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

2. Function, Event, or Ceremonial Role Information
Title
Raider Football
Face Value of Each Admission $150.00
Date(s) 12/2/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no:
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes:
Official's Name (Last, First) and Title
Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name, Position, Address, Telephone, E-mail</th>
<th>Numerical Admission(s)</th>
<th>Agency Official</th>
<th>Check the box which best describes the official's role:</th>
<th>Check the box which best describes the distribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Sheriff's Assoc AC</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Income □</td>
<td>Income □</td>
</tr>
<tr>
<td>2300 Owens Drive, Suite 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleasanton, CA 94588</td>
<td>4</td>
<td></td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
<td></td>
</tr>
<tr>
<td>John Rudolph</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Lee Ann Fergerson
Ticket Administrator
11-29-17 (month, day, year)

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
   Warriors Game
   Description
   Basketball
   Face Value of Each Admission
   $95.00
   Date(s)
   2.12.13
   Ticket(s)/Admission(s) provided by agency?
   Yes [x] No [ ]
   If no:
   GSW
   Name of Source
   Alameda County Supervisor Scott Haggerty, District 1

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [ ]

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admissions or Tickets</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Business Guild P.O. Box 94</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td>Samuel, CA 94586</td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
</tbody>
</table>

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

   Lee Ann Ferguson  
   Signature of Agency Head or Designee  
   Print Name

   Ticket Administrator
   Title
   11-19-12 (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   To improve & maintain the Town of Sunol and to support non-profit organizations and the community of Sunol.
Agency Report of:  
Ceremonial Role Events and 
Ticket/Admission Distributions

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

Date Stamp  
California Form 802  
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title  
Warriors  
Face Value of Each Admission $  
95

Description  
Basketball

Date(s)  
2/28/13

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

Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☑  No ☐  If yes:  
Alameda 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</th>
<th>Organization (Name, Address, Description)</th>
<th>Num of Admissions</th>
<th>Agency Official</th>
<th>Ceremonial Role Performed?</th>
<th>Special Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington High School Boosters</td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td>Income ☑</td>
</tr>
<tr>
<td>McAnnette Bergendahl</td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td>37407 Willowood Dr. Oakland, CA 94636</td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>Income ☑</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee  
Lee Ann Ferguson  
Print Name  
Ticket Administrator  
11-16-12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
Public Fremont H.S., Grades 9-12
## Agency Report of:
**Ceremonial Role Events and Ticket/Admission Distributions**

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

### 2. Function, Event, or Ceremonial Role Information
- **Title:** Warriors Basketball
- **Face Value of Each Admission:** $95.00
- **Date(s):** 2/2/13
- **Ticket(s)/Admission(s) provided by agency?** Yes [X] No [ ]
- **Name of Source:** GSW
- **Was the distribution to persons identified below made at the behest of an agency official?** Yes [X] No [ ]
  - **Official's Name (Last, First) and Title:** Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>Name (Last, First) and Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Martin C. Kaufman, one hundred club of Alameda County</td>
<td>4</td>
<td>Yes [X] No [ ]</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>767 Brannan Place, Concord, CA 94518</td>
<td>Yes [X] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Yes [X] No [ ]</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Verification
- **Signature of Agency Head of Designee:** Lee Ann Fergerson
- **Ticket Administrator:** Lee Ann Fergerson
- **Title:** 11-20-12

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

*non-profit org that provides immediate financial support to spouses of police officers & firefighters that are killed in the line of duty in Alameda County*
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title: [WARRIORS] Face Value of Each Admission: $95.00
Description: [BASKETBALL]
Date(s): 12/18/12
Ticket(s)/Admission(s) provided by agency? Yes [X] No [ ] If no: [GSW]
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes [X] 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)</th>
<th>Number of Admissions (Ticket(s))</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Area League of Women Voters</td>
<td>Yes [X] No [ ]</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
<tr>
<td>P.O. Box 2234</td>
<td>Yes [X] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Castro Valley, CA</td>
<td>Yes [X] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head of Designee]
Lee Ann Ferguson
Ticket Administrator

