

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice Face Value of Each Admission \$ 34.45

Description Show 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Baria, Peter	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
Miley, Sarah	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


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

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

baria - 03/02/13 tickets

**Agency Report of:
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Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title AMA Supercorss Face Value of Each Admission \$ 35.35

Description Show Date(s) 01 / 26 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Nappo, Nick	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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


 Anna Gee Operations Chief 1/15/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Harlem Globetrotters Face Value of Each Admission \$ 41.00

Description Basketball Game/Show Date(s) 01 / 19 / 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?

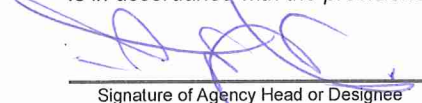
Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Kong, Andy	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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


 Anna Gee
 Operations Chief
 1/15/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title MUSE Face Value of Each Admission \$ 70.70

Description Concert 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Gee, Terrence	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
Fregoso, Ana-ilyse	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue. Income <input type="checkbox"/>
Roy, Destinee	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue. Income <input type="checkbox"/>
Cuddy, Andrew	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue. Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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


 Anna Gee Operations Chief 1/15/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

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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 <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (510) 272-3882</td> <td style="width:50%;">E-mail crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	Date Stamp	<table style="width:100%;"> <tr> <td style="text-align: center;"> California Form 802 For Official Use Only </td> </tr> </table>	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org					
California Form 802 For Official Use Only						
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>				

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Phoenix Suns **Face Value of Each Admission \$** 100

Description Basketball Game **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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Alameda County Family Justice Center	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non-profit organization for its contributions to the community. Income <input type="checkbox"/>
470 27th Street Oakland, CA 94612		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Provides services to victims and their families of domestic violence		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and 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	<u>1/8/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

A Public Document

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A Public Document

2. Function, Event, or Ceremonial Role Information

The identity of recipient(s) and the explanation:

3. Verification

Includes 1 parking pass at the value of \$20.

A Public Document

2. Function, Event, or Ceremonial Role Information

The identity of recipient(s) and the explanation:

3. Verification

Includes 1 parking pass at the value of \$20.

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2. Function, Event, or Ceremonial Role Information

The identity of recipient(s) and the explanation:

3. Verification

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A Public Document

2. Function, Event, or Ceremonial Role Information

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

Yes ☒ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

3. Verification

Includes 1 parking pass at the value of \$20.

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

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County of Alameda			
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Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
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 Face Value of Each Admission \$ 150.00

Description Basketball Game 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Graham, Florence	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her exemplary service to the community.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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

1/23/13
 (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

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Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title MUSE Face Value of Each Admission \$ 70.70

Description Concert 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Rodriguez, Angelina	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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
 1/23/13
 (month, day, year)

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

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2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 70.70

Date(s) 01/28/13 / /

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

The identity of recipient(s) and the explanation:

3. Verification

1/28/13
(month, day, year)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A Public Document

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 250.00

Date(s) 03/11/13 / /

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

The identity of recipient(s) and the explanation:

3. Verification

1/29/13
(month, day, year)

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		Date Stamp	California Form 802 For Official Use Only
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	
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Carrie Underwood Face Value of Each Admission \$ 78.85
 Description Concert Date(s) 2, 25, 13
 Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: GSW
 Name of Source _____

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

Yes ☒ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
 Official's Name (Last, First) and Title _____

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
<u>Scott Haggerty</u>	<u>4</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>3265 Cydonia Ct.</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Dublin CA 94568</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

Lee Ann Ferguson Signature of Agency Head or Designee
Lee Ann Ferguson Print Name
Ticket Administrator Title
1-17-13 (month, day, year)

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

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Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title WARRIORS Face Value of Each Admission \$ 95.00

Description BASKET BALL Date(s) 4 / 3 / 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) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
League of Volunteers	<u>2</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community Income <input type="checkbox"/>
36120 Ruschin Drive		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Newark CA 94560		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and 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
 1-16-13 (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"

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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 Warriors Face Value of Each Admission \$ 95.00
 Description Basketball 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:

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.
<u>Fremont Education Foundation</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community Income <input type="checkbox"/>
<u>39120 Argonaut Wy #381</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Fremont CA 94538</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

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

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

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Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors Face Value of Each Admission \$ 9500

Description Basketball Date(s) 3/6/13

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:

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.
<u>Henry Hutchings</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
<u>P.O. Box 2664</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Fremont CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>94537</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Verification

I have read and 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 Lee Ann Ferguson Ticket Administrator 1-15-13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title THE WHO Face Value of Each Admission \$ 101.80

Description Concert 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?

