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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Reds
Description Baseball Game, Loge tickets
Face Value of Each Admission $ 85
Date(s) 06/25/13
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>Alameda Health System</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Yes No</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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

Hannah Greene Ticket Administrator 06/04/13
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
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2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Reds
Description Baseball Game, Loge tickets
Face Value of Each Admission $ 85
Date(s) 06/25/13
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

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<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Women's Political Caucus</td>
<td>4</td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
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<td>Income</td>
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Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
Title
06/04/13
(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)
Cheryl Perkins, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3832 cheryl.perkins@acgov.org

2. Function, Event, or Ceremonial Role Information

Title: KMEL Summer Jam
Face Value of Each Admission $ 142.95
Description
Date(s) 6/6/13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: [Signature]

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>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albert Teixeira</td>
<td>2</td>
<td>Yes □ No □</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

3. Verification

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

Lee Ann Ferguson
Ticket Administrator

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

Street Address
1221 Oak Street, Suite 536

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

Area Code/Phone Number
(510) 272-3882

E-mail
cheryl.perkins@acgov.org

Date of Original Filing: ______/_____/______

2. Function, Event, or Ceremonial Role Information

Title A's Baseball
Face Value of Each Admission $ 30.00

Date(s) 6/15/13

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: 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 Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan Dean</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
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<td></td>
<td>No ☐</td>
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<td>Yes ☐</td>
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<td>No ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
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To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

3. Verification

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

Signature of Agency Head or Designee

Lee Ann Fergerson
Print Name

Ticket Administrator

Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   YANKEES SKYBOX
   Description
   Y.A.'s
   Face Value of Each Admission
   $17.00
   Date(s)
   6/12/13
   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: Alameda County Supervisor Jack Harrington, Dist. 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Golf Course</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
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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: Lee Ann Fergerson
   Print Name: Ticket Administrator
   Title: 6/19/13 (month/day/year)

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

   **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 Game
   - **Face Value of Each Admission**: $30.00
   - **Description**: Baseball
   - **Date(s)**: 8 15, 30, 7, 30, 15

3. **Verification**
   - I have read and 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 (Agency Head or Designee)**: [Signature]
   **Print Name**: Lee Ann Fergerson
   **Title**: Ticket Administrator
   **Date**: 6/19/13

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

   Face Value of Each Admission
   $65.00

   Description
   OAKLAND A'S

   Date(s)
   6/14/13

   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: Alameda County Supervisor Scott Haggerty, Dist. 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 (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mario Juarez</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
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</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head of Designee
   Lee Ann Fergerson

   Print Name
   Ticket Administrator

   Title

   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Designated Agency Contact (Name, Title)
Cheryl Perkins, 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 GAME
Face Value of Each Admission $ 200
Description
VS Cardinals
Date(s)
6/28/13
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, Dist. 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>TRI-VALLEY HOUSING OPPORTUNITY CENTER</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

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

Lee Ann Fergerson
Print Name
Ticket Administrator
6/11/13
(month, day, year)

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Ceremonial Role Events and Ticket/Admission Distributions

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

2. **Function, Event, or Ceremonial Role Information**
   Title: A's Baseball
   Face Value of Each Admission: $30.00
   Description: Yankees Game
   Date(s): 6/12/13
   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 [ ]
   Official's Name (Last, First) and Title: Alameda County Supervisor Scott Haggerty, District 1
   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>
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</tr>
</thead>
<tbody>
<tr>
<td>Norberto Velez</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</table>
   To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
   * 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.
   Lee Ann Fergerson
   Ticket Administrator
   6-7-13
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Ceremonial Role Events and
Ticket/Admission Distributions

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

No Amendment (Must provide explanation in Part 3.)
Date of Original Filing: ______/_____/______

2. Function, Event, or Ceremonial Role Information
Title: KMEU Summer Jam  
Face Value of Each Admission $ 142.95
Date(s)  06/06/13

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:

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<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segundo &amp; Sheena Franco</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>
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To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Crystal Hishida Graff, Clerk, Board of Supervisors

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

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

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

**Title**
Oakland A's vs. Yankees

**Face Value of Each Admission** $85

**Description**
Baseball Game, Loge tickets

**Date(s)** 06/11/13

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

If no: Oakland A's

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

If yes: Carson, Keith Supervisor

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

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

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</thead>
<tbody>
<tr>
<td>Radford, Yvette</td>
<td>4</td>
<td>Yes [ ] No [x]</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.

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Signature of Agency Head or Designee:  
Hannah Greene

Print Name: 
Ticket Administrator

Title:  
06/04/13

(month, day, year)

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

   □ 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. Yankees
   Face Value of Each Admission $  30
   Description Baseball Game, Field tickets
   Date(s) 06 / 11 / 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>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>4</td>
<td>Yes  ☑ No  □</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes  ☑ No  □</td>
<td>Income</td>
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<td>Yes  ☑ No  □</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes  ☑ No  □</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee  Hannah Greene  Ticket Administrator  06/04/13
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  
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  
   Oakland A’s vs. Yankees  
   Face Value of Each Admission $  
   Date(s)  
   Description  
   Baseball Game, Field tickets  
   Date(s)  
   06 / 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:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.  
If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development;</td>
</tr>
<tr>
<td></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.

Hannah Greene  
Signature of Agency Head or Designee  
Print Name  
Ticket Administrator  
06/04/13  
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Cardinals
Description Baseball Game, Loge tickets
Face Value of Each Admission $ 85
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: 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>100 Black Men</td>
<td>20</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

Print Name

Ticket Administrator

Title

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

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

2. Function, Event, or Ceremonial Role Information
Title Oakland A's vs. Angels
Description Baseball Game, Loge tickets
Face Value of Each Admission $ 85
Date(s) 07 / 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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Urban Debate League</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Hannah Greene
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
06/04/13 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Oakland A's vs. Angels
   Description Baseball Game, Loge tickets
   Face Value of Each Admission $ 85
   Date(s) 07/28/13
   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>
</tr>
</thead>
<tbody>
<tr>
<td>Downtown Oakland Senior Center 200 Grand Ave, Oakland, CA 94610</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a school or nonprofit organization for its contributions to the community; Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<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
   Hannah Greene
   Ticket Administrator
   06/04/13
   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/Pass Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (If Applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant to the County Administrator
   Area Code/Phone Number 510-272-3862
   E-mail nerissa.riray@acgov.org
   Date Stamp
   A Public Document
   California Form 802
   For Official Use Only
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: __________________________
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 5.00
   Event Description County Fair
   Date(s) 06/19/13 to 07/07/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Assessor's Office | 130 | To promote attendance at the County Fair.
   Auditor-Controller's Agency | 260 | To promote attendance at the County Fair.

