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

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

2. Function, Event, or Ceremonial Role Information
   Title Disney on Ice (Dear to Dream)
   Description Ice Show
   Face Value of Each Admission $34.45
   Date(s) 3/1/13
   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>Recipient</th>
<th>Number of Admission(s)</th>
<th>Source Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Koppel</td>
<td>4</td>
<td>☑</td>
</tr>
</tbody>
</table>

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

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

Lee Ann Ferguson
Ticket Administrator
3/21/13 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Disney on Ice ( Dare to Dream)
   Description
   Ice Show
   Face Value of Each Admission $ 34.45
   Date(s) 3/2/13
   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:
   Shanna Akara
   Yes ☐ No ☒
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   Income ☐

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Lee Ann Ferguson
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   2/21/13
   (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

Date Stamp

California Form 802
For Official Use Only

1. Agency Name

2. Function, Event, or Ceremonial Role Information

Title
D World on Ice (Dare 2 Dream)
Face Value of Each Admission $ 20.65
Description
Ice Show
Date(s)
2.27.13
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>Recipient Name</th>
<th>Number of Admissions</th>
<th>Amount Paid</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Parker</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
2-21-13
Title
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Monster Jam
   Description Show
   Face Value of Each Admission $ 41.00
   Date(s) 02/23/13
   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: Nale Miley, Alameda County Supervisor, District 4
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeVries, Joe</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>DeVries, Eli</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>DeVries, Malachi</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Miller, Caleb</td>
<td>1</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.

Anna Gee Operations Chief 02/21/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use the 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

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________ Face Value of Each Admission $ 85
   Description Alicia Keys concert Date(s) 3 / 10 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Daren</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Alexandra Boskovich
   Ticket Administrator 2/27/2013
   Signature of Agency Head or Designee Print Name (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $34.45
   Description Disney on Ice Dare to Dream
   Date(s) 2/28/13
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Garling, Angie</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 16942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee

   Alexandra Boskovich

   Ticket Administrator

   2/21/2013 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Description Disney on Ice Dare to Dream
   Face Value of Each Admission $34.45
   Date(s) 2/28/13
   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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutter, Scott</td>
<td>2</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>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Print Name
   Ticket Administrator
   2/21/2013

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
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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 ___________________________ Face Value of Each Admission $ 34.45
   Description Disney on Ice Dare to Dream
   Date(s) 3 / 3 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Whitlock-Petersen, Leisel</td>
<td>4</td>
<td>Yes ☐ No ☑ To reward a community volunteer for her service to the arts in Alameda County.</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: 2/21/2013
   Title: (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanations.)
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. Bucks
   Face Value of Each Admission $ 100
   Date(s) 3/9/13
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Bloch, Doug</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
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<td></td>
<td>Income ☐</td>
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<tr>
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<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   2/15/2013
   Print Name
   Title
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title 
Description: Warriors vs. Suns
Face Value of Each Admission $100/$20 parking
Date(s) 2/20/13
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>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Lloyd</td>
<td>4 + parking</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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.

Alexandra Boskovich Ticket Administrator 2/15/2013
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.)
Agencies 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 $ 75.65
Description Carrie Underwood concert
Date(s) 2/25/13
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

<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>Landon, Joe</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
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<td>Income</td>
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<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Alexandra Boskovitch
Ticket Administrator
2/13/2013
(month, day, year)

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

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

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

Description Warriors vs. Kings

Date(s) 3/27/13

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: 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>Willcoxon, Michael</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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

Income County facility in order to maximize potential

Income

Income

Income

Income

Income

Income

Income

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 of Designee
Alexandra Boskovich
Ticket Administrator
2/13/2013

Print Name
Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
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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)
   Cheryl Perkins, Clerk, Board of Supervisors
   Area Code/Phone Number  
   E-mail
   (510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ________________________________
   Face Value of Each Admission $ 20.65
   Description Disney on Ice Dare to Dream
   Date(s) 2/27/13
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Lyons, Marva</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   2/13/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Description Warriors vs. Kings
   Face Value of Each Admission $100
   Date(s) 3 / 6 / 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)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summers, Dave</td>
<td>2</td>
<td>Yes □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
<td></td>
</tr>
</tbody>
</table>