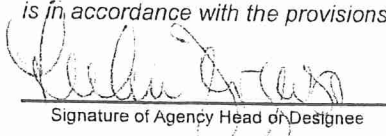
Yes ☒ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
TAYLOR FAMILY		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community Income <input type="checkbox"/>
FOUNDATION Winner:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
5555 Arroyo Road		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Livermore CA 94550		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and 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
 1-16-13 (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)

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title WARRIORS Face Value of Each Admission \$ 45.00
Description BASKETBALL Date(s) 4 / 3 / 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) 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.
Arroyo Seco Elementary School	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community
5280 Irene Way Livermore, CA		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
94550		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

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

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

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Warriors Face Value of Each Admission \$ 95

Description Basket ball Date(s) 1, 11, 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:

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.
<u>Joe Gordon</u>	<u>2</u>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
<u>320 Christina Ct</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Pleasanton CA 94566</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and 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 Lee Ann Ferguson Ticket Administrator 1-14-13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Warriors Game Face Value of Each Admission \$ 95.00

Description Basketball Date(s) 3/23/13

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?

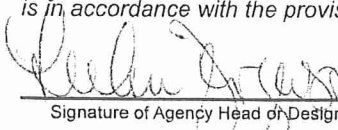
Yes ☒ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Bercovich Baseball Foundation	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community
7080 Donion Way		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Ste 126 Dublin CA 94568		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and 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.)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 Face Value of Each Admission \$ 95.00
Description BASKET BALL Date(s) 3, 9, 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:

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.	Income
Chuck Santana	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.	<input type="checkbox"/>
537 St. George Road		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Danville CA 94526		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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 Lee Ann Ferguson Ticket Administrator 1-14-13
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 Basketball game Face Value of Each Admission \$ 95
 Description Warriors Date(s) 1/31/13
GSW
 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:

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.
Michael & Patty Munger	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Income <input type="checkbox"/>
883 Tanager Road		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Livermore CA		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
94550		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and 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 Lee Ann Ferguson Ticket Administrator 1-7-13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Warriors Basketball Face Value of Each Admission \$ 95

Description Raptors Date(s) 3/4/13

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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
<u>16th Annual Senior Crab Feed</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	Income <input type="checkbox"/>
<u>Merrill Gardens</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>City of Fremont</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>P.O. Box 5006</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>Fremont CA 94537</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>Attn: Linda Olla</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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 Lee Ann Ferguson Ticket Administrator 1-7-13
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input checked="" type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Cheryl Perkins Interim Clerk, Board of Supervisors		Date of Original Filing: 12/7/2012	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	cheryl.perkins@acgov.org		

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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Boone, Phoebe	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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**

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input checked="" type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Cheryl Perkins Interim Clerk, Board of Supervisors		Date of Original Filing: 12/7/2012	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$70.70

Description Muse concert Date(s) 1 / 28 / 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Samreth, Dany	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


 Alexandra Boskovich
 Ticket Administrator
 1/28/2013
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

A Public Document

2. Function, Event, or Ceremonial Role Information

The identity of recipient(s) and the explanation:

3. Verification

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

A Public Document

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ \$41

Date(s) 1/19/13 / /

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

The identity of recipient(s) and the explanation:

3. Verification

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

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Clerk, Board of Supervisors <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number</td> <td style="width:50%; border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-3882</td> <td style="border: none;">cheryl.perkins@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	cheryl.perkins@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail						
(510) 272-3882	cheryl.perkins@acgov.org						
Amendment <input type="checkbox"/> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)							

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$100/\$20 parking

Description Warriors vs. 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Roque, Albert	4 + parking	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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	1/22/2013 (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

A Public Document

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 41

Date(s) 01 / 19 / 13 / /

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

The identity of recipient(s) and the explanation:

3. Verification

(month, day, year)

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Clippers Face Value of Each Admission \$ 200