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

   C. Name of Outside Organization
      (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   [Signature]
   Print Name
   [Print Name]
   Title
   [Title]
   Date 06/18/13
   (Month, Day, Year)

   Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Name
County of Alameda

### 3. Recipients
- Use Section A to identify the agency’s department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Counsel</td>
<td>70</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>County Fire Department</td>
<td>100</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>County Library</td>
<td>30</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Community Development Agency</td>
<td>130</td>
<td>To promote attendance at the County Fair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet

Agency Name: County of Alameda

3. Recipients  
* Use Section A to identify the agency’s department or unit.  
* Use Section B to identify an individual.  
* Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Child Support Services</td>
<td>50</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>District Attorney's Office</td>
<td>100</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>General Services Agency</td>
<td>240</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Health Care Services Agency</td>
<td>500</td>
<td>To promote attendance at the County Fair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

### Agency Name
County of Alameda

### 3. Recipients
- Use Section A to identify the agency's department or unit.  
- Use Section B to identify an individual.  
- Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources Services</td>
<td>110</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Information Technology Department and Registrar of Voters</td>
<td>156</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Probation Department</td>
<td>160</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Public Defender's Office</td>
<td>100</td>
<td>To promote attendance at the County Fair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last Name First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Works Agency</td>
<td>200</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Sheriff's Department</td>
<td>100</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Social Services Agency</td>
<td>210</td>
<td>To promote attendance at the County Fair.</td>
</tr>
<tr>
<td>Treasurer-Tax Collector's Office</td>
<td>100</td>
<td>To promote attendance at the County Fair.</td>
</tr>
</tbody>
</table>

### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization (include address and description)
<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>
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. Cardinals
Face Value of Each Admission $85/$17 parking
Date(s) 6/28/13 __________/_________
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] 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: 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>Chen, Michael</td>
<td>6 + 1 parking</td>
<td>Yes [ ] No [X]</td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [X]</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee  Alexandra Boskovitch  Ticket Administrator  6/28/2013
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 ___________________________
   Description A's vs. Cardinals
   Face Value of Each Admission $85/$17 parking
   Date(s) 6/28/13
   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: 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>Parke, Lauren</td>
<td>6 + 2 parking</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td>pass</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

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

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: [Name]
   Title: [Position]
   Date: 6/28/2013

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

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

DateStamp California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title __________________________
Face Value of Each Admission $ 30
Description A's vs. Rangers
Date(s) 8 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>Telloz, Araceli</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
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<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>Yes ☑</td>
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<td></td>
<td>No □</td>
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<td></td>
<td></td>
<td>Yes ☑</td>
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<td></td>
<td>No □</td>
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<td></td>
<td></td>
<td>Yes ☑</td>
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<td>No □</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: 6/27/2013
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
   Description A's vs. Cubs
   Face Value of Each Admission $ 30
   Date(s)  7/4/13
   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 Willma 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>Iwatani, Agnes</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>
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<td></td>
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<tr>
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<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
   Print Name
   Ticket Administrator
   Title
   6/25/2013
   (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 $ 30
Description A's vs. Cardinals
Date(s) 6 \_ \_ \_ 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:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reyes, Mynor</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>
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<td></td>
<td>Yes □ No □</td>
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<tr>
<td></td>
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<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></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

3. Verification
I have read and 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
6/25/2013 (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
   Description Alameda County Fair
   Face Value of Each Admission $ 10
   Date(s) 6/29/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   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>Griffin, Faye</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td></td>
<td></td>
<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td></td>
<td></td>
<td>Income</td>
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<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
   6/19/2013
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
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

Description A's vs. Cardinals

Face Value of Each Admission $ 85

Date(s) 6/28/13

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>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential 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
6/18/2013
Title
(month, day, year)

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

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

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. Cardinals Date(s) 6 / 29 / 13 / /
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [ ] If no: Oakland Athletics
Was the distribution to persons identified below made at the behest of an agency official?
Yes [ ] No [ ] If yes: Supervisor Wilma Chan
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hughes, John</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
</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 6/18/2013

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
   Description Alameda County Fair
   Date(s) 6/20/13
   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>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynch, Eugene</td>
<td>2</td>
<td>Yes</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>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>County revenue from sales. Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>Income</td>
</tr>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator: 6/18/2013

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 $ 10
   Description Alameda County Fair
   Date(s) 7/6/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington, Colia</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
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<td></td>
<td>County revenue from sales. Income ☐</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   ____________________________
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Ticket Administrator
   6/18/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

   Street Address
   1221 Oak Street, Suite 536

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

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

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

2. Function, Event, or Ceremonial Role Information

   Title __________________________

   Face Value of Each Admission $ 30

   Description A's vs. Angels

   Date(s)  7/ 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:

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

3. Verification

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

   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name: Ticket Administrator
   Title: 6/17/2013
   (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. Mariners

Face Value of Each Admission $ 86

Date(s) 6/14/13

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>Rogers, Mark</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential 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>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]

Alexandra Boskovich  
Ticket Administrator  
6/14/2013  
(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 $85/$17-park
   Description A's vs. Indians
   Date(s) 8/16/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source _______________________
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title _______________________
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victorino, Greg</td>
<td>4+1 parking</td>
<td>Yes ☐ No ☐</td>
<td>County facility in order to maximize potential</td>
</tr>
<tr>
<td>pass</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/Designee __________________________
Alexandra Boskovich
Print Name
Ticket Administrator
Title
6/13/2013 (month, day, year)

