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 A's Baseball
Face Value of Each Admission $30.00
Date(s) 5/28/13

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

The identity of recipient(s) and the explanation:

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

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

Income ☐

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

Lee Ann Ferguson Title
Ticket Administrator
Print Name

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

Signature of Agency Head or Designee

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)
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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 A's Baseball
Face Value of Each Admission $ 30.00
Description
Date(s) 5/27/13

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

The identity of recipient(s) and the explanation:

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

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

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

Signature of Agency Head or Designate Lee Ann Fergerson Ticket Administrator
Print Name Title

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

I have read and understand FPPC Regulations 1844.1 and 1844.2. I have verified that the distribution of admission(s), set forth above, is in accordance with the provisions.

**Lee Ann Ferguson**

Ticket Administrator

5/17/13

[Signature]

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

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

- **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐
- **Golden State Warriors**

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Value of Each Admission</th>
<th>Name of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/28/13</td>
<td>$52.00</td>
<td></td>
</tr>
</tbody>
</table>

**Face Value of Each Admission:** $52.00

**Date of Original Filing:** 4/28/13

**Comments:**

- Check Yes box if the agency official benefited from any of the following:
  - [ ] Free Food
  - [ ] Free Transportation
  - [ ] Labor (if not income, describe the public purpose, including compensatory role performed by an agency official).

**Agency Name:**

- **Cheryl Perkins Clark, Board of Supervisors**
- **Area Code/Phone Number:** (619) 272-3668
- **Email:** cheryl.perkins@acgov.org

**Agency Code:**

- **1221 Oak Street, Suite 536**
- **City:** Alameda
- **Division:** Department of Region (if applicable)
- **Board of Supervisors**

**Ceremonial Role or Event:** Basketball
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) 272-3858
   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Basketball
   Description
   Face Value of Each Admission $625.00
   Date(s) 4/28/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no:
   Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑ If yes:
   Official’s Name (Last, First) and Title
   Alameda County Supervisor Scott Haggerty, District 1
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josh Thurman</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
</tr>
</tbody>
</table>

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

   Income ☐

   Income ☐

   Income ☐

   Income ☐

   Income ☐

   Income ☐

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

Lee Ann Fergerson
Ticket Administrator
5/7/13

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Warriors Basketball
   - **Face Value of Each Admission**: $625.00
   - **Date(s)**: 4/26/13

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

   **Name of Source**
   - Golden State Warriors

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

   **Official's Name (Last, First) and Title**
   - Alameda County Supervisor Scott Heggerty, District 1

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Gordon</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility in order to maximize potential county Revenue from parking and concession sales</td>
<td></td>
</tr>
<tr>
<td>Mark Bernardin</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event held at a County facility in order to maximize potential county Revenue from parking and concession sales</td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

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

   **Signature of Agency Head or Designee**
   - Lee Ann Fergerson
   **Ticket Administrator**
   - 5/7/13

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

---

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

1. Agency Name
   County of Alameda
   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) 272-3858  cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Warriors
   Description  Basketball
   Face Value of Each Admission $ 625.00
   Date(s)  5 / 2 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Lillard</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a County sponsored event held at a County facility in order to maximize potential county Revenue from parking and concession sales</td>
</tr>
<tr>
<td>Dan O'Shea</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a County sponsored event held at a County facility in order to maximize potential county Revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee  Lee Ann Fergerson  Ticket Administrator  5/7/13
   Print Name  Title  (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Stones
   Description Concert
   Face Value of Each Admission $600.00
   Date(s) 5/5/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no:
   Name of Source Oakland Athletics 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

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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
   A's Baseball
   Description
   Face Value of Each Admission $30.00
   Date(s)
   4/13/13
   5/14/13
   6/20/13

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

   The identity of recipient(s) and the explanation:

   Name
   (Last, First) or Organization
   (Name, Address, Description)
   Number of Admission(s)/Ticket(s)
   Agency Official
   Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
   If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

   Fallon Middle School ☑ Yes ☐ No ☐
   4
   To reward a school or nonprofit organization For its contributions to the community
   Yes ☐ No ☐
   Income ☐
   Yes ☐ No ☐
   Income ☐
   Yes ☐ No ☐
   Income ☐

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

Lee Ann Fegerson
Ticket Administrator

Signature of Agency Head or Designee
Print Name

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

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

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

Date Stamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Warriors
Description Basket ball
Face Value of Each Admission $625.00
Date(s) 5, 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: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Zollinger</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Goti Galloway</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Jessica Taylor</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Rob Sorenson</td>
<td>1</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.