Print Name
Title
11-20-12
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
A non-partisan political organization encourages informed & active participation in government.
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) 272-3862
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   NSSF
   Description
   Concert (multi-bands)
   Face Value of Each Admission
   $75.25
   Date(s)
   12/8/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   | Name (Last, First) of Recipient(s) | Number of Admissions/Fiduciary | Agency Official | Check the box if the agency official claims admissions tax-benefit tax or other benefits
   |-----------------------------------|-----------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
   | Christina Richardson             | Yes ☑                       |                | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.                                                                                     |
   | 3620 Eugene St.                  | No ☐                        |                |                                                                                                                                         |
   | Fremont CA                        | No ☐                        |                |                                                                                                                                         |
   | 94538                             | No ☐                        |                |                                                                                                                                         |

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

   Signature of Agency Head of Undesignated Fiduciary
   Print Name
   Ticket Administrator

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

   Signature of Agency Head of Undesignated Fiduciary
   Lee Ann Ferguson
   Ticket Administrator

   (month, day, year)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title A's Game Skybox Baseball
Face Value of Each Admission $ 1,500
Date(s) 6/22/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐ If yes: 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 or Agency</th>
<th>Amount</th>
<th>Was the distribution to persons identified below made at the behest of an agency official?</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Toll Authority</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>101 Eighth St. Oakland, CA 94607</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Ticket Administrator
Title: 11-6-12

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** Golden State Warriors vs. Memphis Grizzlies
   - **Face Value of Each Admission:** $200.00
   - **Date(s):** 11 / 02 / 12

3. **Ticket(s)/Admission(s) provided by agency?**
   - Yes [ ] No [ ]
   - If no: Golden State Warriors

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

5. **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>Dunckel, Jon</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.</td>
</tr>
</tbody>
</table>

6. **Verification**

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

   **Signature of Agency Head of Designee:** [Signature]
   **Print Name:** MICHELLE DIANDA
   **Title:** Ticket Administrator

   **Date:** 19/28/12

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Golden State Warriors vs. Miami Heat
   Description
   Basketball Game
   Face Value of Each Admission $ 500.00
   Date(s) 01/16/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Vallo, Richard - Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDonald, Eileen</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
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<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

   MICHELLE DIANDA
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   10/29/12

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes 1 parking pass at the value of $20.
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
Bruce Springsteen & the E Street Band
Face Value of Each Admission $ 103.00
Date(s)
11 / 30 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
Ruben Briones
Print Name
Chief of Staff
Title
(month, day, year)

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

Date Stamp: California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title: Golden State Warriors vs. Timberwolves
Face Value of Each Admission: $100
Date(s): 11/24/12
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: Valerie, 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, Mario</td>
<td>4</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
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<tr>
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<td>No ☐</td>
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</tr>
<tr>
<td></td>
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<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

---

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

#### 2. Function, Event, or Ceremonial Role Information
**Title**: Golden State Warriors vs. Brooklyn Nets
**Description**: Basketball Game

- **Face Value of Each Admission**: $100
- **Date(s)**: 11/21/12

**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</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marquez, Javier</td>
<td>4</td>
<td>Yes ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

**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: Signature of Agency Head or Designee

Ticket Administrator: Title

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

Includes 1 parking pass at the value of $20
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: Golden State Warriors vs. Denver Nuggets
   Face Value of Each Admission $ 200.00
   Date(s): 11/29/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Lady of the Rosary</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>703 C Street, Union City, CA 94587</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Serves vulnerable populations in community, such as underprivileged and seniors</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.)
Includes 1 parking pass at the value of $20
# 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: Katt Williams
- Description: Comedy Show
- Face Value of Each Admission: $58.00
- Date(s): 11/16/12
- Ticket(s)/Admission(s) provided by agency? Yes □ No □
- If no: Golden State Warriors
- Name of Source:
- Was the distribution to persons identified below made at the behest of an agency official? Yes □ No □
- If yes: Valle, Richard - Supervisor District 2
  - Official's Name (Last, First) and Title:

