| Tickets Provided by Agency Report | A Pub | lic Document | TICKETS PROVIDED BY |
|---|---|---|--|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 | | Date Stamp | AGENCY REPORT California Form 802 For Official Use Only |
| Area Code/Phone Number E | - mail District2@acgov.org nistrator, BOS | Date of Original Fili | |
| Agency Event Yes | ✓ Face Value of Tick ⊠ No (Identify source of ticket cket(s) Provided to Agency: Or | et: \$ 43.75 | v ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receivi Name of Officia (Last, First) | | on sheet for additional names) State Whether the Distribution is Describe the Public Purpos | |
| Name of Behesting Agency Of Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Desc | fficial: <u>Supervisor Nadia Locky</u> ation: <u>Jazz Hudson</u> er and Street | City Stribution to the organization.) | I.) mber of Tickets:4 |
| Signature of Agency Head or Designee | MICHELLE DIANDA | n accordance with the provisions of Finance TICKET ADMINISTRAT | |

| Tickets Provided by | | | | TICKETS PROVIDED BY |
|--|------------------------|------------------------|----------------------------|--------------------------|
| Agency Report | A Pub | lic Docume | nt | AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | Form 002 |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must | explain in Part 5.) |
| (510) 272-6692 District2@acgov | .org | | | . , |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administrator, BOS | | | | |
| 2. Event For Which Tickets Were Distribut | | | | |
| Date(s) of Event: <u>06 / 28 / 11</u> Desc | cription of Eve | nt: <u>Oakland A's</u> | Game | |
| // Face | e Value of Tick | et: \$ | 22.00 | |
| Agency Event 🔲 Yes 🛛 No (Identify | source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provided | to Agency: O | akland A's | | |
| Number of Tickets Received:2 | | | /: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (| use a continuatio | on sheet for addit | ional names) | |
| Name of Official | Number | State Whet | ner the Distribution is Ir | ncome to the Official or |
| (Last, First) | of Tickets | Descrit | be the Public Purpose f | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving Tie | cket(s) (Provid | ded at the behest | of an agency official.) | |
| Name of Behesting Agency Official: <u>Superviso</u> | r Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: Alameda | | | ervices Num | per of Tickets:2 |
| | | | | |
| Description of Organization: | | | | |
| Address of Organization: | | | | |
| | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public pu | | | | |
| To promote health, motivate and provide expa | nded opportur | nities to vulnera | ble populations in the | e County |
| 5. Verification | | | | |
| I have determined that the distribution of tickets set | forth above is ir | n accordance with | the provisions of FPP | C Regulation 18944.1. |
| MICHELLE | DIANDA | TICK | ET ADMINISTRATO | r 5/14/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment for any ac | ditional informatio | on including amend | ment explanation.) | |
| | | | | |
| | | | | |

| gency Report | | A Publ | lic Docume | nt | TICKETS PROVIDE AGENCY REF |
|--|---------------------------------------|------------------------------|---------------------|-----------------------------|-------------------------------|
| . Agency Name | <u></u> | | | Date Stamp | California 80 |
| COUNTY OF ALAMEDA | | | | | |
| Division, Department, or Reg | jion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | (plain in Part 5.) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | , |
| Agency Contact (name and title |) | | | Date of Original Filing: . | (month, day, year) |
| Crystal Hishida Graff, Princ | cipal Analyst, Coun | ity Administrat | or's Office | | |
| . Event For Which Ticket | s Were Distribut | ed | | <u> </u> | |
| Date(s) of Event:/ | 02 <u>/ 11</u> Desc | ription of Ever | nt: Baseball Ga | me | |
| | / Face | | | 43.75 | |
| | | | σι. φ | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | source of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency. Oa | akland Athletics | | |
| | | | | | |
| Number of Tickets Received | d:4 | Ticket(s) Prov | vided to Agency | 🖞 🗌 Gratuitously | Pursuant to Contr |
| Agency Official(s) Rece | viving Ticket(s) (u | ise a continuatio | on sheet for additi | onal names) | |
| Name of Offi | | Number | | er the Distribution is Inc | come to the Official or |
| (Last, First) | | of Tickets | | e the Public Purpose for | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| •••••••••••••••••••••••••••••••••••••• | | | | | |
| | | | | | |
| Individual or Organizati | on Pocoiving Ti | kot(e) (Brovic | l | of an agonov official) | |
| • | - | | | | |
| Name of Behesting Agency | Official: Alameda | County Superv | isor Nate Miley | , District 4 | |
| | | | | | Л |
| Name of Individual or Organ | nization: | | Junuation | Numb | er of Tickets:4 |
| Description of Organization | Support for Eden | Medical Cente | er | | |
| Description of Organization. | | LT&+ | | | |
| Address of Organization: | 0103 Lake Chabot | Road-Castro \ | /alley, CA 9454 | 6 | |
| Nu | mber and Street | | City | | State Zip Co |
| Purpose for Distribution: (D | escribe the public pu | rpose for the dis | stribution to the o | rganization.) | |
| To reward a nonprofit organ | | | | - | |
| | | | | | |
| | | | | | |
| verification | | | | the provisions of EPP(| Regulation 18944 1 |
| . Verification | ribution of tickets set | forth above is in | 1 accordance with | 1 110 11/10/18/01/8 10 2222 | |
| I have determined that the dist | ribution of tickets set | forth above is in | accordance with | $L \qquad A$ | ~ 1 |
| 1 | An | forth above is ir Man Gel | accordance with | vaturs Man | 2/1 _ 5/5/1 |

| Tickets Provided by | | . | | |
|--|----------------------|---------------------|--|--------------------------------------|
| Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | đ | |
| | 0.40 | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 94 Area Code/Phone Number E-mail | 612 | | | |
| | ora | | Amendment (Must | explain in Part 5.) |
| (510) 272-6692 District2@acgov. Agency Contact (name and title) | uy | | Date of Original Filing: | |
| Michelle Dianda, Ticket Administrator, BOS | | | | (month, day, year) |
| 2. Event For Which Tickets Were Distribut | ed | | | |
| Date(s) of Event: <u>07 / 05 / 11</u> Desc | | nt. Oakland A's | s Game | |
| / Face | | | 22.00 | |
| | | | ······································ | |
| Agency Event 🔲 Yes 🗵 No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provided | to Agency: <u>Oa</u> | akland A's | | |
| Number of Tickets Received:2 | | | y: 🔲 Gratuitously | Pursuant to Contract |
| | Horet(3) 110 | | | |
| 3. Agency Official(s) Receiving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Official | Number | State Whet | her the Distribution is Ir | ncome to the Official or |
| (Last, First) | of Tickets | Descri | be the Public Purpose f | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Memory 101 |
| 4. Individual or Organization Receiving Tid | | | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Superviso</u> | r Nadia Locky | er, District 2 | | |
| | | | | |
| Name of Individual or Organization: <u>Alameda</u> | Sounty Childre | en and Family s | Services Numb | per of Tickets: 2 |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | | | |
| Number and Street | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public pu | rpose for the di | stribution to the c | organization.) | |
| To promote health, motivate and provide expa | nded opportur | nities to vulnera | ble populations in the | e County |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of tickets set | forth above is ir | n accordance wit | h the provisions of FPP | C Regulation 18944.1. |
| | DIANDA | TICK | ET ADMINISTRATO | r 5/24/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment for any ac | ditional informatio | on including amend | lment explanation.) | |
| | | | | |

| Agency Report | AI | Public Document | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|---|---|
| 1. Agency Name | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (| (if applicable) | | For Official Use Only |
| 1221 OAK STREET, #555 | | | |
| Street Address | en antiparte en antip | | |
| OAKLAND, CA 94612 | | | |
| Area Code/Phone Number E-n | nail | | A DECEMBER OF A DECEMBER OF A DECEMBER OF |
| | | Amendment (| Must explain in Part 5.) |
| (510) 272-6685 An An Agency Contact (name and title) | ny.Shrago@acgov.org | Date of Original F | iling: |
| | | | (month, day, year) |
| Amy Shrago, Policy Analyst | | | arranna |
| 2. Event For Which Tickets W | | Ookland A's Reschall Came | |
| | | Event: Oakland A's Baseball Game | |
| 06 | Face Value of | Ticket: \$38.00 | |
| | | | |
| Agency Event 🛛 Yes 🛛 | No (Identify source of | tickets below.) | |
| Name of Outside Source of Tick | et(s) Provided to Agend | /:Oakland A's | |
| Number of Tickets Received: | | Provided to Agency: 🛛 Gratuitous | sly 🛛 Pursuant to Contract |
| 3. Agency Official(s) Receivin | g Ticket(s) (use a cont | nuation sheet for additional names) | |
| Name of Official | Numl | | |
| (Last, First) | of Ticl | ets Describe the Public Purp | ose for the Distribution |
| | | | |
| - | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization | Receiving Ticket(s) | Provided at the behest of an agency offic | sial.) |
| Name of Behesting Agency Offic | Keith Carson, Sup | ervisor Fifth District | |
| Name of Benesting Agency Office | | | |
| Name of Individual or Organizat | ion. Scott Spencer | N | Jumber of Tickets:4 |
| Name of monoral of Organizat | i011 | | |
| | | | |
| Description of Organization: | | | |
| | | | |
| | | | State Zip Code |
| Address of Organization: | and Street | City | State Zip Code |
| Address of Organization: Purpose for Distribution: (Descr | and Street ibe the public purpose for | City he distribution to the organization.) | |
| Address of Organization: Purpose for Distribution: (Descr | and Street ibe the public purpose for | City | |
| Address of Organization: Purpose for Distribution: (Descr To promote attendance at a Co | and Street ibe the public purpose for | City he distribution to the organization.) | |
| Address of Organization: Purpose for Distribution: (Descri To promote attendance at a Co 5. Verification | ^{and Street} ibe the public purpose for unty facility in order to r | City he distribution to the organization.) naximize potential County revenue fr | om parking and concession |
| Address of Organization: Purpose for Distribution: (Descri To promote attendance at a Co 5. Verification | ^{and Street} ibe the public purpose for unty facility in order to r | City he distribution to the organization.) | om parking and concession |

| Tickets Provided by Agency Report | A Pub | lic Documen | t | TICKETS PROVIDED |
|--|---------------------------------------|----------------------|--------------------------|-------------------------|
| 1. Agency Name | | | Date Stamp | AGENCY REPO |
| COUNTY OF ALAMEDA | | | • | Form 802 |
| Division, Department, or Region (if appli | cable) | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | · · · · · · · · · · · · · · · · · · · | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must e | volain in Part 5 l |
| (510) 272-3882 crystal.h | nishida@acgov.org | 1 | | xpiairiiri art 0.) |
| Agency Contact (name and title) | - | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analy | st, County Administrat | tor's Office | | |
| . Event For Which Tickets Were D |)istributed | | | |
| Date(s) of Event:051411 | _ Description of Ever | nt: Baseball Gan | ıe | |
| | – Face Value of Tick | | 38.00 | |
| | | · (- | | |
| · · | (Identify source of ticke | , | | |
| Name of Outside Source of Ticket(s) I | Provided to Agency: O | akland Athletics | | |
| Number of Tickets Received:2 | Ticket(s) Pro | wided to Agency: | Gratuitously | Pursuant to Contra |
| Agency Official(s) Receiving Tic | ket(s) (use a continuation | on sheet for additio | nal names) | |
| Name of Official | Number | | | come to the Official or |
| (Last, First) | of Tickets | Describe | the Public Purpose for | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| ······································ | | | | |
| | | | | |
| . Individual or Organization Rece | i ving Ticket(s) (Provid | ded at the behest o | f an agency official.) | 0.00 |
| Name of Behesting Agency Official: | lameda County Super | visor Nate Miley, | District 4 | |
| | | | | |
| Name of Individual or Organization: | Community Prevention | | Numb | er of Tickets:2 |
| | | | | |
| Description of Organization: | n on prevention of alco | onol sales to mind | | |
| 1558 'B' Str | eet, Suite 201 - Haywa | | | |
| Address of Organization: | | City | | State Zip Co |
| Durance for Distributions (Departies that | | | | |
| Purpose for Distribution: (Describe the | | - | amzauon.) | |
| To reward a nonprofit organization fo | r its contribution to the | community | | |
| | | | | |
| . Verification | | | | |
| I have determined that the distribution of t | ickets set forth above is in | n accordance with t | ne provisions of FPP | C Regulation 18944.1. |
| ASC. | Juna Gree | - DORY | ations than | MAXIN STST |
| Signature of Agency Head or Designee | Print Name | <u> </u> | Title | (month; day, yea |
| Comment: (Use this space or an attachmer | t for any additional information | on including amendm | ent explanation.) | |
| Field Tickets | | | | |

| Tickets Provided by Agency Report | A Public | Docume | ent | TICKETS PROVIDED BY |
|---|--|------------------------------|---|------------------------|
| 1. Agency Name | | | | |
| COUNTY OF ALAMEDA | | | Date Stamp | California Form 802 |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | | | | |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA | 94612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must exp | Lain in Dart E \ |
| (510) 272-3882 crystal.hishida | a@acgov.org | | | nam m Part 5.) |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Co | ounty Administrator's | Office | | (monin, uay, year) |
| 2. Event For Which Tickets Were Distrik | outed | | L | |
| Date(s) of Event: <u>06 / 07 / 11</u> D | escription of Event: _ | U2 360 Tou | ir concert | |
| / Fi | | | \$98.90 | |
| Agency Event 🛛 Yes 🗵 No (Ident | ify source of tickets b | pelow.) | | |
| Name of Outside Source of Ticket(s) Provid | - | | rriors | |
| | | | | |
| Number of Tickets Received:4 | licket(s) Provide | ed to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s |) (use a continuation s | heet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inco be the Public Purpose for | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving | Ticket(s) (Provided | at the behes | t of an agency official.) | ···· |
| Name of Behesting Agency Official: <u>Superv</u> | isor Wilma Chan, Di | strict 3 | | |
| Name of Individual or Organization: <u>Matt M</u> | | | Numbe | r of Tickets:4 |
| | | | | |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public | purpose for the distrib | , | rganization) | |
| To promote attendance at an event held at | | | e , | revenue from sales |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of tickets Alex | set forth above is in act and a Bosko | cordance with vic ຊູ່ Sບ¢ | the provisions of FPPC | Regulation 18944.1. |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment for an | y additional information in | cluding amena | Iment explanation.) | |

| Tickets Provided by Agency Report | A Publ | ic Document | | TICKETS PROVIDED B |
|---|---------------------------------------|-----------------------------|---|--|
| 1. Agency Name | | C | Date Stamp | California 002 |
| COUNTY OF ALAMEDA | | | | Form OU2 |
| Division, Department, or Region (if applicab | le) | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAKLAND, | CA 94612 | | | |
| Area Code/Phone Number E-mail | | □ Am | endment (Must expl | lain in Part 5.) |
| (510) 272-6692 District2@ | acgov.org | | | |
| Agency Contact (name and title) | | Date of | Original Filing: | (month, day, year) |
| Michelle Dianda, District 2 Ticket Admir | istrator, BOS | | | |
| 2. Event For Which Tickets Were Dis | tributed | | | |
| Date(s) of Event: <u>05 / 03 / 11</u> | Description of Ever | nt: <u>Oakland A's</u> | | |
| | Face Value of Ticke | | | |
| | | | | |
| | entify source of ticke | | | |
| Name of Outside Source of Ticket(s) Pro | vided to Agency: Oa | akland A's | | |
| Number of Tickets Received:4 | | vided to Agency: 🛛 🛛 | Fratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticke | t(s) (use a continuation | on sheet for additional na | mes) | |
| Name of Official (Last, First) | Number of Tickets | | Distribution is Inco ublic Purpose for 1 | me to the Official or the Distribution |
| | | | | |
| | | | | |
| | | - | * | |
| 4. Individual or Organization Receivi | ng Ticket(s) (Provid | ded at the behest of an a | gency official.) | |
| Name of Behesting Agency Official: | ervisor Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: <u>Dr.</u> | | | Number | r of Tickets:4 |
| Description of Organization: | | | | |
| Address of Organization: | 17.777-1777 1972 (K. g. sonon an an a | City | | State Zip Code |
| Durpage for Distribution: (Describe the p | uhlia nurnasa far tha dir | atribution to the organizat | tion) | |
| Purpose for Distribution: (Describe the pu | | | ion.) | |
| To reward a community volunteer for his | service to the public | C. | | |
| 5. Verification | | | | |
| I have determined that the distribution of tick | ets set forth above is ir | n accordance with the pro | visions of FPPC I | Regulation 18944.1. |
| | IELLE DIANDA | | MINISTRATOR | 4/27/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |

