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)
   Anna Gee, Operations Chief
   Area Code/Phone Number
   510-891-5585
   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 34.45
   Description
   Date(s) 03 / 02 / 13 03 / 03 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
Anna Gee
Operations Chief
1/31/13
Print Name
Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
baria - 03/02/13 tickets
1. Agency Name

County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information

Title  AMA Supercorss

Description  Show

Face Value of Each Admission $ 35.35

Date(s)  01/26/13

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

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

If yes: Nate Miley, Alameda County Supervisor, District 4

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

Print Name
Operations Chief

Title

1/15/13 (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): Anna Gee, Operations Chief
- Area Code/Phone Number: 510-891-5585
- E-mail: anna.gee@acgov.org

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

- **Title**: Harlem Globetrotters
- **Description**: Basketball Game/Show
- **Face Value of Each Admission**: $41.00
- **Date(s)**: 01/19/13
- **Ticket(s)/Admission(s) provided by agency?**: Yes ☑ No ☐
- **Name of Source**: Warriors
- **Was the distribution to persons identified below made at the behest of an agency official?**: Yes ☑ No ☐
- **Official’s Name (Last, First) and Title**: Nate Miley, Alameda County Supervisor, District 4

### 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>Kong, Andy</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>

- **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: Anna Gee
- Operations Chief: [Signature]
- Title: Operations Chief
- Date: 1/15/13

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

A Public Document

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

Street Address
   1221 Oak Street, Suite 536

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

Area Code/Phone Number
   510-891-5585

E-mail
   anna.gee@acgov.org

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)

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

2. Function, Event, or Ceremonial Role Information

Title
   MUSE

Description
   Concert

Face Value of Each Admission
   $ 70.70

Date(s)
   01 / 28 / 13

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

Name of Source

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

Yes ☑ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee, Terrence</td>
<td>1</td>
<td>Yes ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income ☐</td>
</tr>
<tr>
<td>Fregso, Ana-lyse</td>
<td>1</td>
<td>Yes ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue. Income ☐</td>
</tr>
<tr>
<td>Roy, Destinee</td>
<td>1</td>
<td>Yes ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue. Income ☐</td>
</tr>
<tr>
<td>Cuddy, Andrew</td>
<td>1</td>
<td>Yes ☑</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue. Income ☐</td>
</tr>
</tbody>
</table>

3. Verification

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

Anna Gee
Signature of Agency Head or Designee

Operations Chief
Print Name

Title

1/15/13 (month, day, year)

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

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

   Street Address
   1221 Oak Street, Suite 536

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

2. Function, Event, or Ceremonial Role Information

   Title Golden State Warriors vs. Phoenix Suns
   Description Basketball Game
   Face Value of Each Admission $ 100
   Date(s) 02 / 02 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: 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>Alameda County Family Justice Center</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>470 27th Street Oakland, CA 94612</td>
<td>Yes ☑ No ☐</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Provides services to victims and their families of domestic violence</td>
<td>Yes ☑ No ☐</td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

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

2. Function, Event, or Ceremonial Role Information
Title Golden State Warriors vs. Memphis Grizzlies
Face Value of Each Admission $150.00
Description Basketball Game
Date(s) 01 / 09 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: 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>Lara, Daisy</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for her exemplary service to the public. Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
</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.)
Includes 1 parking pass at the value of $20.
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
A Public Document

1. Agency Name

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

   Date Stamp

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

2. Function, Event, or Ceremonial Role Information

   Title
   Golden State Warriors vs. Milwaukee Bucks
   Face Value of Each Admission
   $100
   Date(s)
   03 / 09 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: 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>Fremont Education Foundation</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To reward a nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>39120 Argonaut Way, #381, Fremont CA 94538</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>To encourage community involvement and investment in Fremont schools.</td>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☑ No ☐</td>
<td>Income ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   Ticket Administrator
   Title
   03/13 (month, day, year)

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

A Public Document

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

Date Stamp California Form 802
For Official Use Only

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

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Miami Heat
Face Value of Each Admission $ 500.00
Description Basketball Game
Date(s) 01 / 16 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: 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>Briscoe, Alex</td>
<td>4</td>
<td>Yes ☑ No ☐ To reward a County employee for his exemplary service to the public.</td>
</tr>
</tbody>
</table>

Income

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

MICHELLE DIANDA
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title

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

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

1. Agency Name
   County of Alameda
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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:    Golden State Warriors vs. Miami Heat

   Description: Basketball Game

   Face Value of Each Admission $ 500.00

   Date(s): 01 / 16 / 13

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

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Valle, Richard- Supervisor, District 2

