

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

E-mail

(510) 272-3882

crystal.hishida@acgov.org

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title A's Baseball

Face Value of Each Admission \$ 30

Description _____

Date(s) 4, 15, 13

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

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

Yes ☒ No ☐ If yes: 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 admissions 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>Melanie Patterson</u>	<u>2</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"/>
		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 Fergerson

Print Name

Ticket Administrator

Title

4-12-13
(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

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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 E-mail (510) 272-3882 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 A's Face Value of Each Admission \$ 30⁰⁰
 Description Baseball Date(s) 4, 14, 13
 Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: Oakland Athletics
 Name of Source

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

Yes ☒ No ☐ If yes: Alameda County Supervisor Scott Haggerty, 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 admissions as taxable income. If the agency official performed a ceremonial role, also provide a description. D If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
<u>John Rudolph</u>	<u>2</u>	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"/>
		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]
Signature of Agency Head or Designee

Lee Ann Fergerson
Print Name

Ticket Administrator
Title

4-12-13
(month, day, year)

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

Agency Report of:
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1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

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Date Stamp

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Form 802

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☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title A's Baseball

Face Value of Each Admission \$ 8500

Description KS Royals (suite)

Date(s) 5, 18, 13

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

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

Yes ☒ No ☐ If yes: 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 admissions 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 Health System Foundation	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization For its contributions to the community
		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

4-11-13
(month, day, year)

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

04-11-13 P03:06 RCVD

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's Face Value of Each Admission \$ 1,700
 Description Baseball Date(s) 9.6.13
 Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: Oakland Athletics
 Name of Source

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

Yes ☒ No ☐ If yes: 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 admissions 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>Livermore Valley Winegrowers Foundation</u>	<u>20</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization For its contributions to the community
<u>3585 Greenville Rd</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Livermore CA 94550</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 Fergerson Lee Ann Fergerson Ticket Administrator 4-8-13
 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:
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Crystal Hishida Graff, Clerk, Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Assist Face Value of Each Admission \$ 1,700

Description Baseball Date(s) 9, 22, 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First, or Organization) (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
<u>Taylor Family Foundation</u>	<u>20</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a school or nonprofit organization For its contributions to the community
<u>5555 Arroyo Rd</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Livermore, CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>94550</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 Ticket Administrator 4-8-13
Print Name Title (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

Title A's Baseball Face Value of Each Admission \$ 30⁰⁰
 Description _____ Date(s) 4, 3, 12
 Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: Oakland Athletics
 Name of Source

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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>Paula Wells</u>	<u>2</u>	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"/>
		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 4-6-13
 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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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 A's vs Houston Face Value of Each Admission \$ 30⁰⁰

Description Baseball Date(s) 4, 17, 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) Ticket(s)	Agency Official	Explanation (If the agency official (or the admission) created interest in the agency or performed a ceremonial role in the event, the agency official must provide a written explanation of the distribution, including a statement of the purpose of the distribution, the agency official's position, and the name of the individual or organization.)
<u>PAUL RAM</u>	<u>2</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"/>
		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

4-5-13
(month, day, year)

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

Agency Report of:
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1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

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Street Address

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Designated Agency Contact (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number

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E-mail

crystal.hishida@acgov.org

Date Stamp

California
Form 802

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☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title A's Baseball

Face Value of Each Admission \$ 30.00

Description _____

Date(s) 6/1/13 6/30/13

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

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

Yes ☒ No ☐ If yes: 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 is 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>Livermore/Granada</u>	<u>6</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization Income For its contributions to the community <input type="checkbox"/>
<u>Boosters</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"/>
		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

4-3-12
(month, day, year)

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

plus 7/31/13 game 3 total games

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County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 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 A's Face Value of Each Admission \$ 30⁰⁰
 Description Baseball Date(s) 4 / 2 / 13
 Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: GST Oakland Athletics
 Name of Source

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> Check the income box if the agency official claims admissions 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>BRIAN RITTMAN</u>	<u>2</u>	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"/>
		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 4-3-13
 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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Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Crystal Hishida Graff, Clerk, Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Pop the Dream Face Value of Each Admission \$ 175.50

Description DI Concert Date(s) 4, 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(s) 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>James Robles</u>	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a county employee for his or her exemplary 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.