1

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | |
|---|--|--|------------------------------------|-----------------|---|
| Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 | | Date Stamp | California Form 802 | | |
| 1221 OAK STREET, #536, Area Code/Phone Number (510) 272-6692 Agency Contact (name and title Michelle Dianda, Ticket Ad 2. Event For Which Ticket | E-mail District2@acgov.c ³⁾ ministrator, BOS | org | | Amendment (Must | |
| Date(s) of Event:2 | 29 <u>, 11</u> Descr / Face ⊠ No (Identify s Ticket(s) Provided t | ription of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u> | et: \$ ts below.) akland A's | 43.75 | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Rece Name of Offi (Last, First) | | se a continuatio Number of Tickets | State Whet | | Income to the Official or for the Distribution |
| Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a school for its c | Official: Supervisor | Nadia Locky es pose for the dis | er, District 2 | Num |) nber of Tickets:4 |
| 5. Verification I have determined that the distr Signature of Agency Head or Design Comment: (Use this space or a | MICHELLE | DIANDA Print Name | | ET ADMINISTRATO | - Falaulu |

| Tickets Provided by | | Δ Pub | lic Docume | ant | TICKETS PROVIDED BY |
|------------------------------------|------------------------------|----------------------|-----------------------------------|--|-------------------------|
| Agency Report 1. Agency Name | | | | | AGENCY REPORT |
| COUNTY OF ALAMEDA | | | | Date Stamp | Form 802 |
| Division, Department, or Reg | j ion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | nlain in Part 5) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | plain in Fant 5.j |
| Agency Contact (name and title | ·) | | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Coun | ty Administrat | or's Office | | |
| 2. Event For Which Ticket | s Were Distribute | ed | | | |
| Date(s) of Event: | <u>27 _ 11</u> Desc | ription of Eve | nt: Baseball Ga | ame | |
| / | / Face | | | 38.00 | |
| Agency Event 🛛 🏾 Yes | ⊠ No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: Oa | akland Athletics | 3 | |
| Number of Tickets Received | l:2 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) (u: | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic (Last, First) | cial | Number of Tickets | | her the Distribution is Inc be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| 4. Individual or Organizati | - | | | / | |
| Name of Behesting Agency | Official: <u>Alameda C</u> | County Superv | visor Nate Mile | y, District 4 | |
| Name of Individual or Orgar | | | | | er of Tickets: <u>2</u> |
| Description of Organization: | Provide business | services to the | e Unincorporate | ed Areas of District 4 | |
| Audiess of Organization. | 467 Castro Valley B | Blvd, Castro V | alley, CA 9454 _{City} | 6 | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | rpose for the dis | stribution to the c | organization.) | |
| To reward a nonprofit orgar | nization for its contri | ibution to the | community | | |
| 5. Verification | | | | | |
| I have determined that the dist | ribution of tickets set i | forth above is ir | n accordance wit | h the provisions of EPPC | Regulation 18944 1 |
| | Anna | Gu | | eraturs Man | aur 515/11 |
| Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attacnment for any ad | aitional informatio | on including amend | ament explanation.) | |

Field Tickets

| Tickets Provided by | | | lic Docume | ant | TICKETS PROVIDED BY |
|---|-------------------------|----------------------|------------------------|-----------------------------|---------------------------------------|
| Agency Report | | APub | | | AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA Division, Department, or Rec | ion (if applicable) | | | | For Official Use Only |
| Division, Department, or Reg | JIOTI (II applicable) | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #536, | OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | explain in Part 5.) |
| (510) 272-6692 | District2@acgov. | org | | | |
| Agency Contact (name and title | | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Ad | | | | 1 | |
| 2. Event For Which Ticket | | | | 0 | |
| Date(s) of Event: | <u>30 / 11</u> Desc | ription of Ever | nt: <u>Oakland A's</u> | | |
| / | / Face | Value of Ticke | et: \$ | 22.00 | • |
| Agency Event | 🗵 No (Identify s | source of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Oa | akland A's | | · · · · · · · · · · · · · · · · · · · |
| Number of Tickets Received | | | | :y: 🔲 Gratuitously | Pursuant to Contract |
| Number of fickets Received | J | | vided to Agend | | |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Offi | | Number | | ther the Distribution is Ir | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose f | |
| | | | | | |
| | | | | | |
| ·• | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tid | ket(s) (Provid | L ded at the behes | t of an agency official.) | |
| | - | | | / | |
| Name of Behesting Agency | | | | | |
| Name of Individual or Organ | nization: Lighthous | e Community | Center | Numb | ber of Tickets:2 |
| Description of Organization | | | | munity | |
| Description of Organization | | | | | |
| Address of Organization: | 217 A Street, Hayw | ard, CA 9454 | | | |
| U Nu | imber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pu | rpose for the di | stribution to the o | organization.) | |
| To reward a nonprofit organ | nization for its contr | ibutions to the | e community | | |
| 5. Verification | | | | | |
| I have determined that the dist | ribution of tickots sot | forth above is it | a accordance wit | th the provisions of EDD | C Population 18044 1 |
| |) | | | | Glacill |
| Signature of Agency Head or Desig | MICHELLE | DIANDA Print Name | | | |
| Comment: (Use this space or a | | | on including emery | | (prontin, dayy year) |
| | an automnone for any ac | aaonarmonndu | and and a second | amont oxplanation, j | |
| | | | | | |

| Tickets Provided by | | | | |
|---|---------------------------------------|------------------------|--|--------------------------------------|
| Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | Form OUZ For Official Use Only |
| Division, Department, or Region (if applicable | э) | | | For Official Use Only |
| 1221 OAK STREET, #555 | Advantation and the | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 Area Code/Phone Number E-mail | · · · · · · · · · · · · · · · · · · · | | | |
| | | | Amendment (Must ex | kplain in Part 5.) |
| (510) 272-3882 crystal.hishi Agency Contact (name and title) | ida@acgov.org | | Date of Original Filing: - | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, | | tor's Office | | |
| 2. Event For Which Tickets Were Dist | | | | |
| Date(s) of Event: <u>05 / 29 / 11</u> | Description of Ever | nt: <u>Baseball Ga</u> | ame | |
| /// | Face Value of Ticke | et: \$ | 38.00 | |
| Agonov Event 🗖 Vee 🛛 🕅 No (Ide | atify course of ticks | to holow) | | |
| | entify source of ticke | , | | |
| Name of Outside Source of Ticket(s) Prov | /ided to Agency: | akiand Athletics | | |
| Number of Tickets Received:2 | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket | (use a continuation) | on sheet for addit | ional names) | |
| Name of Official | Number | | her the Distribution is Inc | |
| (Last, First) | of Tickets | Descril | be the Public Purpose fo | r the Distribution |
| | | | | |
| | | | | |
| | | | | |
| ····· | | | | |
| | | | | |
| 4. Individual or Organization Receiving | • | | | |
| Name of Behesting Agency Official: | ieda County Super | visor Nate Miley | /, District 4 | |
| | | | | |
| Name of Individual or Organization: Ashl | and Little League | | Numbe | er of Tickets: <u>2</u> |
| | | Ashland youth | | |
| Description of Organization: Provided out | | | | |
| 444 'C' Street - | Hayward, CA 9454 | 1 | | |
| Address of Organization: | | City | and a second | State Zip Code |
| Purpose for Distribution: (Describe the put | olic purpose for the di | stribution to the o | organization.) | |
| To reward a nonprofit organization for its | | | | |
| | | community | | |
| 5. Verification | | | | |
| I have determined that the distribution of ticke | ats set forth above is in | n accordance witi | h the provisions of EPPC | Regulation 18944 1 |
| | \cap | | | , , |
| -47154- | ma Gee | - Oper | atim Mainag | 2 5/3/11 |
| Signature of Agency Head or Designee | Print Name | l I | | (montri, day, year) |
| Comment: (Use this space or an attachment for | any additional information | on including amend | iment explanation.) | |
| and concession sales - Field Tickets | | | | |

<

| Tickets Provided by Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED B |
|---|--|--|---|---------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | Date Stamp | AGENCY REPOR California Form 802 | |
| Street Address 1221 OAK STREET, #555, OAKLAND, CA 946 | 612 | | | |
| Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@a | icgov.org | | Amendment (Must explain in Part 5.) | |
| Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County | | or's Office | Date of Original Filing | (month, day, year) |
| Agency Event ☐ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided t | ription of Even Value of Ticke ource of ticke o Agency: <u>Go</u> | et: \$ ts below.) olden State Wa | \$83.80 rriors | |
| 3. Agency Official(s) Receiving Ticket(s) (us | | _ | y: Gratuitously | I Pursuant to Contract |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Ir be the Public Purpose f | |
| 4. Individual or Organization Receiving Tic Name of Behesting Agency Official: Supervisor | • • • | | t of an agency official.) | |
| Name of Individual or Organization: <u>Jenny Lira</u> | | | Numł | ber of Tickets:2 |
| Description of Organization: | 400 W 4 A AMARINA A A A A A A A A A A A A A A A A A A | | | · · · · · · · · · · · · · · · · · · · |
| Address of Organization: | | | | State Zip Code |
| 5. Verification I have determined that the distribution of tickets set for Alexand | orth above is ir | accordance with | h the provisions of FRP | C Regulation 18944.1. |
| Signature of Agency Head or Designee Comment: (Use this space or an attachment for any add | Print Name ditional informatio | on including amend | Title Iment explanation.) | (month, day, year) |

| Tickets Provided by | | | | |
|---|---------------------------|---------------------|----------------------------|--------------------------------------|
| Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | For Official Use Only |
| Division, Department, or Region (if applicable) | | | | Tor Onicial Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 9 | 4612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must e | explain in Part 5.) |
| (510) 272-6692 District2@acgov | v.org | | | . , |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administrator, BOS | 4 1 | `` | | |
| 2. Event For Which Tickets Were Distribu | | Oakland A's | Game | |
| Date(s) of Event: <u>05 / 29 / 11</u> Des | | | 22.00 | |
| // Fac | e Value of Tick | et: \$ | 22.00 | |
| Agency Event 🛛 Yes 🛛 No (Identify | source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provided | d to Agency: O | akland A's | | |
| | | | | |
| Number of Tickets Received:2 | licket(s) Pro | wided to Agency | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) | (use a continuatio | on sheet for addit | lional names) | |
| Name of Official | Number | State Whet | her the Distribution is In | come to the Official or |
| (Last, First) | of Tickets | Descril | be the Public Purpose f | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving T | icket(s) (Provid | led at the behast | of an agency official) | |
| | | | of an agency official.) | |
| Name of Behesting Agency Official: Supervis | | er, District 2 | | |
| Name of Individual or Organization: Lighthou | se Community | Center | Numh | per of Tickets:2 |
| | | | | |
| Description of Organization: Center focused of | on servicing the | | nunity | |
| Address of Organization:A Street, Hay | ward, CA 9454 | 1 | | |
| Number and Street | · · · · · · · · · · · · · | City | | State Zip Code |
| Purpose for Distribution: (Describe the public p | urpose for the di | stribution to the o | rganization.) | |
| To reward a nonprofit organization for its con | tributions to the | e community | | |
| | | , , | | |
| 5. Verification | | | | |
| I have determined that the distribution of tickets se | t forth above is ir | n accordance witl | h the provisions of FPP | C Regulation 18944.1. |
| | E DIANDA | TICK | ET ADMINISTRATOR | <u>× 5/25/11</u> |
| Signature of Agency Head or Designee | Print Name | • | Title | (mo h th, day, year) |
| Comment: (Use this space or an attachment for any a | additional informatio | on including amend | iment explanation.) | |
| | | | | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY |
|---|---|----------------------|---------------------|---|---|
| 1. Agency Name | | | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | | • | Form 802 |
| Division, Department, or Region | n (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | - | | |
| Area Code/Phone Number E | -mail | | | Amendment (Must e | explain in Part 5.) |
| | Amy.Shrago@aco | gov.org | | | |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | al processions and the state of t | | | | |
| 2. Event For Which Tickets V | | | | | |
| Date(s) of Event:05_/_13 | _/ <u>11</u> Descr | ription of Eve | nt: Oakland A's | s Baseball Game | |
| | / Face | | | 43.75 | |
| Agency Event | X No (Identify s | | - | | |
| Name of Outside Source of Tid | cket(s) Provided t | o Agency: <u>Oa</u> | akland A's | | |
| Number of Tickets Received: - | 6 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Receivi | i ng Ticket(s) (us | se a continuatio | on sheet for addi | tional names) | |
| Name of Officia (Last, First) | | Number of Tickets | | her the Distribution is In be the Public Purpose f | |
| Brown, Aisha | | 6 | To promote a | attendance at a Coun | ty facility |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatior | n Receiving Tic | ket(s) (Provi | ded at the behes | t of an agency official.) | na an an an an an ann an an Ann an |
| Name of Behesting Agency Of | fficial: | | ····· | | |
| Name of Individual or Organiz | ation: | | | Numt | er of Tickets: |
| Description of Organization: _ | | | | | |
| Address of Organization: | er and Street | | City | | State Zip Code |
| Purpose for Distribution: (Des | cribe the public pur | pose for the di | stribution to the o | organization.) | |
| 5. Verification | | | | | |
| I have determined that the distribution | ution of tickets set f | forth above is i | n accordance wit | h the provisions of FPP | C Regulation 18944.1. |
| A Shage | Amy Shrago | | Polic | y Analyst | 05/24/11 |
| Signature of Agency Head or Designee | 1 | Print Name | | Title | (month, day, year) |

| 4 A | 7110 | blic Document | TICKETS PROVIDED B AGENCY REPOR |
|--|--|--|--|
| 1. Agency Name | | Date Star | California 202 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region | n (if applicable) | | For Official Use Only |
| 1221 OAK STREET, #555 | | | |
| Street Address | | | |
| OAKLAND, CA 94612 | | | |
| | E-mail | | Land in the international statements of the stat |
| (510) 272-6685 | Amy.Shrago@acgov.org | | t (Must explain in Part 5.) |
| Agency Contact (name and title) | | Date of Original | Filing: |
| Amy Shrago, Policy Analyst | | | (monin, day, year) |
| 2. Event For Which Tickets | Wara Distributad | | |
| | | vent: Oakland A's vs. Texas Rar | naers |
| Date(s) of Event: <u>04</u> / <u>30</u> | <u></u> Description of E | vent: | 2 |
| / | / Face Value of Ti | cket: \$ WATE 38 | |
| Agency Event 🛛 Yes | No (Identify source of tic | kats balow) | |
| o <i>i i i</i> | · · | | |
| Name of Outside Source of T | icket(s) Provided to Agency: . | Oakland A's | and a second |
| Number of Tickets Received: | フ | Provided to Agency: | usly 🛛 🗵 Pursuant to Contrac |
| Number of Tickets Received: | HCKel(S) P | Tovided to Agency. | |
| 3. Agency Official(s) Receiv | ving Ticket(s) (use a continu | ation sheet for additional names) | |
| | | | on is Income to the Official or |
| Name of Offici (Last, First) | al Number of Tickets | | rpose for the Distribution |
| | | , | |
| | | | |
| | | | |
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| | | | |
| 4. Individual or Organizatio | n Receiving Ticket(s) (Pro | ovided at the behest of an agency of | fficial.) |
| 0 | • • • • • | • • | fficial.) |
| 4. Individual or Organizatio Name of Behesting Agency C | • • • • • | • • | fficial.) |
| Name of Behesting Agency C | official: <u>Keith Carson, Superv</u> | • • | |
| Individual or Organizatio Name of Behesting Agency C Name of Individual or Organia | official: <u>Keith Carson, Superv</u> | • • | fficial.) Number of Tickets:2 |
| Name of Behesting Agency C Name of Individual or Organi | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> | risor Fifth District | |
| Name of Behesting Agency C | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> | risor Fifth District | |
| Name of Behesting Agency C Name of Individual or Organi Description of Organization: . | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> | risor Fifth District | |
| Name of Behesting Agency C Name of Individual or Organi | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> | risor Fifth District | Number of Tickets:2 |
| Name of Behesting Agency O Name of Individual or Organi Description of Organization: . Address of Organization: | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> | risor Fifth District | Number of Tickets:2 |
| Name of Behesting Agency C Name of Individual or Organi Description of Organization: . Address of Organization: | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> per and Street scribe the public purpose for the | City distribution to the organization.) | Number of Tickets:2 |
| Name of Behesting Agency C Name of Individual or Organi Description of Organization: . Address of Organization: | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> per and Street scribe the public purpose for the | risor Fifth District | Number of Tickets:2 |
| Name of Behesting Agency C Name of Individual or Organiz Description of Organization: . Address of Organization: | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> per and Street scribe the public purpose for the | City distribution to the organization.) | Number of Tickets:2 |
| Name of Behesting Agency O Name of Individual or Organiz Description of Organization: . Address of Organization: . Purpose for Distribution: (De To promote attendance at a | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> ber and Street scribe the public purpose for the County facility in order to max | City City distribution to the organization.) | Number of Tickets:2 |
| Name of Behesting Agency O Name of Individual or Organiz Description of Organization: . Address of Organization: . Purpose for Distribution: (De To promote attendance at a | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> ber and Street scribe the public purpose for the County facility in order to max | City distribution to the organization.) | Number of Tickets:2 |
| Name of Behesting Agency O Name of Individual or Organiz Description of Organization: . Address of Organization: . Purpose for Distribution: (De To promote attendance at a | official: <u>Keith Carson, Superv</u> zation: <u>Ethan Shrago</u> ber and Street scribe the public purpose for the County facility in order to max | City City distribution to the organization.) | Number of Tickets:2 State Zip Code |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PRO AGENC | OVIDED B |
|--------------------------------------|-----------------------------|-------------------|--|-------------------------|-----------------------|-------------|
| 1. Agency Name | | | ······································ | Date Stamp | California | |
| COUNTY OF ALAMEDA | | | | | Form | 5 UZ |
| Division, Department, or Reg | jion (if applicable) | | | | For Official Use | Only |
| 1221 OAK STREET, #555 | | | | | | |
| Street Address | | | | | | |
| OAKLAND, CA 94612 | | | | | | |
| Area Code/Phone Number | E-mail | | ********* | Amendment (Mus | t explain in Part 5.) | |
| 510 272-6691 | leeann.fergerson | @acgov.org | | | | |
| Agency Contact (name and title | ə) | | | Date of Original Filing | g:(month, day, year) | |
| Lee Ann Fergerson, Ticket | Administrator | | | | | |
| 2. Event For Which Ticket | s Were Distribut | ed | | | | |
| Date(s) of Event:2 | <u>21 / 11</u> Desc | ription of Ever | nt: Oakland A's | s Skybox | | |
| 1 | | | | \$1,500 | | |
| | | | ει. ψ | | | |
| Agency Event | 🛛 No (Identify s | source of ticke | ets below.) | | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: | | | | |
| Number of Tickets Received | 20 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to C | Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | ise a continuatio | on sheet for addi | tional names) | | |
| Name of Offic | cial | Number | | her the Distribution is | | or |
| (Last, First) | | of Tickets | Descri | be the Public Purpose | for the Distribution | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. Individual or Organizati | - | • • • | | |) | |
| Name of Behesting Agency | Official: Alameda (| County Superv | ∕isor Scott Hag | gerty, District 1 | | |
| | | | | | | |
| Name of Individual or Orgar | nization: <u>Fallon Sch</u> | 100 | | Num | iber of Tickets: | 20 |
| Description of Organization: | | | | | | |
| Address of Organization: | mber and Street | | City | | State | Zip Code |
| Durness for Distributions (D | | | | ····· | | • |
| Purpose for Distribution: (D | | | | organization.) | | |
| To reward a school organiz | ation for its contribu | utions to the co | ommunity | | | |
| 5 | | | | | | |
| 5. Verification | , ,, . | | | | | |
| I have determined that the distr | ribution of tickets set i | torth above is in | accordance wit | h the provisions of FPI | PC Regulation 18944 | .1. |
| Velle Xin | Lee Ann Fe | rgerson | Ticke | t Administrator | 5/16 | /11 |
| Signature of Agency Head or Design | iee | Print Name | <u></u> | Title | (month, da | ay, year) |