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

Alexandra Boskovitch
Signature of Agency Head or Designee

Ticket Administrator
Print Name

2/13/2013
(month, day, year)

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

1. Agency Name

County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp

California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title

Face Value of Each Admission $ 34.45

Description Disney on Ice Dare to Dream

Date(s) 3 / 2 / 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: 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>Martirez, Louie</td>
<td>4</td>
<td>Yes No To reward a community volunteer for his service to Alameda Unified School District.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
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<td>Income</td>
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<td></td>
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<td>Income</td>
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<td>Income</td>
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3. Verification

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

Alexandra Boskovitch
Signature of Agency Head or Designee

Ticket Administrator
Print Name Title

2/11/2013 (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
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

2. Function, Event, or Ceremonial Role Information
Title ____________________________ Face Value of Each Admission $ $100/$20 park
Description Warriors vs. Wizards Date(s) 3 / 23 / 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: Supervisor Wilma Chan
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falcon, Ernesto</td>
<td>2 + parking</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.

Alexandra Boskovich
Ticket Administrator
2/11/2013

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

FFPC Form 802 (2/11)
FFPC Toll-Free Helpline: 866/ASK-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)
   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: Disney on Ice Dare to Dream
   Face Value of Each Admission $ 34.45
   Date(s) 3 / 1 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis, Latifa</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to Oakland and Alameda County.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   2/11/2013 (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)
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 ____________________________
Face Value of Each Admission $ $100/$20 park
Description Warriors vs. Knicks
Date(s) 3 / 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:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rivera, Karina</td>
<td>2 + parking</td>
<td>Yes ☑</td>
<td>To reward a County employee for her service to the public and encourage staff development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Alexandra Boskovich
Ticket Administrator: 2/11/2013 (month, day, year)
Print Name: Alexandra
Title: 
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Rockets
   Date(s): 2/12/13
   Face Value of Each Admission: $100
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   Name of Source: Golden State Warriors

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

   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: Alexandra Boskovich
   Title: Ticket Administrator
   Date: 2/11/2013 (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)
   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. Raptors
   Face Value of Each Admission $100/$20 park
   Date(s)  3 / 4 / 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 | 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.  
   County facility in order to maximize potential |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Torello, Robin</td>
<td>2 + parking</td>
<td>Yes  No</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></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>
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<td>Income</td>
</tr>
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   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   2/11/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Cheryl Perkins, Clerk, Board of Supervisors

Area Code/Phone Number

(610) 272-3882

E-mail

cheryl.perkins@acgov.org

Date Stamp

California

Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title

Face Value of Each Admission $100

Description Warriors vs. Kings

Date(s) 3 / 6 / 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 Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kears, Dave</td>
<td>2 + parking</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
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Alexandra Boskovich

Signature of Agency Head or Designee

Ticket Administrator

Print Name

Title

2/11/2013 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information

   Title ____________________________
   Description Carrie Underwood concert
   Face Value of Each Admission $75.85
   Date(s) 2 / 25 / 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>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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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: 2/7/2013 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title Alicia Keys
Description Concert
Face Value of Each Admission $ 85
Date(s) 03/10/13
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 Fifth District
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee

Print Name Ticket Administrator

Date (month, day, year)

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

1. Agency Name

Count 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. Washington
Description Basketball
Face Value of Each Admission $ 100
Date(s) 03 / 23 / 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 Fifth District
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>☐</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>
<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>
<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
Hannah Greene
Ticket Administrator
02/28/2013
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 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. Kings
Description:
Basketball
Face Value of Each Admission:
$200
Date(s):
03/27/13
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 Fifth District
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>Henderson, Adrian</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
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<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
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<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
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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:
Hannah Greene
Ticket Administrator:
Print Name:
Title:
02/28/2013
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Pistons
   Description
   Basketball
   Face Value of Each Admission
   $ 100
   Date(s)
   03/13/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   [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 Fifth District
   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>Wheatley, Bonnie</td>
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<td>Yes ☑</td>
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</tbody>
</table>

