## 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: 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. Knicks
- **Date(s)**: 3/11/13
- **Face Value of Each Admission $**: $100
- **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>
</tr>
</thead>
<tbody>
<tr>
<td>Baranco, Lauren</td>
<td>2</td>
<td>Yes [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></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**: [Signature]
- **Ticket Administrator**: Alexandra Boskovich
- **Print Name**: [Name]
- **Title**: [Title]
- **Date** (month, day, year): 3/4/2013

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

Description Warriors vs. Rockets

Date(s) 3/8/13

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

Name of Source

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

Yes ☐ No ☑ If yes: Supervisor Wilma Chan

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3/5/2013 (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
Title __________________________
Description Alicia Keys concert
Face Value of Each Admission $ 85
Date(s) 3 / 10 / 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>Franz, Jim</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>County facility in order to maximize potential</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 Boskovich
Print Name: Ticket Administrator: 3/4/2013
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
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1. Agency Name
   County of Alameda
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact
   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
   Date(s)
   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)
   Organization
   (Name, Address, Description)
   Number of Admission(s)/Ticket(s)
   Agency Official
   Yes ☐ No ☑
   Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
   Income
   Schaff, Bill
   2
   Yes ☐ No ☑
   County facility in order to maximize potential
   Income
   County revenue from sales.
   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 or Designee
   Alexandra Boskovich
   Print Name
   Title
   Ticket Administrator
   3/1/2013
   (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 Alicia Keys
Face Value of Each Admission $ 85.00
Description Concert
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: 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>Jackson, James</td>
<td>2</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.

MICHELLE DIANDA Ticket Administrator 3/14/13

Signature of Agency Head or Designee Print Name Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Golden State Warriors vs. Houston Rockets
   Description: Basketball Game
   Face Value of Each Admission $200.00
   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: Vallo, Richard- Supervisor, District 2
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

MICHELLE DIANDA
Ticket Administrator

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. Detroit Pistons
   Description Basketball Game
   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

   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>Clark, Robert</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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

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

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

Date Stamp
California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Alicia Keys
Face Value of Each Admission $ 85.00
Description Concert
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: 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>Chu, Isa</td>
<td>2</td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
MICHELLE DIANDA
Print Name
Ticket Administrator
Title
Date: 3/7/13

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

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. Portland Trailblazers
   Description Basketball Game
   Face Value of Each Admission $ 100
   Date(s) 03 / 30 / 13
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [X] 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>Lindsey, Tommie</td>
<td>4</td>
<td>Yes [ ] No [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a volunteer for his 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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year)
   3/18/13

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

**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**
(510) 272-3882

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

---

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

**Title**
Oakland A's vs. Kansas City Royals

**Description**
Baseball Game

**Face Value of Each Admission** $ 1768.00

**Date(s)** 05/16/13

**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>League of Volunteers</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>36120 Ruschin Dr., Newark CA 94560</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Helps with the needs of youth, senior citizens and the needy</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**

**Print Name**
MICHELLE DIANDA

**Ticket Administrator**

**Title**

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Baltimore Orioles
Description Baseball Game
Face Value of Each Admission $ 1768.00
Date(s) 04/25/13
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: Vallo, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Hayward</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>1099 E Street, Hayward CA 94541</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Supports volunteer activities for HARD and City of Hayward</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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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)
   Crystal Hishida Graff, Clerk, Board of Supervisors

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Oakland A's vs. Kansas City Royals
   Description  Baseball Game
   Face Value of Each Admission $ 1768.00
   Date(s)  05/19/13
   Ticket(s)/Admission(s) provided by agency?  Yes ☐ No ☐
   If no:  ____________________________
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes:  Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Education Foundation</td>
<td>20</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td>P.O. Box 55444 Hayward, CA 94545</td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provides Hayward teachers and students with additional funding for educational activities</td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA  
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.)
Agency Report of: 
Ceremonial Role Events and 
Ticket/Admission Distributions 

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

2. Function, Event, or Ceremonial Role Information 
Title Oakland A’s vs. Toronto Blue Jays 
Description Baseball Game 
Face! Value of Each Admission $1768.00 
Date(s) 07 / 30 / 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>Hispanic Community Affairs Council</td>
<td>20</td>
<td>Yes [ ] No [ ]</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>P.O. Box 3151, Hayward CA 94540</td>
<td>20</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Promotes value of education, cultural diversity and community involvement</td>
<td>20</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head or Designee] 
MICHELLE DIANDA 
Ticket Administrator 

