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: MASA
   Description
   Face Value of Each Admission $114.05
   Date(s) / /

   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 [ X ]
   If yes: ___________________________________________________________
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson Melendez</td>
<td>Y</td>
<td>Yes [ ] No [ ]</td>
<td>O</td>
</tr>
<tr>
<td>36642 Dirgen Ct</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Newark CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>94500</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

   Printed Name

   Title

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

   Ticket Administrator
   G-14-12

   (month, day, year)

   FPPC Form 802 (2/11)

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

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

2. Function, Event, or Ceremonial Role Information
Title
As 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:
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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Koppell</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>1240 Vintner Wy</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Pleasanton CA</td>
<td>94560</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
Lee Lam Ferguson
Ticket Administrator
9-14-12
(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 \( WARD \) vs. \( DAWSON \)
   Face Value of Each Admission $120.90
   Description \( MIDDLEWEIGHT \) WORLD CHAMPIONSHIP
   Date(s) 9, 8, 12
   Ticket(s)/Admission(s) provided by agency? Yes \( \Box \) No \( \Box \) If no: GSW
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes \( \Box \) No \( \Box \)
   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)</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>WILLIAM BAKER</td>
<td>2</td>
<td>Yes ( \Box ) No ( \Box )</td>
<td>To reward a community volunteer for his or her service to the public Income ( \Box )</td>
</tr>
<tr>
<td>1420 VISTA GRANDE DR SAN LEANDRO CA 94577</td>
<td>Yes ( \Box ) No ( \Box )</td>
<td>Income ( \Box )</td>
<td></td>
</tr>
<tr>
<td>Yes ( \Box ) No ( \Box )</td>
<td>Income ( \Box )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ( \Box ) No ( \Box )</td>
<td>Income ( \Box )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ( \Box ) No ( \Box )</td>
<td>Income ( \Box )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ( \Box ) No ( \Box )</td>
<td>Income ( \Box )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Ticket Administrator
   9-5-12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title
Oakland A's
Face Value of Each Admission $ 38.00
Description
Baseball
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 [X]
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>Vic Arangula</td>
<td>2</td>
<td>Yes [ ][ ] No [X]</td>
</tr>
<tr>
<td>1705 Helsinki WY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livermore, CA 94550</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Aumen Fergerson
Ticket Administrator
8/29/12
Print Name
Lee Aumen Fergerson
Title
Comment: (Use this space or an attachment for any additional information including amendment explanation )

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 Disney on Ice
Description Ice Skating Show
Face Value of Each Admission $ 56.85
Date(s) 10/17/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: G.S.W. Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors Night Out</td>
<td>4</td>
<td>No</td>
<td>□</td>
</tr>
<tr>
<td>City of Fremont</td>
<td></td>
<td>Yes</td>
<td>□</td>
</tr>
<tr>
<td>Tri-City Elder Care Coalition</td>
<td></td>
<td>No</td>
<td>□</td>
</tr>
<tr>
<td>PO Box 5006</td>
<td></td>
<td>Yes</td>
<td>□</td>
</tr>
<tr>
<td>Fremont CA</td>
<td>94537-5006</td>
<td>No</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>□</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Ticket Administrator

9-26-12 (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**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
</tr>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>(510) 272-3882</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function, Event, or Ceremonial Role Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Face Value of Each Admission $</td>
</tr>
<tr>
<td>Date(s)</td>
</tr>
<tr>
<td>Ticket(s)/Admission(s) provided by agency? Yes</td>
</tr>
<tr>
<td>No:</td>
</tr>
<tr>
<td>Was the distribution to persons identified below made at the behest of an agency official? Yes</td>
</tr>
<tr>
<td>If yes: Alameda County Supervisor Scott Haggerty, District 1</td>
</tr>
<tr>
<td>Official's Name (Last, First) and Title</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The identity of recipient(s) and the explanation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First) or Organization (Name, Address, Description)</td>
</tr>
<tr>
<td>Dorene Giacopini</td>
</tr>
<tr>
<td>48603 Reno Lane</td>
</tr>
<tr>
<td>El Sobrante CA 94803</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Income</td>
</tr>
<tr>
<td>Income</td>
</tr>
<tr>
<td>Income</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.</td>
</tr>
<tr>
<td>Signature of Agency Head or Designee</td>
</tr>
<tr>
<td>Lee Ann Fergerson</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

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: Disney on Ice
   Description: Ice Skating
   Face Value of Each Admission $50.05
   Date(s): 9, 20, 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 County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shepard's Gate 1600 Portola Ave Livermore CA 94551 Michelle Humbert</td>
<td>4</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>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
   Lee Ann Fergerson
   Ticket Administrator
   9-26-12
   Print Name
   Title
   (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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: A's Baseball Game
Face Value of Each Admission $38.00
Date(s): 9/14/12
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: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name, (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yong Chi 337 Channel Way Oakland CA 94601</td>
<td>2</td>
<td>Yes ☑ No ☐</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>
</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

9-24-12 (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)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description: A's vs. Mariners
   Face Value of Each Admission $ $35
   Date(s) 9/28/12
   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.