Lee Ann Ferguson
Signature of Agency Head or Designee

Lee Ann Ferguson
Print Name

Ticket Administrator
Title

4-3-13
(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 A's vs. Mariners

Face Value of Each Admission \$ 30

Description Baseball

Date(s) 4/4/13

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

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

Yes ☒ No ☐ If yes: 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.
Vic Argula	2	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.
		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

4-2-13
(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

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1. Agency Name

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

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Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number

(510) 272-3882

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crystal.hishida@acgov.org

Date Stamp

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☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title A's Baseball

Face Value of Each Admission \$ 30⁰⁰

Description tickets

Date(s) 4, 27, 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 appropriate 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>HERB HASTINGS</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.
		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.

Signature of Agency Head or Designee

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

4-2-13
(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)

Crystal Hishida Graff, Clerk, Board of Supervisors

☐ Amendment (Must provide explanation in Part 3.)

Area Code/Phone Number

E-mail

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

(510) 272-3882

crystal.hishida@acgov.org

2. Function, Event, or Ceremonial Role Information

Title AS

Face Value of Each Admission \$ 30.00

Description Baseball

Date(s) 5/1/13 5/13/13

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 appropriate box if the agency official claims admissions as taxable income. If the agency official performed a ceremonial role, also provide a description. D If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Tri-Valley YMCA	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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.

Signature of Agency Head or Designee

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

4-1-13
Month, day, year

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

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

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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title JEFF DUNHAM Face Value of Each Admission \$ 63.30

Description COMEDIAN Date(s) 3, 22, 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?	Other (If the income box is checked, 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.)
Tom & Candice Wright	2	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"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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3. Verification

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

Signature of Agency Head or Designee Lee Ann Ferguson Ticket Administrator 4-1-13
Print Name Title (month, day, year)

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

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

A Public Document

1. Agency Name

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

Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

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 JEFF DUNHAM

Face Value of Each Admission \$ 63.30

Description COMEDIAN

Date(s) 3, 22, 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	5. If the income box is checked, the agency official claims admission(s) as taxable income. If the agency official performed a ceremonial role, also provide a description. 6. If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Eric & Carrie	2	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.
Locastro		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"/>

Verification

I have read and 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

Signature of Agency Head or Designee

Print Name

Title

4-1-13

(month, day, year)

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

Tickets Behest from Supervisor Miley

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 JEFF DUNHAM

Face Value of Each Admission \$ 63.30

Description COMEDIAN

Date(s) 3, 22, 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 performed a ceremonial role also provide a description. If not income, answer to the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Bernard & Cybil Randolph	2	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"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Verification

I have read and 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

4-1-13

(month, day, year)

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

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

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 JEFF DUNHAM

Face Value of Each Admission \$ 63.30

Description COMEDIAN

Date(s) 3, 22, 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 this space box if the agency official claims admission is 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.
Brian & Shelly Costa	2	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"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Verification

I have read and 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

Signature of Agency Head or Designee

Print Name

Title

4-1-13

(month, day, year)

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

Tickets Behest from Supervisor 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.)	
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 A's Baseball Face Value of Each Admission \$ 30⁰⁰

Description _____ Date(s) 5, 15, 13 5, 17, 13

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admissions (If any)	Agency Official	Explanation (If the agency official performed a ceremonial role, the proper explanation)
<u>Samuel Glen Community Club</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
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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

4-17-13
(month, day, year)

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

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

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 \$ 950

Description Basketball Date(s) 4, 15, 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	Explanation
<u>Rich Mathers</u>	<u>4</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"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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.

[Signature]
Signature of Agency Head or Designee

Lee Ann Fergerson
Print Name

Ticket Administrator
Title

4-16-13
(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.) 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 As Face Value of Each Admission \$ 30.00

Description Baseball Date(s) 4.12.13, 4.13.12

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s) Ticket(s)	Agency Official	Explanation
Arroyo	2	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.
/	2	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.