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

### 1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Cheryl Perkins, Clerk, Interim 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. Angels
Date(s) 7/28/13
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: Wilma Chan
Official's Name (Last, First) and Title

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

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poncini, Cheryl</td>
<td>2</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her service to the Alameda County senior population.</td>
<td></td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich
Ticket Administrator
6/12/2013

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

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

1. Agency Name

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp
California Form 802
For Official Use Only
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 $ 30
Description A's vs. Blue Jays
Date(s) 7/29/13

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: 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 (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morales, Alicia</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her service to the Alameda County senior population.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
<td></td>
</tr>
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3. Verification

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Signature of Agency Head or Designee
Alexandra Boskovich
Ticket Administrator
6/12/2013
(month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information  
Title  
Face Value of Each Admission $85/$17-park

Description  
A's vs. Mariners  
Date(s) 6/14/13

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

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

Alexandra Boskovich  
Signature of Agency Head or Designee  
Ticket Administrator  
6/12/2013  
(month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Cheryl Perkins, 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. Mariners
   Face Value of Each Admission $ 30
   Date(s) 6/15/13
   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: ________________________________
   Official's Name (Last, First) and Title 
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americh, AJ</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his contributions to the Alameda County Fair.</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>

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Ticket Administrator
   6/10/2013
   (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. Mariners
   Face Value of Each Admission $ 30
   Date(s) 6/16/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Oakland Athletics
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batz, Julie</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her contribution to Alameda County senior citizens. ☐</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>
</tbody>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Alexandra Boskovich  Ticket Administrator  6/10/2013
   Signature of Agency Head or Designee  Print Name  Title
   (month, day, year)
   Comment: (Use this space for 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

Date Stamp

California Form 802
For Official Use Only

☑ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: ___/___/___

2. Function, Event, or Ceremonial Role Information

Title

Face Value of Each Admission $ 30

Description A's vs. Reds

Date(s) 6/25/13

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>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vidano, John</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 County revenue from sales.

<table>
<thead>
<tr>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<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
Print Name Title
6/10/2013 (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 ___________________________ Face Value of Each Admission $ 30
   Description A's vs. Yankees
   Date(s) 6/13/13
   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>Harris, Bill</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Alexandra Boskovich
Ticket Administrator
6/6/2013

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Face Value of Each Admission $85/$17 parking
   Description A's vs. Cubs
   Date(s) 7/3/13
   Ticket(s)/Admission(s) provided by agency? Yes ⬜ No ⬜
   If no: Oakland Athletics
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ⬜ No ⬜ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>#</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mullin, Matt 4 + parking</td>
<td>Yes ⬜ No ⬜</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ⬜ No ⬜</td>
<td>County revenue from sales. Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ⬜ No ⬜</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ⬜ No ⬜</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes ⬜ No ⬜</td>
<td>Income</td>
<td></td>
<td></td>
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   Signature of Agency Head or Designee: Alexandra Boskovich
   Ticket Administrator: 6/6/2013

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

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

2. Function, Event, or Ceremonial Role Information
   Title ___________________________________________________________________
   Description A's vs. Cubs
   Face Value of Each Admission $ 30
   Date(s) 7/3/13 ____________ ____________
   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
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limaye, Hemant</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>
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<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<tr>
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<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></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
   6/6/2013
   (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 $ 142.95
   Description KMEL Summer Jam concert
   Date(s) 6 / 9 / 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>REACH Ashland Youth Center</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>To provide opportunities to youth receiving services from Alameda County.</td>
</tr>
<tr>
<td>16335 E. 14th Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Leandro, CA 94578</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.

   Alexandra Boskovich
   Signature of Agency Head or Designee

   Ticket Administrator
   Print Name

   6/5/2013
   (month, day, year)

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

   Description A's vs. Cubs

   Date(s) 7/2/13

   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></td>
<td></td>
<td>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
</tr>
<tr>
<td>Sweet, Darryl</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County revenue from sales. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
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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
Alexandra Boskovich
Ticket Administrator
6/5/2013

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 ____________________________________________
   Description A's vs. Reds
   Face Value of Each Admission $ 30
   Date(s) 6/26/13 ___________ ___________
   Ticket(s)/Admission(s) provided by agency? Yes □ No ☑ 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:

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<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, Tella</td>
<td>2</td>
<td>Yes ☑ No □</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
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<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No □</td>
<td>County revenue from sales.</td>
</tr>
<tr>
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<td></td>
<td>☑</td>
</tr>
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<td></td>
<td></td>
<td>Yes ☑ No □</td>
<td>Income</td>
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<td>Yes ☑ No □</td>
<td>Income</td>
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<td></td>
<td>Yes ☑ No □</td>
<td>Income</td>
</tr>
<tr>
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<td>☑</td>
</tr>
</tbody>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Alexandra Boskovich
   Ticket Administrator
   6/4/2013
   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
   Alameda County Fair
   Description
   County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06 / 19 / 13 07 / 07 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   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>
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</thead>
<tbody>
<tr>
<td>Abawag, Marilou</td>
<td>2</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td>☐</td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

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

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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 VS Cubs
   Description
   Baseball
   Date(s)
   7, 2, 13
   Face Value of Each Admission $85.00
   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 [ ] Yes [ ]
   If yes:
   SUPERVISOR HAGGERTY, DIST. 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
Ticket Administrator
Title

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

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

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 $850
Date(s) 7, 2, 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 HAGGERTY, DIST. 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>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mel Luna</td>
<td>6</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
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<tr>
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<td>Yes ☐ No ☑</td>
<td>☐</td>
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<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

2. Function, Event, or Ceremonial Role Information
Title      A
Description  Basebal
Face Value of Each Admission $ 85
Date(s)  7/3/13
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 HAGGERTY, DIST. 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>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>Shiron Wilson</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income □</td>
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<td>Yes □ No □</td>
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<td>Income □</td>
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</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee  Lee Ann Fergerson  Ticket Administrator

Print Name  Title

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

**1. Agency Name**
County of Alameda  
Division, Department, or Region (If applicable)  
Board of Supervisors  
Street Address  
1221 Oak Street, Suite 536  
Designated Agency Contact (Name, Title)  
Cheryl Perkins, Clerk, Board of Supervisors

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-3882</td>
<td><a href="mailto:cheryl.perkins@acgov.org">cheryl.perkins@acgov.org</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

---

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

- **Amendment** (Must provide explanation in Part 3.)