| Tickets Provided by Agency Report | oort A Public Document | | ent | TICKETS PROVIDED BY AGENCY REPOR | |
|--------------------------------------|--|----------------------|---|---------------------------------------|-------------------------|
| 1. Agency Name | generalised and a second s | | 19 | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | |
| Division, Department, or Regi | on (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | volain in Part 5 \ |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | xpraintint att 5.y |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princi | pal Analyst, Cour | nty Administrat | or's Office | | (|
| 2. Event For Which Tickets | Were Distribut | ed | | . | |
| Date(s) of Event:06 /1 | | | nt. Baseball G | ame | |
| Date(3) 01 Event/ | | | | 38.00 | |
| / | / Face | e Value of Tick | et: \$ | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | source of ticke | ets below.) | | |
| - • | | | | s | |
| Name of Outside Source of T | icket(s) Provided | to Agency: | | · · · · · · · · · · · · · · · · · · · | |
| Number of Tickets Received: | 2 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | I Pursuant to Contract |
| | | . , | | | |
| 8. Agency Official(s) Receiv | ving Ticket(s) (u | use a continuatio | on sheet for addi | tional names) | |
| Name of Offici | ial | Number | State Whet | ther the Distribution is Ind | come to the Official or |
| (Last, First) | | of Tickets | Descri | be the Public Purpose fo | or the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Individual an Onvenia dia | n Dessiving Ti | | <u> </u> | | |
| 1. Individual or Organizatio | - | | | | |
| Name of Behesting Agency C | Official: Alameda (| County Super | isor Nate Mile | y, District 4 | |
| | | | | | _ |
| Name of Individual or Organi | zation: <u>Castro Va</u> | illey/Eden Are | a Chmber of Co | ommerce Numb | er of Tickets: <u>2</u> |
| | | | | | |
| Description of Organization: . | | | e Unincorporat | eu Aleas of District 4 | |
| 34 | 67 Castro Valley E | Blvd. Castro V | allev CA 9454 | 6 | |
| | ber and Street | | City | • | State Zip Code |
| | | | | | |
| Purpose for Distribution: (De | scribe the public pu | rpose for the di | stribution to the o | organization.) | |
| To reward a nonprofit organi | zation for its contr | ibution to the | community | | |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the distri | bution of tickets set | forth above is ii | n accordance wit | h the provisions of FPPC | CRegulation 18944.1. |
| ASW. | A | a laes | - Do- | matrices Man | and Mali |
| Signature of Agency Head or Designe | | Print Name | - Uter | rations Mary | MAN 551 |
| Comment: (Use this space or an | | ditional information | n includina emery | dment explanation) | U (moning day, your) |
| | and on the first of any au | anona mittinali | and and a subsection of the second | amon oxplanation.) | |
| Field Tickets | | | | | |

| Tickets Provided by Agency Report | A Public | c Document | TICKETS PROVIDED B AGENCY REPOR |
|--|---|---|------------------------------------|
| 1. Agency Name | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if applic | cable) | | For Official Use Only |
| 1221 OAK STREET, #536 | | | |
| Street Address | | | |
| OAKLAND, CA 94612 | | | |
| Area Code/Phone Number E-mail | *************************************** | Amendment (Must | explain in Part 5) |
| | ergerson@acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Lee Ann Fergerson, Ticket Administra | ator | | (,, , , , ,, |
| 2. Event For Which Tickets Were D | istributed | | |
| Date(s) of Event: <u>07 / 06 / 11</u> | Description of Event: | A's seat tickets | |
| | - Face Value of Ticket: | 00 00 | |
| | | φ | |
| Agency Event 🗌 Yes 🛛 🗙 No (| Identify source of tickets | below.) | |
| Name of Outside Source of Ticket(s) P | Provided to Agency: Oak | and Athletics | |
| | | | |
| Number of Tickets Received: <u>2</u> | Ticket(s) Provid | ded to Agency: | Pursuant to Contrac |
| 3. Agency Official(s) Receiving Tick | (ot(s) (use a continuation | shoot for additional names) | |
| | | - | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Ir Describe the Public Purpose f | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization Receiv | ving Ticket(s) (Provided | at the behest of an agency official.) | |
| Name of Behesting Agency Official: A | ameda County Supervis | or Scott Haggerty, District 1 | |
| | | | |
| Name of Individual or Organization: Ir | vington High School | Numt | per of Tickets: <u>2</u> |
| - | | | |
| Description of Organization: | | | |
| | | | |
| Address of Organization: | t | City | State Zip Code |
| Purpose for Distribution: (Describe the | nublic nurness for the distri | bution to the organization) | |
| | | buildn to the organization.) | |
| To reward a school for its contributions | s to the community | | |
| | WWW-1-1-1-1 | | |
| 5. Verification | | | |
| I have determined that the distribution of tic | ckets set forth above is in a | ccordance with the provisions of FPP | C Regulation 18944.1. |
| Multituto Lee | e Ann Fergerson | Ticket Administrator | 5/13/11 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: (Use this space or an attachment | for any additional information i | ncluding amendment explanation.) | |

| Agency Nume ColUNTY OF ALAMEDA California B0/2 Division, Department, or Region (// applicable) Date Stamp California B0/2 Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 For Official Use Only For Official Use Only Area Code/Phone Number E-mail Image: Area Code/Phone Number Image: Area Code/Phone Number For Official Use Only Agency Contact (name and title) District2@acgov.org Agency Contact (name and title) Image: Amendment (Most exclaim in Part 5.) Date of Original Filing: | Tickets Provided by Agency Report | A Pub | lic Docume | nt | TICKETS PROVIDED B |
|---|--|-------------------------------|---------------------|---------------------------------------|--|
| COUNTY OF ALAMEDA Por Otical Use Driv Division, Department, or Region (# applicable) Por Otical Use Driv Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 Area CodePhone Number E-mail [510] 272-6692 District2@acgov.org Agency Contact (mame and other) District2@acgov.org Agency Event O / 05 _ 11 Description of Event; Oakland A's | | | | | |
| Division, Department, or Region (/ applicable) For Official Use Only Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 Area Codde/Phone Number E-mail [510] 272-6692 Distric12@acgov.org Agency Contact (norme and tile) Distric12@acgov.org Michelle Dianda, Ticket Administrator, BOS Date of Original Filing: | | | | Date Stamp | |
| 1221 OAK STREET, #S36, OAKLAND, CA 94612 Area Code/Phone Number (S10) 272-6692 Email District2@acgov.org Amendment (Must explain in Parts.) Agency Contact (amail and Mb) District2@acgov.org Date of Original Filing: | - man the - | | | | For Official Use Only |
| 1221 OAK STREET, #S36, OAKLAND, CA 94612 Area Code/Phone Number (S10) 272-6692 Email District2@acgov.org Amendment (Must explain in Parts.) Agency Contact (amail and Mb) District2@acgov.org Date of Original Filing: | | | | | |
| Area Coder/Phone Number (510) 272-6692 E-mail Image: Control (Must explain in Part 5) Agency Contact (name and tote) District2@acgov.org Date of Original Filing: | Street Address | | | | |
| (510) 272-6692 District2@acgov.org Agency Contact (name and tile) Index of Original Filing: | | A 94612 | | | |
| Agency Contact (name and dite) Date of Original Filing::::::::::::::::::::::::::::::::::: | Area Code/Phone Number E-mail | | | Amendment (Must e | xplain in Part 5.) |
| Michelle Dianda, Ticket Administrator, BOS (mmm, ray, year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 05 / 11 Description of Event: Dakland A's | | gov.org | | Deterational Filler | |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 05 / 11 Description of Event: Oakland A's | | | | Date of Original Filing: . | (month, day, year) |
| Date(s) of Event: 09 05 11 Description of Event: 1500.00 Agency Event Yes No (identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously El Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official; Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: 20 Description of Organization: St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Audress of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Number and Steet City State 2p Cose Purpose for Distribution: Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community S | System page manetal and a second system of the second second second second second second second second second s | | | · · · · · · · · · · · · · · · · · · · | |
| Agency Event Yes No (Identify source of Ticket: \$ 1500.00 Agency Event Yes No (Identify source of Ticket selow.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 20 Ticket(s) Provided to Agency: Oakland A's Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: SI. Rose Foundation Number of Tickets: 20 Description of Organization: SI. Rose Foundation Number of Tickets: 20 Description of Organization: SI. Rose Hospital enhance services and technology to support healthcare team Address of Organization: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community S. Verification I Mumber and Street I MoveRifetermined heat the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA Ticket TADMINISTRATOR Differentiation. Comment: (Use this space or an attachment for any additional information including amendment explanation.) EPPC Form 802 (Feb/0 | | | Oakland A's | | |
| Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 20 Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 20 Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (use, First) Itele Yes Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: 20 Description of Organization: St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Address of Organization: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Multipleterinined Machine Meeting Figure Print Name Superviser Manne Ticket Set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Michellet DIANDA Ticket Ibits gauge or an attachment for any additional information including amendment explanation.) | | | 4 | | <u></u> |
| Name of Outside Source of Ticket(s) Provided to Agency: Oracle Contract Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract Contract State Whether the Distribution is Income to the Official of Tickets Name of Official (uset, Final) Number of Ticket(s) (provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: Description of Organization: St. Rose Foundation Number of Tickets: Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Michelle DIANDA Ticket Administrator Title Tip Signature of Agency Reserver an additional information including amendment explanation.) Superlands of Agency Reserver an additional information including amendment explanation.) Title State Zip Code | F | Face Value of Tick | et: \$ | 500.00 | |
| Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Number State Whether the Distribution is Income to the Official of Describe the Public Purpose for the Distribution 1. Mame of Official Number State Whether the Distribution is Income to the Official of Describe the Public Purpose for the Distribution 2. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: State Foundation Number of Tickets: 20 Description of Organization: Ellep St. Rose Foundation Number of Tickets: 20 Description of Organization: 27200 Calaroga Ave. Hayward, CA 94545 210 Code Number and Steet City State 210 Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Michellet DIANDA Ticket To Administration Michellet DIANDA Ticket To Administration.) State this space or an attachment for any additional information including amendmen | Agency Event 🗌 Yes 🗵 No (Iden | tify source of ticke | ets below.) | | |
| Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Number State Whether the Distribution is Income to the Official of Describe the Public Purpose for the Distribution 1. Mame of Official Number State Whether the Distribution is Income to the Official of Describe the Public Purpose for the Distribution 2. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: State Foundation Number of Tickets: 20 Description of Organization: Ellep St. Rose Foundation Number of Tickets: 20 Description of Organization: 27200 Calaroga Ave. Hayward, CA 94545 210 Code Number and Steet City State 210 Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Michellet DIANDA Ticket To Administration Michellet DIANDA Ticket To Administration.) State this space or an attachment for any additional information including amendmen | Name of Outside Source of Ticket(s) Provi | ded to Agency. Of | akland A's | | |
| Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution (Last, First) of Tickets Describe the Public Purpose for the Distribution Last, First) Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: 20 Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community Supervision of the Contribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA TICKET ADMINISTRATOR Title Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | (a) the end of the second s Second second s Second second se | | | | |
| Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community TICKET ADMINISTRATOR Supnature of Agency Reserverse Print Name TICKET ADMINISTRATOR Supnature of Agency Reserverse Print Name TICKET ADMINISTRATOR Title Comment: (Use this space or an attachment for any additional information including amendment explanation.) | Number of Tickets Received: | Ticket(s) Pro | vided to Agency | y: 🔲 Gratuitously | Pursuant to Contrac |
| (Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Number of Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community Steret MICHELLE DIANDA Involve tetermined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Header Perior Print Name Ticket ADMINISTRATOR State Verification Print Name Ticket ADMINISTRATOR State Tick State Address or an attachment for any additional information including amendment explanation.) | 3. Agency Official(s) Receiving Ticket(| s) (use a continuation | on sheet for addit | ional names) | |
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| | and a second second Second second second Second second | | | | |
| Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: St. Rose Foundation Number of Tickets: 20 Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team 20 Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community State Zip Code Stream MICHELLE DIANDA TICKET ADMINISTRATOR Stream Stream Signature of Agerby Header Designee Print Name Title Stream Stream Comment: (Use this space or an attachment for any additional information including amendment explanation.) Title FPPC Form 802 (Feb/0 | produkting States in the second se | | | | , . |
| Name of Individual or Organization: St. Rose Foundation Number of Tickets: 20 Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community State Zip Code Purpose for Distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA TICKET ADMINISTRATOR Signature of Agency Heador resignee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.) | 4. Individual or Organization Receiving | J Ticket(s) (Provid | ded at the behest | of an agency official.) | , and the second s |
| Name of Individual or Organization: St. Rose Foundation Number of Tickets: 20 Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community State Zip Code Purpose for Distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA TICKET ADMINISTRATOR Signature of Agency Heador resignee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.) | Name of Behesting Agency Official: Super | visor Nadia Locky | er, District 2 | | |
| Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community 5. Verification I have distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA Signature of Agency Heade or Designee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.) | - 「我は意味には、「おお」 しかい オート・ション | | | | 20 |
| Address of Organization: $ \frac{27200 \text{ Calaroga Ave. Hayward, CA 94545}}{Number and Street} $ City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community State Zip Code Michaelte print Name Michaelte Dianda Signature of Agency Head-or Designee Print Name Title Michaelte Dianda Comment: (Use this space or an attachment for any additional information including amendment explanation.) | | | | | |
| Address of Organization. Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community To reward a nonprofit organization for its contributions to the community 5. Verification Its verification of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Pesignee Print Name TICKET ADMINISTRATOR Signature of Agency Head or Pesignee Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | Description of Organization: <u>Help St. Rose</u> | e Hospital enhance | e services and t | echnology to support | healthcare team |
| Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community To reward a nonprofit organization for its contributions to the community 5. Verification If by effecte trained that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designee Print Name TICKET ADMINISTRATOR Signation (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | Address of Organization. 27200 Calaroga | Ave. Hayward, CA | ٩ 94545 | | an a |
| To reward a nonprofit organization for its contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA TICKET ADMINISTRATOR Signature of Agency Head or Designee Print Name Title (nonth, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | Number and Street | | City | | State Zip Code |
| 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | Purpose for Distribution: (Describe the publi | c purpose for the di | stribution to the o | rganization.) | |
| 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | To reward a nonprofit organization for its o | contributions to the | e community | - | |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. MICHELLE DIANDA TICKET ADMINISTRATOR 5/18/11 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.) FPPC Form 802 (Feb/0 | | | | | |
| MICHELLE DIANDA TICKET ADMINISTRATOR 5/18/11 Signature of Agency Head-on Designee Print Name Title 5/18/11 Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | 5. Verification | | | | ······ |
| 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.) FPPC Form 802 (Feb/0 | I have determined that the distribution of tickets | set forth above is ir | n accordance with | n the provisions of FPPC | Regulation 18944.1. |
| Comment: (Use this space or an attachment for any additional information including amendment explanation.) FPPC Form 802 (Feb/0 | | | | | 5/18/11 (donth day year) |
| FPPC Form 802 (Feb/0 | | | on including amend | | |
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| n en de la companya de la companya La companya de la comp La companya de la comp | and the second | | F | PPC Toll-Free Helpline: 8 | |
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| Tickets Provided by | A Pı | ublic Docume | nt | TICKETS PROVIDED B |
|---|---|--|--|---|
| 1. Agency Name COUNTY OF ALAMEDA | Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | Date Stamp | AGENCY REPOR California Form 802 For Official Use Only |
| Agency Contact (name and title) Michelle Dianda, Ticket Administr | ct2@acgov.org ator, BOS | | ☐ Amendment (Must e) Date of Original Filing: . | |
| | Description of E Face Value of T No (Identify source of ti s) Provided to Agency: | ïcket: \$ ckets below.) Oakland A's | 49.50 r: □ Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Name of Official (Last, First) | Ficket(s) (use a continu Number of Ticket | r State Wheth | onal names) her the Distribution is Ind he the Public Purpose fo | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| Individual or Organization Re Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Provid Address of Organization: 524 Estu Number and Purpose for Distribution: (Describe To reward a non-profit organization | Supervisor Nadia Loo CALICO des supportive environr dillo Ave. San Leandro Street the public purpose for the | ckyer, District 2 ment and collabora o, CA 94577 City e distribution to the or | tive response to child | er of Tickets:4 abuse State Zip Code |
| 5. Verification I have determined that the distribution Signatury boogeney Head on Designed Comment: (Use this space or an attach | MICHELLE DIANDA Print Name | TICKE | ET ADMINISTRATOR Title ment explanation.) | $- C \downarrow A \downarrow A$ |