<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>Francisco, Lynn</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: 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
(510) 272-3882
E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title  Golden State Warriors vs. Houston Rockets
Description  Basketball Game
Face Value of Each Admission $ 250.00
Date(s)  02 / 12 / 13
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>Sunol Business Guild</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>P.O. Box 94, Sunol CA 94586</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Helps maintain and improve Sunol area and helps support other local non-profits</td>
<td>Yes ☑ No ☐</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

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

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

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

**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** Golden State Warriors vs. New Orleans Hornets

**Face Value of Each Admission** $150

**Date(s)** 12 / 18 / 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**
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>Eden Area League of Women Voters</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>P.O. Box 2234, Castro Valley, CA 94546</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Informs and encourages active participation in government by citizens</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

**3. Verification**

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator

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

Includes 1 parking pass at the value of $20

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 Golden State Warriors vs. Indiana Pacers
Face Value of Each Admission $ 100
Date(s) 12 / 01 / 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
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>FESCO</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>21455 Birch Street, Hayward CA 94541</td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Serves homeless families with food, shelter, counseling and community resources</td>
<td>Yes □ No □</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
Michele Dianda
Print Name
Ticket Administrator
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 $20

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-3772)
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 Hishide 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  Golden State Warriors vs. Charlotte Bobcats
   Description Basketball Game
   Face Value of Each Admission $ 100
   Date(s) 12 / 21 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ if no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Youth &amp; Family Center</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>680 W. Tennyson Rd., Hayward CA94544</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provides services &amp; advocacy for children, youth and families in Hayward</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Oakland Raiders vs. Cleveland Browns
   Date(s): 12/02/12
   Face Value of Each Admission: $222.00
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: Oakland Raiders
   Name of Source

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salinas, Mark</td>
<td>2</td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
</tr>
</tbody>
</table>

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

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

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

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

### 2. Function, Event, or Ceremonial Role Information
- **Title**: Golden State Warriors vs. Miami Heat
- **Description**: Basketball Game
- **Face Value of Each Admission**: $500.00
- **Date(s)**: 01/11/13

### 3. Verification
- **Signature of Agency Head or Designee**: Michele Dianda
- **Print Name**: Michele Dianda
- **Title**: Ticket Administrator

### 2. Function, Event, or Ceremonial Role Information
- **Ticket(s)/Admission(s) provided by agency?** Yes □ No □
- **Name of Source**: Golden State Warriors
- **Official’s Name (Last, First) and Title**: 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>Amirriazi, Amon</td>
<td>4</td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

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

Includes 1 parking pass at the value of $20
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 Golden State Warriors vs. Orlando Magic
Face Value of Each Admission $ 150.00
Date(s) 12 / 03 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: 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>Hickey, Michael</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his exemplary service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $20.
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description Raiders vs. Browns
   Face Value of Each Admission $ 222/$20 park
   Date(s) 12 / 2 / 12
   Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Raiders
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Alexandra Boskovich
   Print Name
   Ticket Administrator
   11/29/2012
   Title
   (month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, 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 $ $100/$20 park
Description Warriors vs. Orlando Magic
Date(s) 12 / 3 / 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: 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>Jacome, Carlos</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
11/29/2012
(month, day, year)

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

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

Street Address
   1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)
   Cheryl Perkins, Clerk, Board of Supervisors

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

2. Function, Event, or Ceremonial Role Information

Title

Description  Warriors vs. Nuggets

Face Value of Each Admission $ 100

Date(s)  11 / 29 / 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:  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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kawamura, Vera</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>
</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 11/28/2012

Print Name

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)  
Cheryl Perkins, 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 $ 100  
Description Warriors vs. Nuggets  
Date(s) 11 / 29 / 12  
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐  
If no: Golden State Warriors  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐  
If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title  
The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee  
Alexandra Boskovich  
Ticket Administrator  
Print Name  
Title  
11/27/2012  
(month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)  