Signature of Agency Head or Designee Lee Ann Ferguson Print Name Ticket Administrator 4-15-13 Title (month, day, year)

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

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

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 A's Baseball

Face Value of Each Admission \$ 30⁰⁰

Description _____

Date(s) 4, 16, 13

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

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

Yes ☒ No ☐ If yes: 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 admissions 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>Gloria Halman</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.
		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

4-15-13
(month, day, year)

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

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

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 A's Game Face Value of Each Admission \$ 30.00
 Description Baseball Date(s) 4, 26, 13
 Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐ If no: OAKLAND ATHLETICS
 Name of Source

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

Yes ☒ No ☐ If yes: 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	Other explanation can be provided by the agency official for the admission(s) distributed. If the agency official performed ceremonial role, the provided explanation.
<u>Chester Hall</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.
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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 4-23-13
 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

County of Alameda

Division, Department, or Region (if applicable)

Board of Supervisors

Street Address

1221 Oak Street, Suite 536

Designated Agency Contact (Name, Title)

Crystal Hishida Graff, Clerk, Board of Supervisors

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

Date Stamp

California
Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title A's Baseball

Face Value of Each Admission \$ 30⁰⁰

Description Yankees!

Date(s) 6, 12, 13

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

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

Yes ☒ No ☐ If yes: Alameda County Supervisor 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>Supervisor Scott Haggerty</u>	<u>4</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>to obtain oversight of facilities or events that have received County funding or support</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

4-23-13
(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
		<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 Golden State Warriors vs. Denver Nuggets **Face Value of Each Admission \$** 625.00

Description Playoff Basketball Game **Date(s)** 04 / 28 / 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?

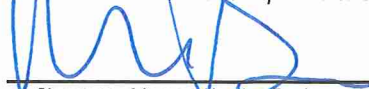
Yes ☒ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

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.
Goodwin, Mark	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his 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.

 MICHELLE DIANDA Ticket Administrator 4/25/13
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 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:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	crystal.hishida@acgov.org	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 For Official Use Only </td> </tr> </table>	California Form 802 For Official Use Only
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<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 Oakland A's vs. San Francisco Giants **Face Value of Each Admission \$** 85.00

Description Baseball Game **Date(s)** 03 / 30 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Bustamante, Marisa	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 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	<u>3/29/13</u> (month, day, year)
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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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Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@acgov.org					

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. San Francisco Giants **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 03 / 30 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Armin-Hoiland, Rose	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	<u>3/29/13</u> <small>(month, day, year)</small>
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2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. New Orleans Hornets **Face Value of Each Admission \$** 200.00

Description Basketball Game **Date(s)** 04 / 03 / 13

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: 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.
Laws, Jerl	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 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	<u>3/29/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Includes 1 parking pass at \$20

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2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Detroit Tigers **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 12 / 13

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

Name of Source

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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.
YMCA Newark/Fremont	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non-profit organization for its contributions to the community
41811 Blacow Road, Fremont CA 94538		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Childcare and youth programs to fulfill needs for a healthy lifestyle		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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.

 Signature of Agency Head or Designee	MICHELLE DIANDA Print Name	Ticket Administrator Title	<u>4/1/13</u> (month, day, year)
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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

Title Oakland A's vs. Detroit Tigers **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 13 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
YMCA Newark/Fremont	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non-profit organization for its contributions to the community
41811 Blacow Road, Fremont CA 94538		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Childcare and youth programs to fulfill needs for a healthy lifestyle		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>4/1/13</u> <small>(month, day, year)</small>
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<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 Oakland A's vs. Detroit Tigers **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 14 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
YMCA Newark/Fremont	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non-profit organization for its contributions to the community
41811 Blacow Road, Fremont CA 94538		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Childcare and youth programs to fulfill needs for a healthy lifestyle		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>4/1/13</u> (month, day, year)
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<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 Oakland A's vs. Seattle Mariners **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 04 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Farro, Paul	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	<u>MICHELLE DIANDA</u> Print Name	<u>Ticket Administrator</u> Title	<u>4/3/13</u> <small>(month, day, year)</small>
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2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Chicago White Sox **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 05 / 31 / 13 06 / 01 / 13

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

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

Yes ☒ No ☐ If yes: 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.
Hayward Animal Shelter	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"/>
16 Barnes Court, Hayward CA 94544		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Provides shelter of homeless animals and low cost veterinarian programs		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.