Lee Ann Fergerson
Signature of Agency Head or Designate
Print Name
Ticket Administrator
Title
(month, day, year)

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
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                          GSW- Warriors
Facial Value of Each Admission $ 625
Description                   basketball
Date(s)                        5/10/13

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

Was the distribution to persons identified below made at the behest of an agency official?
Yes [ ] No [ ] If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DISTRICT 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY</td>
<td>4</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.

Signature of Agency Head or Designee

Ticket Administrator

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 cheryl.perkins@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 A's Baseball
Face Value of Each Admission $ 30.00
Date(s) 6/29/13
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: Alameda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First) and Title

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

Signature of Agency Head or Designee Lee Ann Fergerson 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 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) 272-3682
E-mail: Cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: Baseball
Description: A's vs. Red Sox
Face Value of Each Admission: $30.00
Date(s): 7/12/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐

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

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

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Ticket Administrator: Title: (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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
   Baseball
   A's vs. Red Sox
   Description
   Face Value of Each Admission $ 30.00
   Date(s) 7 / 12 / 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: 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 (Last, First)</th>
<th>Number of Admission(s) Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fallon Middle School</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization For its contributions to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income 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 Ferguson
Ticket Administrator
3-13-13
(month, day, year)

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

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

   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors

   Area Code/Phone Number
   (510) 272-3682

   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 Baseball

   Description

   Face Value of Each Admission $ 30.00

   Date(s) 5 / 14 / 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: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DISTRICT 1

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

   | Name (Last, First) |
   | Organization (Name, Address, Description) |
   | Number of Admission(s)/Ticket(s) |
   | Agency Official |
   | Income |
   | Description |

   JIM BARNES
   2
   Yes ☐ No ☐
   Income

   TO PROMOTE ATTENDANCE AT A COUNTY SPONSORED EVENT
   IN ORDER TO MAXIMIZE POTENTIAL COUNTY REVENUE FOR
   CONCESSION AND PARKING SALES

3. Verification

   I have read and understand FPPC Regulations 18944.1 and 19942. 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
   5/10/13
   (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
Title: Golden State Warriors vs. Denver Nuggets
Description: Playoff Basketball Game
Face Value of Each Admission: $625.00
Date(s): 05/02/13
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ]
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official? Yes [ ] No [ ]
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mejia, Manuel</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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Date: 02/13

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

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

2. Function, Event, or Ceremonial Role Information
   Title Golden State Warriors vs. Denver Nuggets
   Description Playoff Basketball Game
   Face Value of Each Admission $625.00
   Date(s) 05/02/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator: 05/21/13
   Title: (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Function, Event, or Ceremonial Role Information

Title: Oakland A's vs. Chicago White Sox

Face Value of Each Admission: $22.00

Date(s): 06/02/13

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

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

Yes [ ] No [ ]

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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, John</td>
<td>2</td>
<td>Yes [ ] No [ ] To reward a community volunteer for his service to the public.</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee: [Signature]

Print Name: MICHELLE DIANDA

Title: Ticket Administrator

Date: 06/02/13

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. Chicago Cubs
Face Value of Each Admission $ 22.00
Description Baseball Game
Date(s) 07 / 02 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oakland A's

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-Cities Collaborative Development Center</td>
<td>2</td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a non-profit organization for its contributions to the community.</td>
<td></td>
</tr>
<tr>
<td>37620 Filbert Street, Newark CA 94560</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps with job readiness, family economics and education in Tri-City area</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head or Designee] 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
   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
   Oakland A's vs. St. Louis Cardinals

   Face Value of Each Admission
   $ 22.00

   Date(s)
   06 / 30 / 13

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

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

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</thead>
<tbody>
<tr>
<td>Tri-Cities Collaborative Development Center</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>37620 Filbert Street, Newark CA 94560</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Helps with job readiness, family economics and education in Tri-City area</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Helps with job readiness, family economics and education in Tri-City area</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Helps with job readiness, family economics and education in Tri-City area</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