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description Bruce Springsteen concert
   Date(s) 11 / 30 / 12 _______________________
   Face Value of Each Admission $ 103
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source ____________________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official’s Name (Last, First) and Title ____________________________
   The identity of recipient(s) and the explanation:

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

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

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   11/27/2012 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Description Bruce Springsteen concert
   Face Value of Each Admission $ 103
   Date(s) 12 / 30 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Steven</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his service to the public and encourage staff development.</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
   Title
   11/27/2012 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information

Title ____________________________

Description Warriors vs. Pacers

Face Value of Each Admission $ $100/$20 parking

Date(s) 12/1/12

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>Cravahlo, Brian</td>
<td>4 + 1 parking</td>
<td>Yes ☐</td>
<td>County revenue from sales. ☐</td>
</tr>
<tr>
<td></td>
<td>pass</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>
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<td></td>
<td></td>
<td>No ☐</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
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Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
11/27/2012

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, 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 Warriors vs. Orlando Magic
   Face Value of Each Admission $100
   Date(s) 12/3/12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lu, Phan</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator
   Title: 11/27/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, 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 $100/$20 parking
   Description Warriors vs. Hornets
   Date(s) 12/18/12
   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>Young, Cedric</td>
<td>4 + 1 parking pass</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
</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
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   11/27/2012
   (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, 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 Warriors vs. Timberwolves
   Face Value of Each Admission $100/$20 parking
   Date(s) 11/24/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If yes: Golden State Warriors
   Name of Source ____________________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title ________________________
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Zoe</td>
<td>3 + 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>
</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 of Designee
   Alexandra Boskovich  Ticket Administrator  11/21/2012
   (Print Name) (Title) (month, day, year)

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

**Ceremonial Role Events and Ticket/Admission Distributions**

## 1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Cheryl Perkins, Clerk, Board of Supervisors

Area Code/Phone Number

(510) 272-3882

E-mail

cheryl.perkins@acgov.org

Date Stamp

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

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

Title

Face Value of Each Admission $100

Description Warriors vs. Brooklyn Nets

Date(s) 11/21/12

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

If no: Golden State Warriors

Name of Source

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

Yes [ ] No [ ]

If yes: Supervisor Wilma Chan

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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Signature of Agency Head or Designee

Alexandra Boskovich

Ticket Administrator

11/21/2012 (month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins 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
Warriors vs. Brooklyn Nets

Face Value of Each Admission $100/$20 parking

Date(s) 11/21/12

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Shanale</td>
<td>2 + 1 parking</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
11/21/2012
(month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
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
$ 86
Description
Trey Songz concert
Date(s)
11 / 23 / 12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Employment Partnership, Inc.</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>2300 International Blvd, Oakland, CA</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Provides employment training and other supportive services to at-risk youth including foster care &amp; probation</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Alexandra Boskovich
Ticket Administrator: 11/20/2012

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 $100/$20 park
Description Warriors vs. Nuggets
Date(s) 11/10/12
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explaination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teldor, Tracy</td>
<td>4 + 1 parking</td>
<td>Yes □ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes □ No □</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
</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
11/10/2012 (month, day, year)

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

1. Agency Name
   County of Alameda
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   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
   Description
   USF vs. Stanford
   Face Value of Each Admission $25
   Date(s) 11 3 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no:
   Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Print Name
   Ticket Administrator
   11/9/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

Date Stamp California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $100

Description Warriors vs. Cavaliers
Date(s) 11 / 7 / 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: 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>Brekke-Miesner, Lukas</td>
<td>4</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>
</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
11/5/2012

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Grizzlies
   Face Value of Each Admission $100/$20
   Date(s): 11/2/12
   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: Supervisor Wilma Chan

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheung, Eric</td>
<td>2 tickets +</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>parking pass</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: Alexandra Boskovich
   Ticket Administrator: Title: 11/2/2012
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Bruce Springsteen & The E Street Band
Description Concert
Face Value of Each Admission $ 103
Date(s) 11/30/12
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>
<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>Shrago, Amy</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