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van Buren, Obray</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
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3. Verification

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

Signature of Agency Head or Designee: 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
- Board of Supervisors

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

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

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

**Date Stamp**

**California Form 802**
For Official Use Only

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

**Title**
Golden State Warriors vs. Miami Heat

**Face Value of Each Admission**
$500.00

**Date(s)**
01/16/13

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

**If no: Golden State Warriors**

**Name of Source**

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

**Name:** 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>Wieckowski, Bob</td>
<td>2</td>
<td>Yes ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☒</td>
<td></td>
</tr>
</tbody>
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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**

**Print Name**

**Title**

**Date (month, day, year)**

11/13

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

1. Agency Name
County of Alameda
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

Date Stamp

California Form 802
For Official Use Only

 Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Dallas Mavericks

Face Value of Each Admission $ 200.00

Date(s) 01 / 31 / 13 /

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

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

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

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title  Golden State Warriors vs. Phoenix Suns
   Description  Basketball Game
   Face Value of Each Admission $ 150.00
   Date(s) 02 / 20 / 13
   Ticket(s)/Admission(s) provided by agency?  Yes  No  If no: Golden State Warriors
      Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
      Yes  No  If yes: 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>Graham, Florence</td>
<td>4</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for her exemplary service to the community.</td>
</tr>
</tbody>
</table>

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

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

(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title MUSE
Description Concert
Face Value of Each Admission $ 70.70
Date(s) 01 / 28 / 13

Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes [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>
</tr>
</thead>
<tbody>
<tr>
<td>Rodriguez, Angelina</td>
<td>2</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee

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
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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 MUSE
Description Concert
Face Value of Each Admission $ 70.70
Date(s) 01 / 28 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □ If yes: Valle, Richard- Supervisor, District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
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

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

   Street Address
   1221 Oak Street, Suite 536

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

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

2. Function, Event, or Ceremonial Role Information

   Title: Golden State Warriors vs. New York Knicks

   Face Value of Each Admission $250.00

   Description: Basketball Game

   Date(s): 03/11/13

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

   Name of Source

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

   Yes ☑ No ☐

   If yes: Valle, Richard - Supervisor, District 2

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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

3. Verification

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

   Signature of Agency Head or Designee

   MICHELLE DIANDA
   Print Name

   Ticket Administrator
   Title

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

   Includes 1 parking pass at the value of $20
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
   Title: Carrie Underwood
   Description: Concert
   Face Value of Each Admission $78.85
   Date(s): 2.25.13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission Tickets</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Haggerty</td>
<td>4</td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td>3265 Clyde Drive Jct., Dublin CA 94568</td>
<td>No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Yes ☐</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐</td>
<td></td>
<td></td>
<td>Income</td>
</tr>
<tr>
<td>Yes ☐</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
   Lee Ann Fergerson
   Ticket Administrator
   1-17-13
   (month, day, year)

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

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

   Date Stamp

   California Form 802
   For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
   Title
   WARRIORS
   Description
   BASKETBALL
   Face Value of Each Admission
   $95.00
   Date(s)
   4.3.13

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no:
   Name of Source
   G.S.W.

   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
   Name of Recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>League of Volunteers</td>
<td>2</td>
<td>☐ Yes ☐ No</td>
<td>☐ Income</td>
</tr>
<tr>
<td>36120 Ruschim Drive</td>
<td>☐ Yes ☐ No</td>
<td>☐ Income</td>
<td></td>
</tr>
<tr>
<td>Newark, CA 94560</td>
<td>☐ Yes ☐ No</td>
<td>☐ Income</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   1-11-13
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Non-profit fundraiser to enable children to participate in "Arts in Schools"
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
   Email
   (510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title ___________ Warriors ___________
   Description ___________ Basketball ___________
   Face Value of Each Admission $ 95.00
   Date(s) 3.30.13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Education Foundation</td>
<td>4</td>
<td>Yes ☒ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>39120 Argonaut Wy #381</td>
<td>8</td>
<td>Yes ☒ No ☐</td>
<td>Income</td>
</tr>
<tr>
<td>Frement CA 94538</td>
<td>Yes ☒ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Yes ☒ No ☐</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☒ No ☐</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☒ No ☐</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☒ No ☐</td>
<td>Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Ticket Administrator
   1-15-13
   (month, day, year)

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

## 1. Agency Name
- County of Alameda
- 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:** Warriors
- **Description:** Basketball
- **Face Value of Each Admission:** $9500
- **Date(s):** 3/6/13
- **Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [ √ ]

### Was the distribution to persons identified below made at the behest of an agency official?
- Yes [ √ ] No [ ]
  - If yes: Alameda County Supervisor Scott Haggerty, District 1

