

**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 Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 04 / 12

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"> <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
Archuleta, Justin	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	<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
7/3/12  
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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Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

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

Title Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 17 / 12

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

 MICHELLE DIANDA Ticket Administrator  
Signature of Agency Head or Designee Print Name Title 7/10/12  
(month, day, year)

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





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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 Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 19 / 12

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"> <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>
Sims, Steven	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his service to the public. <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>
		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.*

	MICHELLE DIANDA	Ticket Administrator	<u>7/10/12</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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		

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

Title Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 20 / 12

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"> <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>	
Cardenas, Rafael	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  
Signature of Agency Head or Designee Print Name Title  
7/10/12  
(month, day, year)

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

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

Title Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 21 / 12

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"> <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
Nawabi, Asadullah	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for his service to the public.	<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**

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 MICHELLE DIANDA Ticket Administrator  
 Signature of Agency Head or Designee Print Name Title 7/10/12  
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)



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

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

Title Oakland A's Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 30 / 12

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"> <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>	
Taylor, Terron	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**

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 MICHELLE DIANDA \_\_\_\_\_ Ticket Administrator \_\_\_\_\_  
 Signature of Agency Head or Designee Print Name Title  
 \_\_\_\_\_ 7/10/12 \_\_\_\_\_  
 (month, day, year)

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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 Face Value of Each Admission \$ 26.00

Description Baseball Game Date(s) 07 / 31 / 12

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"> <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>	
Obispo, Humberto	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  
 Signature of Agency Head or Designee Print Name Title 7/10/12  
 (month, day, year)

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

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

Title A's Luxury Suite Face Value of Each Admission \$ 1,500

Description Baseball Game Date(s) 9, 21, 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 Haggetty, Dist. 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	Income
Taylor Family Found. #	20	Yes <input type="checkbox"/> No <input type="checkbox"/>	# 11 non-profit <input type="checkbox"/>
5555 Arroyo Rd.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Livermore CA 94550		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		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] LeeAnn Ferguson Ticket Administrator 7-16-12  
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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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 Skybox Face Value of Each Admission \$ 1,500

Description Baseball game Date(s) 10/1/12

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 Dist. 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>
Livermore Valley Winegrowers Assoc.	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 11 Non-profit Income <input type="checkbox"/>
Wente Family Estates		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
5565 Tesla Rd		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Livermore CA 94550		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

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Lee Ann Ferguson Ticket Administrator 7-16-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

Title A's Game Face Value of Each Admission \$ 38.00

Description Baseball Date(s) 8, 18, 12

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, Dist. 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>
LAUREN MANNING 3601 KOHEN WAY DUBLIN CA 94568	2	Yes <input type="checkbox"/> No <input type="checkbox"/>	#8 Community Volunteer <input checked="" type="checkbox"/> Income
FALLON MIDDLE SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	#10 Reward School <input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Income

**3. Verification**

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 Lee Ann Ferguson Ticket Administrator 7-16-12  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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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 A's Game Face Value of Each Admission \$ 38.00

Description Baseball Date(s) 7, 8, 12 \_\_\_\_\_

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?

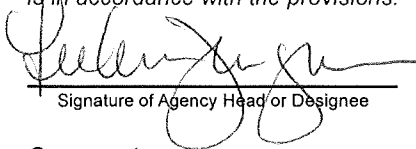
Yes  No  If yes: Alameda County Supervisor Scott Haggerty, Dist. 1  
Official's Name (Last, First) and Title

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>
Wanda Thompson 2426 Rees Circle Livermore, CA 94550	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 8 Community volunteer 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 Ticket Administrator \_\_\_\_\_ 7-16-12  
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) 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 A's Game Face Value of Each Admission \$ 38<sup>00</sup>

Description Baseball Date(s) 7, 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 Hagerty - Dist. 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	Income
Francine Pawkins 450 Pinethill Lane Pleasanton CA 94566	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	#8 Community Volunteer <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 Ferguson
 Print Name
 Ticket Administrator
 Title
 7/6-12
 (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)			
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	crystal.hishida@acgov.org		

