Yes ☐ No □</td>
</tr>
<tr>
<td>East Bay Korean American Senior Services Center 1723 Telegraph Ave. Oakland CA</td>
<td>10</td>
<td>Yes ☐ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community</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>To reward a school or nonprofit organization for its contributions to the community</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>
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<td></td>
<td>Yes ☐ No □</td>
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<tr>
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<td></td>
<td>Income □</td>
</tr>
<tr>
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<td></td>
<td>Income □</td>
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Amy Shr ago
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
08/31/12
(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)
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   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 Oaklands A's vs. Minnesota Twins
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 08/03/12
   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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ella Baker Center for Human Rights 1970 Broadway, Suite 450 Oakland, CA 94612</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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>
<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>
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   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Ticket Administrator
   08/31/12 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
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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 vs. Minnesota Twins
Description Baseball Game, Loge Suite
Face Value of Each Admission $ 43.75
Date(s) 08 / 21 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If No: Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If Yes: Official’s Name (Last, First) and Title
Carson, Keith Supervisor

The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Berkeley Senior Center 2939 Ellis St. Berkeley CA</td>
<td>10</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>St. Mary's Center 925 Brookhurst Oakland CA</td>
<td>10</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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Signature of Agency Head or Designee  Amy Shrago  Ticket Administrator  08/31/12
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
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A Public Document

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

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders vs. Dallas Cowboys
Description Football Game
Face Value of Each Admission $ 222
Date(s) 08 / 13 / 12
Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland A's

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

The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>2</td>
<td>Yes No Income</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Simpson, Jacob</td>
<td>2</td>
<td>Yes No Income</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</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
Amy Shrago
Print Name
Ticket Administrator
Title
08/31/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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(510) 272-3882 crystal.hishida@acgov.org

Date Stamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Aerosmith
Description Concert
Face Value of Each Admission $ 235
Date(s) 08 / 04 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source

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

The identity of recipient(s) and the explanation:

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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeCarlo, Katie</td>
<td>2</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td>Shrago, Amy</td>
<td>2</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
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Print Name
Ticket Administrator
08/31/12 (month, day, year)

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☐ Amendment  (Must provide explanation in Part 3.)
Date of Original Filing: ___/___/___

2. Function, Event, or Ceremonial Role Information
Title  Ringling Brothers Barnum & Bailey Circus DRAGONS
Face Value of Each Admission $ 33
Date(s)  08/03/12

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

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

The identity of recipient(s) and the explanation:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopez, Juan</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</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
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Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
08/31/12
(month, day, year)

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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

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

**Title** Ringling Brothers Barnum & Bailey Circus DRAGONS

**Face Value of Each Admission** $58

**Date(s)** 08/09/12

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

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

Yes ☐ No ☐
If yes: Carson, Keith Alameda County Supervisor

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

The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evans, Rodney</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

**3. Verification**

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Signature of Agency Head or Designee: Amy Shrago

Print Name: Ticket Administrator: 08/31/12 (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

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   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
   Ringling Brothers Barnum & Bailey Circus DRAGONS
   Face Value of Each Admission $ 58
   Description
   Circus
   Date(s)
   08 / 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: Carson, Keith Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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</thead>
<tbody>
<tr>
<td>Williams, Sharifa</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
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<td>Income ☐</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
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Amy Shrago
Signature of Agency Head or Designee

Ticket Administrator
Print Name

08/31/12
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Date of Original Filing:  (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title  Ringling Brothers Barnum & Bailey Circus DRAGONS

Face Value of Each Admission $ 58

Date(s)  08 / 11 / 12

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

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

Yes ☐ No ☐
If yes:  Carson, Keith Alameda County Supervisor
Official’s Name (Last, First) and Title

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<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hutchins, Michael</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td></td>
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<td>Income ☐</td>
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Signature of Agency Head or Designee

Amy Shrago
Print Name

Ticket Administrator

08/31/12  (month, day, year)

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