 MICHELLE DIANDA 4/3/13
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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2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Seattle Mariners **Face Value of Each Admission \$** 85.00

Description Baseball Game **Date(s)** 06 / 14 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Hayward Area Historical Society	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"/>
22380 Foothill Blvd. Hayward CA 94541		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support the preservation of historic sites & legacy of the Hayward 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.

 Signature of Agency Head or Designee	MICHELLE DIANDA Print Name	Ticket Administrator Title	<u>4/5/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Includes 1 parking pass at the value of \$17

**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 Oakland A's vs. Chicago Cubs Face Value of Each Admission \$ 85.00

Description Baseball Game Date(s) 07 / 03 / 13

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

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

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

The identity of recipient(s) and the explanation:

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. 	
Sunol Glen Community Club	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"/>
11601 Main Street, Sunol CA 94586		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Provides additional funding to the schools to help support extra-curricular activities		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.

 MICHELLE DIANDA Ticket Administrator
 Signature of Agency Head or Designee Print Name Title
 4/5/13
 (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 \$17

**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 <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	crystal.hishida@acgov.org	<div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <div style="border: 1px solid black; padding: 5px;"> Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
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. Oklahoma City Thunder **Face Value of Each Admission \$** 250.00

Description Basketball Game **Date(s)** 04 / 11 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Mejia, Manuel	5	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	<u>4/8/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Includes 1 parking pass at the value of \$20.

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org		<div style="border: 1px solid black; padding: 5px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
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2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Oklahoma City Thunder **Face Value of Each Admission \$** 250.00

Description Basketball Game **Date(s)** 04 / 11 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Pomroy, Kathryn	5	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	<u>4/8/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Includes 1 parking pass at the value of \$20.

A Public Document

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 <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> Crystal Hishida Graff, Clerk, Board of Supervisors <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	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	E-mail							
(510) 272-3882	crystal.hishida@acgov.org							
California Form 802 For Official Use Only								
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <div style="text-align: center;"><i>(month, day, year)</i></div>						

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Oklahoma City Thunder **Face Value of Each Admission \$** 250.00

Description Basketball Game **Date(s)** 04 / 11 / 13 _____

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

Name of Source

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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.
Briones, Tomas	5	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	<u>4/9/13</u> (month, day, year)
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Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*
 Includes 1 parking pass at the value of \$20.

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	crystal.hishida@acgov.org	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Date Stamp </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%;"> <tr> <td style="width:80%;"> California Form 802 For Official Use Only </td> <td style="width:20%; text-align: center; font-size: 2em; font-weight: bold;">802</td> </tr> </table> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: center; font-size: 0.8em;">(month, day, year)</div> </div>	Date Stamp	<table style="width:100%;"> <tr> <td style="width:80%;"> California Form 802 For Official Use Only </td> <td style="width:20%; text-align: center; font-size: 2em; font-weight: bold;">802</td> </tr> </table>	California Form 802 For Official Use Only	802
Area Code/Phone Number	E-mail									
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California Form 802 For Official Use Only	802									

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. San Antonio Spurs **Face Value of Each Admission \$** 200.00

Description Basketball Game **Date(s)** 04 / 15 / 13 _____

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

Name of Source

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

Yes ☒ No ☐ If yes: 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.
Decena, Eduardo	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 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	<u>MICHELLE DIANDA</u> Print Name	<u>Ticket Administrator</u> Title	<u>4/15/13</u> (month, day, year)
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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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Houston Astros Face Value of Each Admission \$ 30.00

Description Baseball Game Date(s) 04 / 16 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Archuleta, Justin	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 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.

 MICHELLE DIANDA Ticket Administrator
 Signature of Agency Head or Designee Print Name Title 4/16/13
 (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 <table style="width:100%;"> <tr> <td style="width:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	crystal.hishida@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail						
(510) 272-3882	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 Oakland A's vs. Houston Astros **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 17 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Badarello, Jason	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	<u>4/16/13</u> (month, day, year)
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**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

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Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
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Crystal Hishida Graff, Clerk, Board of Supervisors		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 Oakland A's vs. Houston Astros Face Value of Each Admission \$ 22.00

Description Baseball Game Date(s) 04 / 16 / 13

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

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

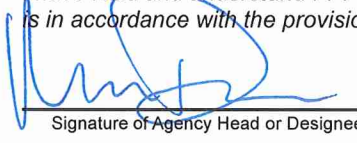
Yes ☒ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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.
Raffo, Steve	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
 4/16/13
 (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