Address of the

| Tickets Provided by | | lic Document | | TICKETS PROVIDED BY |
|--|--|--|----------------|---|
| Agency Report 1. Agency Name COUNTY OF ALAMEDA | | | Stamp | AGENCY REPORT California Form 802 |
| Division, Department, or Region (if appl | licable) | | | For Official Use Only |
| Street Address 1221 OAK STREET, #536, OAKLAN | ID, CA 94612 | | | |
| | 2@acgov.org | | lment (Mustexp | , |
| Agency Contact (name and title) Michelle Dianda, Ticket Administrato | or, BOS | | iginal Filing: | (month, day, year) |
| 2. Event For Which Tickets Were I | | | | |
| Date(s) of Event: <u>05</u> <u>18</u> <u>11</u> | Description of Ever | | | |
| | – Face Value of Ticke | et: \$ 49.50 | | |
| Agency Event 🗌 Yes 🛛 🛛 No | (Identify source of ticke | ts below.) | | |
| Name of Outside Source of Ticket(s) | Provided to Agency: Go | olden State Warriors | | |
| Number of Tickets Received:4 | | | tuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Tie | cket(s) (use a continuatio | on sheet for additional name | s) | , |
| Name of Official (Last, First) | Number of Tickets | State Whether the Dist Describe the Publi | | |
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| | | | | |
| | | | | |
| 4. Individual or Organization Rece | , . | _ | cy official.) | |
| Name of Behesting Agency Official: | Supervisor Nadia Locky | er, District 2 | | |
| ـ Name of Individual or Organization: | Tomas Briones | | Numbe | r of Tickets:4 |
| Description of Organization: | | | | |
| Address of Organization: | eet | City | | State Zip Code |
| Purpose for Distribution: (Describe th | e public pu r pose for the di | stribution to the organization | .) | |
| To promote attendance at an event I | neld at a County facility | in order to maximize pote | ntial County | revenue from sales |
| 5. Verification | · · · | | | |
| I have determined that the distribution of | tickets set forth above is ir IICHELLE DIANDA | n accordance with the provis TICKET ADMIN | | Regulation 18944.1. |
| Signature of Agency Flead or Designee Comment: (Use this space or an attachme | Print Name | | tle ation.) | (nonth, day, year) |
| | | | | |

| Tickets Provided by Agency Report | A Public | Document | TICKETS PROVIDED B AGENCY REPOR |
|--|---------------------------------------|--------------------------------------|------------------------------------|
| 1. Agency Name | · · · · · · · · · · · · · · · · · · · | Date Stamp | California |
| COUNTY OF ALAMEDA | | | Form 8U Z |
| Division, Department, or Region (if applicable) | | | For Official Use Only |
| · · · · · · · · · · · · · · · · · · · | | | |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, CA | 94612 | | |
| Area Code/Phone Number E-mail | | Amendment (Mus | t avalain in Part 5) |
| (510) 272-3882 crystal.hishida | a@acgov.org | | explain in Fan 5.) |
| Agency Contact (name and title) | | Date of Original Filing | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Co | ounty Administrator's | Office | |
| 2. Event For Which Tickets Were Distril | outed | | |
| Date(s) of Event: <u>06 / 15 / 11</u> D | escription of Event | Oakland A's game | |
| | | ¢10 75 | |
| /F | ace Value of Ticket: | \$ | |
| Agency Event 🛛 Yes 🗵 No (Ident | ify source of tickets I | below.) | |
| Name of Outside Source of Ticket(s) Provid | ed to Agency. Oakla | and Athletics | |
| | ed to Agency. | | |
| Number of Tickets Received: <u>20</u> | Ticket(s) Provid | ed to Agency: | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket(s |) (use a continuation s | heet for additional names) | |
| Name of Official (Last, First) | Number | State Whether the Distribution is | |
| (Last, First) | of Tickets | Describe the Public Purpose | |
| | | | |
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| L | | | |
| | | | |
| 4. Individual or Organization Receiving | Ticket(s) (Provided | at the behest of an agency official. | 1 |
| Name of Behesting Agency Official: <u>Superv</u> | visor Wilma Chan, Di | istrict 3 | |
| | | | |
| Name of Individual or Organization: <u>Leader</u> | ship San Leandro | Num | ber of Tickets: <u>20</u> |
| | | | |
| Description of Organization: Leadership tra | ining program with a | focus on strengthening the Sar | Leandro community |
| 2452 Bormudo A | ve. San Leandro, CA | 04577 | |
| Address of Organization: 2433 Bernuda A | | City | State Zip Code |
| | | - | |
| Purpose for Distribution: (Describe the public | purpose for the distrik | oution to the organization.) | |
| To promote attendance at an event held at | a County facility in c | order to maximize potential Cour | ty revenue from sales |
| 5. Verification | | | |
| I have determined that the distribution of tickets | set forth above is in an | cordance with the provisions of FP | PC Regulation 18944 1 |
| i nave determined that the distribution of fickets | | | |
| Ale Alexa | ndra Boskevic | y our orser's user | stant 5/1-11 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Tickets Provided by Agency Report A Public Document | | nt | TICKETS PROVIDED BY | |
|---|----------------------------------|-------------------------|----------------------------|--|
| Agency Report | Arup | | | AGENCY REPOR |
| | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA Division, Department, or Region (if ap | pplicable) | | | For Official Use Only |
| Division, Department, or Region (# ap | piicable) | | | |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAKLA | ND, CA 94612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must e | explain in Part 5.) |
| | ct2@acgov.org | | _ | |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administra | | | | |
| 2. Event For Which Tickets Were | | | | |
| Date(s) of Event: <u>07 / 28 / 1</u> | <u>1</u> Description of Eve | | | |
| /////// | Face Value of Tick | (et: \$ | 43.75 | |
| Agency Event 🗌 Yes 🛛 🛛 N | o (Identify source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s |) Provided to Agency: <u>O</u> | akland A's | | · |
| Number of Tickets Received:4 | | | ⊭ □ Gratuitously | Pursuant to Contract |
| | | | | |
| 3. Agency Official(s) Receiving T | icket(s) (use a continuati | ion sheet for additi | onal names) | |
| Name of Official | Number | | ner the Distribution is In | |
| (Last, First) | of Tickets | Describ | e the Public Purpose f | or the Distribution |
| | | | | |
| · · · · · · · · · | | | | |
| | | | | ###################################### |
| | | | | |
| 4. Individual or Organization Rec | eiving Ticket(s) (Provi | I ided at the behest | of an agency official.) | |
| Name of Behesting Agency Official: | Supervisor Nadia Locky | yer, District 2 | | |
| | | | | ······································ |
| Name of Individual or Organization: | Carole Evans | | Numb | per of Tickets:4 |
| | | | | |
| Description of Organization: | | | | |
| Address of Organization: | | | | |
| Number and S | itreet | City | | State Zip Code |
| Purpose for Distribution: (Describe t | he public purpose for the di | istribution to the or | rganization.) | |
| To promote attendance at an event | held at a County facility | in order to maxi | mize potential Count | y revenue from sales |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of | of tickets set forth above is in | in accordance with | the provisions of FPP | C Regulation 18944.1. |
| Signature of Agency Head of Designee | MICHELLE DIANDA | | | ₹ <u>4/28/1</u> |
| Comment: (Use this space or an attachm | | ion includina amendi | | ······································ |
| | energi any adamona momfat | melading unordi | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | FPPC Form 802 (Feb/09 |

| Tickets Provided by Agency Report | A Public Docun | nent | TICKETS PROVIDED B |
|---|---|---|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | Date Stamp | AGENCY REPOR California Form 802 For Official Use Only |
| Street Address 1221 OAK STREET, #555, OAKLAND, CA 946 | 312 | | |
| Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@ad Agency Contact (name and title) | cgov.org | Date of Original Filing: _ | |
| Crystal Hishida Graff, Principal Analyst, County 2. Event For Which Tickets Were Distribute | d | | |
| Date(s) of Event: <u>06 / 30 / 11</u> Descri / Face V | iption of Event: <u>Rihanna</u> Value of Ticket: \$ | MOO DO | |
| Agency Event ☐ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to | ource of tickets below.) o Agency: <u>Golden State V</u> | Varriors | |
| ٥ | Ticket(s) Provided to Age | | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us | e a continuation sheet for ac | lditional names) | |
| Name of Official (Last, First) | | ether the Distribution is Inc cribe the Public Purpose for | |
| ا 4. Individual or Organization Receiving Ticl | ket(s) (Provided at the beh | est of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervisor</u> Name of Individual or Organization: <u>Marianne L</u> Description of Organization: | | Numbe | er of Tickets:2 |
| Address of Organization: | Ci | | State Zip Code |
| Purpose for Distribution: (Describe the public purp To promote attendance at an event held at a Co | | - , | revenue from sales |
| 5. Verification I have determined that the distribution of tickets set for Alexand R Signature of Agency Head or Designee | orth above is in accordance. | vith the provisions of FRPC | |
| Comment: (Use this space or an attachment for any add | | | (month, day, year) |

| Tickets Provided by Agency Report | A Publi | c Docume | ent | TICKETS PROVII AGENCY R | |
|--|---|--------------------------|---|----------------------------|------------|
| 1. Agency Name | | | Date Stamp | | |
| COUNTY OF ALAMEDA | | | Buto otamp | Form 8 | <u>974</u> |
| Division, Department, or Region (if applicable |) | | | For Official Use On | ıly |
| | · . | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #555, OAKLAND, C | A 94612 | | | | |
| Area Code/Phone Number E-mail | | | | <u></u> | M.0.77 |
| (510) 272-3882 crystal.hishi | da@acgov.org | | Amendment (Must exp | olain in Part 5.) | |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) | |
| Crystal Hishida Graff, Principal Analyst, C | County Administrator | r's Office | | (month, day, year) | |
| 2. Event For Which Tickets Were Distr | ributed | | | | |
| Date(s) of Event: <u>05 / 29 / 11</u> | Description of Event | t. Oakland A's | sgame | | |
| | | | | | |
| | Face Value of Ticke | t: \$ | | | |
| Agency Event 🛛 Yes 🖾 No (Ider | ntify source of ticket | s below.) | | | |
| Name of Outside Source of Ticket(s) Prov | ided to Agency: Oal | kland Athletics | 3 | 10-00 | |
| Number of Tickets Received:20 | | | | ⊠ Pursuant to Cor | ntract |
| 3. Agency Official(s) Receiving Ticket(| (s) (use a continuatior | n sheet for addi | tional names) | | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inco be the Public Purpose for | | |
| | | | ۹ | | |
| | | | nan an | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization Receiving | g Ticket(s) (Provide | ed at the behest | of an agency official.) | | |
| Name of Behesting Agency Official: <u>Supe</u> | rvisor Wilma Chan, | District 3 | | | |
| Name of Individual or Organization: Alam | | | | r of Tickets:20 |) |
| Description of Organization: <u>Provides a sa</u> | afe place for youth e | ducational & r | ecreational programs | Monday-Saturday. | |
| B.O. Boy 1060 | Alameda, CA 94501 | | | | |
| Address of Organization: P.O. Box 1069 A | | City | | State Zip | Code |
| Purpose for Distribution: (Describe the publ | lic purpose for the dist | ribution to the o | rganization.) | | |
| To reward a non-profit for its contributions | | | · j = | | |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the distribution of tickets | s set forth above is in a Kandra Bosto | accordance with べく、いう | the provisions of FPPC | Regulation 18944.1. | 11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, y | vear) |
| Comment: (Use this space or an attachment for a | any additional information | including amend | ment explanation.) | | |

| | ATUDICI | Document | TICKETS PROVIDED E AGENCY REPOR |
|---|---|---|-------------------------------------|
| 1. Agency Name | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if applicable |) | | For Official Use Only |
| 1221 OAK STREET, #555 | | | |
| Street Address | | | |
| OAKLAND, CA 94612 | | | |
| Area Code/Phone Number E-mail | | Amendment (Must | explain in Part 5.) |
| (510) 272-6685 Amy.Shrago | @acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | | | |
| 2. Event For Which Tickets Were Distr | | | |
| Date(s) of Event: <u>06 / 18 / 11</u> | Description of Event: | Dakland A's Baseball Game | |
| | Face Value of Ticket: \$ | 13 75 | |
| | | | |
| Agency Event 🔲 Yes 🗵 No (Ider | ntify source of tickets be | elow.) | |
| Name of Outside Source of Ticket(s) Prov | ided to Agency: Oaklar | nd A's | |
| Number of Tickets Received:20 | | d to Agency: 🔲 Gratuitously | ☑ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket | (s) (use a continuation sh | eet for additional names) | |
| Name of Official | Number | State Whether the Distribution is Ir | ncome to the Official or |
| (Last, First) | of Tickets | Describe the Public Purpose f | for the Distribution |
| | | | |
| | | | ····· |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization Receivin | g Ticket(s) (Provided a | at the behest of an agency official.) | |
| _ Koith | - | | |
| - | g Ticket(s) (Provided a Carson, Supervisor Fif | | |
| Name of Behesting Agency Official: <u>Keith</u> | Carson, Supervisor Fif | th District | por of Tigkota, 20 |
| _ Koith | Carson, Supervisor Fif | th District | per of Tickets:20 |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> | Carson, Supervisor Fif | th District | per of Tickets:20 |
| Name of Behesting Agency Official: <u>Keith</u> | Carson, Supervisor Fif | th District | per of Tickets:20 |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> Description of Organization: | Carson, Supervisor Fif | îth District Numl | Der of Tickets: |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> | Carson, Supervisor Fif | th District | per of Tickets:20 State Zip Code |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> Description of Organization: | Carson, Supervisor Fif | îth District Numl | Der of Tickets: |
| Name of Individual or Organization: <u>Dria</u> Description of Organization: | Carson, Supervisor Fif Fearn lic purpose for the distribu | Th District Numl | Der of Tickets: |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> | Carson, Supervisor Fif Fearn lic purpose for the distribu | Th District Numl | Der of Tickets: |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> | Carson, Supervisor Fif Fearn lic purpose for the distribu | Th District Numl | Der of Tickets: |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the pub To reward a community volunteer for his | Carson, Supervisor Fif Fearn lic purpose for the distribu | City City Ution to the organization.) | State Zip Code |
| Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>Dria</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the pub To reward a community volunteer for his of 5. Verification | Carson, Supervisor Fif Fearn lic purpose for the distributor her service to the pul | City City Ution to the organization.) | State Zip Code |