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

<table>
<thead>
<tr>
<th>Name, Organization Name, Address, Description</th>
<th>Number of Admissions Provided</th>
<th>Received By</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Hutchings</td>
<td>4</td>
<td>Yes [ ] No [ √ ]</td>
<td></td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>P.O. Box 2566</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fremont CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94537</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Signature of Agency Head or Designee:** [Signature]
- **Ticket Administrator:** Lee Ann Ferguson
  - Print Name: [Print Name]
  - Title: [Title]

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title THE WHO
   Description Concert
   Face Value of Each Admission $ 101.80
   Date(s) 2/1/13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: G.S.W.
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

   | Name Last, First of Organization (Name, Address, Description) | Number of Admission(s), Ticket(s) | Agency Official | Description of the income box: "If the agency official claims admission(s), taxable income, if the agency official performed a ceremonial role, also provide a description."
   |---------------------------------------------------------------|----------------------------------|-----------------|--------------------------------------------------|
   | TAYLOR FAMILY FOUNDATION Winner!                             | Yes ☑ No ☐                      | To reward a school or nonprofit organization for its contributions to the community | Income ☑
   | 5555 Arroyo Road                                             | Yes ☑ No ☐                      | Income ☑
   | Livermore, CA 94550                                          | Yes ☑ No ☐                      | Income ☑
   |                                                               | Yes ☑ No ☐                      | Income ☑

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee Lee Ann Ferguson
   Print Name
   Title
   Date 1-16-13
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   A facility that cares for children suffering from life-threatening diseases (non-profit)

FPPC Form 802 (2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-5772)
### 1. Agency Name
- County of Alameda
- Division, Department, or Region (if applicable)
- Board of Supervisors
- Street Address
  - 1221 Oak Street, Suite 536
- Designated Agency Contact (Name, Title)
- Crystal Hishida Graff, Clerk, Board of Supervisors
- Area Code/Phone Number
  - (510) 272-3882
- E-mail
  - crystal.hishida@acgov.org

### 2. Function, Event, or Ceremonial Role Information
- **Title**: WARRIORS
- **Description**: BASKETBALL
- **Face Value of Each Admission**: $45.00
- **Date(s)**: 4/3/13
- **Ticket(s)/Admission(s) provided by agency?** Yes ☑ No □
- **Name of Source**: G.S.W.
- **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 of Recipient</th>
<th>Number of Admission Tickets</th>
<th>Yes ☑ No □</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arroyo Seco Elementary School</td>
<td>4</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td>5280 Irene Way</td>
<td>94550</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

### 3. Verification
- I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
- **Signature of Agency Head or Designee**: [Signature]
- **Ticket Administrator**: Lee Ann Ferguson
- **Print Name**: [Print Name]
- **Title**: [Title]
- **Date**: 1-15-13 (month, day, year)

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

1. **Agency Name**
   - County of Alameda
   - Board of Supervisors
   - 1221 Oak Street, Suite 536
   - Crystal Hishida Graff, Clerk, Board of Supervisors
   - (510) 272-3882
crystal.hishida@acgov.org

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Warriors
   - **Description**: Basketball
   - **Face Value of Each Admission**: $95
   - **Date(s)**: 1/1/13
   - **Ticket(s)/Admission(s) provided by agency**: Yes [ ] No [ ]
   - **Name of Source**: Alameda County Supervisor Scott Haggerty, District 1
   - **Official’s Name (Last, First) and Title**: Scott Haggerty, District 1

3. **Verification**
   - I have read and 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**: Lee Ann Ferguson
   - **Title**: Ticket Administrator
   - **Date (month, day, year)**: 1-14-13

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 ____________ Warriors Game ____________
Description ____________ Basketball ____________
Face Value of Each Admission $ ____________ 95.00 ____________
Date(s) ____________ 3/23/13 ____________
Ticket(s)/Admission(s) provided by agency? Yes No
If no: ____________ GSW

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☐
If yes: ____________ Alameda County Supervisor Scott Haggerty, District 1

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Recipient</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bercovich Baseball Foundation</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>7080 Donion Way</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Ste 12e Dublin CA 94568</td>
<td>Yes ☐ No ☐</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

Lee Ann Fergerson
Ticket Administrator

Signature of Agency Head or Deputy
Print Name
Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title WARRIORS
   Description BASKETBALL
   Face Value of Each Admission $ 95.00
   Date(s) 3/9/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   Name of Source GSW
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuck Santana</td>
<td>4</td>
<td>Yes ☑</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
<td>$</td>
</tr>
<tr>
<td>537 St. George Rd</td>
<td>Yes ☑</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Danville CA 94524</td>
<td>Yes ☑</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Yes ☑</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee

   Lee Ann Fergerson
   Print Name
   Ticket Administrator

   Date 1-14-13
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title Basketball Game
Face Value of Each Admission $95
Description Warriors
Date(s) 1/31/13
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 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 Organization Name and Address Description</th>
<th>Number of Admissions (Tickets)</th>
<th>Agency Official</th>
<th>Taxable Income if the agency official performed a ceremonial role</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Botty Munger</td>
<td>4</td>
<td>Yes □ No □</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
<td></td>
</tr>
<tr>
<td>883 Tamager Road Livermore CA</td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

Lee Ann Ferguson
Signature of Agency Head / Designee Print Name
Ticket Administrator
Title

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors Basketball
   Description
   Raptors
   Face Value of Each Admission $ 95
   Date(s) 3/4/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: 65W

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Number of Admissions</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th Annual Senior Crab Feed</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Merrill Gardens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Fremont</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014 Crab Feed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fremont CA 94537</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Lee Ann Ferguson
   Signature of Agency Head of Office
   Ticket Administrator
   1-7-13
   (month, day, year)

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

1. Agency Name
   County of Alameda
   Board of Supervisors
   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
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: 12/7/2012

2. Function, Event, or Ceremonial Role Information

   Title ___________________________ Face Value of Each Admission $ 72.25
   Description Not So Silent Night concert
   Date(s) 12 / 7 / 12 ________________________
   Ticket(s)/Admission(s) provided by agency? Yes □ No ☑
   If no: Golden State Warriors
   Name of Source ___________________________

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

   The identity of recipient(s) and the explanation:

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

3. Verification

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

   Signature of Agency Head or Designee Alexandra Boskovich
   Print Name Ticket Administrator
   Title 1/30/2013
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title ____________________________
   Face Value of Each Admission $101.80
   Description The Who concert
   Date(s) 2 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Alexandra Boskovich
   Signature of Agency Head or Designee
   Ticket Administrator
   Title
   1/30/2013
   (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 356
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: Muse concert
Face Value of Each Admission $ 70.70
Date(s) 1/28/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☐ If yes: 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>Samreth, Dany</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>
</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 1/28/2013
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
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 AMA Supercross
Description
Face Value of Each Admission $ 35.35
Date(s) 1/1/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☒ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Lorenzo Unified School District</td>
<td>3</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>To reward a school district for its contributions to the San Lorenzo community.</td>
</tr>
<tr>
<td>15510 Usher Street San Lorenzo, CA</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Alexandra Boskovich
Print Name
Ticket Administrator
1/24/2013
(month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $100
   Description Warriors vs. Rockets
   Date(s) 3/8/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐ If yes: Supervisor Wilma Chan
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<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>La, Phong</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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

1/23/2013 (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, 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: Harlem Gloebtrotters
- Face Value of Each Admission: $41
- Date(s): 1/19/13
- Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: Golden State Warriors
- Name of Source: 
- Was the distribution to persons identified below made at the behest of an agency official? Yes [X] No [ ] If yes: Supervisor Wilma Chan
- Official’s Name (Last, First) and Title: 

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda High School</td>
<td>4</td>
<td>Yes [X] No [ ]</td>
<td>To reward a school for its contribution to the Alameda community</td>
</tr>
<tr>
<td>2201 Encinal Ave. Alameda, CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>2201 Encinal Ave. Alameda, CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>2201 Encinal Ave. Alameda, CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>2201 Encinal Ave. Alameda, CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td>2201 Encinal Ave. Alameda, CA</td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
</tbody>
</table>

### 3. Verification

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

- Signature of Agency Head or Designee: 
- Print Name: Alexandra Boskovich
- Title: Ticket Administrator
- Date: 1/18/2013
- 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, Clerk, Board of Supervisors  

Area Code/Phone Number  
(510) 272-3882  

E-mail  
cheryl.perkins@acgov.org  

Date Stamp  

California Form 802  
For Official Use Only  

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

2. Function, Event, or Ceremonial Role Information  
Title ____________________________________________  
Face Value of Each Admission $ ____________  
$100/$20 parking  

Description ____________________________________  
Date(s) 1/31/13  

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

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

The identity of recipient(s) and the explanation:  

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

| Nishioka, Wayne | 4 + parking | Yes □ No □ |  
| To promote attendance at an event held at a County facility in order to maximize potential income  

| | | Yes □ No □ |  
| | Yes □ No □ |  
| | Yes □ No □ |  
| | Yes □ No □ |  
| | Yes □ No □ |  