**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 Baseball</td>
<td>3000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7, 3, 13</td>
</tr>
</tbody>
</table>

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 HAGGERTY, DIST. 1**  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<thead>
<tr>
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<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Haggerty</td>
<td>2</td>
<td>Yes [ ] No [ ]</td>
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</table>

- To obtain oversight of facilities tenants that have received county

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
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<tbody>
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- Funding or support

<table>
<thead>
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<th>Number of Admission(s)/Ticket(s)</th>
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</table>

**3. Verification**

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

**Signature of Agency Head or Designee**

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

Title: Oakland A's vs. New York Yankees

Face Value of Each Admission: $22.00

Date(s): 06/11/13

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>
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<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Leonardo, Nick</td>
<td>2</td>
<td>Yes □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
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3. Verification

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

MICHELLE DIANDA  Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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**
     - Alameda County Fair
   - **Face Value of Each Admission** $5.00
   - **Date(s)**
     - 06/19/13
     - 07/07/13

   **Ticket(s)/Admission(s) provided by agency?**
   - Yes ☐ No ☐
   - If no: Alameda County Fair

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

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

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>4C’s of Alameda County</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>22351 City Center Dr., #100, Hayward CA 94541</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides affordable, quality child care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides affordable, quality child care</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Provides affordable, quality child care</td>
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3. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - **Date**
     - 06/13/13

**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 Alameda County Fair
   Description County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06/19/13 07/07/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   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

The identity of recipient(s) and the explanation:

<table>
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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter Program</td>
<td>40</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>1180 B St., Hayward CA 94541</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provides shelter and protective services for women and children experiencing domestic violence</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Description
   Face Value of Each Admission $ 5.00
   Date(s) 06/19/13 07/07/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Alameda County Fair
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<tbody>
<tr>
<td>Family Emergency Shelter Coalition</td>
<td>40</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>21455 Birch St., Suite 5, Hayward CA94541</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serves homeless families with food and shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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.)
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  
Alameda County Fair  
Face Value of Each Admission $ 5.00  
Date(s)  
06/19/13 07/07/13  
Ticket(s)/Admission(s) provided by agency?  
Yes ☐ No ☑  
If no:  
Alameda County Fair  
Name of Source  
Was the distribution to persons identified below made at the behest of an agency official?  
Yes ☑ No ☐  
If yes:  
Valle, Richard- Supervisor District 2  
Official's Name (Last, First) and Title  
The identity of recipient(s) and the explanation:

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<tbody>
<tr>
<td>Community Resources for Independent Living</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>439 A Street, Hayward CA 94541</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
<tr>
<td>Provides advocacy and resources for people with disabilities to improve lives and accessibility</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td>Income</td>
</tr>
</tbody>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Alameda County Fair
Description County Fair
Face Value of Each Admission $ 5.00
Date(s) 06 / 19 / 13 07 / 07 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair
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
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<tr>
<td>Sunny Hills/BAYC</td>
<td>20</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22245 Main St., Suite 200, Hayward CA 94541</td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empowerment training for vulnerable youth</td>
<td>Yes ☑</td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td>Yes ☑</td>
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Signature of Agency Head or Designee: [Signature]
Print Name: MICHELLE DIANDA
Title: Ticket Administrator
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Alameda County Fair
Description County Fair
Face Value of Each Admission $ 5.00
Date(s) 06/19/13 07/07/13
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
If no: Alameda County Fair Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Valle, Richard- Supervisor District 2 Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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<tr>
<td>Spectrum Community Services</td>
<td>20</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>2617 Barrington Court, Hayward CA 94545</td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Assists low income &amp; disadvantaged individuals to live independently</td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
<td></td>
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MICHELLE DIANDA
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
(month, day, year)

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

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: ___ / ___ / ___

2. Function, Event, or Ceremonial Role Information
   Title Alameda County Fair
   Description County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06 / 19 / 13 07 / 07 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   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

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<tbody>
<tr>
<td>Ash Street Summer Program</td>
<td>20</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a non-profit organization for its contributions to the community.</td>
</tr>
<tr>
<td>7401 Enterprise Drive, Newark CA 94560</td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Provides low income youth summer programs</td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee
   MICHELLE DIANZA
   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)
   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
   Alameda County Fair
   Description
   County Fair
   Face Value of Each Admission
   $ 5.00
   Date(s)
   06/19/13
   07/07/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City Apostolic Church</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>33700 Alvarado-Niles Rd., Union City, CA 94587</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Provides services to low income residents and the homeless</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>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Signature of Agency Head or Designee
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 Alameda County Fair
   Description County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06 / 19 / 13 07 / 07 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   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>Centro de Servicios</td>
<td>40</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>525 H Street, Union City, CA 94587</td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td>Helps the poor and low income families with basic needs</td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

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

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

1. Agency Name

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

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

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

Date Stamp California Form 802
A Public Document
For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title Alameda County Fair

Description County Fair

Face Value of Each Admission $ 5.00

Date(s) 06/19/13 07/07/13

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

If no: Alameda County Fair

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>Viola Blythe</td>
<td>40</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>37365 Ash Street, Newark CA 94560</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Helps the poor and low income families with emergency food and services</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name

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

2. Function, Event, or Ceremonial Role Information
   Title Alameda County Fair
   Description County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06 / 19 / 13 07 / 07 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   Name of Source Alameda County Fair
   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>Union City Kids’ Zone</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>34200 Alvarado Niles Rd, Union City CA 94587</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Advocates for student services in Union City</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
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<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

Date Stamp
California Form 802
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2. Function, Event, or Ceremonial Role Information
Title Alameda County Fair
Description County Fair
Face Value of Each Admission $ 10.00
Date(s) 06/29/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Alameda County Fairgrounds
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Valle, Richard - District 2
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Angelina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
</tbody>
</table>