| Tickets Provided by | | | | | |
|---------------------------------------|---|----------------------------------|---------------------|--|--|
| Agency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Tonin |
| Division, Department, or Reg | gion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | xplain in Part 5.) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | |
| Agency Contact (name and title | e) | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Prine | cipal Analyst, Coun | nty Administra | tor's Office | | 1.001100000000000000000000000000000000 |
| 2. Event For Which Ticket | s Were Distribut | ed | | | |
| Date(s) of Event: <u>06</u> / | 01 <u>, 11</u> Desc | pription of Eve | nt: Baseball Ga | ime | |
| | | | et: \$ | 43.75 | |
| | | | | | |
| Agency Event 🛛 🗌 Yes | 🛛 No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: O | akland Athletics | | |
| | | | | | |
| Number of Tickets Receive | d: | Ticket(s) Pro | ovided to Agency | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) / | ise a continuati | on sheet for addit | ional names) | |
| <u></u> | | | | her the Distribution is Inc | come to the Official or |
| Name of Off (Last, First) | | Number of Tickets | | be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | | | | | |
| A localization of the Openeousling of | In Development | aleat(a) (D | | | |
| 4. Individual or Organizat | 사망 전에서 가지 않아야 한 것이라. 가지 않 <mark>고</mark> (1965년 | A STATE AND A STATE | | | |
| Name of Behesting Agency | Official: Alameda | County Super | visor Nate Miley | , District 4 | |
| | | | | | 4 |
| Name of Individual or Orga | nization: United Se | niors of Oakia | and & Alameda | Numb | er of Tickets:4 |
| Description of Organization | Senior Advocacy | | | | |
| Description of Organization | | | | | |
| Address of Organization: 7 | 200 Bancroft Avenu | ue, Suite 251 · | - Oakalnd, CA 9 | 4605 | |
| Nutroso of Organization. Ni | umber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | Describe the public pu | rpose for the di | stribution to the o | rganization.) | |
| To promote attendance at | | A conservation of a conservation | | 2 (2010) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10 | v revenue from |
| To promote attendance at | an orone hold at a c | Journy raomy | in order to main | innas persintai eesini, | , |
| 5. Verification | | | | | |
| I have determined that the dis | tribution of tickets set | forth above is i | n accordance with | h the provisions of FPP0 | C Regulation 18944.1. |
| Jos A | | | | Denomination de la constant de la constant | |
| JEN) | ANNA GEE | autor to the | OPER | RATIONS MANAGER | |
| Signature of Agency Head or Desig | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | | altional informati | on including amend | ment explanation.) | |
| parking and concession sa | les | | | | |

| Tickets Provided by | | | | | |
|-----------------------------------|---|--------------------|---------------------|-----------------------------|--------------------------------------|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | 101111 |
| Division, Department, or Reg | gion (if applicable) | | | 1 | For Official Use Only |
| 1221 OAK STREET, #555 | i. | | | | |
| Street Address | | | | 1 | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | (plain in Part 5,) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | 2 2 |
| Agency Contact (name and title | e) | | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Prine | cipal Analyst, Coun | ty Administrat | tor's Office | | |
| 2. Event For Which Ticket | | | 16 7 X.A. | | |
| Date(s) of Event: <u>06</u> / | 01 <u>/ 11</u> Desc | ription of Eve | nt: Baseball Ga | ame | |
| | | | et: \$ | 43.75 | |
| Agency Event | 区 No (Identify s | ource of ticke | ets below) | | |
| 1. 이것은 1. 가 다른 1. 시 | h1=9.0655060077557785600 | | 성장 감독에서 가격에 넣는 것이다. | 5 | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: | akianu Atmetica | , | |
| Number of Tickets Received | d:3 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Rece | viving Ticket(s) (u | se a continuati | on sheet for addi | tional names) | |
| Name of Off | | Number | | her the Distribution is Inc | |
| (Last, First) | <u></u> | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| | | | | | |
| | | | | | |
| | | | | • | |
| | | | | | |
| 4. Individual or Organizati | ion Receiving Tic | ket(s) (Provi | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Alameda (| County Super | visor Nate Mile | v, District 4 | |
| | | | | | |
| Name of Individual or Orga | nization: <u>Communit</u> | y Prevention | | Numbe | er of Tickets: <u>3</u> |
| Description of Organization | | | inors | | |
| | | | | | |
| Address of Ordanization: | 558 'B' Street, Ste 2 | 201 - Hayward | | | |
| Nu | umber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | Describe the public pur | rpose for the di | stribution to the c | organization.) | |
| To promote attendance at a | an event held at a C | ounty facility | in order to max | imize potential County | revenue from |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the dist | tribution of tickets set i | forth above is ii | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| Ath | ANNA GEE | | OPE | RATIONS MANAGER | 05/26/11 |
| Signature of Agency Nead or Desig | A CONTRACTOR OF A CONTRACT OF | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | an attachment for any ad | ditional informati | on including amend | dment explanation.) | |
| parking and concession sa | les | | | | |

| Tickets Provided by | | Dubli | o Doorwood | | TICKETS PROVIDED BY |
|---|--|------------------------|-------------------|---|-----------------------|
| Agency Report | A | Publi | c Docume | ent | AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | romin 000- |
| Division, Department, or Region (if appl | icable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number E-mail | | | | | |
| 101 701 00 00 00 00 00 00 00 00 00 00 00 00 0 | nishida@acgov.o | ra | | Amendment (Must exp | olain in Part 5.) |
| Agency Contact (name and title) | lisilida@acgov.ol | i g | | Date of Original Filing: | |
| Crystal Hishida Graff, Principal Analy | et County Admi | nietrato | r'e Office | | (month, day, year) |
| | | nistrato | r s Onice | | |
| 2. Event For Which Tickets Were I | | | Basaball C | | |
| Date(s) of Event: <u>06 / 01 / 11</u> | _ Description c | of Event | :Baseball Ga | | |
| ·/// | – Face Value of Face Value | of Ticket | :: \$ | 43.75 | |
| Agency Event 🗌 Yes 🛛 🛛 No | (Identify source o | of tickets | s below.) | | |
| Name of Outside Source of Ticket(s) | The control of the state of the strength for | | | 5 | |
| | | | | | |
| Number of Tickets Received:4 | Ticket(| s) Provi | ided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiving Tio | :ket(s) (use a con | tinuation | n sheet for addi | tional names) | |
| Name of Official (Last, First) | Num of Tic | 1176-1180 | | her the Distribution is Inco be the Public Purpose for | |
| Lopez, Albert | 1 | | To promote a | attendance at an event | held at a County |
| Dalton, Eileen | 1 | | facility in orde | er to maximize potentia | I County revenue |
| Miley, Christopher | 2 | 2 | from parking | and concession sales | |
| 4. Individual or Organization Rece | iving Ticket(s) | (Provide | ed at the behes | t of an agency official.) | |
| Name of Behesting Agency Official: | 그는 지방에 가장했다. 또 잘 나온 것 같아요. 이 것이 것 같아. | 2014 S12 - 1912 S14 S5 | | | |
| Hame of Benesking Agency emetal 1 | | | | | 122 |
| Name of Individual or Organization: _ | | | | Numbe | er of Tickets:4 |
| Description of Organization: | | | | | |
| Address of Organization: | eet | | City | | State Zip Code |
| Purpose for Distribution: (Describe the | | the dist | ribution to the c | propriation \ | |
| Purpose for Distribution. (Describe the | e public purpose for | the dist | | nganization.) | |
| 5. Verification | | | | | |
| I have determined that the distribution of | tickets set forth abo | ove is in a | accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| All A | NNA GEE | 0.000 (D 770 U.S.) | | RATIONS MANAGER | 05/26/11 |
| Signature of Agency Head or Designee | Print Nam | e | | Title | (month, day, year) |
| Comment: (Use this space or an attachme | nt for any additional in | formation | n including amend | dment explanation.) | |

| Tickets Provided by | | 90 - 200 - ATT | | 4 | |
|---|---|------------------------------------|-------------------|--|--------------------------------------|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-3882 | crystal.hishida@a | acaov.ora | | Amendment (Must ex | plain in Part 5.) |
| Agency Contact (name and title | | | | Date of Original Filing: _ | formation designments |
| Crystal Hishida Graff, Princ | ipal Analyst, Coun | ty Administrat | tor's Office | Filment Country and a country for the second and the second second | (month, day, year) |
| 2. Event For Which Ticket | s Were Distribute | ed | | | |
| Date(s) of Event:06 /_0 | | | nt. Baseball G | ame | |
| | | | | 43.75 | |
| / | Face | value of fick | et: \$ | | |
| Agency Event 🛛 Yes | 🛛 No (Identify s | ource of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | Adency, Oa | akland Athletic | 5 | |
| | | .o Agency | | | |
| Number of Tickets Received | 1:5 | Ticket(s) Pro | vided to Agenc | :y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic | cial | Number | | ther the Distribution is Inc | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| Miley, Nate | | 1 | To promote a | attendance at an event | theld at a County |
| Kaplan, Seth | | 2 | facility in ord | er to maximize potentia | al County revenue |
| Stewart, Darryl | | 2 | from parking | and concession sales | |
| 4. Individual or Organizati | on Receivina Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| 그 같아도 아이지? 관계가 관계하는 것은 것을 가지 않는 것 같아. 가지 않는 것을 가지 않는 것을 수 있는 것을 알려. | 77.77 F. S. S. 1996 C. F. M. 114 F. S. 1192 C. F. S. 2014 | 20110 - EVAD 6 - 1941 - 1943 (1944 | | | |
| Name of Behesting Agency | Official: Alameda C | Jounty Super | visor nate wille | y, District 4 | |
| | | | | | as of Tielester 5 |
| Name of Individual or Orgar | ization: | | | Numbe | er of Tickets:5 |
| Description of Organization: | | | | | |
| Description of Organization. | | | | | |
| Address of Organization | | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | pose for the di | stribution to the | organization.) | |
| | na an a | | | | |
| | | | | | |
| 5. Verification | | | | | |
| Δ. | ribution of listeds and | ladh abaus is i | n anandanaa wi | Ih the provisions of EPDC | Regulation 18044 1 |
| I have determined that the dist | noution of tickets set 1 | onn above is li | | | |
| Auto | ANNA GEE | | OPE | RATIONS MANAGER | |
| Signature of Agency Head or Design | nee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | ditional informati | on including amen | dment explanation.) | |
| | | | | X | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B AGENCY REPOR |
|--------------------------------------|-------------------------------------|--------------------------|---|-----------------------------|------------------------------------|
| 1. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form 802 |
| Division, Department, or Reg | jion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | 4-4-4 <u>-</u> 4-4 | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | ···· | | |
| (510) 272-3882 | crystal.hishida@a | acaov.ora | | Amendment (Muste | xplain in Part 5.) |
| Agency Contact (name and title | · · - | <u> </u> | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princ | cipal Analyst, Coun | tv Administrat | tor's Office | | (month, day, year) |
| 2. Event For Which Ticket | | - | | | |
| | | | . Baseball G | ame | |
| Date(s) of Event:/_(| | | | | |
| / | / Face | Value of Tick | et: \$ | 43.75 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | source of ticke | ets below) | | |
| | | | | - | |
| Name of Outside Source of | Ticket(s) Provided (| to Agency: | | > | |
| Number of Tickets Received | d: <u>4</u> | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Offi (Last, First) | cial | Number | | her the Distribution is Inc | |
| | | of Tickets | Descri | be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | | | | | |
| | | | | | 4 |
| Name of Individual or Orgar | nization: <u>Alameda C</u> | County Health | Care Foundati | ion Numb | er of Tickets:4 |
| Description of Organization: | | | | | |
| 20 | 001 Broadway , Sui | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | esoribo the public pur | nono for the di | stribution to the c | ranization) | |
| • | | - | | Jiganization.) | |
| To reward a nonprofit organ | nization for its contri | idutions to the | | | |
| | | | ang ana ang ang ang ang ang ang ang ang | | |
| 5. Verification | | | | | |
| I have determined that the dist | ribution of tickets set 1 λ | forth above is ir \cap | n accordance wit | n the provisions of FPP0 | CREGULATION 18944.1. |
| HANC. | Ann | a-(9. | el Open | vations Marian | 4e1 5/5/11 |
| Signature of Agency Head or Design | nee | Print Name | | Title | (month, day, year) |

| Tickets Provided by | | | | | |
|--|--|--|----------------------------|--|--------------------------------------|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | I TO POPERATE TO BOOM 1 | Form 802 |
| Division, Department, or Reg | jion (if applicable) | | | - | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | - | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | Amendment (Must ex | piain in Part 5.) |
| Agency Contact (name and title | | | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Princ | pipal Analyst, Coun | ty Administral | tor's Office | | (monin, day, year) |
| 2. Event For Which Ticket | s Were Distribut | ed | | | |
| Date(s) of Event: <u>06</u> / <u>(</u> | 01 / 11 Desc | ription of Eve | nt. Baseball G | ame | |
| | | | | 43.75 | |
| / | Face | value of Tick | et: \$ | | |
| Agency Event 🛛 🗌 Yes | 🗵 No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency. Of | akland Athletics | 6 | |
| | 4 | | | | |
| Number of Tickets Received | l: | Ticket(s) Pro | vided to Agenc | sy: 🔲 Gratuitously | I Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Tickot(e) (u | no a continuativ | an aboat far addi | tional namon) | |
| | <u>a</u> 1622 | | | and the second | |
| Name of Offic (Last, First) | cial | Number of Tickets | 1 TO CONTRACTOR CONTRACTOR | ther the Distribution is Inc be the Public Purpose for | |
| | | | | | |
| | | 5 | | | |
| <i>A</i> . | | | | | |
| 1 | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | 1993 1997 - 1996 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19 | | | | |
| Name of Behesting Agency | Official: Alameda C | County Superv | visor Nate Mile | y, District 4 | |
| | | | | | 3 |
| Name of Individual or Orgar | ization: Kamika Du | unlap | | Numbe | er of Tickets:1 |
| | | | | | |
| Description of Organization: | | | | | |
| Address of Organization: | | | | | |
| Address of Organization. Nur | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | pose for the di | stribution to the o | organization.) | |
| To promote attendance at a | | | | | revenue from |
| To promote attendance at e | | ounty raointy | in order to max | annizo potonidal obdiny | |
| 5. Verification | | | | | |
| I have determined that the distr | ribution of tickets set | forth above is in | n accordance wil | h the provisions of EPPC | Regulation 18944.1 |
| AP | | | | | |
| 1 1/ | ANNA GEE | the second s | OPE | RATIONS MANAGER | 05/26/11 |
| Signature of Agency Head or Design | - 1 | Print Name | V 7. W | Title | (month, day, year) |
| Comment: (Use this space or a | | ditional information | on including amen | ament explanation.) | |
| parking and concession sal | es | | | | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED E |
|--|--|---|-------------------------|---|--|
| 1. Agency Name | | | | Date Stamp | AGENCY REPOR |
| COUNTY OF ALAMEDA | | | | Date Stamp | California 802 |
| Division, Department, or Reg | gion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | 10-00-00 X 10-000 X | a la recenta de la composición de la composici |
| | | | | Amendment (Muster | (plain in Part 5.) |
| (510) 272-3882 Agency Contact (name and title | crystal.hishida@a | acgov.org | | Date of Original Filing: . | |
| Crystal Hishida Graff, Princ | | tv Administra | tor's Office | | (month, day, year) |
| . Event For Which Ticket | | | tor s office | | |
| | | | R Kelly Cor | acert | |
| Date(s) of Event: <u>06</u> / | 10 / 11 Desc | cription of Eve | nt: <u>R. Keily Col</u> | | |
| / | / Face | Value of Tick | et: \$ | 95.80 | |
| Agency Event 🛛 Yes | No (Identify) | nouron of ticks | to balaw) | | |
| | No (Identify s | | | 12 | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: G | olden State Wa | rrirors | |
| Number of Tickets Received | | | | | VI Durauant to Contro |
| Number of fickets Received | d: | ficket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | I Pursuant to Contra |
| . Agency Official(s) Rece | ving Ticket(s) (u | ise a continuatio | on sheet for addit | tional names) | |
| Name of Offi | icial | Number | State Whet | her the Distribution is Inc | come to the Official or |
| (Last, First) | | of Tickets | Descril | be the Public Purpose fo | r the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | lest(s) (D | | | |
| I. Individual or Organizati | | A 20 10 10 | | 177 (Z) 0) | |
| Name of Behesting Agency | Official: Alameda | County Super | visor Nate Miley | /, District 4 | |
| | | | | | |
| Name of Individual or Orga | nization: <u>Lawana &</u> | Javon Stewa | rt | Numbe | er of Tickets: <u>2</u> |
| | | | | | |
| Description of Organization | : | | | | |
| | | | | | |
| Address of Organization: $\frac{1}{Nt}$ | umber and Street | | City | | State Zip Code |
| | | | | and a second data and the | |
| Purpose for Distribution: (D | are all the area and the second and the second | entre en la construction de la construcción de la construcción de la construcción de la construcción de la cons | | on and control of the control of the second s | |
| To promote attendance at a | an event held at a C | County facility | in order to max | imize potential County | revenue from parking |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the dist | tribution of tickets set | forth above is ii | n accordance witl | h the provisions of FPPC | Regulation 18944.1. |
| TAT | | - | OPE | RATIONS MANAGER | 05/26/11 |
| Signature of Agency Head or Desig | A second s | - Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | | | on including amend | | |
| | an attachment for any ac | salorial informati | on morading americ | anon explanation.) | |
| and concession sales | | | | | |