Signature of Agency Head or Designee: Shrago
Print Name: Shrago
Ticket Administrator: Shrago
Title: Shrago
Date: 12/04/12
(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 Not So Silent Night
Description Concert
Face Value of Each Admission $72.25, $75.25
Date(s) 12/07/12 12/08/12
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>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simpson, Sam</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Amy Shrago
Signature of Agency Head or Designee
Print Name Ticket Administrator
Title
12/04/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Katt Williams
   Description Comedy
   Face Value of Each Admission $58.00
   Date(s) 11/16/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
   If no: Golden State Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

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

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Amy Shrago
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
12/04/12
(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. Kansas City Chiefs
Description Basketball
Face Value of Each Admission $222
Date(s) 12/16/12
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: Carson, Keith Alameda County Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.  If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Shrago, Amy Greene, Hannah</td>
<td>2, 2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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Signature of Agency Head or Designee

Amy Shrago
Print Name

Ticket Administrator

12/04/12 (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
Warriors vs. Jazz
Description
Basketball
Face Value of Each Admission
$100
Date(s)
04 07 13
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>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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<td>Yes ☐ No ☐</td>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee
Amy Shrago
Print Name
Ticket Administrator
12/04/12
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors

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

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

   Date Stamp

2. Function, Event, or Ceremonial Role Information

   Title  Warriors vs. Spurs

   Description  Basketball

   Date(s)  04 / 15 / 13
   Face Value of Each Admission $ 200

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

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

   Stahl, Robert 4 Yes  No  To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales

3. Verification

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

   [Signature of Agency Head or Designee]
   [Print Name]
   [Ticket Administrator]
   [Title]
   12/04/12

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

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

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Trailblazers
Description Basketball
Face Value of Each Admission $100
Date(s) 03/30/13
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>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
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<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Amy Shrago Print Name
Ticket Administrator Title
12/04/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Lakers
   Description: Basketball
   Face Value of Each Admission $500
   Date(s): 03/21/13
   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>
<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>Carson, Keith</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></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>
</tr>
<tr>
<td>Sanchez, Mina</td>
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<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>
</tr>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
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<tr>
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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>
</tr>
<tr>
<td>Shrago, Amy Greene, Hannah</td>
<td>2, 2</td>
<td>Yes ☑ No ☐</td>
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<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Amy Shrago
   Ticket Administrator
   Print Name
   Title
   12/04/12 (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 Warriors vs. Bucks
Description Basketball

Face Value of Each Admission $ 100
Date(s) 03 / 09 / 13

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: Carson, Keith Alameda County Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator Title: 12/04/12 (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
Warriors vs. Suns
Description
Basketball
Face Value of Each Admission $ 100
Date(s) 02 / 02 / 13

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

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

3. Verification
I have read and 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
12/04/12
Title
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors
   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 Warriors vs. 76ers
   Description Basketball
   Face Value of Each Admission $ 100
   Date(s) 12/28/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source

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

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

The identity of recipient(s) and the explanation:

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</thead>
<tbody>
<tr>
<td>McClay, James</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

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

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

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

   Amy Shrago  Ticket Administrator  12/04/12
   Signature of Agency Head or Designee  Print Name  Title  (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Trailblazers
   Description: Basketball
   Face Value of Each Admission: $100
   Date(s): 01/17/13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greene, Hannah</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td></td>
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<td></td>
<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></td>
<td>Income ☐</td>
<td></td>
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<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
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<td>Income ☐</td>
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<td>Yes ☑ No ☐</td>
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<td>Income ☐</td>
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<td>Income ☐</td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Ticket Administrator: 12/04/12
   Title: 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  Warriors vs. LA Clippers
   Description  Basketball
   Face Value of Each Admission  $ 200
   Date(s)  01/21/13
   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>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

   Amy Shrago  ☉
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator  12/04/12
   Title
   (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Pacers
Description Basketball
Face Value of Each Admission $ 100
Date(s) 12/02/12

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>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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Amy Shrago
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
12/04/12
(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

**Date Stamp**

**California Form 802**
For Official Use Only

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

**Title**
Warriors vs. Bobcats

**Face Value of Each Admission**
$100

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

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

**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 [x]

**Official’s Name (Last, First) and Title**
Carson, Keith Alameda County Supervisor

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes [x]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No [ ]</td>
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</tr>
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<td></td>
<td></td>
<td>No [ ]</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.