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Bill</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>County facility in order to maximize potential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County revenue from sales.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<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
   09/28/2012
   (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   crystal.hishida@acgov.org

Date Stamp

2. Function, Event, or Ceremonial Role Information
Title ____________________________ Face Value of Each Admission $ 75/17-park
Description A's vs. Mariners
Date(s) 9/28/12
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no: Oakland Athletics
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>Soto, Armando</td>
<td>7+1 parking</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<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 admisions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
09/28/2012 (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
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   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Porkins, 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
   Description
   Justin Bieber concert
   Face Value of Each Admission $ 103.85
   Date(s) 10 / 6 / 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>Girls Inc. of the Island City</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>1721 Santa Clara Ave. Alameda, CA</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Youth development services for girls.</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   09/27/2012
   (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**
- **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

### Date of Original Filing
- (month, day, year)

### Amendment (Must provide explanation in Part 3.)
- No

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

### Title

### Description
- A's vs. Rangers

### Face Value of Each Admission
- $35

### Date(s)
- 10/12

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

#### If no:
- **Oakland Athletics**

### Was the distribution to persons identified below made at the behest of an agency official?
- Yes ☐ No ☑

#### If yes:
- **Supervisor Wiima Chan**

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Daren</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>Yes ☑</td>
<td>County revenue from sales.</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☑</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

**Ticket Administrator**: 09/26/2012

**Print Name**

**Title**

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

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

   **Designated Agency Contact** (Name, Title)
   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** A's vs. Mariners
   **Date(s)** 9/30/12

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

   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes ☐ No ☒
   If yes: 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, Wilma</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 1942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   **Signature of Agency Head or Designee**
   **Print Name**
   Alexandra Boskovich
   **Title**
   Ticket Administrator
   **Date** 09/26/2012
   (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) 272-3982
   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Mana concert
   Face Value of Each Admission
   $114.05
   Date(s)
   9/14/12
   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: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navarro, Soilia</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   09/13/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name

- County of Alameda
- Board of Supervisors

2. Function, Event, or Ceremonial Role Information

- Title: "A's vs. Orioles"
- Face Value of Each Admission: $35
- Date(s): 9/16/12
- Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no: Oakland Athletics

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

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) or Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hirota, Sherry</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</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.

Alexandra Bostovich

Ticket Administrator 9/13/2012

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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. Rangers
   Date(s) 10 / 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 Wiuna 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>Quick, John</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>
<tr>
<td></td>
<td></td>
<td>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>
<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 19944.1 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 Alexandra Boskovitch
   Ticket Administrator __________________________
   Title 09/13/2012 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-3772)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Admission Distributions**

1. **Agency Name**
   - County of Alameda
   - Board of Supervisors

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** Ward vs. Dawson boxing fight
   - **Face Value of Each Admission:** $120.90
   - **Description:** Ward vs. Dawson boxing fight
   - **Date(s):** 9/8/12
   - **Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [ ]
   - **If no:** Golden State Warriors
   - **Name of Source:**
   - **Was the distribution to persons identified below made at the behest of an agency official?** Yes [ ] No [ ]
   - **Official's Name (Last, First) and Title:** Supervisor Wilma Chan

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
<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, as forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: [Signature]

   [Signature]

   Print Name: Alexandra Boskovich

   Ticket Administrator: [Name]

   Title: [Title]

   Date: 08/31/2012 (month, day, year)

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

1. Agency Name
County of Alameda
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 WARD VS. DAWSON
Description MIDDLEWEIGHT WORLD CHAMP
Face Value of Each Admission $ 120.90
Date(s) 9/6/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no:
Name of Source 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>GAUTHIER &amp; SHERRIE</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>KRAUSE</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>24614 Royal Ave</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Hayward CA 94544</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

LeeAnn Ferguson
Ticket Administrator

Print Name

Title

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

1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Cheryl Perkins, Interim Clerk, Board of Supervisors

Area Code/Phone Number

(510) 272-3882

E-mail

cheryl.perkinsP@acgov.org

Date Stamp

□ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title ____________________________________________

Face Value of Each Admission $ 35

Description A's vs. Mariners

Date(s) 9 / 26 / 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 Clar.