__________________________
Signature of Agency Head or Designee

MICHELLE DIANDA
Print Name

Ticket Administrator

(month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Golden State Warriors vs. San Antonio Spurs
   Face Value of Each Admission
   $ 625.00
   Description
   Playoff Basketball Game
   Date(s)
   05 / 12 / 13
   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Golden State Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>O'Laughlin, Jim</td>
<td>2</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>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
### Agency 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. San Antonio Spurs
Face Value of Each Admission: $625.00
Description: Playoff Basketball Game
Date(s): 05/10/13

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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devine, Rick</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 revenue from sales</td>
</tr>
</tbody>
</table>

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

[Signature of Agency Head or Designee] [ ]

MICHELLE DIANDA
Print Name

Ticket Administrator [ ]

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Golden State Warriors vs. San Antonio Spurs
   Face Value of Each Admission $ 625.00
   Description
   Playoff Basketball Game
   Date(s) 05 / 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>Lind, Ron</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   5/9/13 (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
   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

2. Function, Event, or Ceremonial Role Information

   Title Golden State Warriors vs. San Antonio Spurs
   Description Playoff Basketball Game
   Face Value of Each Admission $ 625.00
   Date(s) 05/12/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard - Supervisor District 2
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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

3. Verification

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

   Signature of Agency Head or Designee

   MICHELLE DIANDA
   Ticket Administrator
   (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**
(510) 272-3882

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

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

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

**Title**
Oakland A's vs. Texas Rangers

**Face Value of Each Admission**
$1768.00

**Date(s)**
05/14/13

**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 ☐

**Official’s Name (Last, First) and Title**
Valle, Richard- Supervisor District 2

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

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

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

[Signature of Agency Head or Designee]

**MICHELLE DIANDA**
Print Name
**Ticket Administrator**
Title

[Signature]

(month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536

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

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Oakland A's vs. New York Yankees

   Face Value of Each Admission
   $22.00

   Date(s)
   06/13/13

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

   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 [x] 

   If yes:
   Vale, 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>
</tr>
</thead>
<tbody>
<tr>
<td>Sadler, Larry</td>
<td>2</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>No [ ]</td>
<td>Income</td>
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<td>Income</td>
</tr>
<tr>
<td></td>
<td>Income</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 DIANZA
   Print Name
   Ticket Administrator

   [Signature]
   5/13/13

   (month, day, year)

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

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

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

   Street Address
   1221 Oak Street, Suite 536

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

   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. Seattle Mariners

   Face Value of Each Admission $22.00

   Description
   Baseball Game

   Date(s)
   06/16/13

   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>
</tr>
</thead>
<tbody>
<tr>
<td>Nu, Ken</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Verification

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

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

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency 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. San Antonio Spurs
Face Value of Each Admission $ 625.00
Description Playoff Basketball Game
Date(s) 05 / 16 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Velle, Richard- Supervisor District 2
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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

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

[Signature]
MICHELLE DIANDA
Ticket Administrator

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number 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 Oakland A's vs. San Francisco Giants
Face Value of Each Admission $ 22.00
Description Baseball Game
Date(s) 05/27/13

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

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

Signature of Agency Head or Designee

MICHELLE DIANDA
Print Name

Ticket Administrator
Title

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

FPPC Form 802 (2/11)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
### 1. Agency Name

**County of Alameda**

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

**Designated Agency Contact** (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

**Area Code/Phone Number**

(510) 272-3882

**E-mail**

crystal.hishida@acgov.org

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

**Title** Oakland A's vs. San Francisco Giants

**Face Value of Each Admission** $22.00

**Date(s)** 05/28/13

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Devine, Rick</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

**Explanation:**

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

<table>
<thead>
<tr>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

### 3. Verification

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

**Signature of Agency Head or Designee**

MICHELLE DIANDA

Print Name

Ticket Administrator

**Title**

3/20/13 (month, day, year)

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

A Public Document

1. Agency Name

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

2. Function, Event, or Ceremonial Role Information

Title KMEG Summer Jam
Description Concert
Face Value of Each Admission $ 142.95
Date(s) 06/09/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ if no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: 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>Gums, Angelica</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

To reward a community volunteer for her service to the public.