Signature of Agency Head or Designee: [Signature]

Print Name: Amy Shrago

Ticket Administrator: [Print Name]

Title: 

Date: 12/04/12 (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 E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Warriors vs. Nuggets
Face Value of Each Admission $ 200
Date(s) 11/29/12
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>
<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>Youth Alive 3300 Elm St, Oakland, CA 94609</td>
<td>4</td>
<td>Yes ☐ No ☐ To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>No ☐ Income ☐</td>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ Income ☐</td>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ Income ☐</td>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
</tr>
<tr>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator: 12/04/12
(title)
(month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
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 Warriors vs. Cavaliers
Description Basketball
Face Value of Each Admission $ 200
Date(s) 11/07/12

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

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

The identity of recipient(s) and the explanation:

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<th>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>Jenkins, Kevin</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>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</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>
</tbody>
</table>

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

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

Amy Shrago
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
12/04/12 (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Nets
   Face Value of Each Admission
   $ 100
   Date(s)
   11 / 21 / 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>
<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 □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Amy Shrago
   Print Name
   Ticket Administrator
   12/04/12
   (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
   Email
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Timberwolves
   Face Value of Each Admission
   $100
   Date(s)
   11/24/12
   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>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To obtain oversight of facilities or events that have received County funding or support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator
Title: 12/04/12 (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 E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Rockets
Face Value of Each Admission $ 250
Date(s) 02 / 12 / 13
Description Basketball

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>
<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>Hopalong Animal Rescue P.O. Box 27507</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
</tr>
</tbody>
</table>

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

Amy Shrago
Ticket Administrator
11/29/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information  
Title Raiders vs. New Orleans Saints  
Description Football game  
Face Value of Each Admission $ 222.00  
Date(s) 11/18/12  
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: Nate Miley, Alameda County Supervisor, District 4  
Official’s Name (Last, First) and Title  
The identity of recipient(s) and the explanation:  

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td>Brooks, Patricia</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Hunt, Clarence</td>
<td>2</td>
<td>Yes ☛ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td>Cox, Lori</td>
<td>1</td>
<td>Yes ☛ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td>Linton, Donna</td>
<td>1</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.  
Anna Gee Operations Chief  
Signature of Agency Head or Designee Print Name Title  
11/30/12 (month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp

California Form 802
For Official Use Only

 Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Raiders vs. Buccaneers

Description Football game

Face Value of Each Admission $ 222.00

Date(s) 11/04/12

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

If no: Oakland Raiders

Name of Source

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

Yes ☐ No ☐

If yes: Nate Mile, Alameda County Supervisor, District 4

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>Arriola, Kathy</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Bridwell, Robert</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Anna Gee
Operations Chief
11/30/12

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

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

#### 2. Function, Event, or Ceremonial Role Information
- **Title**: University of SF vs Stanford
- **Description**: Basketball game
- **Face Value of Each Admission $**: 25.00
- **Date(s)**: 11/09/12
- **Ticket(s)/Admission(s) provided by agency?** Yes ☑ No ☐
- **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**: Nate Miley, Alameda County Supervisor, District 4

#### 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>Miley, Nathan</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pratl, Linda</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Becket, Sandy</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

#### 3. Verification
- **I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.**
- **Signature of Agency Head or Designee**: Anna Gee
- **Print Name**: Operations Chief
- **Title**: 11/30/12
  - **(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