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

Title \_\_\_\_\_ Face Value of Each Admission \$ \$109

Description Red Hot Chili Peppers concert Date(s) 8 / 15 / 12

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

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

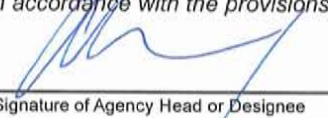
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <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
Gonzalez, Gregory	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	<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
 Print Name
 Ticket Administrator
 Title
 7/31/2012
 (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> Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number   E-mail (510) 272-3882   crystal.hishida@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 \_\_\_\_\_ Face Value of Each Admission \$ \$33  
 Description Ringling Brothers circus Date(s) 8 / 8 / 12

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

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

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

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <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>	
Polkovnikov, Ilya	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.*

\_\_\_\_\_ Alexandra Boskovich \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 7/31/2012  
*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> Cheryl Perkins, Interim Clerk, Board of Supervisors Area Code/Phone Number   E-mail (510) 272-3882   crystal.hishida@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 \_\_\_\_\_ Face Value of Each Admission \$ \$235

Description Aerosmith-Cheap Trick concert Date(s) 8 / 4 / 12

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

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

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

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

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

**3. Verification**

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

Alexandra Boskovich
Ticket Administrator
7/31/2012  

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

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



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

**A Public Document**

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County of Alameda			
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>	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <i>(month, day, year)</i>	
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 \$ \$75/\$17-park

Description A's vs. Yankees Date(s) 7 / 19 / 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: 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
Louie, Darien	3+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"/>
	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.*


 Signature of Agency Head or Designee
 Alexandra Boskovich
 Print Name
 Ticket Administrator
 Title
 07/18/2012
 (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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Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (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 \_\_\_\_\_ Face Value of Each Admission \$ \$75

Description A's vs. Yankees Date(s) 7 / 19 / 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?

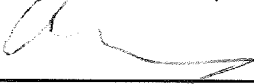
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

**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
Baria, Peter	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	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      Ticket Administrator      07/19/2012  
 Print Name      Title      (month, day, year)

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

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

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County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
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Street Address			
1221 Oak Street, Suite 536			
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Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <i>(month, day, year)</i>	
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 \$ \$75/\$17-park

Description A's vs. Yankees Date(s) 7 / 19 / 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: 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
Tran, Catherine	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"/>
	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.*

  
 Signature of Agency Head or Designee: \_\_\_\_\_ Print Name: Alexandra Boskovich Ticket Administrator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 07/19/2012  
*(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 <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: _____ <i>(month, day, year)</i>	
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 \$ \$75/\$17-park

Description A's vs. Yankees Date(s) 7 / 19 / 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: 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>	
Jones, Steven	1+1 parking	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	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.*

 Signature of Agency Head or Designee	Alexandra Boskovich Print Name	Ticket Administrator Title	07/18/2012 <i>(month, day, year)</i>
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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**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
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>	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <i>(month, day, year)</i>	
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 \$ \$75/\$17-park

Description A's vs. Yankees Date(s) 7 / 19 / 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: 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>	
Silva, Ron	5+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"/>
	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.*

 Signature of Agency Head or Designee	Alexandra Boskovich Print Name	Ticket Administrator Title	07/18/2012 <i>(month, day, year)</i>
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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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County of Alameda			
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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 \$ \$35

Description A's vs. Yankees Date(s) 7 / 19 / 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: 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>	
Flanagan, Tara	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	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
07/13/2012  
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>
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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><i>(month, day, year)</i></small>	
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 \$ \$35

Description A's vs. Yankees Date(s) 7 / 20 / 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: 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>
Kyle, James	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential <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	07/13/2012
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

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)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (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 \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Rangers Date(s) 7 / 18 / 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?

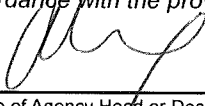
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

**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
Chen, Robert	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      Ticket Administrator      07/13/2012  
 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)			
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 \_\_\_\_\_ Face Value of Each Admission \$ \$35

Description A's vs. Yankees Date(s) 7 / 22 / 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?