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

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A’s vs. Boston Red Sox
Description Baseball Game
Face Value of Each Admission $ 22.00
Date(s) 07/14/13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Oakland A’s
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Valle, Richard- Supervisor District 2
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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

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

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

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. St. Louis Cardinals
Face Value of Each Admission $22.00
Date(s) 06/29/13
Ticket(s)/Admission(s) provided by agency? Yes [☑] No [ ] If no: Oakland A’s

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

The identity of recipient(s) and the explanation:

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

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

[Signature of Agency Head or Designee] MICHELLE DIANDA Ticket Administrator 5/28/13 (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
   Board of Supervisors
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: KMEL Summer Jam
   Description: Concert
   Face Value of Each Admission: $142.95
   Date(s): 06/09/13
   Ticket(s)/Admission(s) provided by agency: Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☑
   Official’s Name (Last, First) and Title: Vale, Richard, Supervisor District 2
   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>Godinez, Jorge</td>
<td>2</td>
<td>Yes ☑, No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Date: 07/28/13

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. Seattle Mariners
   Description Baseball Game
   Face Value of Each Admission $22.00
   Date(s) 06/14/13

   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>Volunteer Hayward</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>1099 E Street, Hayward CA 94541</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Supports volunteer activities for HARD and City of Hayward</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: MICHELLE DIANDA
   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
   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. Seattle Mariners

   Face Value of Each Admission: $22.00

   Date(s): 06/15/13

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

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

   Official's Name (Last, First) and Title: Vale, Richard- Supervisor District 2

   The identity of recipient(s) and the explanation:

   Name (Last, First) or Organization (Name, Address, Description)  Number of Admission(s)/Ticket(s)  Agency Official  Description
   Volunteer Hayward  2  Yes [x] No [ ]  To reward a non-profit organization for its contributions to the community.
   1099 E Street, Hayward CA 94541  2  Yes [x] No [ ]
   Supports volunteer activities for HARD and City of Hayward  Yes [x] No [ ]  Income
   Yes [x] 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
   (Month, Day, Year): 5/24/13

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________________________
   Face Value of Each Admission $ 525/20 parking
   Description Warriors vs. Nuggets-Playoffs
   Date(s) 5/2/13
   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</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson, Ron</td>
<td>2 + parking</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential 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>
</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.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   5/1/2013 (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: 888/ASK-FPPC (886/278-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________________________ Face Value of Each Admission $ 625
   Description Warriors vs. Nuggets-Playoffs
   Date(s) 5 2 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee: Alexandra Boskovich
   Ticket Administrator: 5/1/2013
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information

Title ______________________________________ Face Value of Each Admission $ 30

Description A's vs. White Sox

Date(s) 6 / 2 / 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>
</tr>
</thead>
<tbody>
<tr>
<td>Hafer, Heather</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential Income ☐

| Yes ☐ No ☐ County revenue from sales. Income ☐ |
| Yes ☐ No ☐ Income ☐ |
| Yes ☐ No ☐ Income ☐ |
| Yes ☐ No ☐ Income ☐ |

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

Alexandra Boskovich
Signature of Agency Head or Designee

Ticket Administrator
Print Name

5/29/2013 (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 ____________________________

Face Value of Each Admission $ 30

Description A's vs. Giants

Date(s) 5/27/13

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>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

To promote attendance at an event held at a County facility in order to maximize potential Income ☑

Yes ☐ No ☐ County revenue from sales. Income ☑

Yes ☐ No ☐ Income ☑

Yes ☐ No ☐ Income ☑

Yes ☐ No ☐ Income ☑

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

Alexandra Boskovich Ticket Administrator 5/24/2013
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

2. Function, Event, or Ceremonial Role Information
Title ___________________________ Face Value of Each Admission $ 30
Description A's vs. Yankees Date(s) 6 / 11 / 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 Chen 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>Woods, Brendan 2</td>
<td>Yes ☐ No ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
</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 5/24/2013
Signature of Agency Head or Designee Print Name Title (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)**: Cheryl Perkins, Interim Clerk, Board of Supervisors
- **Area Code/Phone Number**: (510) 272-3882
- **E-mail**: cheryl.perkins@acgov.org

## 2. Function, Event, or Ceremonial Role Information
- **Title**: A's vs. Yankees
- **Face Value of Each Admission $**: 30
- **Date(s)**: 6/12/13
- **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>
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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>Ramirez, Lollis</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

- To reward a community volunteer for his contribution to Oakland public schools.
  - Income: 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]
- **Ticket Administrator**: Alexandra Boskovich
- **Print Name**: [Print Name]
- **Title**: [Title]
- **Date**: 5/20/2013