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

Signature of Agency Head or Designee  

Alexandra Boskovich  
Ticket Administrator  

Print Name  

Title  

1/22/2013  
(month, day, year)  

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

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

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

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

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

3. Verification
I have read and 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: Alex Boskovich
Ticket Administrator: 1/22/2013
Print Name: Alexandra Boskovich
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: The Harlem Globe Trotters  
Face Value of Each Admission: $41  
Date(s): 01/19/13  
Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: Golden State Warriors

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

Official’s Name (Last, First) and Title: Carson, Keith, Alameda County Supervisor Fifth District  
The identity of recipient(s) and the explanation:

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

3. Verification

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

Signature of Agency Head or Designee: Hannah Greene  
Print Name: Ticket Administrator  
Title: 01-18-2013 (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)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Clippers
   Description
   Basketball
   Face Value of Each Admission $ 200
   Date(s)
   01/21/13
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x]
   If no: Golden State Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>2</td>
<td>Yes [x] 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 [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] No [ ]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [x] 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
   Print Name
   Title
   01-02-2013
   (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title Warriors vs. Clippers
   Description Basketball
   Face Value of Each Admission $200
   Date(s) 01/21/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Carson, Keith, Alameda County Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee: Hannah Greene
   Print Name: Ticket Administrator: 01-02-2013
   (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)
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1. Agency Name
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1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Crystal Hishida Graff, Clerk, Board of Supervisors
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Clippers
Description Basketball
Face Value of Each Admission $ 200
Date(s) 01 / 21 / 13
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Carson, Keith, Alameda County Supervisor Fifth District
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>Mina Sanchez</td>
<td>4</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
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3. Verification
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Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
01/11/2013 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
Title
Warriors vs. Clippers
Description
Basketball
Face Value of Each Admission $ 200
Date(s)
01/21/13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
If yes: Carson, Keith, Alameda County Supervisor Fifth District
Official's Name (Last, First) and Title
The identity of recipient(s) and the explanation:

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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moreno, Doreen</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
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<tr>
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<td>Yes ☐</td>
<td>No ☑</td>
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<tr>
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<td>Income</td>
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<tr>
<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<tr>
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<td>Income</td>
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<td></td>
<td>Yes ☐</td>
<td>No ☑</td>
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<td>Income</td>
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<tr>
<td></td>
<td>Yes ☐</td>
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Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
Date 01/11/2013
Title
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. Clippers
Description Basketball
Face Value of Each Admission $ 200
Date(s) 01 21 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑ If yes: Carson, Keith, Alameda County Supervisor Fifth District
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

Hannah Greene
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
01-18-2013
(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)
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 AMA Supercross
Description Motorcycle
Face Value of Each Admission $ 35.35
Date(s) 01 / 26 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Carson, Keith, Alameda County Supervisor Fifth District
Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
Title
01/11/2013 (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   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 Muse
   Description Concert
   Face Value of Each Admission $ 70.70
   Date(s) 01/28/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Golden State Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐ If yes: Carson, Keith, Alameda County Supervisor Fifth District
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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

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

   Signature of Agency Head or Designee
   Hannah Greene
   Print Name
   Ticket Administrator
   02/01/2013 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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

2. Function, Event, or Ceremonial Role Information
Title Warriors vs. New York Knicks
Face Value of Each Admission $ 250
Description Basketball
Date(s) 03 /11 / 13
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐
If yes: Carson, Keith, Alameda County Supervisor Fifth District
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>4</td>
<td>Yes ☑</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Hannah Greene
Ticket Administrator
02/01/2013
(month, day, year)

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

2. Function, Event, or Ceremonial Role Information
Title
Warriors vs. Hornets
Description
Basketball
Face Value of Each Admission
$200
Date(s)
04/03/13
Ticket(s)/Admission(s) provided by agency? Yes □ No □
If no: Golden State Warriors
Name of Source
Was the distribution to persons identified below made at the behest of an agency official?
Yes □ No □
If yes: Carson, Keith, Alameda County Supervisor
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>Oakland Technical High School PTA 4361 Broadway, Oakland, CA 94611</td>
<td>4</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.

