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. Grizzlies
Face Value of Each Admission $ 100/$20 parka
Date(s) 1/9/13
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: Supervisor Wilma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atkin, Catherine</td>
<td>4 + 1 parking pass</td>
<td>No ☐</td>
<td>To reward a community volunteer for her service to the cities of Alameda and Oakland.</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: Date: 12/21/2012
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. Trail Blazers
   Face Value of Each Admission $ 100/$20 parking
   Date(s) 1/11/13
   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: 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
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Waring, Janet</td>
<td>4 + 1 parking</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
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<td>Yes ☐ No ☒</td>
</tr>
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3. Verification
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[Signature of Agency Head or Designee]  Alexandra Boskovich
[Print Name]  Ticket Administrator
[Title]  [Date] (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title ________________________________
   Description Warriors vs. 76ers
   Face Value of Each Admission $ __________
   Date(s) __________ / __________ / __________
   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>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Wright, Anthony</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</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>Yes ☐</td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td>No ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
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<td></td>
<td>No ☐</td>
</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.

   Alexandra Boskovich ☰
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   12/13/2012 (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
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   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. 76ers
   Face Value of Each Admission $ 100
   Date(s)  12/26/12
   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:

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<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohen, Joel</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Income ☐</td>
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   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   12/12/2012 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information  
Title  
Face Value of Each Admission $ 222  
Description Raiders vs. Broncos  
Date(s) 12 6 12 0000000  
Ticket(s)/Admission(s) provided by agency? Yes [x] No [ ]  
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: Supervisor Wilma Chan  
Official's Name (Last, First) and Title  
The identity of recipient(s) and the explanation:  

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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<tbody>
<tr>
<td>Tell, Monica</td>
<td>3</td>
<td>Yes [x] No [ ]</td>
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<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></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.  

Alexandra Boskovich  
Ticket Administrator  
12/4/2012  

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 E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ________________________________________________
   Description Warriors vs. Bobcats
   Face Value of Each Admission $ ________________
   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: 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>Sweetwine, Patricia</td>
<td>2 + 1 parking</td>
<td>Yes □ No □</td>
<td>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></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>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Alexandra Boskovich Ticket Administrator 12/12/2012
   Signature of Agency Head or Designee Print Name Title (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (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, 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 ____________________________
   Description Warriors vs. Bobcats
   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: 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>Tam, Nathan</td>
<td>2</td>
<td>Yes □ No □</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></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<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  Ticket Administrator
Print Name
Title
12/12/2012 (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
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1. Agency Name
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   Designated Agency Contact (Name, Title)
   Cheryl Perkins Interim Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 72.25
   Description Not So Silent Night concert
   Date(s) 12/7/12
   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>Boone, Phoebe</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his service to the public and encourage staff development.</td>
<td>☑</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Alexandra Boskovich
   Ticket Administrator
   12/7/2012
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Designated Agency Contact (Name, Title)
Cheryl Perkins, Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________
Description Raiders vs. Broncos
Face Value of Each Admission $ 222
Date(s) 12/6/12
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>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soto, Armando</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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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: Alexandra Boskovich
Print Name: Ticket Administrator
Title: 12/6/2012 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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   Area Code/Phone Number
   (510) 272-3882
   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description
   Raiders vs. Broncos
   Face Value of Each Admission $ $222/$20 park
   Date(s) 12/6/12
   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:

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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francis, Caroline</td>
<td>3 + 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 Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Income □</td>
</tr>
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Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
12/5/2012
(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
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   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description: Raiders vs. Broncos
   Face Value of Each Admission $222/$20 park
   Date(s): 12/6/12
   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
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Chou, Katie</td>
<td>2 + parking</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
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</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>County revenue from sales. Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>Income ☑</td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<tr>
<td></td>
<td></td>
<td>Income ☑</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   12/5/2012
   (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
   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@al.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Description Raiders vs. Broncos
   Face Value of Each Admission $ 222
   Date(s) 12 / 6 / 12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Raiders
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Carl</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>County revenue from sales.</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Ticket Administrator
   Title
   Date 12/5/2012
   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
   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 Raiders vs. Broncos
   Face Value of Each Admission $222/$20 park
   Date(s) 12/6/12
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Raiders
   Name of Source _________________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title ____________________________
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor, Deborah</td>
<td>2 + parking</td>
<td>Yes ☑ No ☐</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></td>
<td>County revenue from sales.</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   12/5/2012 (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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   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description: Raiders vs. Broncos
   Face Value of Each Admission $ 222
   Date(s) 12/6/12
   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>Brekke-Miesner, Lukas</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Alexandra Boskovich
   Ticket Administrator
   12/4/2012
   (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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title POP NYE
Face Value of Each Admission $ 84
Date(s) 12 / 31 / 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: 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>Brown, Aisha</td>
<td>4</td>
<td>Yes ☐ No ☐ 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
12/17/12 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name
County of Alameda
Division, Department, or Region (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
Face Value of Each Admission $ 95.00
Description
BASKETBALL
Date(s) 3.4.12
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: GSW
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Organization (Name, Address, Description)</th>
<th>Number of Admissions (ticket(s))</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merrill Gaudens</td>
<td></td>
<td>4</td>
<td>Yes ☑</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>@ Fremont</td>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td>&amp; Fremont Senior Center</td>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td>(Helping with Seniors' Services)</td>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td>Programs) Housing</td>
<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.