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

MICHELLE DIANDA
Ticket Administrator

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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
   Alameda County Fair
   Description
   County Fair
   Face Value of Each Admission
   $ 5.00
   Date(s)
   06 / 19 / 13
   07 / 07 / 13

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   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>Tri-City Health Center</td>
<td>40</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>39500 Liberty Street, Fremont CA, 94538</td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td>Provides a wide spectrum of health education, healthcare, and social services to everyone</td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Michele Dianda
Print Name: Michele Dianda
Title: Ticket Administrator

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: Alameda County Fair
Description: County Fair
Face Value of Each Admission: $10.00
Date(s): 06/28/13
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Alameda County Fairgrounds
Name of Source:
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Valle, Richard - 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>Veronesi, Kristina</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: 6/18/13
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

Date Stamp Form 802
California For Official Use Only

2. Function, Event, or Ceremonial Role Information

Title Alameda County Fair
Face Value of Each Admission $10.00
Date(s) 06/30/13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Alameda County Fairgrounds
Name of Source

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

Yes ☐ No ☐ If yes: Valle, Richard - 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>Brione, Mario</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. 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>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

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

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

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

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

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

2. **Function, Event, or Ceremonial Role Information**
   - **Title** Alameda County Fair
   - **Face Value of Each Admission** $10.00
   - **Date(s)** 07/06/13
   - **Ticket(s)/Admission(s) provided by agency?** Yes ☐ No ☐
   - **If no:** Alameda County Fairgrounds
     - **Name of Source**
   - **Was the distribution to persons identified below made at the behest of an agency official?**
     - Yes ☐ No ☐
     - **If yes:** Valle, Richard - 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>Steele, Christopher</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
</tbody>
</table>

3. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - **Date (month, day, year)** 06/18/13
   - **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

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

- **Title**: Alameda County Fair
- **Description**: County Fair
- **Face Value of Each Admission**: $5.00
- **Date(s)**: 06/19/13 07/07/13
- **Ticket(s)/Admission(s) provided by agency?** Yes
- **If no**: Alameda County Fair

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

- **Yes**
- **No**

**If yes**: Valles, 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>Catalan, Yolanda</td>
<td>6</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

### 3. Verification

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

**Signature of Agency Head or Designee**: [Signature]

**Print Name**: MICHELLE DIANDA

**Title**:Ticket Administrator

**Date** (month, day, year): 07/13/13

**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 Alameda County Fair
Description County Fair
Face Value of Each Admission $ 5.00
Date(s) 06 / 19 / 13 07 / 07 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Alameda County Fair
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>Chavez, Arnold</td>
<td>6</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td>Yes ☐</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.
Michelle Dianda
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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

Date Stamp

California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
Title Alameda County Fair
Description County Fair
Face Value of Each Admission $ 5.00
Date(s) 06/19/13 07/07/13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Alameda County Fair
Name of Source

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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<tbody>
<tr>
<td>Wallner, Gary</td>
<td>5</td>
<td>Yes ☐</td>
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<tr>
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<td>No ☐</td>
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<tr>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
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<td>No ☐</td>
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<td>Yes ☐</td>
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<td>Yes ☐</td>
</tr>
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<td></td>
<td>No ☐</td>
</tr>
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</table>

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Alameda County Fair
   Description
   County Fair
   Face Value of Each Admission
   $ 5.00
   Date(s)
   06/19/13
   07/07/13

   Ticket(s)/Admission(s) provided by agency? Yes □ No □
   If no: Alameda County Fair
   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>Veronesi, Blake</td>
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<td>Yes □</td>
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<tr>
<td></td>
<td></td>
<td>No □</td>
</tr>
<tr>
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<td></td>
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<td>Yes □</td>
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<tr>
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<td></td>
<td>No □</td>
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<td></td>
<td>Yes □</td>
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<td>No □</td>
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<td>Yes □</td>
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<td></td>
<td>No □</td>
</tr>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   MICHELLE DIANDA
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

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

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

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

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

2. Function, Event, or Ceremonial Role Information

   Title Alameda County Fair
   Description County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06 / 19 / 13 07 / 07 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   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>Santiago, Jose</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐ No ☐</td>
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<tr>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee

MICHELLE DIANDA

Print Name

Ticket Administrator

Title

(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Alameda County Fair
   Description County Fair
   Face Value of Each Admission $5.00
   Date(s) 06/19/13 07/07/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   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>
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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>Balanza, Alma</td>
<td>4</td>
<td>Yes ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☑</td>
</tr>
</tbody>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee  MICHELLE DIANDA  Ticket Administrator

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

   (month, day, year)

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

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 Alameda County Fair
   Description County Fair
   Face Value of Each Admission $ 5.00
   Date(s) 06/19/13 07/07/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   Name of Source
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Valle, Richard- Supervisor District 2
   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
   Young, Juliette 3 Yes ☐ No ☐
                 Yes ☐ No ☐ To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.

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

   Signature of Agency Head or Designee
   Michelle Dianda
   Print Name
   Ticket Administrator
   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 Oakland A's vs. Texas Rangers
   Description Baseball Game
   Face Value of Each Admission $ 85.00
   Date(s) 08/02/13
   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>Greater Hayward Area Recreation Foundation</td>
<td>4</td>
<td>Yes □ No □</td>
<td></td>
</tr>
<tr>
<td>1099 E Street, Hayward, CA 94541</td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
</tr>
<tr>
<td>Helps fund programs for Hayward Recreation and Park District</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>
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<td>Income</td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: Ticket Administrator: 
   Title: 
   (Month, day, year) 6/19/13

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Includes 1 parking pass at the value of $17.