Signature of Agency Head or Designee
Hannah Greene
Print Name
Ticket Administrator
01-03-2013
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Crystal Hishida Graff, Clerk, Board of Supervisors
   Area Code/Phone Number E-mail
   (510) 272-3882 crystal.hishida@acgov.org
   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 The Who
   Description Concert
   Face Value of Each Admission $101.80
   Date(s) Feb 1, 2013
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Last Name</th>
<th>Admission(s)</th>
<th>Number of Admissions</th>
<th>Admission(s)</th>
<th>Number of Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tommy</td>
<td>Trampetti</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>137 Avocado Ct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San</td>
<td>Ramon CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>94587</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Lee Ann Fergerson
   Signature of Agency Head or Designee
   Ticket Administrator
   2-7-13 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: County of Alameda
Division, Department, or Region (if applicable):
Board of Supervisors
Street Address:
1221 Oak Street, Suite 536

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

1. Function, Event, or Ceremonial Role Information

Title: The Who
Description: Concert
Face Value of Each Admission: $101.80
Date(s): 2/1/13

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Number of Admission/Admission Amount</th>
<th>Agency Official</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ray Vargas</td>
<td>2152 Bent Tree Dr, Dublin CA 94568</td>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ]</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
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<td></td>
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<td></td>
<td>No [ ]</td>
<td></td>
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<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
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<td></td>
<td>No [ ]</td>
<td></td>
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<td></td>
<td>Yes [ ]</td>
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<td>No [ ]</td>
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<td>Yes [ ]</td>
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<td>No [ ]</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: [ ]
Print Name: Lee Ann Fergerson
Title: Ticket Administrator
Date: 2/1/13 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: HARLEM Globetrotters
   Face Value of Each Admission: $41.00
   Description: Basketball
   Date(s): 1/19/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admissions/Tickets</th>
<th>Agency Official</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan O'Brien</td>
<td>4</td>
<td>Yes ☑</td>
<td>No ☐</td>
</tr>
<tr>
<td>3268 Cyclonia Ct</td>
<td></td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Dufresne, CA 94568</td>
<td></td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

   To promote attendance at a county sponsored event in order to maximize potential county revenue for concessions 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
   1/25/13 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Supercross
   Description: Motorcycle event
   Face Value of Each Admission: $35.35
   Date(s): 1/26/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official’s Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit(s) Provided</th>
<th>Number of Admissions Provided</th>
<th>Yes ☐ No ☐</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eric Hassett</td>
<td>3</td>
<td>Yes ☐</td>
<td>3</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
<tr>
<td>401 Orchard Dr Drive Fremont CA 94536</td>
<td>No ☐</td>
<td>4</td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Lee Ann Ferguson
   Print Name
   Ticket Administrator
   Title
   Date: 1-25-13 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Behested from District 2
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
   Supercross motorcycles event
   Face Value of Each Admission $ 35.35
   Description
   Date(s)
   7/26/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no:
   Name of Source
   05W
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admissions/Tickets</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Neely</td>
<td>4</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21552 Knoll Way</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Castro Valley CA</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>94546</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Lee Ann Fergerson
   Print Name
   Ticket Administrator
   Title
   1-25-13
   (month, day, year)

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

1. Agency Name
County of Alameda

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

Street Address
1221 Oak Street, Suite 536

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

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

Date Stamp

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Clippers

Description Basketball game

Face Value of Each Admission $ 250.00

Date(s) 01 / 02 / 13

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

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

Yes ☑ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4

Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graham, Christine</td>
<td>3</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Miley, Sarah</td>
<td>6</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Sierra Scalice</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Pratt, Linda</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Raynor, Eric</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

- Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
- If no 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

Anna Gee

Operations Chief

Print Name

Title

1/31/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1 Parking Pass to Graham, 2 Parking Passes to Miley

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

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

2. Function, Event, or Ceremonial Role Information
Title Warriors vs Portland
Description Basketball game
Face Value of Each Admission $ 100.00
Date(s) 01/11/13

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

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland and Alameda County</td>
<td>4</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>7200 Bancroft Avenue, Suite 251 Oakland, CA 94605</td>
<td>☐</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Senior Advocacy</td>
<td>☐</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee
Anna Gee
Operations Chief
Print Name
Title
1/31/13 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs Oklahoma City
   Description
   Basketball game
   Face Value of Each Admission
   $250.00
   Date(s)
   01/23/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   Name of Source
   Name of Source
   Warriors
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   Official's Name (Last, First) and Title
   Nate Miley, Alameda County Supervisor, District 4

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kokotaylo, Kristopher</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income ☐</td>
</tr>
<tr>
<td>Carrion, Ashley</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking. Income ☐</td>
</tr>
<tr>
<td>Stewart, Darryl</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking. Income ☐</td>
</tr>
<tr>
<td>Stewart, Tyler</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking. Income ☐</td>
</tr>
<tr>
<td>DeVries, Joe</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking. 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
   Print Name
   Operations Chief
   Title
   1/31/13
   (month, day, year)

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

1. Agency Name  
County of Alameda  

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

Street Address  
1221 Oak Street, Suite 536  

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

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

Date Stamp  

California Form 802  
For Official Use Only  

 Amendment (Must provide explanation in Part 3.)  