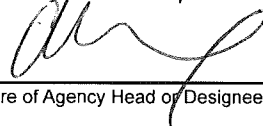
Yes  No  If yes: Supervisor Wilma Chan  
Official's Name (Last, First) and Title

**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
McCormick, Mike	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential	<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
 Print Name
 Ticket Administrator
 Title
 07/13/2012
 (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 A's Game Face Value of Each Admission \$ 38.00

Description Baseball Date(s) 8, 8, 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 Co. Supervisor Scott Haggerty, Dist. 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>
<u>Dougherty</u> <u>Roberty Valley H.S.</u> <input checked="" type="checkbox"/>	<u>2</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>To reward a school for its</u> Income <input type="checkbox"/> <u>Contributions to the Community</u> <input type="checkbox"/>
<u>10550 Albion Rd</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>San Ramon CA</u> <u>94562</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
<u>Micalann Cowan</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.

Julian J. Green Signature of Agency Head or Designee  
LeeAnn Fergerson Print Name Ticket Administrator  
7-31-12 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) 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 luxury Suite Face Value of Each Admission \$ 1,500

Description A's baseball Date(s) 7, 20, 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 Co. Supervisor Scott Haggerty, Dist. 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
<u>Dominic Piegaro</u>	<u>20</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>To reward a community volunteer for his service to the public</u>	<input type="checkbox"/>
<u>5598 Creekview Dr</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
<u>Dublin CA 94568</u>		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.

Lee Ann Ferguson Signature of Agency Head or Designee    
 Lee Ann Ferguson Print Name    
 Ticket Administrator Title    
 7-31-12 (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"/> Amendment (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	cheryl.perkins@acgov.org		

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

Title A's luxury Suite Face Value of Each Admission \$ 1,580

Description BASEBALL Date(s) 7, 20, 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 Hagerty  
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>
<u>Paul Maas</u>	<u>20</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>To promote attendance to a</u> Income <input type="checkbox"/> <u>County sponsored event held at a</u> <input type="checkbox"/>
<u>4566 Augustine St</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>In order to maximize potential</u> Income <input type="checkbox"/> <u>County Revenue from parking and</u> <input type="checkbox"/>
<u>Pleasanton, CA</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>concession sales -</u> Income <input type="checkbox"/>
<u>94566</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

I have read and 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      7-31-12 (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)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Yankees Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 07 / 22 / 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?

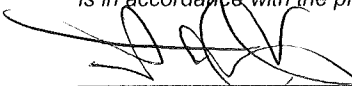
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <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 & Alameda County - 7200 Bancroft Ave, Ste 536, <sup>25/</sup> <input checked="" type="checkbox"/>	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
<u>Darryl Stewart</u> Sanfner, Paul	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Pete, Geoffrey	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Stewart, Darryl	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Stewart, Tyler	1	Yes <input checked="" 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      Anna Gee      Operations Manager      07/09/12  
 Print Name      Title      (month, day, year)

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

Parking pass given, to Paul, Darryl, and United Seniors



**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)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Yankees Face Value of Each Admission \$ 75.00

Description Baseball Game Date(s) 07 / 22 / 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?

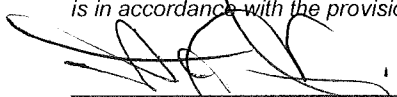
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <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
Dones, Alan	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
Kennedy, James	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Dobbins, Christopher	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Miley, Christopher	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<input type="checkbox"/>
Hickey, Neal	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and	<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

Anna Gee  
 Print Name

Operations Manager  
 Title

07/09/12  
 (month, day, year)

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

Parking pass given to Paul Derritz and United Seniors

**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)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
510-891-5585	anna.gee@acgov.org		

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

Title Athletics vs. Angels Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 08 / 06 / 12 08 / 07 / 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?

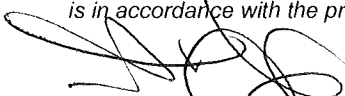
Yes  No  If yes: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

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


 Anna Gee Operations Manager 07/09/12  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

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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: _____ <small>(month, day, year)</small>	
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 Athletics vs. Angels Face Value of Each Admission \$ 38.00

Description Baseball Game Date(s) 08 / 08 / 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: Miley, Nate - Alameda County Supervisor  
Official's Name (Last, First) and Title

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

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <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 & Alameda County	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	<input type="checkbox"/>
7200 Bancroft Avenue, Ste 251 - Oakland, CA 94612		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: Anna Gee Print Name  
 Title: Operations Manager  
 Date: 07/09/12  
(month, day, year)

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