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Area Code/Phone Number	E-mail							
(510) 272-3882	crystal.hishida@acgov.org							
California Form 802 For Official Use Only								
Amendment (Must provide explanation in Part 3.) <input type="checkbox"/>		Date of Original Filing: _____ <small>(month, day, year)</small>						

2. Function, Event, or Ceremonial Role Information

Title The Rolling Stones **Face Value of Each Admission \$** 600.00

Description Concert **Date(s)** 05 / 05 / 13

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

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

Yes ☒ No ☐ If yes: 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.
Aro-Valle, Barbara	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	<u>4/16/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**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 Oakland A's vs. Baltimore Orioles **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 26 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.	
Inamdar, Syeda Fareeda	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a student for outstanding scholastic achievement.	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.

 MICHELLE DIANDA Ticket Administrator 4/22/13
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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Area Code/Phone Number	E-mail								
(510) 272-3882	crystal.hishida@acgov.org								
California Form 802									
For Official Use Only									
Amendment <input type="checkbox"/> (Must provide explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: right; font-size: small;">(month, day, year)</div>									

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Baltimore Orioles **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 04 / 27 / 13

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

Name of Source

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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.
Favela, Mary	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a student for outstanding scholastic achievement. 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	<u>4/22/13</u> (month, day, year)
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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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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org					
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Amendment (Must provide explanation in Part 3.) <input type="checkbox"/>	Date of Original Filing: _____ <small>(month, day, year)</small>					

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Texas Rangers **Face Value of Each Admission \$** 1768.00

Description Baseball Game **Date(s)** 09 / 04 / 13

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

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

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

The identity of recipient(s) and the explanation:

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	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a nonprofit organization for its contributions to the community
27200 Calaroga Avenue, Hayward, CA 94545		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Provides community support and assistance to enable the hospital to serve those in need		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>4/23/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**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 Oakland A's vs. Los Angeles Angels Face Value of Each Admission \$ 1768.00

Description Baseball Game Date(s) 04 / 30 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Newark Unified School District	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school for its contributions to the community. Income <input type="checkbox"/>
5715 Musick Ave. Newark CA 94560		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Providing educational system to the City of Newark		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
 4/24/13
 (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**

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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:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	crystal.hishida@acgov.org	Date Stamp	California Form 802 For Official Use Only
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<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 Oakland A's vs. Texas Rangers **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 05 / 14 / 13

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

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

Yes ☒ No ☐ 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.
Hildreth, Jaken	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	<u>4/24/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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<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 Golden State Warriors vs. Denver Nuggets **Face Value of Each Admission \$** 625.00

Description Playoff Basketball **Date(s)** 04 / 26 / 13

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

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

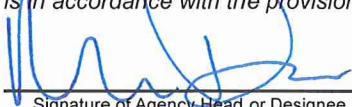
Yes ☒ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

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.
Briones, Mario	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	<u>MICHELLE DIANDA</u> Print Name	<u>Ticket Administrator</u> Title	<u>4/25/13</u> (month, day, year)
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**Agency Report of:
Ceremonial Role Events and
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<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>							

2. Function, Event, or Ceremonial Role Information

Title The Rolling Stones **Face Value of Each Admission \$** 600.00

Description Concert **Date(s)** 05 / 05 / 13

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

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

Yes ☒ No ☐ If yes: 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.
Briones, Bernardino	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	<u>4/25/13</u> (month, day, year)
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Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

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(510) 272-3882	crystal.hishida@acgov.org						
Amendment (Must provide explanation in Part 3.) <input type="checkbox"/>		Date of Original Filing: _____ (month, day, year)					

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors vs. Denver Nuggets **Face Value of Each Admission \$** 625.00

Description Playoff Basketball Game **Date(s)** 04 / 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.
Dianda, George	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	Ruben Briones Print Name	Chief of Staff Title	<u>4/25/13</u> (month, day, year)
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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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<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>							

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Cincinnati Reds **Face Value of Each Admission \$** 22.00