Description Basketball 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">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.	
Brown, Aisha	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

 Hannah Greene Ticket Administrator 01-02-2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
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 Face Value of Each Admission \$ 200

Description Basketball 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">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.
Jenkins, Kevin	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

 Hannah Greene Ticket Administrator 01-02-2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> 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 Face Value of Each Admission \$ 200

Description Basketball 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">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.	
Mina Sanchez	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

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

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

A Public Document

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 200

Date(s) 01/21/13 / /

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Moreno, Doreen	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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

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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
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 Face Value of Each Admission \$ 200

Description Basketball 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">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.	
Greene, Hannah	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

 Hannah Greene Ticket Administrator 01-18-2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

A Public Document

2. Function, Event, or Ceremonial Role Information

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Mina Sanchez	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for his or her exemplary service to the public or to encourage staff development	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) 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
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Muse Face Value of Each Admission \$ 70.70

Description Concert 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">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.
Franklin Hysten	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

<u>Hannah Greene</u> Signature of Agency Head or Designee	<u>Hannah Greene</u> Print Name	<u>Ticket Administrator</u> Title	<u>02/01/2013</u> (month, day, year)
--	------------------------------------	--------------------------------------	---

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

A Public Document

2. Function, Event, or Ceremonial Role Information

The identity of recipient(s) and the explanation:

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		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)
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. Hornets Face Value of Each Admission \$ 200

Description Basketball 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">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.	
Oakland Technical High School PTA 4361 Broadway, Oakland, CA 94611	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

 Hannah Greene Ticket Administrator 01-03-2013
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

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 The Who

Face Value of Each Admission \$ 101.80

Description concert

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:

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.
<u>Tommy Trampetti</u>	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
<u>137 Avocado Ct</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>San Ramon CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>94587</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

Signature of Agency Head or Designee

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

2-7-13
(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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title The Who Face Value of Each Admission \$ 101.80

Description Concert Date(s) 2/1/13

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

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

Yes ☒ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title _____

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) Ticket(s)	Agency Official	<input type="checkbox"/> Check the income box if the agency official claims admission(s) as taxable income. If the agency official performed a ceremonial role, also provide a description. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
<u>Ray Vargas</u>	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
<u>2152 Bent Tree Dr</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Dublin CA 94868</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

Lee Ann Ferguson
Signature of Agency Head or Designee

Lee Ann Ferguson
Print Name

Ticket Administrator
Title

2-7-13
(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

A Public Document

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

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?

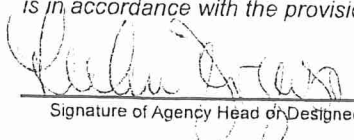
Yes ☒ No ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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.	
Dan O'Brien	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.	Income <input type="checkbox"/>
3268 Cydonia Ct		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Dublin, CA 94568		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and 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
 1-25-13
 (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

A Public Document

1. Agency Name

County of Alameda
Division, Department, or Region (if applicable)
Board of Supervisors
Street Address
1221 Oak Street, Suite 536
Designated Agency Contact (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

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 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:

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.
<u>Eric Hassett</u>	<u>3</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Income <input type="checkbox"/>
<u>401 Orchard Drive</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Fremont CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>94536</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

Lee Ann Ferguson
Signature of Agency Head or Designee

Lee Ann Ferguson

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.)

Behested from District 2

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Supercross Face Value of Each Admission \$ 35.35

Description Motorcycles event 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.	
<u>Scott Neely</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.	Income <input type="checkbox"/>
<u>21552 Knobway</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>Castro Valley CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>94546</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

Lee Ann Ferguson Signature of Agency Head or Designee
Lee Ann Ferguson 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**

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Clippers Face Value of Each Admission \$ 250.00

Description Basketball game 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Graham, Christine	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Miley, Sarah	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Sierra Scalise	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Pratt, Linda	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Raynor, Eric	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>

3. Verification

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


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

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

1 Parking Pass to Graham, 2 Parking Passes to Miley

A Public Document

2. Function, Event, or Ceremonial Role Information

The identity of recipient(s) and the explanation:

3. Verification

1 Parking Pass

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 Oklahoma City Face Value of Each Admission \$ 250.00