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

2. Function, Event, or Ceremonial Role Information  
Title  Warriors vs Oklahoma City  

Description  Basketball game  

Face Value of Each Admission $ 250.00  

Date(s)  01/23/13  

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:  Natalie Miley, Alameda County Supervisor, District 4  

Official’s Name (Last, First) and Title  

The identity of recipient(s) and the explanation:  

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kokotaylo, Kristopher</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Carrion, Ashley</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Stewart, Darryl</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Stewart, Tyler</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>DeVries, Joe</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Income  

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

Operations Chief  

Print Name  
Operations Chief  

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)
  - Anna Gee, Operations Chief
- Area Code/Phone Number
  - 510-891-5585
- E-mail
  - anna.gee@acgov.org
- Date Stamp

**2. Function, Event, or Ceremonial Role Information**
- **Title**: Warriors vs Oklahoma City
- **Description**: Basketball game
- **Face Value of Each Admission**: $250.00
- **Date(s)**: 01/23/13
- **Ticket(s)/Admission(s) provided by agency?**
  - Yes [ ] No [ ]
  - If no: [Name of Source]
  - Name of Source: **Warriors**
- **Was the distribution to persons identified below made at the behest of an agency official?**
  - Yes [ ] No [ ]
  - If yes: **Nate Miley, Alameda County Supervisor, District 4**
- **Official's Name (Last, First) and Title**

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

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ng, Eileen</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Hickey, Neal</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Dunlap, Kamika</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Fitzgerald, Amy</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td>Hill, Jim</td>
<td>1</td>
<td>Yes [ ] No [ ]</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
</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]

**Anna Gee**

**Operations Chief**

**Print Name**

**Title**

**1/31/13**

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

   County of Alameda

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

   **Street Address**
   1221 Oak Street, Suite 536

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

   **Area Code/Phone Number**
   510-891-5585

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

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

   **Title**
   Warriors vs Clippers

   **Description**
   Basketball game

   **Face Value of Each Admission**
   $250.00

   **Date(s)**
   01 / 02 / 13

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

   **If no.**
   Warriors

   **Name of Source**

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

   **If yes,**
   Nate Miley, Alameda County Supervisor, District 4

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

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

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bazar, Chris</td>
<td>1</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rodriguez, Angelina</td>
<td>2</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Moe, Jim</td>
<td>1</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>
</tbody>
</table>

3. **Verification**

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

   **Signature of Agency Head or Designee**
   Anna Gee

   **Print Name**
   Operations Chief

   **Title**
   1/31/13 (month, day, year)

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

   1 Parking Pass to Graham, 2 Parking Passes to Miley

   FPPC Form 802 (2/11)

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
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1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)
Anna Gee, Operations Chief
Area Code/Phone Number
510-891-5585
E-mail
anna.gee@acgov.org

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

2. Function, Event, or Ceremonial Role Information
Title
Warriors vs Oklahoma City
Description
Basketball game
Face Value of Each Admission $ 250.00
Date(s) 01 23 13
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no: ___________
Name of Source
Warriors
Was the distribution to persons identified below made at the behest of an agency official?
Yes ☑ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
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
Anna Gee
Operations Chief
Print Name
Title
1/31/13
(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Board of Supervisors

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

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

Date Stamp California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: ______/_____/______
(month, day, year)

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

Description Basketball game

Face Value of Each Admission $ 200.00

Date(s) 01/31/13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no, Name of Source

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Rose Hospital Foundation</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>27200 Calaroga Ave, Hayward, CA 94545</td>
<td>2</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>supports st. rose hospital</td>
<td>1</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee Anna Gee
Print Name Operations Chief
Title 1/31/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation)
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1. Agency Name
   County of Alameda
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   Board of Supervisors
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   1221 Oak Street, Suite 536
   Designated Agency Contact (Name, Title)
   Anna Gee, Operations Chief
   Area Code/Phone Number E-mail
   510-891-5585  anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title  Warriors vs. Houston
   Description Basketball game
   Face Value of Each Admission $250.00
   Date(s) 02/12/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐

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

   Name of Source

   Official’s Name (Last, First) and Title
   Nate Miley, Alameda County Supervisor, District 4

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kokotaylo, Kristopher</td>
<td>1</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>Wong, Chris</td>
<td>1</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>Lai, William</td>
<td>1</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td>Shintani, Kevin</td>
<td>1</td>
<td>Yes ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Agency Head or Designee
   Anna Gee
   Operations Chief
   1/31/13 (month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title
   Warriors vs. Phoenix
   Description
   Basketball game
   Face Value of Each Admission $ 150.00
   Date(s)
   02 / 20 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Warriors
   Name of Source