#### Date Stamp

#### California Form 802

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

#### Street Address
1221 Oak Street, Suite 536

#### Designated Agency Contact (Name, Title)
Anna Gee, Operations Chief

#### Area Code/Phone Number
510-891-5585

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

#### Amendment (Must provide explanation in Part 3.)

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

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warriors vs. Cleveland</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

#### Description
Basketball game

#### Date(s)
11 / 02 / 12

#### Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐
If no: **Warriors***

#### Name of Source

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

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

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

### 3. Verification

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

Anna Gee, Operations Chief

11/30/12

(many, day, year)

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

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

2. Function, Event, or Ceremonial Role Information

   Title  Warriors vs. Cleveland
   Description Basketball game
   Face Value of Each Admission $ 100.00
   Date(s) 11/07/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no:  Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes:  Nate Miley, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Anna Gee
   Operations Chief
   11/30/12
   Comment: (Use this space or an attachment for any additional information including amendment explanation)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs Denver
   Description
   Basketball game
   Face Value of Each Admission $100.00
   Date(s) 11/10/12
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no: Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [ ] If yes: Nate Miley, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 281 - Oakland, CA 94605</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berman, Elena</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Anna Gee
   Signature of Agency Head or Designee
   Operations Chief
   Print Name
   11/30/12
   Title
   (month, day, year)

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

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

Date Stamp

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs Atlanta
   Description
   Basketball game
   Face Value of Each Admission $ 150.00
   Date(s) 11/14/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Nale Miley, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro Valley Educational Foundation</td>
<td>4</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td>PO Box 2693-Castro Valley, CA 94546</td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>Provides support to teachers and students of the CVUSD</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.

   Anna Gee
   Operations Chief
   11/30/12
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)

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

1. Agency Name
   County of Alameda

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

   Street Address
   1221 Oak Street, Suite 536

   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number 510-891-5585
   E-mail anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information

   Title Warriors vs Brooklyn

   Description Basketball game

   Face Value of Each Admission $100.00

   Date(s) 11/21/12

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

   If no: Warriors
   Name of Source

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

   Yes ☒ No ☐

   If yes: Nate Miley, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes ☑ No ☒</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 261 - Oakland, CA 94605</td>
<td></td>
<td></td>
</tr>
<tr>
<td>senior advocacy</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

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

3. Verification

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

   Signature of Agency Head or Designee: Anna Gee
   Print Name: Operations Chief
   Title: 11/30/12
   (month, day, year)

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

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

Date Stamp

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2. Function, Event, or Ceremonial Role Information
Title: Warriors vs Minnesota
Face Value of Each Admission $: 100.00
Description: Basketball game
Date(s): 11/24/12
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: Warriors

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Nate Miley, Alameda County Supervisor, District 4

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>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ziegler, Donna</td>
<td>1</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td>Ziegler, Bekari</td>
<td>1</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td>Ziegler, Ayanna</td>
<td>1</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td>Wilkins, Dorothy</td>
<td>1</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.

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Chief
Title: 11/30/12 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs Denver
   Description: Basketball game
   Face Value of Each Admission $200.00
   Date(s): 11/29/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes: Nate Miley, Alameda County Supervisor, District 4
   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>Women on the Way to Recovery</td>
<td>4</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td>20424 Haviland Ave-Hayward, CA 94541</td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Anna Gee, Operations Chief
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:  
Ceremonial Role Events and 
Ticket/Admission Distributions  

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

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

2. Function, Event, or Ceremonial Role Information  
Title  
Warriors vs. Cleveland  

Face Value of Each Admission $ 100.00  

Date(s)  
11 / 07 / 12

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

If no:  
Warriors

Name of Source

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

If yes:  
Nate Miley, Alameda County Supervisor, District 4

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>Port of Oakland - Breakfast of Champions</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>530 Water Street, Oakland, CA 94607</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourages business growth and development for projects happening in Oakland</td>
<td>11</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
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<td></td>
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Anna Gee  
Operations Chief

Signature of Agency Head or Designee  
Print Name  
Title

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

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