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Ceremonial Role Events and
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Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882    crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title Alameda County Fair
Face Value of Each Admission $ 10.00
Description County Fair
Date(s) 06/23/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
If no: Alameda County Fairgrounds
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐ If yes: Valle, Richard- 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>McEvoy, Regina</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee

MICHELLE DIANDA  Print Name  Ticket Administrator

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Oakland A's vs. Chicago Cubs
   Date(s): 07/03/13
   Face Value of Each Admission: $22.00
   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>Aro-Valle, Barbara</td>
<td>2</td>
<td>Yes ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
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<td>No ☐</td>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: [Signature]
   Print Name: MICHELLE DIANDA
   Title: Ticket Administrator
   Date: 07/27/13

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

1. Agency Name
   County of Alameda
   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. Chicago Cubs
   Description
   Baseball Game
   Face Value of Each Admission $22.00
   Date(s) 07/04/13
   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>
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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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<tbody>
<tr>
<td>Aro-Valle, Barbara</td>
<td>2</td>
<td>Yes ☐</td>
</tr>
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<td>Yes ☐</td>
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<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
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

## 1. Agency Name

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

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

- **Title:** Alameda County Fair
- **Face Value of Each Admission:** $5.00
- **Date(s):** 06/19/13, 07/07/13
- **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 [ ]**
  - If yes: Valle, Richard - Supervisor District 2
  - **Official's Name (Last, First) and Title**

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

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

<p>| | | | |</p>
<table>
<thead>
<tr>
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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**: [Signature]
- **Print Name**: MICHELLE DIANDA
- **Title**: Ticket Administrator
- **Date**: 6/27/13 (month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors

   Division, Department, or Region (if applicable)
   (510) 272-3882
   cheryl.perkins@acgov.org

   Street Address
   1221 Oak Street, Suite 536

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

   Agency Contact (name and title)
   Cheryl Perkins, Interim Clerk, Board of Supervisors

Date Stamp

2. Donor Name and Address
   [ ] Individual
   [ ] Lynch
   Last Name
   Eugene
   First Name
   Oakland
   CA
   94601

   Address
   City
   State
   Zip Code

   If “Other” is marked, describe the entity's business activity (if business) or its nature and interests.

   If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

   Name $ Name $ Amount Amount

3. Payment Information

   Date and Amount of Payment (other than travel) 6/20/2013 $ 50
   (month, day, year) (Round to whole dollars)

   Travel Payment Information (Round to whole dollars)
   Location of Travel

   Date(s) of Travel $ Transportation Expenses $ Lodging Expenses $ Meal Expenses $ Other Expenses $ Total Expenses

   Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

   Last Name First Name Title Department/Division

   Last Name First Name Title Department/Division

4. Verification

   I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name

   Senior Legislative Aide
   Title

   6/18/13
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information.)
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: A's Baseball
   Face Value of Each Admission: $30.00
   Description: VS SF Giants
   Date(s): 5/28/13
   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 ☐
   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></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
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<td>No ☐</td>
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<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
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<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
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</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   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.)
Addresses:

Haggerty's
6 tickets 1221 Oak St, Suite 536 Oakland, CA 94612

Matt Lillard
429 Thrasher Ave
Livermore, CA 94551
4 tickets

Sean & Ana Obrien
7025 Ann Arbor Way
Dublin, CA 94568
3 tickets

Gilbert & Robin Amador
8799 Augusta Ct
Dublin, CA 94568
3 tickets

Scott & Alisa Hackbarth
7444 Limerick Ave
Dublin, CA 94568
2 tickets

Rich & Cindy Puppione
17455 Marfolwer Drive
Castro Valley, CA 94546
2 tickets
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant
   Area Code/Phone Number (510) 272-6984
   E-mail nerissa.riray@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $ 85.00
   Date(s) 4/2/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Muranishi, Susan Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.
   * Use Section B to identify an individual.
   * Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**
      Number of Ticket(s)/Pass(es) 7
      Describe the public purpose made pursuant to the agency's policy
      To reward County employees for their exemplary service to the public

   **B. Name of Individual**
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Nerissa Riray
   Executive Assistant
   Signature of Agency Head or Designee
   Print Name

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):** County Administrator's Office
- **Designated Agency Contact (Name, Title):** Nerissa Riray, Executive Assistant
- **Area Code/Phone Number:** (510) 272-6984
- **E-mail:** nerissa.riray@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Baseball game
- **Face Value of Each Ticket/Pass:** $85.00
- **Date(s):** 4/3/13
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If no:** Oakland A's
- **If yes:** Muranishi, Susan

### 3. Recipients
* Use Section A to identify the agency's department or unit.  
* Use Section B to identify an individual.  
* Use Section C to identify an outside organization.

#### A. Name of Agency, Department or Unit
- **Women's Hall of Fame Planning Committee**
- **Number of Ticket(s)/Pass(es):** 7
- **Describe the public purpose made pursuant to the agency's policy:** To reward County employees for their exemplary service to the public

#### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

**If checking "Ceremonial Role" or "Other" describe below:**

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (Include address and description)
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency's policy:**

### 4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee:** [Signature]

**Print Name:** Nerissa Riray

**Title:** Executive Assistant

**Date:** 4/25/13

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

**1. Agency Name**
- Alameda County
  - Division, Department, or Region *(If Applicable)*
  - County Administrator’s Office
- **Designated Agency Contact (Name, Title)**
  - Nerissa Riray, Executive Assistant
- **Area Code/Phone Number**
  - (510) 272-6984
- **E-mail**
  - nerissa.riray@acgov.org

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description** Baseball game
- **Face Value of Each Ticket/Pass** $85.00
- **Date(s)**
  - 4 / 15 / 13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If yes:**
  - **Name of Source**
  - **Official's Name (Last, First)**
  - Muranishi, Susan

**3. Recipients**
- Use Section A to identify the agency’s department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resource Services</td>
<td>7</td>
<td>To reward County employees for their exemplary service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual <em>(Last, First)</em></th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization <em>(include address and description)</em></th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

**4. Verification**
- I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
- **Signature of Agency Head or Designee**
  - Nerissa Riray
- **Date**
  - 7/25/13
- **Print Name**
  - Executive Assistant
- **Title**
  - (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   County Administrator’s Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant
   Area Code/Phone Number (510) 272-6984
   E-mail nerissa.riray@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $85.00
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 4/16/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A’s
   Name of Source
   If yes: Muranishi, Susan
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Agency/Department Heads
      Number of Ticket(s)/Pass(es) 7
      Describe the public purpose made pursuant to the agency’s policy
      To promote attendance at an event held at a County facility to maximize County revenue from sales