[Print Name] [Title] (month, day, year) 

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Oakland A's vs. Tampa Bay Rays
   Description  Baseball Game
   Face Value of Each Admission $ 1768.00
   Date(s)  08 / 30 / 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>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>New Haven Schools Foundation</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>33377 Western Avenue, Union City CA 94587</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Fundraises to support New Haven schools with extra-curricular activities and scholarships</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee  MICHELLE DIANDA  Print Name
   Ticket Administrator
   Title
   Date (month, day, year) 3/18/13
   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)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Los Angeles Angels
   Description Baseball Game
   Face Value of Each Admission $ 1768.00
   Date(s) 09 / 19 / 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lions Club of Union City</td>
<td>20</td>
<td>Yes ☐</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>P.O. Box 2314 Union City, CA 94587</td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td>Provides support to local youth organizations and programs to end blindness</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: 
   Title: 3/18/13
   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)
   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 crystals.hishida@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title Oakland A's vs. Kansas City Royals
   Description Baseball Game
   Face Value of Each Admission $ 85.00
   Date(s) 05 / 18 / 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)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music for Minors II</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>37141 Second Street, Fremont, CA 94536</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expands music education programs in local school districts in the East Bay</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes 1 parking pass at the value of $17

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's vs. Baltimore Orioles
   Description
   Baseball Game
   Face Value of Each Admission
   $22.00
   Date(s)
   04/28/13
   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>Hayward Promise Neighborhood</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>25800 Carlos Bee Blvd, Hayward CA 94542</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Promoting effective schools and community support for Hayward</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

   Street Address
   1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information
   Title    Oakland A's vs. Los Angeles Angels

   Description    Baseball Game

   Face Value of Each Admission    $ 22.00

   Date(s)    04 / 29 / 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>
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</tr>
</thead>
<tbody>
<tr>
<td>Hayward Promise Neighborhood</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>25800 Carlos Bee Blvd, Hayward CA 94542</td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Promoting effective schools and community support for Hayward</td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18044.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Michelle Dianda
Ticket Administrator

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

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

   - **Title**: Oakland A's vs. Kansas City Royals
   - **Description**: Baseball Game
   - **Face Value of Each Admission**: $22.00
   - **Date(s)**: 05/17/13

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

4. **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**: Valle, Richard- Supervisor District 2

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

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hayward Promise Neighborhood</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>25800 Carlos Bee Blvd, Hayward CA 94542</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Promoting effective schools and community support for Hayward</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Income [ ]</td>
<td></td>
</tr>
</tbody>
</table>

6. **Verification**

   - Signature of Agency Head or Designee: [Signature]
   - Print Name: MICHELLE DIANDA
   - Title: Ticket Administrator
   - Date: 3/27/13

   **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
   Board of Supervisors

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's vs. Kansas City Royals
   Face Value of Each Admission: $22.00
   Description: Baseball Game
   Date(s): 05/19/13
   Ticket(s)/Admission(s) provided by agency?: Yes [ ] No [ ]

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

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

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

   [Signature] 3/27/13
   (month, day, year)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

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

2. Function, Event, or Ceremonial Role Information

   Title Oakland A's vs. Texas Rangers
   Description Baseball Game
   Face Value of Each Admission $ 22.00
   Date(s) 05/13/13
   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>Lighthouse Community Center</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To reward a non-profit organization for its contributions to the community</td>
</tr>
<tr>
<td>1217 A Street, Hayward CA 94541</td>
<td>Yes □ No □</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>To serve the LGBTQ community and allies in Southern Alameda County</td>
<td>Yes □ No □</td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes □ No □</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes □ No □</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
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</table>

3. Verification

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

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Los Angeles Angels
Description Baseball Game
Face Value of Each Admission $ 22.00
Date(s) 04/30/13
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:

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<tbody>
<tr>
<td>Lighthouse Community Center</td>
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<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>1217 A Street, Hayward CA 94541</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>To serve the LGBTQ community and allies in Southern Alameda County</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Manager
   Area Code/Phone Number
   E-mail
   510-891-5585
   anna.gee@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   Title: Pre-Season Game
   Description: Baseball Game
   Date(s): 03/30/13
   Face Value of Each Admission: $30
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Oakland Athletics