| Tickets Provided by Agency Report | A Publ | ic Documen | it | TICKETS PROVIDED B' AGENCY REPOR |
|--|-----------------------|-----------------------|---------------------------|-------------------------------------|
| 1. Agency Name | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA | | | | 1 01111 |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Muste | explain in Part 5.) |
| (510) 272-3882 crystal.hishida@a Agency Contact (name and title) | acgov.org | | Date of Original Filing: | |
| | tu Administrat | | Date of Original Filling. | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Count 2. Event For Which Tickets Were Distribut | • | | | |
| Date(s) of Event: <u>04 / 24 / 11</u> Desc | | Lil Wavne co | ncert | |
| | | ~ · | 42.95 | |
| / Face | Value of Ticke | et: \$ | +2.33 | |
| Agency Event 🛛 Yes 🛛 No (Identify s | source of ticke | ts below.) | | |
| Name of Outside Source of Ticket(s) Provided | to Agency. Go | olden State Warr | iors | |
| | | | | |
| Number of Tickets Received: <u>2</u> | Ticket(s) Pro | vided to Agency: | Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (u | ise a continuatio | on sheet for additio | onal names) | |
| Name of Official (Last, First) | Number | | | come to the Official or |
| | of Tickets | Describe | e the Public Purpose f | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I. Individual or Organization Receiving Tic | ket(s) (Provid | led at the behest o | of an agency official.) | |
| Currende a | r Wilma Chan | | | |
| Name of Behesting Agency Official: Superviso | | District 5 | | |
| Name of Individual or Organization: <u>Diann Cas</u> | stleberry | | Numt | per of Tickets:2 |
| | | | | |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public pu | rpose for the dis | stribution to the ord | anization.) | |
| To promote attendance at an event held at a C | | - | , | ty revenue from sales |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of tickets set | forth above is ir | accordance with | the provisions of FPP | C Regulation 18944.1. |
| i nave detamplied indi the distribution of todets set | adia Do | shouich supe | er1. 301 3 15 | Sister 1-11- |
| I have determined that the distribution of tickets set | | | 1 | 7/22 |

| A | | | |
|---|---|--|---------------------------------------|
| Agency Name COUNTY OF ALAMEDA | | Date Stamp | California Form 802 |
| Division, Department, or Region (if applicable) | | | For Official Use Only |
| | | | |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 9 | 4612 | | |
| Area Code/Phone Number E-mail | | Amendment (Must e | xplain in Part 5.) |
| (510) 272-3882 crystal.hishida@ |)acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Cour | • ••• | ce | |
| . Event For Which Tickets Were Distribu | | Noune concert | |
| Date(s) of Event:042411 Des | cription of Event: | | |
| // Fac | e Value of Ticket: \$ | \$142.95 | |
| | source of tickets belo | | |
| Name of Outside Source of Ticket(s) Provided | | | |
| | | | |
| Number of Tickets Received: <u>2</u> | Ticket(s) Provided to | o Agency: 🛛 Gratuitously | ☑ Pursuant to Contrac |
| Agoney Official(s) Passiving Ticket(s) | upp a continuation choose | for additional names) | |
| Agency Official(s) Receiving Ticket(s) | | | anna ta tha Official an |
| Name of Official (Last, First) | Number Sta of Tickets | ate Whether the Distribution is In Describe the Public Purpose f | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| . Individual or Organization Receiving T | icket(s) (Provided at th | ne behest of an agency official.) | |
| | | | |
| . Individual or Organization Receiving T Name of Behesting Agency Official: <u>Supervis</u> | | | · · · · · · · · · · · · · · · · · · · |
| Name of Behesting Agency Official: <u>Supervis</u> | or Wilma Chan, Distric | ot 3 | er of Tickets:2 |
| | or Wilma Chan, Distric | ot 3 | er of Tickets:2 |
| Name of Behesting Agency Official: <u>Supervis</u> | or Wilma Chan, Distric ackson | Numb | er of Tickets:2 |
| Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Regina J</u> Description of Organization: | or Wilma Chan, Distric ackson | Numb | er of Tickets:2 |
| Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Regina J</u> | or Wilma Chan, Distric ackson | Numb | |
| Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Regina J</u> Description of Organization: <u>Address of Organization</u> | or Wilma Chan, Distric | City | |
| Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Regina J</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public p | or Wilma Chan, Distric ackson urpose for the distributio | City n to the organization.) | State Zip Code |
| Name of Behesting Agency Official: <u>Supervise</u> Name of Individual or Organization: <u>Regina J</u> Description of Organization: <u>Address of Organization</u> : | or Wilma Chan, Distric ackson urpose for the distributio | City n to the organization.) | State Zip Code |
| Name of Behesting Agency Official: Supervise Name of Individual or Organization: Regina J Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a | or Wilma Chan, Distric ackson urpose for the distributio | City n to the organization.) | State Zip Code |
| Name of Behesting Agency Official: Supervise Name of Individual or Organization: Regina J Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a | or Wilma Chan, Distric ackson urpose for the distributio County facility in orde | City City n to the organization.) r to maximize potential Count | State Zip Code |
| Name of Individual or Organization: <u>Regina J</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public p | or Wilma Chan, Distric ackson urpose for the distributio County facility in orde | City City n to the organization.) r to maximize potential Count | State Zip Code |
| Fickets Provided by Agency Report | A Pub | lic Document | TICKETS PROVIDED |
|---|---------------------------------------|--|------------------------------|
| . Agency Name | | Date Stamp | |
| COUNTY OF ALAMEDA | | | Form 80 |
| Division, Department, or Region (if ap | plicable) | | For Official Use Only |
| 1221 OAK STREET, #555 | | | |
| Street Address | | | |
| OAKLAND, CA 94612 | | | |
| Area Code/Phone Number E-mail | | Amondment (4 | funt evelopie in Dent C) |
| (510) 272-3882 crysta | l.hishida@acgov.org | Amendment (A | iust explain in Part 5.) |
| Agency Contact (name and title) | | Date of Original Fil | ling:(month, day, year) |
| Crystal Hishida Graff, Principal Ana | alyst, County Administra | tor's Office | (month, day, year) |
| . Event For Which Tickets Were | | | |
| Date(s) of Event:06291 | | nt. Baseball Game | |
| | | 20.00 | |
| | Face Value of Tick | et: \$ | |
| Agency Event 🔲 Yes 🗵 N | o (Identify source of ticke | ets below.) | |
| | | , | |
| Name of Outside Source of Ticket(s |) Provided to Agency: | | |
| Number of Tickets Received:2 | Ticket(s) Pro | vided to Agency: 🔲 Gratuitousl | y IV Pursuant to Contra |
| | · · · · · · · · · · · · · · · · · · · | | • |
| Agency Official(s) Receiving T | icket(s) (use a continuation | on sheet for additional names) | |
| Name of Official | Number | State Whether the Distribution | is Income to the Official or |
| (Last, First) | of Tickets | Describe the Public Purpo | se for the Distribution |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Individual or Organization Rec | eiving Ticket(e) (Provi | l | al) |
| - | | | ai. j |
| Name of Behesting Agency Official: | Alameda County Super | visor Nate Miley, District 4 | |
| | | | ŋ |
| Name of Individual or Organization: | | Number of Commerce Nu | umber of Tickets: <u>2</u> |
| Description of Organization: Provide | e business services to th | e Unincorporated Areas of Distric | ct 4 |
| Description of Organization: | | | |
| Address of Organization: | tro Valley Blvd, Castro V | alley, CA 94546 | |
| Number and S | treet | City | State Zip Coo |
| Purpose for Distribution: (Describe t | he public purpose for the di | stribution to the organization.) | |
| To reward a nonprofit organization | | | |
| To reward a nonprone organization | | community | |
| Varification | | and an | |
| . Verification | fickete est faith -t ' ' | a appardance with the second interest | EDDC Dogulation 400444 |
| I have determined that the distribution o | T LICKELS SET TOTTH ADOVE IS II | accordance with the provisions of F | Regulation 18944.1. |
| · MARE | Anna Ger | Devations Ma | Merch 515/11 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year |
| Comment: (Use this space or an attachm | ent for any additional information | on including amendment explanation.) | |
| Field Tickets | | | |

| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number | on (if applicable) | | | Date Stamp | California 802 |
|---|----------------------------|--------------------|-----------------|--|-------------------------|
| Division, Department, or Region 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 | n (if applicable) | | | | |
| 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 | n (if applicable) | | | | Form OUZ |
| Street Address OAKLAND, CA 94612 | | | | | For Official Use Only |
| OAKLAND, CA 94612 | | | | | |
| | F# (118) (1980) | | | | |
| Area Code/Phone Number | | | | | |
| | E-mail | | | Amendment (Muste | vnlain in Part 5 \ |
| (510) 272-6685 | Amy.Shrago@acg | jov.org | | | (piant in trait 0.) |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | | (|
| 2. Event For Which Tickets | Were Distribute | ed | | | |
| Date(s) of Event: | / 11 Descr | intion of Event | . Oakland A's | Baseball Game | |
| | | | | ~~ ~~ | |
| // | | Value of Ticket | : > | | |
| Agency Event 🛛 Yes | 🗵 No (Identify so | ource of tickets | below.) | | |
| Name of Outside Source of T | icket(s) Provided to | o Agency: Oak | land A's | | |
| | _ | | | | |
| Number of Tickets Received: | | Ticket(s) Provi | ded to Agency | : Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Receiv | r ing Ticket(s) (us | e a continuation | sheet for addit | ional names) | |
| Name of Officia | | Number | | ner the Distribution is In | come to the Official or |
| (Last, First) | | of Tickets | Descri | be the Public Purpose for | or the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatio | n Passiving Tio | kot(c) (Drovido | d at the heheel | of an aganay official) | |
| + | + | • • | | or an agency official.) | |
| Name of Behesting Agency C | official: Keith Carso | on, Supervisor | Fifth District | | |
| | | | | | an of Tickator 2 |
| Name of Individual or Organiz | zation: <u>Anni Anna</u> | | | Numb | er of Tickets:2 |
| Description of Organization: | | **** | | | • |
| | | | | | |
| Address of Organization: | per and Street | | City | W 14 | State Zip Code |
| Purpose for Distribution: (De | | nose for the distr | | rganization) | |
| • | | | | ngumzuton.) | |
| To reward a community volu | | service to the | | | |
| 5. Verification | | | | <u>ann agus anns an a</u> nnsann an an annsann anns anns | |
| I have determined that the distrib | oution of tickets set fo | orth above is in a | accordance witi | h the provisions of FPP | C Regulation 18944.1. |
| 14/1000 | Amy Shrago |) | Policy | y Analyst | 05/24/11 |
| Signature of Agency Heador Designe | | , Print Name | | Title | (month, day, year) |

| | | lic Docume | nt | TICKETS PROVIDED E AGENCY REPOR |
|---|--------------------|--|-----------------------------|------------------------------------|
| 1. Agency Name | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | Form OUZ |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6685 Amy.Shrago@a | cgov.org | | | , |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | |
| . Event For Which Tickets Were Distribu | | | | |
| Date(s) of Event: | cription of Eve | nt: <u>Oakland A's</u> | Baseball Game | |
| | | et: \$ | 38.00 | |
| / Fac | | θι. φ | | |
| Agency Event 🛛 Yes 🛛 No (Identify | source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provideo | to Agency. Oa | akland A's | | |
| | | | | |
| Number of Tickets Received:2 | Ticket(s) Pro | vided to Agency | r: Gratuitously | Pursuant to Contra |
| . Agency Official(s) Receiving Ticket(s) | (use a continuatio | on sheet for addit | onal names) | |
| Name of Official | Number | | ner the Distribution is Inc | |
| (Last, First) | of Tickets | Descrit | e the Public Purpose fo | r the Distribution |
| Brooks, Rodney | 2 | To promote a | ttendance at a County | / facility |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| . Individual or Organization Receiving T | icket(s) (Provid | ded at the behest | of an agency official.) | |
| . Individual or Organization Receiving T Name of Behesting Agency Official: | | | | |
| Name of Behesting Agency Official: | | | | |
| | | | | er of Tickets: |
| Name of Behesting Agency Official: | | | Numbe | er of Tickets: |
| Name of Behesting Agency Official: | | | Numbe | er of Tickets: |
| Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: | | | Numbe | |
| Name of Behesting Agency Official: | | | Numbe | er of Tickets: State Zip Cod |
| Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: | | City | Numbe | |
| Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street | | City | Numbe | |
| Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public publ | | City | Numbe | |
| Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Address of Organization: Purpose for Distribution: (Describe the public p | urpose for the di | City stribution to the c | rganization.) | State Zip Cod |
| Name of Individual or Organization: Description of Organization: Address of Organization: | urpose for the dis | City stribution to the c n accordance with | rganization.) | State Zip Cod |

