



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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> 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"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

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

Title SOCCER CLUB AMERICA v. M6 Face Value of Each Admission \$ 119.00

Description SOCCER Date(s) 12 / 29 / 11

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: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
MEL LUNA	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at a county sponsored e	<input checked="" type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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
 12 / 16 / 11
 (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**

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

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

Title Soccer Club America v Monarchs Face Value of Each Admission \$ 119.00

Description Soccer Game Date(s) 12 / 29 / 11

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
United Seniors of Oakland and	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a	Income <input type="checkbox"/>
Alameda County		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
7200 Bancroft Ave, Ste 251	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	County revenues from parking and concession	Income <input type="checkbox"/>
Oakland, CA 94605	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	sales	Income <input type="checkbox"/>
	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/21/11  
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**

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

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

Title Bob Seger Face Value of Each Admission \$ 153.00

Description Concert Date(s) 12 / 21 / 11

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

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


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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Miley, Nate	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a	Income <input type="checkbox"/>
Pratt, Linda	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
Kaplan, Seth	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	County revenues from parking and concession	Income <input type="checkbox"/>
Kaplan, Lily	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	sales	Income <input type="checkbox"/>
	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/21/11  
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**

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

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

Title Not So Silent Night Face Value of Each Admission \$ 70.00

Description Concert Date(s) 11 / 10 / 11

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Gee, Terrence	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a	Income <input type="checkbox"/>
Chopra, Priya	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
Fukui, Samantha	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenues from parking and concession	Income <input type="checkbox"/>
Keller, Tiffany	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	sales	Income <input type="checkbox"/>
	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/21/11  
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**

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

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

Title Warrior's vs. Clippers Face Value of Each Admission \$ 95.00

Description Basketball Game Date(s) 12 / 25 / 11

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Miley, Nate	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held in a	Income <input type="checkbox"/>
Pratt, Linda	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
Mitchell, Jocelyn	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	Income <input type="checkbox"/>
Mitchell, Vincent	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	sales	Income <input type="checkbox"/>
	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

Anna Gee
Operations Manager
12/21/11  
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**

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

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

Title Raiders vs. Chargers Face Value of Each Admission \$ 150.00

Description Football Game Date(s) 01 / 01 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Raiders  
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 Nate Miley, District 4  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
United Seniors of Oakland and	8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held in a	<input type="checkbox"/>
Alameda County		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	<input type="checkbox"/>
7200 Bancroft Avenue, Suite 251		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	<input type="checkbox"/>
Oakland, CA 94605		Yes <input type="checkbox"/> No <input type="checkbox"/>	sales	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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


 Anna Gee Operations Manager 12/12/11  
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**

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

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

Title Warrior's vs. Bulls Face Value of Each Admission \$ 95.00

Description Basketball Game Date(s) 12 / 26 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Warrior's  
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 Nate Miley, District 4  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Friedman, Mark	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held in a	Income <input type="checkbox"/>
Said, Carolyn	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
Friedman, Prahlad	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	Income <input type="checkbox"/>
Friedman, Dee	1	Yes <input type="checkbox"/> No <input type="checkbox"/>	sales	Income <input type="checkbox"/>
	1	Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/21/11  
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**

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$95

Description Warriors vs. LA Clippers Date(s) 12 / 25 / 11

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?

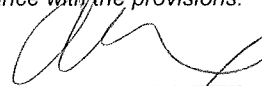
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

**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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Rivera, Marcos	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 <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales. <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

**3. Verification**

I have read and 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 \_\_\_\_\_ 12/22/2011  
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**

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

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

Title Raiders vs Lions Face Value of Each Admission \$ 61.00

Description Football Game Date(s) 12 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Raiders  
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 Nate Miley, District 4  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
East Oakland Youth Development Center	43	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held in a County facility in order to maximize potential	Income <input type="checkbox"/>
8200 International Blvd		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	Income <input type="checkbox"/>
Oakland, CA 94621		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	sales	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/12/11  
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**

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

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

Title Raiders vs. Chargers Face Value of Each Admission \$ 150.00

Description Football Game Date(s) 01 / 01 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Raiders  
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 Nate Miley, District 4  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Dunlap, Kamika	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held in a	Income <input type="checkbox"/>
Fitzgerald, Amy	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
Brooks, Patricia	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	Income <input type="checkbox"/>
Sanftner, Paul	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	sales	Income <input type="checkbox"/>
Sanftner, Jim	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/12/11  
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**

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

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

Title Warrior's vs. Kings - Pre Season Face Value of Each Admission \$ 95.00

Description Basketball Game Date(s) 12 / 17 / 11

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Dunlap, Kamika	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held in a	Income <input type="checkbox"/>
Fitzgerald, Amy	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	sales	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

 Anna Gee Operations Manager 12/21/11  
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**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \_\_\_\_\_ Face Value of Each Admission \$ \$153

Description Bob Seger concert Date(s) 12 / 21 / 11

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"> <li>• 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.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Richard Housman	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 <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales. <span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<span style="float: right;">Income <input type="checkbox"/></span>

**3. Verification**

*I have read and 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
12/19/2011

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**

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

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$150

Description Oakland Raiders vs. Detroit Lions Date(s) 12 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Raiders  
Name of Source \_\_\_\_\_

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

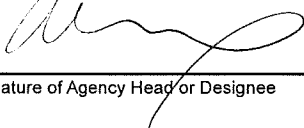
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title \_\_\_\_\_

**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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Edwin Kawamoto	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	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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      12/16/2011  
 \_\_\_\_\_  
 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**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
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>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</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 \_\_\_\_\_ Face Value of Each Admission \$ \$119

Description Club America v. Monarcas Date(s) 12 / 29 / 11

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"> <li>• 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.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Medina, Jessica	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to San Lorenzo. 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
12/22/2011  
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**

<b>1. Agency Name</b> 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> Anna Gee, Operations Manager Area Code/Phone Number   E-mail 510-891-5585   anna.gee@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> <b>Amendment</b> <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 Raiders vs Lions Face Value of Each Admission \$ 61.00

Description Football Game Date(s) 12 / 18 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: Oakland Raiders  
*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 Nate Miley, District 4  
*Official's Name (Last, First) and Title*

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Laffey, Patrick	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held in a	Income <input type="checkbox"/>
Laffey, Jamie	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County facility in order to maximize potential	Income <input type="checkbox"/>
East Bay Innovations	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	County revenue from parking and concession	Income <input type="checkbox"/>
303 W. Joaquin Avenue #10		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	sales	Income <input type="checkbox"/>
San Leandro, CA 94577		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

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

Anna Gee
Operations Manager
12/12/11

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**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</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			
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$95

Description Warriors vs. Chicago Bulls Date(s) 12 / 26 / 11

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?

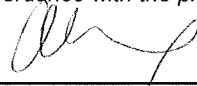
Yes  No  If yes: Supervisor Wilma Chan  
*Official's Name (Last, First) and Title*

**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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Chan, Wilma	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To obtain oversight of facilities that have received County support.	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 \_\_\_\_\_ 12/22/2011  
*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.)*