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nerissa Riray
   Executive Assistant
   Title
   (Month, Day, Year)

Comment:
# Agency Report of:

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

**1. Agency Name**

- **Alameda County**
- **Division, Department, or Region (If Applicable)**: County Administrator's Office
- **Designated Agency Contact (Name, Title)**: Nerissa Riray, Executive Assistant
- **Area Code/Phone Number**: (510) 272-6984
- **E-mail**: nerissa.riray@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 or Event Information

- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Face Value of Each Ticket/Pass $**: $85.00
- **Event Description**: Baseball game
- **Date(s)**: 5/15/13
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If no:** Oakland A's
- **Name of Source**: Muranishi, Susan
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☑

## 3. Recipients

*Use Section A to identify the agency's department or unit, *Use Section B to identify an individual, *Use Section C to identify an outside organization.

### A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

### B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:

- **Ceremonial Role** ☐ Other ☐ Income ☐
  
  *If checking "Ceremonial Role" or "Other" describe below:*

- **Ceremonial Role** ☐ Other ☐ Income ☐
  
  *If checking "Ceremonial Role" or "Other" describe below:*

### C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

- **East Oakland Youth Development Center, 8200 International Blvd, Oakland**
  
  - **Number of Ticket(s)/Pass(es)**: 10
  
  - **To reward a school or nonprofit for its contributions to the community**

- **Develop social and leadership capacities of youth**

## 4. Verification

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

**Signature of Agency Head or Designee**: [Signature]

**Nerissa Riray**

**Print Name**: [Print Name]

**Executive Assistant**

**Title**: [Title]

**Date**: 7/28/13

(Full Name/Date/Year)

**Comment**: [Comment]

---

**FPPC Form 802 (4/12)**

**FPPC Toll-Free Helpline**: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant
   Area Code/Phone Number
   (510) 272-6984
   E-mail
   nerissa.riray@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 or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ __________ $85.00
   Event Description
   Baseball game
   Date(s) __________ 05 / 14 / 13 __________ / __________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Muranishi, Susan
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      County Administrator's Office
      4
      To reward County employees for their exemplary service to the public

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Nerissa Riray
   Print Name
   Executive Assistant
   Title
   7/28/13 (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   County Administrator’s Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant
   Area Code/Phone Number  (510) 272-6984
   E-mail  nerissa.riray@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Face Value of Each Ticket/Pass $85.00
   Event Description  Baseball game
   Date(s)  05/13/2013
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no:  Oakland A’s
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes ☑ No ☐
   If yes:  Muranishi, Susan
          Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.  • Use Section B to identify an individual.  • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit  Local Agency Formation Commission
      Number of Ticket(s)/Pass(es)  2
      Describe the public purpose made pursuant to the agency’s policy
      To reward County employees for their exemplary service to the public

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name  nerissa.riray
   Executive Assistant  Title
   Date  7/28/2013
   (Month, Day, Year)

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

1. Agency Name
   Alameda County Division, Department, or Region (If Applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant
   Area Code/Phone Number (510) 272-6984 E-mail nerissa.riray@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ $85.00
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 05/13/13
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ Provider Title/Explanation

   If no: Oakland A's
   If yes: Muranishi, Susan Name of Source
   Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   Clerk of the Board Office 2 To reward County employees for their exemplary service to the public

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee Nerissa Riray Executive Assistant
   Print Name 7/25/13 Title

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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
County Administrator's Office
Designated Agency Contact (Name, Title)
Nerissa Riray, Executive Assistant
Area Code/Phone Number: (510) 272-6984
E-mail: nerissa.riray@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $85.00
Event Description: Baseball game
Date(s): 05/13/13
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Muranishi, Susan
Official's Name (Last, First)

3. Recipients
- Use Section A to identify the agency's department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Administrator's Office</td>
<td>2</td>
<td>To reward County employees for their exemplary service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature]
Print Name: Nerissa Riray
Title: Executive Assistant
Date: 05/13/13

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
County Administrator's Office

Designated Agency Contact (Name, Title)
Nerissa Riray, Executive Assistant

Area Code/Phone Number E-mail
(510) 272-6984 nerissa.riray@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $85.00

Event Description Baseball game
Date(s) 05 / 17 / 13

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Muranishi, Susan

3. Recipients
- Use Section A to identify the agency’s department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

Clerk of the Board Office 2 To reward County employees for their exemplary service to the public

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☒
If checking "Ceremonial Role" or "Other" ascribe below:

Ceremonial Role ☐ Other ☐ Income ☒
If checking "Ceremonial Role" or "Other" ascribe below:

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Nerissa Riray
Print Name: Executive Assistant
Title: 05 / 17 / 13

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Name
Alameda County
Division, Department, or Region (If Applicable)
County Administrator's Office
Designated Agency Contact (Name, Title)
Nerissa Riray, Executive Assistant
Area Code/Phone Number (510) 272-6984
E-mail nerissa.riray@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 or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ❑ No □</th>
</tr>
</thead>
</table>

### Event Description
Baseball game

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass $</th>
<th>$85.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>05/18/13</th>
</tr>
</thead>
</table>

### Ticket(s)/Pass(es) provided by agency?
Yes □ No ❑

<table>
<thead>
<tr>
<th>If no:</th>
<th>Oakland A's</th>
</tr>
</thead>
</table>

### Was ticket distribution made at the behest of agency official?
No □ Yes ❑

<table>
<thead>
<tr>
<th>If yes:</th>
<th>Muranishi, Susan</th>
</tr>
</thead>
</table>

## 3. Recipients

* Use Section A to identify the agency’s department or unit.  
* Use Section B to identify an individual.  
* Use Section C to identify an outside organization.