LeAnn Ferguson
Signature of Agency Head or Designee

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

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

FPPC Form 802 (12/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors
   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
   Description
   BASKETBALL
   Face Value of Each Admission $ 1,000.00
   Date(s) 12/23/12
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: 65W
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Admissions</th>
<th>Admitting Official</th>
<th>Agency Official</th>
<th>Is this in accordance with the agency official's instructions or the APC's guidelines for the distribution of this specific event?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasanton Junior Football League</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>7113 Corte Balboa Circle</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleasanton</td>
<td>94566</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
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   12/18/12
   (month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536

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

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

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

   Description
   Basketball

   Face Value of Each Admission $45.00

   Date(s)
   3.8.13

   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 ☐
   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)</th>
<th>Address</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Ticket Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeDe Davis</td>
<td>779 Grace Ct, Livermore CA 94550</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Lee Ann Ferguson

   Print Name
   Ticket Administrator
   (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

2. Function, Event, or Ceremonial Role Information

Title Not-So-Silent Night

Face Value of Each Admission $ 72.25

Description Concert

Date(s) 12/07/12

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: 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>Agency Official Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Angelina</td>
<td>2</td>
<td>Yes □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td></td>
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<td></td>
<td>No □</td>
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<td>Yes □</td>
<td></td>
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<td></td>
<td></td>
<td>No □</td>
<td></td>
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<tr>
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<td></td>
<td>Yes □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Print Name

Ticket Administrator

Title

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: Not-So-Silent Night
   Description: Concert
   Face Value of Each Admission: $72.25
   Date(s): 12/07/12
   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: 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>Chu, Isa</td>
<td>2</td>
<td>Yes □ No □</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>□</td>
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<td>□</td>
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<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>□</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Ticket Administrator
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   (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
(510) 272-3882
E-mail
crystal.hishida@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Not-So-Silent Night

Face Value of Each Admission $ 75.25

Description Concert

Date(s) 12/08/12

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

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

Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2

The identity of recipient(s) and the explanation:

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

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Print Name

Ticket Administrator

Title

(2/3/12)

(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title
Not-So-Silent Night
Face Value of Each Admission
$ 75.25
Date(s)
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: 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>Rodriguez, Angelina</td>
<td>2</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA Ticket Administrator (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

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors vs. Philadelphia 76ers
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: 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>Laws, Jerl</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>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
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)
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 Golden State Warriors vs. Portland Trailblazers
Face Value of Each Admission $ 100
Description Basketball Game
Date(s) 01/11/13
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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hodges, Paul</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
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.)
Includes 1 parking pass at the value of $20.

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 Golden State Warriors vs. Los Angeles Clippers  
Face Value of Each Admission $250.00  
Date(s) 01 / 02 / 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: 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)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Mario</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales Income □</td>
</tr>
</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  
12/19/12 (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 New Orleans

   Description  Basketball game

   Face Value of Each Admission $ 150.00

   Date(s)  12 /18 /12

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

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

   Name of Source
   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>Castro Valley High School Athletic Boosters</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>19400 Santa Maria Ave, Castro Valley, CA 94546</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>supports athletics programs at Castro Valley High</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

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

   Income
   ☐

   Income
   ☐

   Income
   ☐

   Income
   ☐

   Income
   ☐

3. Verification

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

Signature of Agency Head or Designee

Anna Gee

Operations Chief

Print Name

Title

12/20/12 (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)
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 Philadelphia
Description
Basketball game
Face Value of Each Admission
$ 100.00
Date(s)
12/28/12
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>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pete, Geoffrey</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>League of Women Voters - Eden Area</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>
<tr>
<td>P.O. Box 2234 Castro Valley, CA 94546</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>Promotes transparency in government and keeps citizens politically aware</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
12/20/12
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)
   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 LA Clippers
   Face Value of Each Admission $ 250.00
   Description
   Basketball game
   Date(s)
   01 / 02 / 13
   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:
   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>Graham, Christine</td>
<td>3</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Miley, Nate</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Scalise, Sierra</td>
<td>3</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Anna Gee
   Operations Chief
   12/20/12 (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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs Indiana
   Face Value of Each Admission
   $100.00
   Description
   Basketball game
   Date(s)
   12/01/12
   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 ☐
   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>Muhammad, Ansar El</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Gums, Angelica</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee
   Anna Gee
   Operations Chief
   Print Name
   Title
   12/20/12 (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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Orlando

Description Basketball game

Face Value of Each Admission $150.00

Date(s) 12/03/12

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 (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td>Alexander, Noli</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td>Saunders, Rosie</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</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.