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

Yes ☐ No ☐ If yes: Miley, Nate - Alameda County Supervisor
Official's Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
<td></td>
</tr>
<tr>
<td>Fitgerald, Amy</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Anna Gee
Operations Manager
03/29/13

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)
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Pre-Season Game

   Description
   Baseball Game

   Face Value of Each Admission $ 20

   Date(s)
   03/30/13

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

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

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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

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

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

   Signature of Agency Head or Designee
   Anna Gee
   Print Name
   Operations Manager
   Title
   03/29/13
   (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)
   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
   Alicia Keys
   Description
   Concert
   Face Value of Each Admission
   $85.00
   Date(s)
   03 / 10 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Name of Source
   Warriors
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Name of Official
   Nate Miley, Alameda County Supervisor, District 4

The identity of recipient(s) and the explanation:

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

Anna Gee
Signature of Agency Head or Designee
Operations Chief
Print Name
Title
3/29/13 (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)
   Anna Gee, Operations Chief
   Area Code/Phone Number
   510-891-5585
   E-mail

   anna.gee@acgov.org

   Date Stemp

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs New Orleans
   Face Value of Each Admission $ 200.00
   Description
   Basketball game
   Date(s) 04/03/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<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>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>7200 Bancroft Avenue, Suite 251-Oakland 94605</td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>senior advocacy</td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

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

   03/29/13 (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. Lakers
   Description Basketball
   Face Value of Each Admission $ 500
   Date(s) 03/25/13
   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: 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)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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

Hannah Greene
Signature of Agency Head or Designee

Ticket Administrator 03/25/2013
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**

#### 2. Function, Event, or Ceremonial Role Information
- **Title**: Oakland A's vs. Cincinnati Reds
- **Face Value of Each Admission**: $375
- **Description**: Baseball Game - loge suite
- **Date(s)**: 06/25/13
- **Ticket(s)/Admission(s) provided by agency?**: Yes [x] No [ ]
  - If no: Oakland A's

#### 3. Verification
- **Signature of Agency Head or Designee**: [Signature]
- **Print Name**: Hannah Greene
- **Ticket Administrator**: [Print Name]
- **Title**: [Title]
- **Date**: 03/17/2013

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

---

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Early Intervention on Deafness 1035 Grayson Street, Berkeley, CA 94710</td>
<td>4</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
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<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</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.
1. Agency Name
  County of Alameda
  Division, Department, or Region (if applicable)
  Board of Supervisors
  Street Address
  1221 Oak Street, Suite 536
  Designated Agency Contact (Name, Title)
  Crystal Hishida Graff, Clerk, Board of Supervisors
  Area Code/Phone Number
  (510) 272-3882
  E-mail
  crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
  Title
  A's vs. St. Louis
  Description
  Baseball
  Face Value of Each Admission
  $5.00
  Date(s)
  6/30/13

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

  Was the distribution to persons identified below made at the behest of an agency official?
  Yes ☑ No □
  If yes: Alameda County Supervisor Scott Haggerty, District 1
  Official's Name (Last, First) and Title

  The identity of recipient(s) and the explanation:

  | Name of Organization/Entity | Number of Recipients | Source Other Than the Agency
  |-----------------------------|----------------------|-----------------------------
  | Las Positas College         | 20                   | Yes ☑ No □
  |                             |                      | To reward a community volunteer for his or her service to the public

  Income

3. Verification
  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
  Signature of Agency Head or Designee
  Lee Ann Ferguson
  Print Name
  Ticket Administrator
  Title
  3-15-13
  (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: Alicia Keys
   Description: Concert
   Face Value of Each Admission: $25.00
   Date(s): 3/10/13
   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 Admissions Provided</th>
<th>Approval Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kamika Dunlap</td>
<td>4</td>
<td>Yes ☐</td>
<td>To reward a county employee for his or her exemplary service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Income ☐</td>
</tr>
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<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   2-25-13 (month, day, year)

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

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number

E-mail

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

2. Function, Event, or Ceremonial Role Information

Title: Carrie Underwood

Face Value of Each Admission: $78.85

Description: Concert

Date(s): 2/25/13

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 Units</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kayla Haynie</td>
<td>4</td>
<td>To promote attendance at 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.

Lee Ann Fergerson

Ticket Administrator 2/26/13

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

Scott Haggerty did not use these tickets as earlier stated on Form 802. They went to this person, Kayla Haynie.