**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, Interim Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ___________________________  Face Value of Each Admission $ 30
   Description A's vs. White Sox
   Date(s) 6 / 1 / 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>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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<tbody>
<tr>
<td>Gutierrez, Jareem</td>
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<td>Yes ☐</td>
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<tr>
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<td>No ☐</td>
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<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
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<td>Yes ☐</td>
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<td>No ☐</td>
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<tr>
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<td></td>
<td>County revenue from sales. Income ☐</td>
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<td>Yes ☐</td>
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<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   Title
   5/20/2013

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

2. Function, Event, or Ceremonial Role Information

Title: A's vs. White Sox

Description: Date(s): 5/31/13

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>
</tr>
</thead>
<tbody>
<tr>
<td>Oddie, Jim</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

- To promote attendance at an event held at a County facility in order to maximize potential Income [ ]

- County revenue from sales. 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: Ticket Administrator: 5/20/2013
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
   Board of Supervisors

   Street Address
   1221 Oak Street, Suite 536
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   (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
   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) 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>Lance, Laura</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>
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<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
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<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
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<td>Yes ☐ No ☑</td>
<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
   Ticket Administrator
   Print Name
   Title
   5/13/2013
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________  
   Face Value of Each Admission $ 625/$20 park
   Description Warriors vs. Spurs-Playoffs
   Date(s) 5/16/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐  
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐  
   If yes: 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>Rudolph, Jon</td>
<td>2 + parking</td>
<td>Yes ☒ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   5/13/2013
   Print Name
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________  Face Value of Each Admission $ 625
   Description Warriors vs. Spurs-Playoffs  Date(s) 5/16/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
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<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<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
   Ticket Administrator
   5/13/2013
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

Area Code/Phone Number E-mail
(510) 272-3892 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 $ 625

Description Warriors vs. Spurs-Playoffs

Date(s) 5/12/13 ____________

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

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

Yes ☐ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</thead>
<tbody>
<tr>
<td>Dong, Jeanette</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her service to the public and encourage staff development. 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 5/9/2013

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

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 625
   Description Warriors vs. Spurs-Playoffs
   Date(s) 5/12/13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   Name of Source Golden State Warriors
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<th>Name (Last, First) or Organization Name, Address, Description</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan, Carl</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a volunteer for his service to the Oakland Chinatown community.</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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<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<tr>
<td></td>
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<td>Income ☐</td>
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<td></td>
<td>Yes ☑</td>
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<td>No ☐</td>
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<td>Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Alexandra Boskovich
   Ticket Administrator
   5/9/2013
   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, Interim Clerk, Board of Supervisors
Area Code/Phone Number    E-mail
(510) 272-3882    cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 625
Description Warriors vs. Spurs-Playoffs
Date(s) 5/10/13
Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ If no: Golden State Warriors. Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No □ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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

3. Verification
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
5/9/2013
FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   (510) 272-3882
   cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ____________________________________________
   Description Warriors vs. Spurs-Playoffs
   Face Value of Each Admission $625/$20 part
   Date(s) 5/10/13
   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) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cravahlo, Brian</td>
<td>2 + parking</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</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>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
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<td></td>
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<td>No ☑</td>
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<td>Income ☐</td>
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<td>Yes ☐</td>
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<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   ____________________________
   Signature of Agency Head or Designee
   ____________________________
   Ticket Administrator
   5/9/2013
   (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. Rangers
   Face Value of Each Admission $ ___85___
   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) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonilla, Janet</td>
<td>2</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   5/13/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title __________________________
   Date(s) 5/13/13 __________________________
   Face Value of Each Admission $85
   Description A's vs. Rangers
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Camona, Rebecca</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
5/13/2013
(month, day, year)

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

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

### 1. Agency Name

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

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

Title

Description
A's vs. Rangers

Face Value of Each Admission $ $30

Date(s)
5/15/13

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

### 3. Verification

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

[Signature of Agency Head or Designee]

Alexandra Boskovich
Ticket Administrator
5/8/2013
(month, day, year)

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

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors
   Area Code/Phone Number  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 ☐
   Name of Source 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:
   Name (Last, First)
   Organization (Name, Address, Description)
   Number of Admission(s)/Ticket(s)
   Agency Official
   Income
   To promote attendance at an event held at a County facility in order to maximize potential
   Lyons, Marva 2+1 parking Yes ☑ No ☐
   pass Yes ☑ No ☐
   County revenue from sales. Yes ☑ No ☐
   Income ☐

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Alexandra Boskovich Ticket Administrator 5/8/2013
   Signature of Agency Head or Designee Print Name Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.) Tickets were lost in the mail/
   UNUSED