Description Baseball Game **Date(s)** 06 / 25 / 13

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

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

Yes ☒ No ☐ If yes: 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.
League of Women Voters- Fremont/Newark/Union City	2	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"/>
3375 Country Drive, Fremont, CA 94536		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Encourages informed and active participation in government through advocacy		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>4/25/13</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:
Ceremonial Role Events and
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A Public Document

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County of Alameda			
Division, Department, or Region (if applicable)			
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Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<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 Oakland A's vs. Cincinnati Reds Face Value of Each Admission \$ 22.00

Description Baseball Game Date(s) 06/26/13

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

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

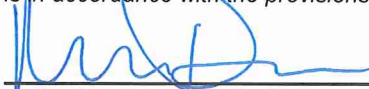
Yes ☒ No ☐ If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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. 	
League of Women Voters-Fremont/Newark/Union City	2	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"/>
3375 Country Drive, Fremont, CA 94536		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Encourages informed and active participation in government through advocacy		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.

 MICHELLE DIANDA Ticket Administrator 4/25/13
 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 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:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>crystal.hishida@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	crystal.hishida@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail						
(510) 272-3882	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 Golden State Warriors vs. Denver Nuggets **Face Value of Each Admission \$** 625.00

Description Playoff Game **Date(s)** 04 / 26 / 13

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

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

Yes ☒ No ☐ If yes: 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.
Cox, Lori	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for her exemplary 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.

 Signature of Agency Head or Designee	MICHELLE DIANDA Print Name	Ticket Administrator Title	<u>4/25/13</u> (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Interim Clerk, Board of Supervisors <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> California Form 802 For Official Use Only </td> </tr> </table>	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail							
(510) 272-3882	cheryl.perkins@acgov.org							
California Form 802 For Official Use Only								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) </div> <div style="width: 35%;"> Date of Original Filing: _____ <small>(month, day, year)</small> </div> </div>								

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$30

Description A's vs. Angels **Date(s)** 4 / 30 / 13

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

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

Yes ☒ No ☐ If yes: 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.
So, Teresa	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 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	4/30/2013 <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

2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ \$30

Date(s) 5 / 18 / 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, Interim Clerk, Board of Supervisors <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> California Form 802 For Official Use Only </td> </tr> </table>	California Form 802 For Official Use Only
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<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) </div> <div style="width: 35%;"> Date of Original Filing: _____ <small>(month, day, year)</small> </div> </div>								

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$85/\$17-park

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

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

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

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

The identity of recipient(s) and the explanation:

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.
Lyons, Marva	2+1 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"/>
	pass	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	4/29/2013 <small>(month, day, year)</small>
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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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Area Code/Phone Number (510) 272-3882	E-mail cheryl.perkins@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 _____ **Face Value of Each Admission \$** \$85/\$17-park

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

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

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

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

The identity of recipient(s) and the explanation:

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.
Castleberry, Diann	2+1 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"/>
	pass	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	4/29/2013 (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**Agency Report of:
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Ticket/Admission Distributions**

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(510) 272-3882	cheryl.perkins@acgov.org						
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: right; font-size: small;">(month, day, year)</div> </div>							

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$85/\$17-park

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

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

Name of Source

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

Yes ☒ No ☐ If yes: Supervisor Wilma Chan

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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. 	
Barfield, Keiko	2+1 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"/>
	pass	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	4/29/2013 (month, day, year)
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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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Area Code/Phone Number	E-mail							
(510) 272-3882	cheryl.perkins@acgov.org							
California Form 802 For Official Use Only								
Amendment <input type="checkbox"/> (Must provide explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: right; font-size: small;">(month, day, year)</div>								

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$85

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

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

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.
Huitzilopochtli, Salvador	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 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	4/29/2013 (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 \$ \$625/\$20 parking

Date(s) 4 / 26 / 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, Interim Clerk, Board of Supervisors <table style="width: 100%;"> <tr> <td style="width: 50%;">Area Code/Phone Number</td> <td style="width: 50%;">E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>cheryl.perkins@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	cheryl.perkins@acgov.org	Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> California Form 802 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> For Official Use Only </div>
Area Code/Phone Number	E-mail						
(510) 272-3882	cheryl.perkins@acgov.org						
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date of Original Filing: _____ <small>(month, day, year)</small> </div>							