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:
AZ Baseball Suite

Description:
VS Angels

Face Value of Each Admission $17.00

Date(s): 7/27/13

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

If yes: 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>Contribution Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin High School</td>
<td>20</td>
</tr>
</tbody>
</table>

Yes ☐ No ☐

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

3. Verification

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

Signature of Agency Head or Designee

Lee Ann Ferguson

Ticket Administrator:

Print Name: [ ] Income

Title: [ ] Income

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

9th Annual Golf tournament & Dinner Auction to provide financial support to Athletics

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

2. Function, Event, or Ceremonial Role Information
Title
A's Baseball Suite
Description
V & Red Sox
Face Value of Each Admission
$ 17.00
Date(s)
7/13/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No □
If no: CSW
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 Haggert y, 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 Items Provided</th>
<th>5</th>
<th>Yes ☐ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Middle School</td>
<td>20</td>
<td>Yes ☐ No □</td>
<td></td>
</tr>
</tbody>
</table>

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


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

Signature of Agency Head of Designee
Lee Ann Ferguson
Ticket Administrator
3-2-13

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

Donate to School for their Annual Craft Fair

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline 866/ASK-FPPC (866/276-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   A's Suite - baseball
   Face Value of Each Admission
   $1700
   Description
   vs Cincinnati Reds
   Date(s)
   6.26.13
   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 Organization</th>
<th>Number of Admissions/Tickets</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>People to People</td>
<td>20</td>
<td>☐</td>
</tr>
<tr>
<td>Foundation</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pleasanton</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Support Orphanage in Bangalore, India for AIDS Infected Infants & Toddlers.
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title: A's Luxury Suite
   Description: Baseball
   Face Value of Each Admission: $1700
   Date(s): 6.1.13
   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>Name of Organization</th>
<th>Number of Tickets</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals on Wheels</td>
<td>Suite</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944 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
   3.20.13
   (month, day, year)

Comment: (Use this space or an attachment for any additional information, including amendment explanation.)
   Fundraising for the elderly & frail
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:  
Baseball  
Face Value of Each Admission: $30  
Date(s): 4/1/13

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 Name</th>
<th>Amount</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kasie Hildenbrand</td>
<td>2</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.

Lee Ann Fergerson  
Ticket Administrator  
3-18-13  
(month, day, year)

Signature of Agency Head or Designee

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
   A's Game vs. Orioles
   Face Value of Each Admission
   $15.00
   Description
   Baseball
   Date(s)
   4.26.13
   Ticket(s)/Admission(s) provided by agency? Yes No
   If no: ________________
   Name of Source

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

Yes [X] No [ ]
If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soroptimist</td>
<td>Suite</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Internatinal</td>
<td>20</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dublin/Pleasanton</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

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

Date Stamp California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
Title ____________________________
Face Value of Each Admission $ ______
Description Warriors vs. Trailblazers
Date(s) 3 / 30 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: 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>Identity of Recipient(s) and the Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris, Bill</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>County revenue from sales. Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<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 3/29/2013 (month, day, year)

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)
   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
   Face Value of Each Admission $85/$17-park
   Date(s) 7 / 25 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vidano, John</td>
<td>20+4 park passes</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Ticket Administrator
   Print Name
   Title
   3/28/2013 (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)
   Cheryl Perkins, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 cheryl.perkins@acgov.org
   Date of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Face Value of Each Admission $100
   Description Warriors vs. Wizards
   Date(s) 3/23/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   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>Shubitowski, Sarah</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
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<tr>
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<td>Income</td>
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<td>Income</td>
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<td></td>
<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator: 3/21/2013
   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)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   Area Code/Phone Number
   E-mail
   (510) 272-3882
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Description A's vs. Orioles
   Face Value of Each Admission $ 30
   Date(s) 4 / 27 / 13
   Ticket(s)/Admission(s) provided by agency? Yes No
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes No
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee
   Alexandra Boskovitch
   Ticket Administrator
   3/18/2013
   (month, day, year)
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________________________
   Description A's vs. Mariners
   Face Value of Each Admission $85/$17-park
   Date(s) 6/16/13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes □ No □ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academy of Alameda</td>
<td>20+4 parking</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>401 Pacific Avenue</td>
<td>passes</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Alameda, CA 94501</td>
<td>passes</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>Middle school for grades 6-8</td>
<td></td>
<td>Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>