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

   Signature of Agency Head or Designee: Hannah Greene
   Print Name: Ticket Administrator: 02/28/2013
   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 Warriors vs. Pistons
Description Basketball
Face Value of Each Admission $ 100
Date(s) 03 / 13 / 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 Fifth District
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>Hedani, Barbara</td>
<td>2</td>
<td>Yes ☐</td>
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<td></td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td>Yes ☐</td>
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<td>Yes ☐</td>
<td>No ☐</td>
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<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

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

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

Signature of Agency Head or Designee Hannah Greene Ticket Administrator 02/15/2013
Print Name Title

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

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

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. Kings

Face Value of Each Admission $200

Description Basketball

Date(s) 03/06/13

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 Fifth District

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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</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>4</td>
<td>Yes ☑</td>
<td></td>
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<tr>
<td></td>
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<td>No ☐</td>
<td></td>
</tr>
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<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a cerimonial role, also provide a description.</td>
<td></td>
<td></td>
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<td></td>
<td>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
<td></td>
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<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
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Signature of Agency Head or Designee
Hannah Greene

Ticket Administrator
Print Name
Title
02/27/2013 (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 vs. Raptors
Description: Basketball
Face Value of Each Admission $ 150
Date(s): 03/04/13
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 Fifth District
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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</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>Yes ☑</td>
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Hannah Greene
Signature of Agency Head or Designee: Print Name
Ticket Administrator
Title
02/27/2013 (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. Rockets
   Face Value of Each Admission $200
   Description: Basketball
   Date(s): 03/08/13
   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 Fifth District
   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 □</td>
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<td>No □</td>
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<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
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<td>Yes □</td>
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<td>No □</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.

   Hannah Greene
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   02/27/2013 (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. Timberwolves
Description Basketball
Face Value of Each Admission $ 200
Date(s) 04/09/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Carson, Keith, Alameda County Supervisor Fifth District
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>Asian Health Services 818 Webster St, Oakland CA 94607</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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: Hannah Greene
Print Name: Ticket Administrator: 02/27/2013
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 Disney on Ice
Face Value of Each Admission $20.65
Description Event - Ice Skating
Date(s) 02/27/13
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 Fifth District
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>Yes ☑ No ☐</td>
<td>Income □ 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>Yes ☑ No ☐</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
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<td>Income □</td>
</tr>
</tbody>
</table>

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title Carrie Underwood
   Description Concert
   Face Value of Each Admission $ 34.45
   Date(s) 02/28/13
   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 Fifth District
   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>Osorio, Vickie</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
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<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
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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.

   Signature of Agency Head or Designee
   Print Name
   Title
   Ticket Administrator
   02/25/13 (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 Carrie Underwood
Description Concert
Face Value of Each Admission $ 78.85
Date(s) 02 / 25 / 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 Fifth District
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>Osorio, Vickie</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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
Hannah Greene
Print Name
Ticket Administrator
Title
02/25/13 (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

<table>
<thead>
<tr>
<th>Title</th>
<th>The Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Concert</td>
</tr>
<tr>
<td>Face Value of Each Admission $</td>
<td>101.80</td>
</tr>
<tr>
<td>Date(s)</td>
<td>02/01/13</td>
</tr>
</tbody>
</table>

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 Fifth District Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No □</td>
<td></td>
</tr>
<tr>
<td></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>No □</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No □</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No □</td>
<td>Income ☑</td>
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<td></td>
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<td>Income ☑</td>
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3. Verification