### A. Name of Agency, Department or Unit
Risk Management Unit

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reward County employees for their exemplary service to the public</td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>

#### Ceremonial Role □ Other □ Income □
If checking "Ceremonial Role" or "Other" describe below:

#### Ceremonial Role □ Other □ Income □
If checking "Ceremonial Role" or "Other" describe below:

### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

## 4. Verification

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

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerissa Riray</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Assistant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>7/13</td>
</tr>
</tbody>
</table>

Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Nerissa Riray, Executive Assistant
   Area Code/Phone Number (510) 272-6984
   E-mail nerissa.riray@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ☐
   Event Description Baseball game
   Date(s) 7/4/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Muranishi, Susan

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      County Administrator's Office
      Number of Ticket(s)/Pass(es) 2
      Describe the public purpose made pursuant to the agency's policy
      To reward County employees for their exemplary service to the public

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Nerissa Riray
   Print Name
   Executive Assistant
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

   Face Value of Each Ticket/Pass $__________
   Date(s) 06 / 13 / 13
   Name of Source Oakland Athletics
   Official's Name (Last, First) Miley, Nathan

3. Recipients
   • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggiman Mary Lou</td>
<td>20</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Anna Gee Operations Chief 06/01/13
Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description baseball game
   Face Value of Each Ticket/Pass $1700
   Date(s) 06/15/13
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: 
   Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Miley, Nathan

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☑
      Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for her service to the public

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Anna Gee ------- Operations Chief ------- 06/01/13
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Anna Gee
   Area Code/Phone Number   E-mail
   (510) 272-6694   anna.gee@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 38.00
   Event Description baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 06/16/13 06/25/13
   If no: Oakland Athletics
   Name of Source
   Miley, Nathan
   Official's Name (Last, First)

3. Recipients
   ▪ Use Section A to identify the agency's department or unit.
   ▪ Use Section B to identify an individual.
   ▪ Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      United Seniors of Oakland & Alameda County - 7200 Bancroft Ave, Ste 251 -
      8
      To promote health, motivate and provide expanded opportunities
      underprivileged, seniors and youth in foster care

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that
   the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Anna Gee
   Print Name: Operations Chief
   Date: 06/01/13
   Title

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**

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

**1. Agency Name**
Alameda County

**Division, Department, or Region (if applicable)**

Board of Supervisors

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

**Area Code/Phone Number**
(510) 272-6694

**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 or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 38.00

Event Description laser game

Date(s) 06 / 26 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Oakland Athletics

If yes: Official’s Name (Last, Initial)

**3. Recipients**

* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland &amp; Alameda County - 7200 Bancroft Ave, Ste 251</td>
<td>2</td>
<td>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.</td>
</tr>
</tbody>
</table>

**4. Verification**

I, Anna Gee, certify under penalty of perjury under the SARA-2000 FPPC Regulations 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Anna Gee
Print Name
Operations Chief
Title
06/01/13
(Month, Day, Year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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. Cardials
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 06/29/13 06/30/13

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

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

Anna Gee
Operations Manager
06/01/13

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2 tickets to each game
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
   Description  Baseball Game
   Face Value of Each Admission $ 38.00
   Date(s)  07/04/13
   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

<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>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, unsheltered, seniors and youth in foster care</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251-Oakland, CA 94605</td>
<td></td>
<td>Yes ☐ No ☒</td>
<td>Income</td>
</tr>
<tr>
<td>senior advocacy</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

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 E-mail
   510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title A's vs. Cubs
   Description Baseball Game
   Face Value of Each Admission $ 85.00/38.00
   Date(s) 07 / 12 / 13 07 / 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: 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>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women on the Way to Recovery</td>
<td>20</td>
<td>Yes ☐ No ☐</td>
<td>To reward a non profit for its contributions to the community</td>
</tr>
<tr>
<td>20424 Haviland Ave, Hayward, CA 94541</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Support Services/Programs to Formerly Incarcerated Women</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Kathy Arthur</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Anna Gee Operations Manager 06/26/13 (Month, day, year)

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

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 E-mail
510-891-5585 anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title A's vs. Angels
Description Baseball Game
Face Value of Each Admission $ 38.00/85.00
Date(s) 07/25/13 07/13/13

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: Miley, Nate - Alameda County Supervisor

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/Ticket(s) | Agency Official | | |
|---------------------------------------------------------------|---------------------------------|----------------|---|
| United Seniors of Oakland & Alameda County | 2 | Yes □ No □ | To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales. Income □ |
| 7200 Bancroft Ave, Ste 251-Oakland, CA 94605 | | | |
| senior advocacy | | Yes □ No □ | Income □ |
| Eileen Ng | 20 | Yes □ No □ | To reward a County employee for exemplary service to the public 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.

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Manager
Title: 06/26/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
3 parking passes given to 7/26
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. Angels
Description Baseball Game
Face Value of Each Admission $ 38.00
Date(s) 07/27/13 07/28/13
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: Miley, Nate - Alameda County Supervisor
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith Visionary Servcies</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>2845-64th Avenue, Oakland, CA 94605</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Food given to east oakland community residents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Seniors of Oakland &amp; Alameda County</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>7200 Bancroft Ave, Ste 251-Oakland, CA 94605</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior advocacy</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Anna Gee
Operations Manager: 06/26/13
Print Name: Title: (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
3 parking passes given to 7/26
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

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

Date Stamp California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Yankees

Description Baseball Game, Loge tickets

Face Value of Each Admission $ 85

Date(s) 06/11/13

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>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tucker, David</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Signature of Agency Head or Designee

Amy Shrago

Ticket Administrator

06/10/13 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. White Sox
Face Value of Each Admission $ 30
Description Baseball Game, Field tickets
Date(s) 06 / 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: Carson, Keith Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell, Ed</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>To reward a community volunteer for his or her service to the public; Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

3. Verification

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

Hannah Greene Ticket Administrator 06/04/13
Signature of Agency Head or Designee Print Name Title
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

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. White Sox

Description Baseball Game, Field tickets

Face Value of Each Admission $ 30

Date(s) 06 / 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: 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>
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</thead>
<tbody>
<tr>
<td>Brown, Aisha</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.

Hannah Greene
Signature of Agency Head or Designee

Ticket Administrator
Print Name

06/04/13 (month, day, year)

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