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$625

Description Warriors vs. Nuggets-Playoffs **Date(s)** 4 / 26 / 13

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

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

Yes ☒ No ☐ If yes: 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.
Vanderpol, Meaghan	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 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	4/26/2013 <small>(month, day, year)</small>
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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 \$ \$625

Date(s) 4 / 28 / 13 / /

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

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. 	
Chan, Zoe	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	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"/>

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 \$ \$625

Date(s) 4 / 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

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

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins Interim Clerk, Board of Supervisors <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="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	<table border="1" style="width:100%; border-collapse: collapse;"> <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	E-mail							
(510) 272-3882	cheryl.perkins@acgov.org							
California Form 802 For Official Use Only								
Amendment (Must provide explanation in Part 3.) <input type="checkbox"/>		Date of Original Filing: _____ (month, day, year)						

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$600

Description Rolling Stones concert **Date(s)** 5 / 5 / 13 _____

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

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

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

The identity of recipient(s) and the explanation:

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.
Schaff, Bill	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a volunteer for his contributions to the Alameda students and families. 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	Alexandra Boskovich Print Name	Ticket Administrator Title	4/24/2013 (month, day, year)
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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

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

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) Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 cheryl.perkins@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<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 _____ Face Value of Each Admission \$ \$30

Description A's vs. Giants Date(s) 5 / 28 / 13

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

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

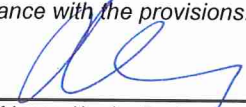
Yes ☒ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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.
Yungert, Matt	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his contribution to Alameda and Oakland schools. 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.

 Alexandra Boskovich Ticket Administrator 4/22/2013
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) Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 cheryl.perkins@acgov.org		Date Stamp	<div style="text-align: center; font-weight: bold; font-size: 1.2em;"> California Form 802 </div> <div style="text-align: center; font-size: 0.8em;"> For Official Use Only </div>
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: center; font-size: 0.8em;">(month, day, year)</div>	

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$30

Description A's vs. Angels Date(s) 5 / 1 / 13

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

Name of Source

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

Yes ☒ No ☐ If yes: Supervisor Wilma Chan

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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.
Broden, Tom	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 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	4/22/2013 _____ (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

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.)	
Cheryl Perkins, Interim Clerk, Board of Supervisors		Date of Original Filing: _____	
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 \$ \$30

Description A's vs. Astros Date(s) 4 / 15 / 13

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

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

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

The identity of recipient(s) and the explanation:

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. 	
Cai, Wendy	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	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
 4/12/2013
 (month, day, year)

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

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

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

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$30

Description A's vs. Tigers Date(s) 4 / 12 / 13

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

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

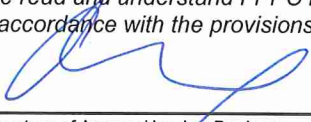
Yes ☒ No ☐ If yes: Supervisor Wilma Chan
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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. 	
Gregory, Dale	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	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

4/12/2013
 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 \$ \$85/\$17-park

Date(s) 4 / 14 / 13 / /

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

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


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

The identity of recipient(s) and the explanation:

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. 	
Wagner, Jenn	20+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"/>
	passes	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	3/28/2013
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.)

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 E-mail cheryl.perkins@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 _____ **Face Value of Each Admission \$** \$100 / \$20 parking
Description Warriors vs. Timberwolves **Date(s)** 4 / 9 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Robinson, Fred	2 + 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.

 Alexandra Boskovich Ticket Administrator 4/8/2013
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.)*

**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.)	
Cheryl Perkins, Interim Clerk, Board of Supervisors		Date of Original Filing: _____	
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 \$ \$100/\$20 parking

Description Warriors vs. Spurs Date(s) 4 / 15 / 13

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

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

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

The identity of recipient(s) and the explanation:

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. 	
Ong, Jennifer	2 + 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
 4/8/2013
 (month, day, year)

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

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

A Public Document

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

Description Warriors vs. Spurs **Date(s)** 4 / 15 / 13

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

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

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

The identity of recipient(s) and the explanation:

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.
Medina, Sam	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 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	4/8/2013 (month, day, year)
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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.)	
Cheryl Perkins Interim Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$85/\$17-park