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

Hannah Greene
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
02/01/13 (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
Disney on Ice
Description
Event - Ice Skating
Face Value of Each Admission $ 34.45
Date(s) 03/03/13
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 Fifth District
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>Yes ☒</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
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<td></td>
<td>Yes ☒</td>
<td>Income ☐</td>
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<tr>
<td></td>
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<td>Income ☐</td>
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<td>Income ☐</td>
</tr>
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3. Verification
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Hannah Greene
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
02/19/13 (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:** Disney on Ice
- **Description:** Event - Ice Skating
- **Face Value of Each Admission:** $34.45
- **Date(s):** 03/01/13
- **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 Fifth District
  - **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>Moreno, Doreen</td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
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- **Signature of Agency Head or Designee:** [Signature]
- **Print Name:** Hannah Greene
- **Title:** Ticket Administrator
- **Date:** 02/19/13

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title
   Disney on Ice
   Description
   Event - Ice Skating
   Face Value of Each Admission
   $34.35
   Date(s)
   03 / 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 Fifth District
   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>Brown, Aisha</td>
<td>Yes ☑</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income ☒</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ☐</td>
<td>Income ☒</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
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<tr>
<td></td>
<td>Yes ☐</td>
<td>Income ☒</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
   Print Name
   Ticket Administrator
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   Hannah Greene
   02/19/13
   (month, day, year)

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Smp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td>(510) 272-3882</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Title:** Monster Jam

**Description:** Monster Trucks

**Face Value of Each Admission:** $41.00

**Date(s):** 02/23/13

**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 Fifth District

**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>Yes ☑</td>
<td>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>No ☐</td>
<td></td>
<td>Income ☐</td>
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<tr>
<td></td>
<td>Yes ☑</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:**

**Print Name:** Hannah Greene

**Title:** Ticket Administrator

**Date:** 02/19/13 (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. Sunda
   Description  Basketball
   Face Value of Each Admission $ 150
   Date(s) 02/20/13
   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 Fifth District
      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>Jenkins, Kevin</td>
<td>Yes  ☑</td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td>No  ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes  ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No  ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes  ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No  ☑</td>
<td></td>
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<tr>
<td></td>
<td>Yes  ☐</td>
<td></td>
</tr>
<tr>
<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  Hannah Greene  Ticket Administrator  02/15/2013
   Print Name  Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title The Who
Description Concert
Face Value of Each Admission $ 101.80
Date(s) 02 / 01 / 13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: Ticket Administrator: 2/1/13 (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 Hotline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. Houston Rockets
   Description Basketball Game
   Face Value of Each Admission $ 250.00
   Date(s) 02/12/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
       Yes ☐ No ☐ If yes: Valle, Richard - Supervisor District 2
       Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin, Dennis</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.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $20
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Golden State Warriors vs. Washington Wizards
   Description: Basketball Game
   Face Value of Each Admission $100.00
   Date(s): 03 / 23 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☒ No ☐ If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator
   Title: 2/4/13

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes 1 parking pass at the value of $20
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions
A Public Document

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 3536
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. Sacramento Kings
Description Basketball Game
Face Value of Each Admission $ 200.00
Date(s) 03 / 27 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: Ticket Administrator: 2/4/13
(month, day, year)

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Alameda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1221 Oak Street, Suite 536</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crystal Hishida Graff, Clerk, Board of Supervisors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>(510) 272-3882</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
<td></td>
</tr>
</tbody>
</table>

2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission $</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden State Warriors vs. Toronto Raptors</td>
<td>150.00</td>
<td>03, 04, 13</td>
</tr>
</tbody>
</table>

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

Yes ☐ No ☐

If yes: Valle, Richard - Supervisor District 2

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Includes 1 parking pass at the value of $20

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Disney on Ice "Dare to Dream"
   Description
   Concert
   Face Value of Each Admission $ 34.45
   Date(s) 03 / 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: 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>Plancarte, Luisanna</td>
<td>4</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency, Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   (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 Disney on Ice "Dare to Dream"

Face Value of Each Admission $ 20.65

Description Concert

Date(s) 02 / 27 / 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)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendall, Al</td>
<td>4</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td>Yes ☐</td>
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<td>Yes ☐</td>
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<td>No ☐</td>
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<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
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</table>