| (510) 272-6685 Amy.Shrago@acgov.org Date Agency Contact (name and title) Date Amy Shrago, Policy Analyst Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: 0akland A's Base Date(s) of Event: 05 / 31 / 11 Face Value of Ticket: \$ 0akland A's Base Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: 0akland A's 0akland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: 0akland A's 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional r Name of Official Number | Gratuitously | |
|---|--|--|
| Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Amy.Shrago@acgov.org Agency Contact (name and title) Amy Shrago, Policy Analyst 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: 04kland A's Base | f Original Filing: _ ball Game | For Official Use Only olain in Part 5.) (month, day, year) |
| 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title) Agency Contact (name and title) Amy Shrago, Policy Analyst 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: 0akland A's Base | f Original Filing: _ ball Game | olain in Part 5.) (month, day, year) |
| Street Address OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title) Agency Contact (name and title) Amy Shrago, Policy Analyst 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base | f Original Filing: _ ball Game | (month, day, year) |
| OAKLAND, CA 94612 Imail Imail Imail Area Code/Phone Number E-mail Imail Imail (510) 272-6685 Amy.Shrago@acgov.org Imail Imail Agency Contact (name and title) Amy.Shrago@acgov.org Imail Imail Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base Imail (s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base Imail (s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base Agency Event Yes Xo (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Imail (state in the second state | f Original Filing: _ ball Game | (month, day, year) |
| Area Code/Phone Number E-mail Image: Army Shrago@acgov.org Image: Army Shrago@acgov.org Agency Contact (name and title) Amy Shrago. Policy Analyst Image: Date (s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base | f Original Filing: _ ball Game | (month, day, year) |
| (510) 272-6685 Amy.Shrago@acgov.org Date Agency Contact (name and title) Amy.Shrago.Policy Analyst Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: 0akland A's Base Date(s) of Event: 05 / 31 / 11 Description of Event: 0akland A's Base Agency Event Yes No (Identify source of Ticket: \$ | f Original Filing: _ ball Game | (month, day, year) |
| Agency Contact (name and title) Date Amy Shrago, Policy Analyst 2. 2. Event For Which Tickets Were Distributed Date(s) of Event: | oall Game | (month, day, year) |
| Amy Shrago, Policy Analyst 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base | oall Game | (month, day, year) |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base | Gratuitously | ☑ Pursuant to Contract |
| Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Base | Gratuitously | ⊠ Pursuant to Contract |
| Agency Event Yes No (Identify source of Ticket: \$ | Gratuitously | ⊠ Pursuant to Contract |
| Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional r Name of Official Name of Official Number Of Tickets Describe the Shrago, Amy 2 To promote attend A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | Gratuitously | ⊠ Pursuant to Contract |
| Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Image: Comparison of Comparis | | ☑ Pursuant to Contract |
| Number of Tickets Received: 2 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional r Name of Official Number State Whether the Describe the Shrago, Amy 2 To promote attend 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | | Pursuant to Contract |
| Number of Tickets Received: 2 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional r Name of Official Number State Whether the Describe the Shrago, Amy 2 To promote attend 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional results) Name of Official (Last, First) Number of Tickets Shrago, Amy 2 To promote attend Shrago, Amy 2 Addividual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | | |
| Name of Official (Last, First) Number of Tickets State Whether the Describe the Shrago, Amy 2 To promote attend 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | | |
| (Last, First) of Tickets Describe the Shrago, Amy 2 To promote attend. 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | ames) | |
| A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: | Distribution is Inc Public Purpose fo | ome to the Official or r the Distribution |
| Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth District</u> | nce at a County | / facility |
| Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth District</u> | | · |
| Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth District</u> | | |
| Name of Individual or Organization: | igency official.) | |
| | | |
| Description of Organization: | Numbe | er of Tickets: |
| | | |
| Address of Organization:City | t e se se se se se de terme | State Zip Code |
| Purpose for Distribution: (Describe the public purpose for the distribution to the organiz | | |
| 5. Verification | ition.) | |
| I have determined that the distribution of tickets set forth above is in accordance with the p | tion.) | |
| Amy Shrago Policy Ana | | Regulation 18944.1. |
| Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including amendment e | ovisions of FPPC | Regulation 18944.1. 05/24/11 (month, day, year) |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B |
|---|----------------------------|----------------------|--------------------|--|-------------------------|
| 1. Agency Name | | | | Date Stamp | |
| COUNTY OF ALAMEDA | | | | Date stamp | Form 802 |
| Division, Department, or Reg | ion (if applicable) | | | - | For Official Use Only |
| 1221 OAK STREET, #526 | | | | | |
| Street Address | | | | - | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | | |
| | | O | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6691 Agency Contact (name and title | leeann.fergerson | @acgov.org | | Date of Original Filing: _ | |
| | | | | Date of Original Filling | (month, day, year) |
| Lee Ann Fergerson, Ticket | | | | | |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event: | <u>4 / 11</u> Desc | ription of Eve | nt: <u> </u> | kets | |
| | / Face | | | \$38.00 | |
| Agency Event 🛛 🏾 Yes | 🗵 No (Identify s | ource of ticke | ets below.) | | |
| Nome of Outside Course of | Tielest(s) Duevide de | 0 | akland Athletic | S | |
| Name of Outside Source of | ficket(s) Provided | to Agency: | | | M |
| Number of Tickets Received | :2 | Ticket(s) Pro | vided to Agenc | cy: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Recei | | | | - | |
| Name of Offic (Last, First) | sial | Number of Tickets | | ther the Distribution is Inc ibe the Public Purpose for | |
| | | | | | |
| | | - | | | |
| | | | | | |
| 4. Individual or Organizatio | - | | | | |
| Name of Behesting Agency | Official: <u>Alameda (</u> | County Superv | visor Scott Hag | gerty, District 1 | |
| Name of Individual or Organ | ization: <u>Anna Pope</u> | 9 | | Numbe | er of Tickets: <u>2</u> |
| Description of Organization: | | | | | |
| Address of Organization: | nber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | | noce for the di | | ragnization) | |
| To promote attendance at a | | - | | - , | rking and concession |
| | | | | | |
| 5. Verification | ibution of tickets set f | orth above is ir | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| YID VILLA | Lee Ann Fe | raerson | Tioko | t Administrator | |
| Signature of Agency Head or Design | | Print Name | TICKE | Title | (month, day, year) |
| Comment: (Use this space or ar | | | on including amend | | (nomi, day, year) |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|----------------------------|----------------------------|-----------------------|---|--------------------------------------|
| 1. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6691 | leeann.fergerson(| @acgov.org | | | |
| Agency Contact (name and title |) | | | Date of Original Filing: _ | (month, day, year) |
| Lee Ann Fergerson, Ticket | | | | | |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event: <u>05</u> / <u>1</u> | <u>3 / 11</u> Desc | ription of Eve | nt: <u> </u> | kets | |
| 060 | | | et: \$ | \$38.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: O | akland Athletic | S | |
| Number of Tickets Received | : | Ticket(s) Pro | vided to Agend | cy: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (u | se a continuatio | on sheet for addi | itional names) | |
| Name of Offic (Last, First) | ial | Number of Tickets | | ther the Distribution is Inc ibe the Public Purpose fo | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | on Receiving Tic | l ket(s) (Provid | I ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Official: <u>Alameda C</u> | County Superv | visor Scott Hag | gerty, District 1 | |
| Name of Individual or Organ | | | | | er of Tickets:4 |
| Description of Organization: | | | | | |
| Address of Organization: | | | | | |
| Nun | nber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | escribe the public pur | pose for the di | stribution to the o | organization.) | |
| To promote attendance at a | county facility in o | order to maxin | nize potential c | ounty revenue from pa | rking and concession |
| | | | | | |
| 5. Verification | ibution of tickets set t | forth above is in | accordance wit | the provisions of EPPC | Regulation 18944 1 |
| | Lee Ann Fei | | | et Administrator | 5/9/11 |
| Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an | n attachment for any add | ditional informatio | on including amen | dment explanation.) | |

| gency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED AGENCY REPO |
|--|----------------------------|-----------------------|-----------------------------|---|---------------------------------|
| Agency Name COUNTY OF ALAMEDA Division, Department, or Res | gion (if applicable) | | | Date Stamp | California Form 802 |
| Street Address | | | | | |
| 1221 OAK STREET, #536 Area Code/Phone Number | E-mail | | | Amendment (Must e) | xplain in Part 5.) |
| (510) 272-6692 Agency Contact (name and title Michelle Diande, Ticket As | | org | | Date of Original Filing: . | (month, day, year) |
| Michelle Dianda, Ticket Ac | | ed | | 1999-1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1 | |
| Date(s) of Event:/_ | | | _{nt} . Oakland A's | | |
| | / Face | | | 22.00 | |
| | ⊠ No (Identify s | | | | |
| | | | | | |
| Name of Outside Source of Number of Tickets Receive | | | | /: □ Gratuitously | ☑ Pursuant to Contra |
| Agapay Official(a) Bass | viving Ticket(c) | | | · | |
| Agency Official(s) Rece | | se a continuatio | | ional names) her the Distribution is Ind | come to the Official or |
| (Last, First) | | of Tickets | | be the Public Purpose for | |
| | | | | | |
| •••••••••••••••••••••••••••••••••••••• | | | | | |
| <u></u> | | | | | |
| | | | | | |
| Individual or Organizat | ion Receiving Tic | ket(s) (Provid | ded at the behest | of an agenc y official.) | |
| Name of Behesting Agency | Official: Supervisor | r Nadia Locky | er, District 2 | · | |
| Name of Individual or Orga | | | | Numb | er of Tickets:2 |
| Name of Individual of Orga | | | | | |
| Description of Organization | | | | | |
| Address of Organization: | | | | | |
| U NI | umber and Street | | City | | State Zip Coo |
| Purpose for Distribution: (D | | - | | - , | |
| To promote attendance at a | an event held at a C | ounty facility i | in order to maxi | mize potential County | revenue from sales |
| Verification | | | , | | |
| | tribution of tickets set f | forth above is in | n accordance with | the provisions of FPPC | Regulation 18944.1. |
| I have determined that the dist | | | | | 1 |
| • | | DIANDA | TICKE | ET ADMINISTRATOR | 517101 |
| • | | DIANDA Print Name | | Title | (month, day, year, |

| Agency Report | Α | Public Documer | nt | TICKETS PROVIDED E AGENCY REPOR |
|---|--|--|---|---|
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | Form OUZ |
| Division, Department, or Region | on (if applicable) | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number | E-mail | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@acgov.org | | | |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | Notarrante and and all Mail 2019 (Some for the second second second second second second second second second s |
| 2. Event For Which Tickets | | | | |
| Date(s) of Event: | <u>11</u> Description | of Event: Rammstein | | |
| | / Face Value | | 49.50 | |
| | | η ποκοι: φ | | |
| Agency Event 🛛 Yes | No (Identify source | of tickets below.) | | |
| Name of Outside Source of T | icket(s) Provided to Ager | cy: Golden State War | riors | |
| | | | | |
| Number of Tickets Received: | Ticket | s) Provided to Agency | : Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Receiv | ving Ticket(s) (use a co | tinuation sheet for additi | onal names) | |
| | | | | ame to the Official or |
| Name of Offici (Last, First) | ai Nur of Ti | | er the Distribution is Inc e the Public Purpose fo | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organizatio | • • • • • | | of an agency official.) | |
| Name of Behesting Agency C | Official: Keith Carson, Su | pervisor Fifth District | | |
| | | | | |
| Name of Individual or Organi | zation: <u>Ethan Shrago</u> | | Numbe | er of Tickets:4 |
| | | | | |
| | | | | |
| Description of Organization: . | | | | |
| | | | | |
| | | City | | State Zip Code |
| Address of Organization: | ber and Street | | eccization) | State Zip Code |
| Address of Organization: | ber and Street scribe the public purpose fo | r the distribution to the or | | |
| Address of Organization: | ber and Street scribe the public purpose fo | r the distribution to the or | | |
| Address of Organization: | ber and Street scribe the public purpose fo | r the distribution to the or | | |
| Address of Organization: Purpose for Distribution: (De To promote attendance at a 5. Verification | ^{ber and Street} scribe the public purpose fo County facility in order to | r the distribution to the or maximize potential Cc | ounty revenue from pa | arking and concession |
| Address of Organization: | ^{ber and Street} scribe the public purpose fo County facility in order to | r the distribution to the or maximize potential Cc | ounty revenue from pa | arking and concession |
| Address of Organization: Purpose for Distribution: (De To promote attendance at a 5. Verification | ^{ber and Street} scribe the public purpose fo County facility in order to | the distribution to the or maximize potential Co ove is in accordance with | ounty revenue from pa | arking and concession |

| Tickets Provided by | | | | |
|--|---------------------|------------------------|--|---------------------------------------|
| Agency Report | A Pub | lic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | Form 00/2 |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | <u></u> | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 9 | 4612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must | explain in Part 5.) |
| (510) 272-6692 District2@acgov | /.org | | Data of Original Filing | |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administrator, BOS | 41 | | | |
| 2. Event For Which Tickets Were Distribu | | Oakland A's | | |
| Date(s) of Event: <u>07 / 28 / 11</u> Des | | | 43.75 | |
| // Fac | e Value of Tick | et: \$ | 45.75 | |
| Agency Event 🛛 Yes 🛛 🛛 No (Identify | source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provided | to Agency. Oa | akland A's | | |
| | | | | |
| Number of Tickets Received:4 | Ticket(s) Pro | vided to Agency | y: ∐ Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) | use a continuatio | on sheet for addit | ional names) | |
| Name of Official | Number | | | ncome to the Official or |
| (Last, First) | of Tickets | Descri | be the Public Purpose | |
| | | | | |
| | | | | |
| | | | · · · · · · | |
| | | | | |
| 4. Individual or Organization Receiving T | icket(s) (Provid | l ded at the behest | of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervise</u> | or Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: <u>Sunol Gla</u> | | | Num | ber of Tickets: <u>4</u> |
| | | | | |
| Description of Organization: Organizes and s | upports school | 's extra-curricul | ar activities like art, l | brary, technology, etc. |
| Address of Organization: <u>11601 Main Street</u> , | Sunol CA 9458 | 36 | | |
| Number and Street | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public p | urpose for the dis | stribution to the o | rganization.) | |
| To reward a school or nonprofit organization | for its contributi | ions to the com | munity | - |
| E Varification | : | | and the second | |
| 5. Verification | t forth above in it | n agoardanad witt | h the provisions of EDE | C Pagulation 18044 1 |
| | | | | 5/2/11 |
| MICHELLE | | | | $\frac{R}{2} \frac{3}{3} \frac{3}{1}$ |
| Signature of Agency Head or Designee | Print Name | on including among | Title | (montri day, year) |
| Comment: (Use this space or an attachment for any a | iaanionar mormati(| on molaung amena | анені с хріанацоп.) | |
| | | | | |

| Tickets Provided by | | A Pub | lic Docume | ent | TICKETS PROVIDED BY |
|--|-----------------------------|------------------------------------|---------------------|---|--|
| Agency Report Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form OO Z |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #536, | OAKLAND, CA 94 | 612 | , | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must exp | lain in Part 5.) |
| (510) 272-6692 | District2@acgov. | org | | | |
| Agency Contact (name and title | - | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Ad 2. Event For Which Ticket | - | ad | | | anna ann ann ann an fann an - ann a - ann an ann ann ann ann |
| Date(s) of Event: $\frac{05}{2}$ | | | nt. Oakland A | S | |
| | Bese / Face | | | 00.00 | · · · · · · · · · · · · · · · · · · · |
| Agency Event 🛛 Yes | ⊠ No (Identify s | | | | |
| Name of Outside Source of | · · | | | | |
| Number of Tickets Received | | | | | |
| Number of Tickets Received | I; | HCKEt(S) Pro | videa to Agenc | y: Gratuitousiy | ☑ Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuati | | | |
| Name of Offi (Last, First) | cial | Number of Tickets | | ther the Distribution is Inco ibe the Public Purpose for | |
| | | | | | |
| | <u>.</u> | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | . ket(s) (Provi | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Official: <u>Supervisor</u> | r Nadia Locky | er, District 2 | | |
| Name of Individual or Orgar | | | | Numbe | r of Tickets: <u>2</u> |
| Description of Organization: | | | | | ······· |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | rpose for the di | stribution to the (| organization.) | |
| To promote attendance at a | | | | | revenue from sales |
| 5. Verification | <u> </u> | | | | |
| I have determined that the dist | ribution of tickets set : | forth above is i | n accordance wit | th the provisions of FPPC | Regulation 18944.1. |
| Michar | MICHELLE | DIANDA | | ET ADMINISTRATOR | 5/10/11 |
| Signature of Agency Head or Design Comment: (Use this space or a | | Print Name ditional information | on including amen | Title dment explanation.) | (f nonth, d a y, year) |
| | , | | U | . , | |

| Tickets Provided by | | | | |
|--|------------------------------|---|---------------------------|-------------------------------------|
| Agency Report | A Pub | lic Document | т | ICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | Date | Stamp Calif | |
| COUNTY OF ALAMEDA | | | 100 A 100 A | orm ^a 802 |
| Division, Department, or Region (if applica | ible) | | For | r Official Use Only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-mail | | C Amond | ment (Must explain in Par | |
| (510) 272-3882 crystal.his | shida@acgov.org | | ment (wast explain in Par | 15.) |
| Agency Contact (name and title) | | Date of Ori | iginal Filing: | day, year) |
| Crystal Hishida Graff, Principal Analys | t, County Administrat | or's Office | (menta) | uuy, yuuy |
| 2. Event For Which Tickets Were Di | stributed | | | |
| Date(s) of Event: <u>06 / 14 / 11</u> | Description of Ever | nt: Baseball Game | | |
| | Face Value of Tick | 28.00 | | |
| | | | _ | |
| Agency Event 🛛 Yes 🖾 No (I | dentify source of ticke | ts below.) | | |
| Name of Outside Source of Ticket(s) Pr | ovided to Agency: Oa | akland Athletics | | |
| Number of Tickets Received: 2 | Tielet(a) Dra | | | unatta Cantonat |
| Number of Tickets Received: | _ licket(s) Pro | vided to Agency: D Grat | | uant to Contract |
| 3. Agency Official(s) Receiving Tick | et(s) (use a continuation | on sheet for additional names | 3) | |
| Name of Official | Number | State Whether the Distr | | ne Official or |
| (Last, First) | of Tickets | | c Purpose for the Dist | |
| | | | X | |
| | | | | |
| | | | | |
| 0 | | | | |
| | | | | |
| 4. Individual or Organization Receiv | ing Ticket(s) (Provid | l ded at the behest of an agen | cv official.) | |
| | - ARK - C-AR - C | 10 | 1.55 N | |
| Name of Behesting Agency Official: Ala | ameda County Superv | Asor Nate Miley, District 4 | | |
| Name of Individual or Organization: As | hland Little League | | Number of Tick | kata: 2 |
| | | | Number of Tick | (ets |
| Description of Organization: Provided of | outdoor recreation to / | Ashland youth | | |
| | | | | |
| Address of Organization: 444 'C' Street | t - Hayward, CA 9454 | 1 City | | tate Zip Code |
| | | 31000 | | tate Zip Code |
| Purpose for Distribution: (Describe the p | | ranina os sen de se una succesa se succesa se s |) | |
| To reward a nonprofit organization for i | ts contribution to the | community | | |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of tic | kets set forth above is ir | accordance with the provisi | ons of FPPC Regulati | ion 18944.1. |
| 1/2-1- | thing Ge | e Operations | Manager | 5/5/11 |
| Signature of Agency Head or Designee | Print Name | Til Til | le | (month, day, year) |
| Comment: (Use this space or an attachment t | or any additional informatio | on including amendment explana | ition.) | |
| and concession sales - Field Tickets | | | | |