Anna Gee Operations Chief
Signature of Agency Head or Designee Print Name Title

12/20/12 (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): 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 New Orleans
   - Description: Basketball game
   - Face Value of Each Admission $: 150.00
   - Date(s): 12/18/12
   - Ticket(s)/Admission(s) provided by agency? Yes [☐] No [☐]
   - If no: Warriors

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: Anna Gee
   Operations Chief: [Title]
   Date: 12/20/12

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**
510-891-5585

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

**Date Stamp**

**California Form 802**
For Official Use Only

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

**Title:** Warriors vs Charlotte

**Face Value of Each Admission $** 100.00

**Description:** Basketball game

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

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

**If no:**

**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>Ramierz, Socorro</td>
<td>4</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
</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

12/20/12 (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

A Public Document

1. Agency Name
   County of Alameda
   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 Memphis
   Description: Basketball game
   Face Value of Each Admission $150.00
   Date(s): 01/09/13

   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

   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>Love Temple Missionary Baptist Church</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>8401 Birch Street, Oakland, CA 94621</td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Christmas toy/clothing drive for needy families</td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐ T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Income

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

   Anna Gee
   Operations Chief

   Signature of Agency Head or Designee Print Name Title
   12/20/12 (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

2. Function, Event, or Ceremonial Role Information

   Title  Warriors vs Portland
   Description  Basketball game
   Face Value of Each Admission $ 100.00
   Date(s)  01 / 11 / 13
   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 ☐</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>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>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

1. Agency Name
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   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 Miami
   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: 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>Miley, Sarah</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>10</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.

Anna Gee
Signature of Agency Head or Designee
Operations Chief
Print Name
Title
12/20/12
(month, day, year)

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Not So Silent Night
   - **Description**: Concert
   - **Face Value of Each Admission**: $72.25
   - **Date(s)**: 12/07/12, 12/08/12

3. **Ticket(s)/Admission(s) provided by agency?**
   - Yes ☐ No ☐

4. **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

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>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kokotaylo, Kristopher</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Carrion, Ashley</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</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: 12/20/12
   - 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
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Amendment
   Date of Original Filing:
   (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $9500
   Description Basketball
   Date(s) 3/11/13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   Official's Name (Last, First) and Title
   Alameda County Supervisor Scott Haggerty, District 1
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Check the box below if the agency official claims admissions in this ceremony were performed in a ceremonial role</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINTON CONRAD</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>6134 Bella Oak Ct.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livermore, CA 94550</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   12-20-12
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp  California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title  Warriors vs. 76ers
Face Value of Each Admission $ 150

Description  Basketball
Date(s)  01 / 09 / 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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, Sharifa</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Amy Shrago  Ticket Administrator  12/10/12
Signature of Agency Head or Designee  Print Name  Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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. Hornets
   Description Basketball
   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 □
   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>Asian Community Collaborative Coordinate API serving CBOs</td>
<td>4</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</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>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
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Signature of Agency Head or Designee: Amy Shrago
Print Name: Ticket Administrator
Title: Date 12/10/12 (Month, Day, Year)

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

1. Agency Name  
   County of Alameda  
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   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. Hornets  
   Face Value of Each Admission $  
   $150  
   Date(s) 01/31/13  
   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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Community Collaborative Coordinate API serving CBOs</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Amy Shrago  
Print Name: Ticket Administrator  
Title: 12/10/12  
(month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## Agency Report of:

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

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

### 2. Function, Event, or Ceremonial Role Information
- **Title:** Bruce Springsteen
- **Description:** Concert
- **Face Value of Each Admission:** $103.00
- **Date(s):** 11/30/12
- **Ticket(s)/Admission(s) provided by agency?:** Yes ☑ No ☐
- **Name of Source:**
- **Was the distribution to persons identified below made at the behest of an agency official?** Yes ☑ No ☐
- **Official’s Name (Last, First) and Title:** Alameda County Supervisor Scott Haggerty, District 1
- **The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Numbered Admission Ticket</th>
<th>Agency Official</th>
<th>For Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Garrison</td>
<td>2323 Ruby Hill Drive, Pleasanton, CA 94566</td>
<td>Yes ☑ No ☐</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

### 3. Verification
- **Signature of Agency Head or Designee:**
- **Print Name:** Lee Ann Ferguson
- **Title:** Ticket Administrator
- **Date:** 12-7-12