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Print Name

Ticket Administrator

Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Disney on Ice "Dare to Dream"
   Face Value of Each Admission: $34.45
   Description: Concert
   Date(s): 02 / 28 / 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>Lincoln Child Center</td>
<td>4</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>1149 A Street, Hayward CA 94541</td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>Provides support and kinship services to foster care caregivers</td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Disney on Ice "Dare to Dream"
Face Value of Each Admission $ 34.45
Date(s) 03 / 01 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lincoln Child Center</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>To reward a nonprofit organization for its contributions to the community</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>1149 A Street, Hayward CA 94541</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Provides support and kinship services to foster care caregivers</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: Ticket Administrator: 2/18/13
(month, day, year)

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

A Public Document

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information

   Title  Disney on Ice "Dare to Dream"
   Date(s) 03 / 03 / 13
   Face Value of Each Admission $ 34.45
   Description  Concert
   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

3. Verification

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Golden State Warriors vs. Utah Jazz
   Description: Basketball Game
   Face Value of Each Admission: $100.00
   Date(s): 04 / 07 / 13

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: [Signature]
   Print Name: MICHELLE DIANDA
   Title: Ticket Administrator
   Date: 2/8/13

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

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

2. Function, Event, or Ceremonial Role Information
   Title Monster Jam
   Description Concert
   Face Value of Each Admission $ 41.00
   Date(s) 02 / 23 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A’s
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   (month, day, year) 2/19/13
   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
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Warriors
   Description: Basketball
   Date(s): 2/12/13
   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>Number of Admissions</th>
<th>Reason for Admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kacie Hildenbrand</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,
   is in accordance with the provisions.
   Lee Ann Furgerson
   Signature of Agency, Chair of Board of
   Print Name
   Ticket Administrator
   Title: 13-21-Feb
   (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
   Disney on Ice (Dare to Dream)
   Description
   Ice Show
   Face Value of Each Admission $34.45
   Date(s) 3.2.13
   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 of Recipient</th>
<th>Number of Tickets Distributed</th>
<th>Did the identified recipient pay for the admission?</th>
<th>The reason for providing the admission is to reward a county employee for his or her exemplary service to the public.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josh Freeman</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a county employee for his or her exemplary 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.
   Lee Ann Ferguson
   Ticket Administrator
   2-2-13
   (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
   Disney on Ice ( Dare to Dream)  
   Face Value of Each Admission $ 34.45
   Description
   Ice Show
   Date(s)
   3.3.13

   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>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teresa Wipflie</td>
<td>4</td>
</tr>
</tbody>
</table>

   Yes ☐ No ☒
   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 of Designee
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, 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. Rockets
Face Value of Each Admission $ 100/$20 parking
Date(s) 2 / 22 / 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: Supervisor Wilma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falcon, Ernesto</td>
<td>4 + parking</td>
<td>Yes ☐ No ☒</td>
<td>County 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.

Alexandra Boskovitch
Signature of Agency Head or Designee
Ticket Administrator
Print Name
2/15/2013 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, 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. Rockets
Face Value of Each Admission $100/$20 parking
Date(s) 2/22/13
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: Supervisor Wilma Chan

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Alexandra Boskovich Ticket Administrator 2/15/2013
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 Name
Country 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. Rockets

**Face Value of Each Admission** $100/$20 park

**Date(s)** 2/22/13

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

If no:
**Name** Golden State Warriors

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

Yes ☑ No □

If yes:
**Official's Name (Last, First) and Title** Supervisor Wilma Chan

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cravahlo, Brian</td>
<td>4 + parking</td>
<td>Yes ☑ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
</tbody>
</table>

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

## Verification

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

**Signature of Agency Head or Designee**

**Print Name** Alexandra Boskovich

**Title** Ticket Administrator

2/15/2013

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

1. Agency Name
County of Alameda
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Board of Supervisors
Street Address
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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. Rockets
Face Value of Each Admission $ 100/$20 parking
Date(s) 2/22/13
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:

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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>
</tr>
</thead>
<tbody>
<tr>
<td>Amgott-Kwan, Jared 2 + parking</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 sales.</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
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<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
2/15/2013

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