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>Yamashiro-Omi, Diane</td>
<td>2</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ County promotion at an event held at a facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □ Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □ Income</td>
</tr>
</tbody>
</table>

3. Verification

I have read and understand FPPC Regulations 19944.1 and 13942. 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

09/28/2012 (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)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $26.00
   Description
   Baseball Game
   Date(s)
   09/03/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Valle, Richard- Supervisor District 2
   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>Phillips, Jeremy</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>
</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

   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   09/11/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: County of Alameda
Division, Department, or Region: Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact: 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): 09/04/12
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>
</tr>
</thead>
<tbody>
<tr>
<td>Saucedo, Gilberto</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: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Date: 9/4/12

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's
   Description: Baseball Game
   Face Value of Each Admission: $26.00
   Date(s): 09/05/12
   Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland A's

Was the distribution to persons identified below made at the behest of an agency official?
   Yes No If yes: Valle, Richard, Supervisor District 2

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>Gonzales, Daniel</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: 9/4/12
   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
Description Baseball Game
Face Value of Each Admission $ 26.00
Date(s) 09 / 16 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland A's
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Church Homes</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>303 Hegenberger Rd. #201, Oakland CA 94621</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>To assist with low income seniors in need</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Ticket Administrator

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland Raiders vs. Steelers
Description Football Game
Face Value of Each Admission $ 222.00
Date(s) 09 / 23 / 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 (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>Dianda, Michelle</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 revenue from sales.</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Ruben Briones
Print Name
Chief of Staff
Title 9/5/12
(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 Raiders vs. Steelers

   Face Value of Each Admission
   $222.00

   Date(s)
   09/23/12

   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 (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>Aro-Valle, Barbara</td>
<td>2</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA

   Print Name
   Ticket Administrator

   Title
   9/17/12
   (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 Raiders vs. Steelers
Description Football Game
Face Value of Each Admission $ 222.00
Date(s) 09 / 23 / 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 (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sims, Steven</td>
<td>2</td>
<td>Yes ☑</td>
<td>To reward a community volunteer for his service to the public. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
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: (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title Oakland Raiders vs. Steelers

Face Value of Each Admission $ 222.00

Description Football Game

Date(s) 09 / 23 / 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- District 2

Name of Source

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

MICHELLE DIANZA Signature of Agency Head or Designee

Ticket Administrator

Print Name Title

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

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 Oakland Raiders vs. Steelers
   Description Football Game
   Face Value of Each Admission $ 222.00
   Date(s) 09 / 23 / 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 (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>Valle, Andrew</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
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<td></td>
<td></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
   MICHELLE DIANDA
   Ticket Administrator
   Print Name
   Title
   (month, day, year)

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 Oakland Raiders vs. Steelers
Description Football Game
Face Value of Each Admission $ 222.00
Date(s) 09/23/12
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 (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valle, Raul</td>
<td>2</td>
<td>Yes □</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
</tbody>
</table>

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

Michelle Dianda
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.)
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 Oakland Raiders vs. Steelers
Face Value of Each Admission $ 222.00
Date(s) 09 / 23 / 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>Austria, Manghee</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>To reward a community volunteer for her service to the public.</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

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

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $35

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information

Title Oakland Raiders vs. Steelers

Face Value of Each Admission $222.00

Description Football Game

Date(s) 09/23/12

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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chui, Becky</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To reward a community volunteer for her service to the public.</td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELLE DIANDA
Ticket Administrator

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   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. Steelers
   Description  Football Game
   Face Value of Each Admission $ 222.00
   Date(s)  09/23/12
   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 (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>1</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></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
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<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
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<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
   (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 crystal.hishida@acgov.org**

### 2. Function, Event, or Ceremonial Role Information
- **Title**: Oakland Raiders vs. Steelers
- **Face Value of Each Admission**: $222.00
- **Date(s)**: 09/23/12
- **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**

<table>
<thead>
<tr>
<th>The identity of recipient(s) and the explanation:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong> (Last, First) or Organization (Name, Address, Description)</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Nate, Glenn</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
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<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**: 9/19/12

**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  Justin Bieber

Description  Concert

Face Value of Each Admission $ 103.85

Date(s)  10 / 06 / 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

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>New Haven Schools Foundation</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

To reward a non-profit organization for its contributions to the community

| 33377 Western Ave., Union City CA 94587                         |                                 | Yes ☐ No ☐     | ☐      |

Income

| Supports schools in New Haven Unified School District           |                                 | 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.