Description Basketball game Date(s) 01 / 23 / 13

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

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

Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
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	<ul style="list-style-type: none"> 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. 	
Kokotaylo, Kristopher	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
Carrion, Ashley	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Stewart, Darryl	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Stewart, Tyler	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
DeVries, Joe	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>

3. Verification

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


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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Oklahoma City Face Value of Each Admission \$ 250.00

Description Basketball game Date(s) 01 / 23 / 13

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

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

Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
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	<ul style="list-style-type: none"> 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. 	
Kokotaylo, Kristopher	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
Carrion, Ashley	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Stewart, Darryl	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Stewart, Tyler	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
DeVries, Joe	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>

3. Verification

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

Anna Gee

Operations Chief

1/31/13

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

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

A Public Document

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County of Alameda			
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Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Oklahoma City Face Value of Each Admission \$ 250.00

Description Basketball game Date(s) 01 / 23 / 13

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

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


Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
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	<ul style="list-style-type: none"> 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. 	
Ng, Eileen	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
Hickey, Neal	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Dunlap, Kamika	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Fitzgerald, Amy	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Hill, Jim	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>

3. Verification

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


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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Clippers Face Value of Each Admission \$ 250.00

Description Basketball game 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?

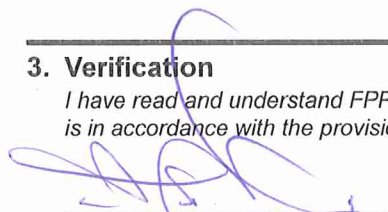
Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Bazar, Chris	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
Rodriguez, Angelina	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Moe, Jim	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


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

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

1 Parking Pass to Graham, 2 Parking Passes to Miley

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Dallas Face Value of Each Admission \$ 200.00

Description Basketball game Date(s) 01 / 31 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
St. Rose Hospital Foundation	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	Income <input type="checkbox"/>
27200 Calaroga Ave Hayward, CA 94545	2	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
supports st. rose hospital	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Houston Face Value of Each Admission \$ 250.00

Description Basketball game Date(s) 02 / 12 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Kokotaylo, Kristopher	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Wong, Chris	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Lai, William	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Shintani, Kevin	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>

3. Verification

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


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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Phoenix Face Value of Each Admission \$ 150.00

Description Basketball game 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?

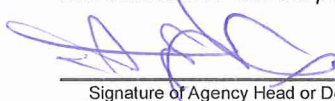
Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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.
Castro Valley Rotary	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales. Income <input type="checkbox"/>
PO Box 2117, Castro Valley, CA 94546		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
service organization for castro valley area		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Houston Face Value of Each Admission \$ 200.00

Description Basketball game Date(s) 03 / 08 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Hong, John	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs. Toronto Face Value of Each Admission \$ 150.00

Description Basketball game 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Aguillard, Eva	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


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

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

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-891-5585	E-mail anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title The Who Face Value of Each Admission \$ 101.80

Description Concert Date(s) 02 / 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?

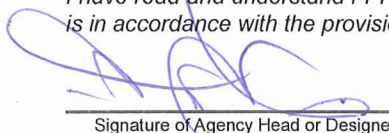
Yes ☒ No ☐ If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Miley, Nate	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
Pratt, Linda	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and	Income <input type="checkbox"/>
Stewart, Tyler	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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


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

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

A Public Document

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 20.65

Date(s) 02 / 27 / 13 02 / 28 / 13

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

The identity of recipient(s) and the explanation:

3. Verification

Signature of Agency Head or Designee

Print Name _____

Title

(month, day, year)

4 tickets to each date

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Chief		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Disney on Ice Face Value of Each Admission \$ 20.65

Description Show 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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. 	
Muhammad, Ansar	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

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

Anna Gee

Operations Chief

1/31/13

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

A Public Document

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 34.45

Date(s) 02/28/13 03/01/13

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

The identity of recipient(s) and the explanation:

3. Verification

muhammad - 02/27/13 tickets

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title WARRIORS - Boston Celtics Face Value of Each Admission \$ 95.00
 Description BASKETBALL 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 Haggerty, District 1
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
<u>See Attached</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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

Lee Ann Ferguson
Signature of Agency Head or Designee

Lee Ann Ferguson
Print Name

Ticket Administrator
Title

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

-Return
4 + 1x