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro Valley Rotary</td>
<td>4</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>PO Box 2117, Castro Valley, CA 94546</td>
<td></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td>service organization for castro valley area</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: Anna Gee
   Print Name: Operations Chief
   Title: 1/31/13
   (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
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   - Street Address
     1221 Oak Street, Suite 536
   - Designated Agency Contact (Name, Title)
     Anna Gee, Operations Chief
   - Area Code/Phone Number
     510-891-5585
   - E-mail
     anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   - Title
     Warriors vs. Houston
   - Description
     Basketball game
   - Face Value of Each Admission
     $200.00
   - Date(s)
     03/08/13
   - Ticket(s)/Admission(s) provided by agency?
     Yes ☑ No ☐
   - If no, Name of Source
     Warriors

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

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hong, John</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<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: Anna Gee
   - Print Name: Operations Chief
   - Title: 1/31/13
     (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title: Warriors vs. Toronto
   Description: Basketball game
   Face Value of Each Admission $ 150.00
   Date(s): 02 / 04 / 13
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☑ No ☐
   If yes: Nate Miley, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aguillard, Eva</td>
<td>4</td>
<td>Yes ☑</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>No ☑</td>
<td>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<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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</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee: Anna Gee
   Print Name: Operations Chief
   Title: 1/31/13 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information
   Title The Who
   Description Concert
   Face Value of Each Admission $101.80
   Date(s) 02/01/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐ If no: Warriors

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

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Nate</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Pratt, Linda</td>
<td>1</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Stewart, Tyler</td>
<td>2</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 Anna Gee Operations Chief 1/31/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation)
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   E-mail
   anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
   Title
   Disney on Ice
   Description
   Show
   Face Value of Each Admission $ 20.65
   Date(s) 02/27/13 02/28/13
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Warriors
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Nate Miley, Alameda County Supervisor, District 4
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muhammad, Ansar</td>
<td>8</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>
<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: Anna Gee
Print Name: Operations Chief
Title: 1/31/13 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
4 tickets to each date
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Anna Gee, Operations Chief

Area Code/Phone Number E-mail

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

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice

Description Show

Face Value of Each Admission $ 20.65

Date(s) 02/27/13

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

Name of Source

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

Yes ☑ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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

3. Verification

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

Signature of Agency Head or Designee: Anna Gee

Print Name: Operations Chief

Title 1/31/13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Name: County of Alameda
Division, Department, or Region (if applicable): Board of Supervisors
Street Address: 1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title): Anna Gee, Operations Chief
Area Code/Phone Number: 510-891-5585
E-mail: anna.gee@acgov.org

2. Function, Event, or Ceremonial Role Information
Title: Disney on Ice
Description: Show
Face Value of Each Admission: $34.45
Date(s): 02/28/13 03/01/13

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

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

The identity of recipient(s) and the explanation:

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

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

Signature of Agency Head or Designee: Anna Gee
Print Name: Operations Chief
Title: 1/31/13
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
muhammad - 02/27/13 tickets

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
   WARRIORS - Boston Celtics
   BASKETBALL
   Face Value of Each Admission $95.00
   Date(s) 12/29/13
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☐
   If no: GSW
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Alameda County Supervisor Scott Heggerty, District 1
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:
   See Attached
   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
   Date: 1-17-13
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
To: Fergerson, Lee Ann, BOS Dist 1
Subject: RE: Names for skybox donation?

Names
   (1) + 1 unused that he tossed in the trash + 4 on my desk
Josh Thurman
4251 Jensen St
Pleasanton, CA 94566
(2)
Rob and Robbie Bastress
7465 Brighton Court
Dublin, CA 94568
(1)
Shawn Wilson
1789 Giotto Dr
Brentwood, CA 94513
(1)
Dominic Trampetti
1789 Giotto Dr
Brentwood, CA 94513
(1)
Alyssa Wilson
1789 Giotto Dr
Brentwood, CA 94513
(2)
Nick & Eric Loretta
1895 Giotto Dr
Brentwood, CA 94513
(1)
Chris Youngblood
17258 Via Annette
San Lorenzo, CA 94580
(1)
John Rodrigues
4271 Silver Meadow Ct
Danville, CA 94506
(1)
Jason Popper
6000 Skyfarm Dr.
Castro Valley, CA 94552
(2)
Garth and Sherrie Krause
26058 Regal Ave
Hayward, CA 94544
(2) Elton & Albert Teixeira
26064 Regal Ave
Hayward, CA 94544