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

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 $ 85

Description A's vs. Rangers ______________ Date(s) 5/13/13 ______________

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

Signature of Agency Head or Designee
Alexandra Boskovich

Ticket Administrator
5/8/2013 (month, day, year)

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

FPPC Form 902 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description: A's vs. Royals
   Face Value of Each Admission $ 30
   Date(s) 5/19/13
   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>Jackson, Janet</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward an Oakland teacher for her volunteerism.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator
   Title
   Date 5/7/2013
   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, Interim Clerk, Board of Supervisors  
Area Code/Phone Number  
(510) 272-3882  
E-mail  
cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Face Value of Each Admission $</th>
</tr>
</thead>
<tbody>
<tr>
<td>A's vs. Rangers</td>
<td>30</td>
</tr>
</tbody>
</table>

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) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Klee Bauer, Susan</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income</td>
</tr>
</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  
5/7/2013  
(month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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. Royals
   Face Value of Each Admission $ $30
   Date(s) 5/17/13
   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
   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>Thomsen, Ron</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at County facility in order to maximize potential 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: Alexandra Boskovich
   Ticket Administrator
   Print Name
   Title
   Date: 5/7/2013
   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 ________________ Face Value of Each Admission $ ____________
Description A's vs. Royals
Date(s) 5 18 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>Chan, Tiffany</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>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

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

3. Verification

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

Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
5/7/2013
Print Name
Title
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Face Value of Each Admission $ 30
   Description A's vs. Rangers
   Date(s) 5 14 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>Shiple, Michael</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. 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.

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   Date 5/6/2013
   (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
(510) 272-3882
E-mail
cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information
Title
Face Value of Each Admission $ 600
Description Rolling Stones concert
Date(s) 5/5/13
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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richman, Rachel</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich
Ticket Administrator
5/1/2013

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)
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. Angels
Face Value of Each Admission
$ 30
Description
Baseball Game, Filed Tickets
Date(s)
05 / 01 / 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:
Official's Name (Last, First) and Title
Carson, Keith Supervisor

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coleman, Robert</td>
<td>2</td>
<td>Yes ☑</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
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<td></td>
<td></td>
<td>No ☐</td>
<td></td>
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<td></td>
<td></td>
<td>Yes ☑</td>
<td></td>
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<td></td>
<td>No ☐</td>
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<td></td>
<td>Yes ☑</td>
<td></td>
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<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
Hannah Greene
Ticket Administrator
Print Name
Title
05/01/13
(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 538

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

   **Area Code/Phone Number**
   (510) 272-3882

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

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

   **Title**
   Warriors vs. Nuggets

   **Face Value of Each Admission**
   $625

   **Date(s)**
   05/02/13

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

   **If no:**
   Golden State Warriors

   **Name of Source**
   Carson, Keith Alameda County Supervisor

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></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
   Hannah Greene

   **Ticket Administrator**
   Print Name

   **Title**
   04/30/13

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

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's vs. Rangers
   Face Value of Each Admission $ 30
   Description: Baseball Game, Field Tickets
   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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Community Collaborative 1221 Oak St., Ste 536, Oakland, CA</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee

Hannah Greene
Ticket Administrator
05/01/13 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Pop the Dream
   Face Value of Each Admission: $175.50
   Description: Concert
   Date(s): 04/06/13

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

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

   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: Hannah Greene
   Ticket Administrator: [Print Name]
   Title: [Title]
   Date: 05/10/13
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Rolling Stones
   Face Value of Each Admission
   $ 600.00
   Date(s)
   05 / 05 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐
   If yes: Carson, Keith, Alameda County Supervisor Fifth District
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medak, Suzie</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Hannah Greene
   Ticket Administrator
   05/10/13
   Print Name
   Title
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Rolling Stones
   Description
   Concert
   Face Value of Each Admission
   $ 600.00
   Date(s)
   05/05/13
   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>Shrago, Amy</td>
<td>2</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>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Hannah Greene
   Ticket Administrator
   05/10/13
   (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
   Board of Supervisors

   Division, Department, or Region (if applicable)
   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

   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ____________________________

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Spurs
   Face Value of Each Admission $625
   Description
   Basketball
   Date(s)
   05/10/13
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson, Keith Alameda County Supervisor
   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>Carson, Keith</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