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

   [Signature of Agency Head or Designee]
   Alexandra Boskovitch
   Print Name
   Ticket Administrator
   3/15/2013 (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
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Clerk, Interim 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 $ 30
Description A's vs. Angels
Date(s) 7 / 26 / 13 __________ / _______
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland Athletics
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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

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

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

Signature of Agency Head or Designee
Alexandra Boskovitch
Ticket Administrator 3/20/2013
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 Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description A's vs. Rangers
   Face Value of Each Admission $ 85/17-park
   Date(s) 5 / 13 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robinson, Sally</td>
<td>4+1 parking</td>
<td>Yes ☐ No ☐</td>
<td>County facility in order to maximize potential attendance</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
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<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
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<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Title
   Ticket Administrator
   3/20/2013 (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 Interim Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title ____________________________________________________________________________
Description A's vs. Indians
Face Value of Each Admission $85/$17-Park
Date(s) 8/16/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillow, Carole 4+1 parking Yes ☐ No ☑</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pass Yes ☐ No ☑</td>
<td>Yes ☐ No ☑</td>
<td>County revenue from sales. Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich Ticket Administrator 3/25/2013
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 Report of:  
Ceremonial Role Events and 
Ticket/Admission Distributions

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________________________________________
   Description Jeff Dunham tour
   Face Value of Each Admission $  63.30
   Date(s) 3/22/13
   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:

<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>Bonilla, Jannet</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income</td>
</tr>
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<td>Income</td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: ____________________________

   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   3/21/2013 (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, 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 $ ____________________________

Description Warriors vs. Bulls

Date(s) 3 / 15 / 13

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

If no: Golden State Warriors Name of Source

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

Yes ☑ No ☐ If yes: Supervisor Wilma Chan

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cansino, Griselda</td>
<td>6 + parking</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
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<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>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<td>County revenue from sales. Income ☐</td>
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<td>Income ☐</td>
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Signature of Agency Head or Designee

Alexandra Boskovich Print Name

Ticket Administrator Title

3/12/2013 (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) 272-3382 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ____________________________ Face Value of Each Admission $ 100/$20 park
   Description Warriors vs. Bulls
   Date(s) 3 / 15 / 13 ______________________
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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</thead>
<tbody>
<tr>
<td>Ferris, Adriaan</td>
<td>5 + 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. Income ☐</td>
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   Alexandra Boskovich
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   3/12/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536

   Desgnated 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. Bulls
   Face Value of Each Admission $ 100/$20 park
   Date(s)  3/15/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

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

   If yes: 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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fong, Michael</td>
<td>4 + parking</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
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<td>Income ☐</td>
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<td>Yes ☐ No ☐</td>
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   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   3/12/2013

   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
   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. Pistons
   Face Value of Each Admission $ 100
   Date(s) 3/13/13
   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>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>Silva, Ron</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income.</td>
</tr>
<tr>
<td></td>
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<td>County revenue from sales.</td>
</tr>
<tr>
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   Signature of Agency Head or Designee
   Alexandra Boskovich
   Signature Print Name
   Ticket Administrator
   Title
   3/12/2013 (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 ________________________________
   Description Warriors vs. Pistons
   Face Value of Each Admission $ 100/$20 park
   Date(s) 3/13/13 __________/________
   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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<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>Nishimoto, Ryan 2 + parking</td>
<td>Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ County revenue from sales. Income ☐</td>
<td></td>
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<tr>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐ Income ☐</td>
<td></td>
<td></td>
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   Alexandra Boskovitch Ticket Administrator 3/12/2013
   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 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. Bucks
   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>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amgott-Kwan, Jared</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
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<tr>
<td></td>
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<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>
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<td>Yes ☐ No ☑</td>
<td>Income</td>
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   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   3/8/2013 (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)
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   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Clark, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   cheryl.perkins@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Description Warriors vs. Kings
   Face Value of Each Admission $100/$20 park
   Date(s) 3/27/13
   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:

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<th>Number of Admission(s)/Ticket(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Cheng-Funabiki, May</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential income</td>
<td></td>
<td></td>
</tr>
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   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   3/19/2013
   Title
   (month, day, year)

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

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

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   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. 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 ________________________________
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<th>Agency Official</th>
<th>Income</th>
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</thead>
<tbody>
<tr>
<td>Friedman, Prahlad</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>County revenue from sales. Income ☐</td>
</tr>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee

Alexandra Boskovich
Print Name
Ticket Administrator
Title
3/6/2013 (month, day, year)

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