Description A's vs. Twins Date(s) 9 / 21 / 13

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

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

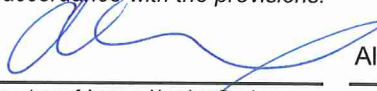
Yes ☒ No ☐ If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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. 	
Wright, Carrie	20 + 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"/>
	parking	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 4/4/2013
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Cheryl Perkins, Interim Clerk, Board of Supervisors <table style="width:100%;"> <tr> <td style="width:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>(510) 272-3882</td> <td>cheryl.perkins@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-3882	cheryl.perkins@acgov.org	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Date Stamp </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"> California Form For Official Use Only </td> <td style="width:50%; text-align: center; font-size: 2em;"> 802 </td> </tr> </table> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: right; font-size: 0.8em;">(month, day, year)</div> </div>	Date Stamp 	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"> California Form For Official Use Only </td> <td style="width:50%; text-align: center; font-size: 2em;"> 802 </td> </tr> </table>	California Form For Official Use Only	802
Area Code/Phone Number	E-mail									
(510) 272-3882	cheryl.perkins@acgov.org									
Date Stamp 	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"> California Form For Official Use Only </td> <td style="width:50%; text-align: center; font-size: 2em;"> 802 </td> </tr> </table>	California Form For Official Use Only	802							
California Form For Official Use Only	802									

2. Function, Event, or Ceremonial Role Information

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

Description Warriors vs. Hornets **Date(s)** 4 / 3 / 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.
Biagas, Sharice	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	4/3/2013 _____ (month, day, year)
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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) Cheryl Perkins Interim Clerk, Board of Supervisors Area Code/Phone Number E-mail (510) 272-3882 cheryl.perkins@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 _____ Face Value of Each Admission \$ \$85/\$17-park

Description A's vs. Cardinals Date(s) 6 / 28 / 13

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

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

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

The identity of recipient(s) and the explanation:

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. 	
Hirota, Sherry	4+1 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"/>
	pass	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 Ticket Administrator 4/4/2013
 Print Name Title (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

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

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2. Function, Event, or Ceremonial Role Information

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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

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Tigers **Face Value of Each Admission** \$ 85

Description Baseball Game, Loge tickets **Date(s)** 04 / 13 / 13 / /

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

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

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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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. 	
Sanchez, Mina	5	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	04/30/13
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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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.)

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> 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	<div style="border: 2px solid black; padding: 5px; text-align: center;"> California Form 802 </div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: small;"> For Official Use Only </div>
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org				
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <div style="text-align: right; font-size: x-small;">(month, day, year)</div>			

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Astros **Face Value of Each Admission \$** 30

Description Baseball Game, Filed Tickets **Date(s)** 04 / 16 / 13

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

Name of Source

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

Yes ☒ No ☐ If yes: Carson, Keith Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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 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.

 Signature of Agency Head or Designee	Hannah Greene Print Name	Ticket Administrator	04/30/13 Title (month, day, year)
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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 <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> 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	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org				
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>			

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Astros **Face Value of Each Admission \$** 30

Description Baseball Game, Filed Tickets **Date(s)** 04 / 17 / 13

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

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

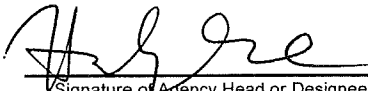
Yes ☒ No ☐ If yes: Carson, Keith Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<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.
Coleman, Robert	2	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.

 Signature of Agency Head or Designee	Hannah Greene Print Name	Ticket Administrator Title	04/30/13 (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

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"/>

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 \$ 625

Date(s) 04/26/13 / /

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

 Hannah Greene Ticket Administrator 04/30/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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2. Function, Event, or Ceremonial Role Information

Face Value of Each Admission \$ 625

Date(s) 04/26/13 / /

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.)

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Oakland A's vs. Orioles **Face Value of Each Admission** \$ 85

Description Baseball Game, Loge tickets **Date(s)** 04/27/13 / /

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

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


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

The identity of recipient(s) and the explanation:

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. 	
Alzheimer's Association of Northern CA 251 Lafayette Circle, Suite 250, Lafayette, CA 94549	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	04/30/13
_____ 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

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. 	
Mitchell, Kenneth	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"/>

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

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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

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

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. 	
Russell, Ed	2	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"/>

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

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