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

1. Agency Name
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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
Description
Concert
Face Value of Each Admission $103.00
Date(s) 11/30/12
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: GSW
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delva Nappo</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>5586 Corte Sonora</td>
<td>Pleasanton, CA</td>
<td>3566</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
Lee Ann Fergerson
Ticket Administrator
Print Name
Title
12-7-12
(month, day, year)

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

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

Date Stamp
California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title
Warriors
Face Value of Each Admission
$95.00
Description
Basketball
Date(s)
1, 3, 13
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no:
Name of Source
GSW

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Alameda 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</th>
<th>Number of Admissions Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeri Laws</td>
<td>4</td>
</tr>
<tr>
<td>624 Antioch St # E</td>
<td></td>
</tr>
<tr>
<td>Oakland, CA 95611</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee
Lee Ann Ferguson
Ticket Administrator

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

1. Agency Name

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

2. Function, Event, or Ceremonial Role Information

Title 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
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>Simpson, Sam</td>
<td>4</td>
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<tr>
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<td>No ☐</td>
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<td>Yes ☑</td>
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<td>No ☐</td>
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<td></td>
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<td>Yes ☑</td>
<td>☑</td>
</tr>
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<td>No ☐</td>
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</tr>
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</table>

3. Verification

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

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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>4</td>
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</tr>
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<td>No ☑</td>
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<td>No ☑</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 of 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
   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>Income</th>
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<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☑</td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
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</tr>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
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</tr>
<tr>
<td>Shrago, Amy Greene, Hannah</td>
<td>2, 2</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Amy Shrago
   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>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☑</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>
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<td>No ☐</td>
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<td>Yes ☑</td>
<td>Income</td>
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<td>Income</td>
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<td></td>
</tr>
</tbody>
</table>

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Spurs
   Description: Basketball
   Face Value of Each Admission $200
   Date(s) 04/15/13
   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

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

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

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

2. Function, Event, or Ceremonial Role Information

   Title
   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

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

3. Verification

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

   Amy Shrago
   Signature of Agency Head or Designee
   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 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. 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>
<th>Explanation</th>
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<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☑</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 ☑</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>Sanchez, Mina</td>
<td>5</td>
<td>Yes ☑</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 ☑</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 ☑</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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</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 Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number
(510) 272-3882
E-mail
crystal.hishida@acgov.org

1. Agency Name
Date Stamp
California Form 802
For Official Use Only

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
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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<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>
</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  E-mail
(510) 272-3882  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:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></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></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]
Amy Shrago  Print Name  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. 76ers
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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>McClay, James</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
<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
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   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number  E-mail
   (510) 272-3882    crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title    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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<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>Greene, Hannah</td>
<td>4</td>
<td>Yes</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>No</td>
<td></td>
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<td></td>
<td></td>
<td>Yes</td>
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<td>No</td>
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Signature of Agency Head or Designee    Print Name    Title
Amy Shrago
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

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

2. Function, Event, or Ceremonial Role Information
Title
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>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes ☑ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
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<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

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

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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
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   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.)

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 Warriors vs. Bobcats
   Description Basketball
   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 [x] 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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes [x]</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>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</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.
   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.)
### 1. Agency Name

<table>
<thead>
<tr>
<th>County of Alameda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
</tr>
<tr>
<td>(510) 272-3882</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Warriors vs. Nuggets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Basketball</td>
</tr>
<tr>
<td>Face Value of Each Admission</td>
<td>$200</td>
</tr>
<tr>
<td>Date(s)</td>
<td>11/29/12</td>
</tr>
<tr>
<td>Ticket(s)/Admission(s) provided by agency?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Golden State Warriors</td>
</tr>
<tr>
<td>Was the distribution to persons identified below made at the behest of an agency official?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Official's Name (Last, First) and Title</td>
<td>Carson, Keith Alameda County Supervisor</td>
</tr>
</tbody>
</table>

### 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 ☑</td>
</tr>
<tr>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td></td>
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</tr>
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<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<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: 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

A Public Document

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ______________ (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Cavaliers
   Face Value of Each Admission $ 200
   Description
   Basketball
   Date(s)
   __ 7 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:

   Name
   Number of Admission(s)/Ticket(s) Agency Official
   ____________________________________________________________________________________________
   Jenkins, Kevin
   4
   Yes ☐ No ☐
   To reward a community volunteer for his or her service to the public
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

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Amy Shrago
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
12/04/12
(month, day, year)

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

2. Function, Event, or Ceremonial Role Information
Title
Warriors vs. Nets
Description
Basketball
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:

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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>The explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</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></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
</tr>
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<td></td>
<td></td>
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12/04/12 (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Timberwolves
Description Basketball
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
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<th>Agency Official</th>
<th>Income</th>
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</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
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Print Name
Ticket Administrator
12/04/12
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)