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name

9/10/12
(month, day, year)

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

   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 Kevin Hart
   Description Comedy Show
   Face Value of Each Admission $ 92.60
   Date(s) 10 / 05 / 12

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

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

   The identity of recipient(s) and the explanation:

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

   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   (month, day, year) 9/20/12
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

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

Face Value of Each Admission $ 26.00

Date(s) 09/28/12

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

If no: Oakland A's

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

Yes ☐ No ☐

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVE</td>
<td>2</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>1900 Mowry Ave, #204, Fremont CA 94538</td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator

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 Game  Face Value of Each Admission $ 26.00
   Description  Baseball Game  Date(s)  09 / 29 / 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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
</table>
   | SAVE                  | 2                                | Yes ☐ No ☐     | Income ☐
   | 1900 Mowry Ave, #204, Fremont CA 94538 | Yes ☐ No ☐ | Income ☐
   | Provides services to victims of domestic violence | 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  MICHELLE DIANDA  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

Date Stamp
California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's Game
Face Value of Each Admission $ 26.00
Date(s) 09/30/12

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: 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>SAVE</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</td>
<td></td>
<td>Yes □ 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
Date (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information 
Title Oakland A's Game 
Description Baseball Game 
Face Value of Each Admission $ 26.00 
Date(s) 10/01/12 
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:

Name (Last, First) or Organization (Name, Address, Description) 
Number of Admission(s)/Ticket(s) Agency Official 
Yes ☐ No ☐ Income ☐ 
- 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.

SAVE 2 Yes ☐ No ☐ 
To reward a non-profit organization for its contributions to the community. 

1900 Mowry Ave, #204, Fremont CA 94538 Yes ☐ No ☐ 

Provides services to victims of domestic violence Yes ☐ No ☐ 

Yes ☐ No ☐ 

Yes ☐ No ☐ 

Yes ☐ No ☐ 

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

MICHELLE DIANDA Print Name 
Ticket Administrator 

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

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

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 Game
   Description Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s) 10 / 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: 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>SAVE</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>1900 Mowry Ave, #204, Fremont CA 94538</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</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 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   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 Game
   Description  Baseball Game
   Face Value of Each Admission $ 26.00
   Date(s)  10 / 03 / 12
   Ticket(s)/Admission(s) provided by agency?  Yes □ No □ If no:  Oakland A's
   Was the distribution to persons identified below made at the behest of an agency official?  Yes □ No □
   If yes:  Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVE</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>1900 Mowry Ave, #204, Fremont CA 94538</td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td>Provides services to victims of domestic violence</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  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)
Agency Name: County of Alameda
Division, Department, or Region (if applicable): 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

Title: Disney on Ice
Description: Ice Skating Show
Face Value of Each Admission: $56.85
Date(s): 10/18/12

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 County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title: Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holy Spirit School</td>
<td>4</td>
<td>Yes □</td>
</tr>
<tr>
<td>Golf Tournament</td>
<td></td>
<td>No □</td>
</tr>
<tr>
<td>50 Kenneth F. Bagel</td>
<td></td>
<td>Yes □</td>
</tr>
<tr>
<td>3930 Parish Ave</td>
<td></td>
<td>No □</td>
</tr>
<tr>
<td>Fremont, CA 94536</td>
<td></td>
<td>Yes □</td>
</tr>
</tbody>
</table>

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.

Lee Ann Fergerson
Ticket Administrator: 9-26-12
Print Name: Title

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number  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)  09/01/12  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:  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</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  Titles
   09/28/12  (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
   (510) 272-3882
   E-mail
   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) 09/03/12 09/05/12
   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>Spencer, Scott</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 facility in order to maximize potential County revenue from parking and concession sales</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
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<tr>
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<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
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<tr>
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<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
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<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</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"
   Title: "Ticket Administrator"
   Date: 09/28/12
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

   Street Address
   1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Oakland A’s vs. Los Angeles Angels & Seattle Mariners
   Description  Baseball Game

   Face Value of Each Admission $ 38.00
   Date(s)  09/04/12  09/29/12

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

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>4</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
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<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>Yes ☐</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  Amy Shrago
   Print Name  Ticket Administrator  09/28/12
   (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 Oakland A's vs. Baltimore Orioles
   Description Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s) 09/14/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: 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>Greene, Hannah</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
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<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
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<td>Yes ☐ No ☐</td>
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   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Ticket Administrator: 09/28/12
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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) 09/30/12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Oakland A's
   Name of Source
   Were 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:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes □ No □</td>
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<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
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   Signature of Agency Head or Designee
   Amy Shrago
   Ticket Administrator
   09/28/12
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
A Public Document

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

2. Function, Event, or Ceremonial Role Information
Title 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: Carson, Keith Alameda County Supervisor
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>
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</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To obtain oversight of facilities or events that have received County funding or support.</td>
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Signature of Agency Head or Designee

Amy Shrago
Print Name
Ticket Administrator

9/28/12
(month, day, year)

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