Signature of Agency Head or Designee

Ticket Administrator

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)
1. Agency Name

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

2. Function, Event, or Ceremonial Role Information

Title  
Warriors vs. Spurs  
Face Value of Each Admission $ 625  
Date(s)  
05/12/13  
Ticket(s)/Admission(s) provided by agency?  
Yes ☐ No ☐  
If no:  
Golden State Warriors  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☐ No ☐  
If yes:  
Carson, Keith Alameda County Supervisor  
Official’s Name (Last, First) and Title

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>The identity of recipient(s) and the explanation:</th>
</tr>
</thead>
</table>
| Brown, Aisha | 2 | Yes ☐ No ☐ | To reward a County employee for his or her exemplary service to the public or to encourage staff development  
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  
Hannah Greene  
Ticket Administrator  
05/08/13  
(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) 272-3862 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Spurs
Face Value of Each Admission $ 625
Date(s) 05 / 12 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Carson, Keith Alameda County Supervisor
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
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</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>2</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
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</tr>
<tr>
<td></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.

Hannah Greene
Signature of Agency Head or Designee
Print Name
Title

Ticket Administrator 05/08/13 (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 (510) 272-3862
E-mail crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Spurs
Face Value of Each Admission $ 625
Description Basketball
Date(s) 05/16/13

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

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

The identity of recipient(s) and the explanation:

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

3. Verification
I have read and understand FPPC Regulations 19944.1 and 1942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee Hannah Greene
Print Name Ticket Administrator
Title 05/16/13 (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
Title
Oakland A's vs. Royals
Face Value of Each Admission $ 85
Description
Baseball Game, Loge tickets
Date(s) 05/18/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Oakland A's

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development; Income ☐</td>
</tr>
<tr>
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<td>Income ☐</td>
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</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
Hannah Greene

Ticket Administrator
Print Name
05/28/13
Title
(month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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. Giants
   Face Value of Each Admission $85
   Description Baseball Game, Loge tickets
   Date(s) 05/27/13
   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: Carson, Keith Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>5</td>
<td>Yes ☑ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development; Income ☐</td>
</tr>
<tr>
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<td>Yes ☑ No ☐</td>
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</tr>
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<td>Yes ☑ No ☐</td>
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<td></td>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Hannah Greene
Signature of Agency Head or Designee

Ticket Administrator
Print Name
05/28/13 (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3862
   E-mail
crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 30
   Description
   Baseball Game, Field Tickets
   Date(s)
   05 / 27 / 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: Hannah Greene
   Print Name: Ticket Administrator
   Title
   Date: 05/28/13
   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. Giants
   Description Baseball Game, Loge tickets
   Face Value of Each Admission $ 85
   Date(s) 05 / 27 / 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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenkins, Kevin</td>
<td>3</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>Income ☐</td>
</tr>
<tr>
<td></td>
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</table>

3. Verification
I have read and understand FPPC Regulations 19944.1 and 1942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: Hannah Greene
Print Name: Ticket Administrator
Title: 05/28/13
(month, day, year)

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

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

2. **Function, Event, or Ceremonial Role Information**
   - Title
     - Oakland A's vs. Giants:
   - Face Value of Each Admission $85
   - Description
     - Baseball Game, Loge tickets
   - Date(s)
     - 05/27/13
   - 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: Carson, Keith Supervisor
     - Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moreno, Doreen</td>
<td>4</td>
<td>Yes [ ] No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<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
   - Print Name
   - Ticket Administrator
   - Date (month, day, year)

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

1. Agency Name
   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. Giants
   Face Value of Each Admission
   $ 85
   Description
   Baseball Game, Loge tickets
   Date(s)
   05 / 27 / 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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
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<tbody>
<tr>
<td>Barber, Bob</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
<td></td>
</tr>
</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
Ticket Administrator
05/28/13

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

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

1. Agency Name
County of Alameda
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. Giants
Face Value of Each Admission $ 85
Description Baseball Game, Loge tickets
Date(s) 05 / 27 / 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: Carson, Keith Supervisor
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
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</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>6</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue</td>
<td></td>
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<td>Income ☐ No ☐</td>
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</tbody>
</table>

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

Signature of Agency Head or Designee
Hannah Greene
Ticket Administrator
Print Name
05/28/13
Title
(month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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. Giants
   Face Value of Each Admission $ 30
   Description Baseball Game, Field tickets
   Date(s) 05/28/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Carson Keith Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>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>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development; 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: Hannah Greene
   Ticket Administrator: 05/28/13
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

1. Agency Name
   County of Alameda
   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 of Original Filing: (month, day, year)

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 30
   Description
   Baseball Game, Field tickets
   Date(s)
   05 / 31 / 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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Ethan</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
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</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
   Print Name
   Title
   06/01/13
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number: (510) 272-3662
   E-mail: crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's vs. Orioles
   Description: Baseball Game, Field Tickets
   Face Value of Each Admission: $30
   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: Carson, Keith Supervisor
   Official's Name (Last, First) and Title:
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell, Ed</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
</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.
   Hannah Greene
   Ticket Administrator: 05/10/13
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions
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)
Anna Gee, Operations Chief
Area Code/Phone Number E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Rolling Stones
Description Concert
Face Value of Each Admission $ 600.00
Date(s) 05/05/13
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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Nate</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Pratt, Linda</td>
<td>1</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee Print Name Operations Chief Title 05/30/13 (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 Manager
Area Code/Phone Number
510-891-5585
E-mail
anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title A's vs. Royals
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 05 / 18 / 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: 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>
</table>
| United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 536, Oakland, CA 94605 | 2 | Yes

To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care.

Income

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

Signature of Agency Head or Designee
Anna Gee
Operations Manager
Print Name
Title
Date (month, day, year) 05/30/13

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

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

1. Agency Name
   County of Alameda
   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
   Face Value of Each Admission
   $38.00
   Description
   Baseball Game
   Date(s)
   05/27/13
   Ticket(s)/Admission(s) provided by agency?
   Yes [x] No [ ]
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [ ]
   If yes: 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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunlap, Kamika</td>
<td>1</td>
<td>Yes [x] No [ ]</td>
<td>To reward a County employee for exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes [x] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] 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
   Anna Gee
   Operations Manager
   05/30/13
   (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 Manager
Area Code/Phone Number 510-891-5585
E-mail anna.gee@acgov.org

Date Stamp

California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information

Title A's vs. Royals
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 05/31/13 06/01/13

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: ________________
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>United Seniors of Oakland &amp; Alameda County</td>
<td>4</td>
<td>Yes □ No ☒</td>
<td></td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251 - Oakland, CA 94605</td>
<td></td>
<td>Yes □ No ☒</td>
<td></td>
</tr>
<tr>
<td>senior advocacy</td>
<td></td>
<td>Yes □ No ☒</td>
<td></td>
</tr>
</tbody>
</table>

To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care

3. Verification

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

Signature of Agency Head or Designee

Anna Gee Operations Manager
Print Name Title
05/30/13 (month, day, year)

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

2 tickets given to each date
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
   E-mail
   510-891-5585
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   A's vs. Cubs/Angels
   Description
   Baseball Game
   Face Value of Each Admission $ 85.00
   Date(s)
   07/03/13 07/26/13
   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: Miles, 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>American Cancer Society</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td>1700 Webster Street, Oakland, CA 94612</td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td>cancer awareness</td>
<td></td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td>Alves, Jeff</td>
<td>4</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Anna Gee
   Operations Manager
   05/30/13 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   1 parking pass given to each game

FFPC Form 802 (2/11)
FFPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Alameda
   Board of Supervisors
   1221 Oak Street, Suite 536
   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: A's vs. Rangers/Indians
   Description: Baseball Game
   Face Value of Each Admission: $85.00
   Date(s): 08/02/13, 08/18/13
   Ticket(s)/Admission(s) provided by agency? Yes [X] No [ ]
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [X] No [ ]
   If yes: 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)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Hayward Area Recreation &amp; Park Foundation</td>
<td>4</td>
<td>Yes [X] No [ ]</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td></td>
</tr>
<tr>
<td>1099 E St, Hayward, CA 94541</td>
<td></td>
<td>Yes [X] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>provides outdoor recreation to families in unincorporated areas</td>
<td></td>
<td>Yes [X] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy Scouts Troop 789</td>
<td>20</td>
<td>Yes [X] No</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
<td>Income</td>
</tr>
<tr>
<td>7711 Pineville Cir - Castro Valley, CA 94552</td>
<td></td>
<td>Yes [X] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>volunteers for community service</td>
<td></td>
<td>Yes [X] No</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], Operations Manager [Print Name], Title, 05/30/13 (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation)
   1 parking pass given 8/2 game. Entire box given for 8/18 game.