| | | | | ent | AGE | NCY REPOR |
|--|--|---|--|--|---------------------|-----------|
| 1. Agency Name | | | | Date Stamp | California | 802 |
| COUNTY OF ALAMEDA | | | | | Form | |
| Division, Department, or Reg | ion (if applicable) | | | | For Official L | Ise Only |
| Street Address | | | | | | |
| 1221 OAK STREET, #536, | OAKLAND, CA 946 | 12 | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | explain in Part 5.) | |
| (510) 272-6692 | District2@acgov.o | rg | | | | |
| Agency Contact (name and title |) | | | Date of Original Filing: | (month, day, year |) |
| Michelle Dianda, Ticket Adı | · | | | | | |
| 2. Event For Which Tickets | | | | | | |
| Date(s) of Event:/_1 | 14 <u>/ 11</u> Descri | iption of Eve | nt: Oakland A's | 3 | | |
| <i>J</i> | / Face \ | Value of Tick | et: \$ | 43.75 | | |
| Agency Event 🛛 Yes | 🗵 No (Identify so | ource of ticke | ets below.) | | | |
| Name of Outside Source of | Ticket(s) Provided to | Agency: O | akland A's | | | |
| | | | | | | |
| Number of Tickets Received | 1: | Ticket(s) Pro | ovided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to | o Contrad |
| 3. Agency Official(s) Rece | iving Ticket(s) (us | | | | | |
| | iving nereda) (us | e a continuati | on sheet for addi | tional names) | | |
| Name of Offic | | Number | State Whet | her the Distribution is In | | |
| | | | State Whet | | | |
| Name of Offic | | Number | State Whet | her the Distribution is In | | |
| Name of Offic | | Number | State Whet | her the Distribution is In | | |
| Name of Offic | | Number | State Whet | her the Distribution is In | | |
| Name of Offic | | Number | State Whet | her the Distribution is In | | |
| Name of Offic | | Number | State Whet | her the Distribution is In | | |
| Name of Offic (Last, First) | on Receiving Ticl | Number of Tickets k et(s) (Provi | State Whet Descri | her the Distribution is In be the Public Purpose f | | |
| Name of Offic (Last, First) | on Receiving Ticl | Number of Tickets k et(s) (Provi | State Whet Descri | her the Distribution is In be the Public Purpose f | | |
| Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency | on Receiving Ticl | Number of Tickets k et(s) (Provi Nadia Locky | State Whet Descri ded at the behes ver, District 2 | her the Distribution is In be the Public Purpose f t of an agency official.) | or the Distribution | |
| Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ | on Receiving Ticl Official: <u>Supervisor</u> nization: <u>Resurrectic</u> | Number of Tickets ket(s) (Provi Nadia Locky on Greek Ort | State Whet Descri ded at the behes /er, District 2 | her the Distribution is In be the Public Purpose f t of an agency official.) | | |
| Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency | on Receiving Ticl Official: <u>Supervisor</u> nization: <u>Resurrectic</u> | Number of Tickets ket(s) (Provi Nadia Locky on Greek Ort | State Whet Descri ded at the behes /er, District 2 | her the Distribution is In be the Public Purpose f t of an agency official.) | or the Distribution | |
| Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: | on Receiving Ticl Official: <u>Supervisor</u> nization: <u>Resurrectic</u> | Number of Tickets ket(s) (Provi Nadia Locky on Greek Ort | State Whet Descri ided at the behes ver, District 2 hodox Church e funds for loca | her the Distribution is In be the Public Purpose f t of an agency official.) | or the Distribution | 4 |
| Name of Offic (Last, First) | on Receiving Ticl Official: Supervisor nization: Resurrectic Holding golf tourna | Number of Tickets ket(s) (Provi Nadia Locky on Greek Ort | State Whet Descri ided at the behes ver, District 2 hodox Church e funds for loca | her the Distribution is In be the Public Purpose f t of an agency official.) | or the Distribution | 4 |
| Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>20</u> | on Receiving Ticl Official: Supervisor hization: Resurrection Holding golf tourna D104 Center Street, mber and Street | Number of Tickets ket(s) (Provi Nadia Locky on Greek Ort ment to raise Castro Valle | State Whet Descri Ided at the behes ver, District 2 hodox Church e funds for loca vy, CA 94546 City | her the Distribution is In be the Public Purpose f t of an agency official.) Numb I chairities | or the Distribution | |
| Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{2i}{Nu}$ | on Receiving Ticl Official: Supervisor nization: Resurrection Holding golf tourna D104 Center Street, mber and Street | Number of Tickets ket(s) (Provi Nadia Locky on Greek Ort ment to raise Castro Valle | State Whet Descri- ded at the behes ver, District 2 hodox Church e funds for loca ey, CA 94546 City istribution to the o | her the Distribution is In be the Public Purpose f t of an agency official.) Numb I chairities | or the Distribution | 4 |

Signature of Agency Head of Designee Print Name TICKET ADMINISTRATOR

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

5

(month, day, year)

| Agency Report | Arubiici | Document | TICKETS PROVIDED B AGENCY REPOR |
|--|---------------------------------|-----------------------------|------------------------------------|
| 1. Agency Name | · | Date Sta | mp California 000 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if applicable) | | | For Official Use Only |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 94 | 612 | | |
| Area Code/Phone Number E-mail | | | nt (Must explain in Part 5.) |
| (510) 272-3882 crystal.hishida@a | acgov.org | | |
| Agency Contact (name and title) | Agency Contact (name and title) | | |
| Crystal Hishida Graff, Principal Analyst, Count | Office | (month, day, year) | |
| 2. Event For Which Tickets Were Distribute | ed | | |
| Date(s) of Event: <u>05 / 28 / 11</u> Desc | ription of Event: | Dakland A's game | |
| / Face | | | |
| / | value of ficket: \$ | | |
| Agency Event 🛛 Yes 🖾 No (Identify s | source of tickets be | elow.) | |
| Name of Outside Source of Ticket(s) Provided | to Agency: Oaklar | nd Athletics | |
| Number of Tickets Received:2 | Ticket(s) Provide | d to Agency: 🔲 Gratuito | ously I Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket(s) (u | se a continuation sh | eet for additional names) | |
| Name of Official | Number | State Whether the Distribut | ion is Income to the Official or |
| (Last, First) | of Tickets | Describe the Public Pu | Irpose for the Distribution |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization Receiving Tic | ket(s) (Provided a | t the behest of an agency o | fficial.) |
| Name of Behesting Agency Official: Supervisor | r Wilma Chan, Dis | trict 3 | |
| | usman | - | |
| Name of Individual or Organization: <u>Audrey Ha</u> | | | Number of Tickets:2 |
| Description of Organization: | | | |
| Address of Organization: | | City | State Zip Code |
| Purpose for Distribution: (Describe the public pur | pose for the distribu | | State Zip Code |
| To promote attendance at an event held at a C | | U , | County revenue from sales |
| | | | |
| 5. Verification | | | |
| the same state and in the state of the state | forth above is in acc | ordance with the provisions | of FPPC Regulation 18944.1. |
| I have determined that the distribution of tickets set f | Kandra Busker | ich supervisor's | issistant Jonli |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| Tickets Provided by | | lie Decument | TICKETS PROVIDED BY |
|--|---|--|-------------------------|
| Agency Report | APup | lic Document | AGENCY REPORT |
| 1. Agency Name | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | Form 002 |
| Division, Department, or Region (if applie | cable) | | i or official dae offiy |
| 1221 OAK STREET, #555 | | | |
| Street Address | | | |
| OAKLAND, CA 94612 | | | |
| Area Code/Phone Number E-mail | | Amendment (Mus | t explain in Part 5.) |
| | nishida@acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing | g:(month, day, year) |
| Crystal Hishida Graff, Principal Analy | - In the second second second second | or's Office | |
| 2. Event For Which Tickets Were D | istributed | | |
| Date(s) of Event:08 _/_21 _/_11 | _ Description of Ever | nt:Baseball Game | · |
| /////// | | 20.00 | |
| | | | |
| | (Identify source of ticke | | |
| Name of Outside Source of Ticket(s) F | ² rovided to Agency: <u>Oa</u> | akland Athletics | |
| Number of Tickets Received:2 | | | Durquant to Contract |
| Number of Tickets Received: | TICKET(S) Pro | vided to Agency: | Pursuant to Contract |
| 3. Agency Official(s) Receiving Tic | ket(s) (use a continuation | on sheet for additional names) | |
| Name of Official | Number | State Whether the Distribution is | |
| (Last, First) | of Tickets | Describe the Public Purpose | for the Distribution |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization Recei | ving Ticket(s) (Provid | led at the behest of an agency official. |) |
| _ | - | | |
| Name of Behesting Agency Official: | | | |
| Name of Individual or Organization: | Castro Vallev/Eden Are | Chmber of Commerce | -h |
| Name of Individual or Organization: | | Num | nber of Tickets:2 |
| Description of Organization: | ousiness services to the | e Unincorporated Areas of District | 4 |
| | | | |
| Address of Organization: <u>3467 Castro</u> | o Valley Blvd, Castro V | alley, CA 94546 | |
| Number and Stree | et | City | State Zip Code |
| Purpose for Distribution: (Describe the | public purpose for the di | stribution to the organization.) | |
| To reward a nonprofit organization for | | | |
| | | | |
| 5. Verification | | | |
| I have determined that the distribution of the | ickots sat forth chove is in | accordance with the provisions of ED | PC Regulation 18044 1 |
| Thave determined that the distribution of the | ickets set ionn above IS If | | |
| A - KAR | nna Gee | Devators Ma | Marad 515/11 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: (Use this space or an attachmen | t for any additional information | on including amendment explanation.) | |
| Field Tickets | | | |

\$

| Tickets Provided by | | | | |
|---|-----------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| Agency Report | A Pub | lic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA | | | | |
| Division, Department, or Region (if a | ipplicable) | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-ma | 1 | | Amendment (Must e | xplain in Part 5.) |
| (510) 272-3882 cryst Agency Contact (name and title) | al.hishida@acgov.org | | Date of Original Filing: . | (month, day, year) |
| Crystal Hishida Graff, Principal A | alyst, County Administra | tor's Office | | (********) = *** |
| 2. Event For Which Tickets Wer | e Distributed | · · · · · · · · · · · · · · · · · · · | | |
| Date(s) of Event:05_/13_/ | 11 Description of Eve | nt: Baseball Ga | me | |
| | — Face Value of Tick | | 38.00 | |
| /// | | et: ֆ | · · · · · · · · · · · · · · · · · · · | |
| Agency Event 🗌 Yes 🛛 🗙 | No (Identify source of ticke | ets below.) | | |
| Name of Outside Source of Ticket | s) Provided to Agency. | akland Athletics | | |
| | | | | |
| Number of Tickets Received: | Z Ticket(s) Pro | ovided to Agency | : 🗌 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiving | Ticket(s) (use a continuati | on sheet for additi | onal names) | <u></u> |
| Name of Official | Number | | er the Distribution is Inc | |
| (Last, First) | of Tickets | Describ | e the Public Purpose for | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Re | | | | |
| Name of Behesting Agency Officia | , Alameda County Super | visor Nate Miley | , District 4 | |
| | | | | 1, III IIIIIIIIIIIII |
| Name of Individual or Organization | Community Prevention | | Numb | er of Tickets: <u>2</u> |
| | | | | |
| Description of Organization: <u>Educ</u> | | onol sales to mir | 1015 | |
| 1559 'P' | Street, Suite 201 - Haywa | | | |
| Address of Organization: | | City | | State Zip Code |
| Durnage for Distributions (Describe | the public purpose for the di | stribution to the o | ranization) | |
| Purpose for Distribution: (Describe | | | ganization.) | |
| To reward a nonprofit organization | for its contribution to the | community | | |
| - M 20- 0- (| na ea | | | |
| 5. Verification | | , | | |
| I have determined that the distribution | of tickets set forth above is in | n accordance with | ъ г | , 1 |
| >H JC X ; | - Anna Cale | DORN | those Marray | UX 5511 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attach | ment for any additional informati | on including amend | ment explanation.) | |
| Field Tickets | | | | |

| Tickets Provided by Agency Report | A Pub | lic Docume | ent | | |
|---|----------------------------------|--------------------|---|---|--|
| 1. Agency Name | | | Date Stamp | AGENCY REPORT | |
| COUNTY OF ALAMEDA | | | Date Stamp | Form 802 | |
| Division, Department, or Region (if applicable) | | | - | For Official Use Only | |
| | | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 9 | 4612 | | | | |
| Area Code/Phone Number E-mail | 5 | | Amendment (Must e | xplain in Part 5.) | |
| (510) 272-3882 crystal.hishida@ Agency Contact (name and title) | vacgov.org | | Date of Original Filing: | | |
| Crystal Hishida Graff, Principal Analyst, County Administrator's Office | | | | (month, day, year) | |
| 2. Event For Which Tickets Were Distribu | | | | | |
| Date(s) of Event: <u>05 / 28 / 11</u> Des | scription of Eve | nt: Oakland A' | s game | | |
| / Fac | | | \$43.75 | | |
| | | | | | |
| | source of ticke | , | | | |
| Name of Outside Source of Ticket(s) Provided | d to Agency: O | akland Athletics | S | | |
| Number of Tickets Received:2 | Ticket(s) Pro | ovided to Agenc | sy: □Gratuitously | ⊠ Pursuant to Contract | |
| 3. Agency Official(s) Receiving Ticket(s) | (use a continuati | on sheet for addi | tional names) | 1 0 000 | |
| Name of Official (Last, First) | | | | oution is Income to the Official or Purpose for the Distribution | |
| Supervisor Wilma Chan, District 3 | 2 | To evaluate | To evaluate the ability of a local sports team to attract | | |
| | | business & c | ontribute to the local e | economy. | |
| | | | | | |
| 4. Individual or Organization Receiving T | icket(s) (Provi | ded at the behes | t of an agency official.) | | |
| Name of Behesting Agency Official: | | | | | |
| Name of Individual or Organization: | | | | er of Tickets: | |
| Description of Organization: | | | | | |
| | | | | | |
| Address of Organization: | | City | | State Zip Code | |
| Purpose for Distribution: (Describe the public p | ourpose for the di | | organization.) | | |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the distribution of tickets se | t forth above is in Ara Boska | n accordance wit | h the provisions of FPP(PCC Jisor's Assistant | C Regulation 18944.1. | |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) | |
| Comment: (Use this space or an attachment for any a | additional informatio | on including amend | dment explanation.) | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |

| Tickets Provided by | | | | | |
|---|---|--------------------|---|--------------------------------------|--|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Region (| if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number E-m | nail | | | | |
| (510) 272-3882 cry | /stal.hishida@ac | aov.ora | | Amendment (Mustexp | biain in Part 5.) |
| Agency Contact (name and title) | | <u> </u> | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Principal | Analyst, County | Administrat | or's Office | | (monur, day, year) |
| 2. Event For Which Tickets We | ere Distributed | 3 | | ter en esta no norretore e compone o | |
| Date(s) of Event:/// | 11 Descrit | otion of Eve | nt. Baseball Ga | ame | |
| | | | | 43.75 | |
| · | ——— Face V | alue of TICK | et: ֆ | | |
| Agency Event 🛛 Yes 🛛 | ব No (Identify so | urce of ticke | ets below.) | | |
| Name of Outside Source of Ticke | ot(s) Provided to | Agonew Oa | akland Athletics | 6 | |
| | | Agency | | | |
| Number of Tickets Received: | <u> 10 </u> | icket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving | g Ticket(s) (use | e a continuatio | on sheet for addi | tional names) | |
| Name of Official | | Number | | her the Distribution is Inco | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose for | the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization F | l Receiving Tick | et(s) (Provid | l ded at the behes | t of an agency official.) | |
| Name of Behesting Agency Offic | Alameda Co | ounty Superv | isor Nate Milev | y, District 4 | |
| | | | | | |
| Name of Individual or Organizati | on: Castro Valle | y Elementa | ry PATA | Numbe | r of Tickets: <u>10</u> |
| | | | | | |
| Description of Organization: | ports Castro Va | lley Elemen | tary School | | |
| | San Miguel Ave | | | 546 | |
| Address of Organization: 20103 | | | | J+0 | State Zip Code |
| | | . | · | | ,,, |
| Purpose for Distribution: (Descril | be the public purpo | ose for the di | stribution to the c | organization.) | |
| To reward a nonprofit organizati | on for its contrib | utions to the | community | | |
| | | | | | anna anna ammar anna anna anna anna anna |
| 5. Verification | | - | and the second secon | 7 | |
| I have determined that the distribution | on of tickets set for | rth above is ji | 1 accordance wit | t the provisions of FPPC | Regulation 18944.1. |
| 1 VAD | Donation | s Alnia | day Min | No Gree | detu |
| Signature of Agency Head or Designee | | rint Name | WCA PIN | Title | (month, day, year) |
| Comment: (Use this space or an atta | chment for any addit | tional information | ⊖ on including amend | dment explanation.) | |
| 2 parking pass | | | | | |

| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED E AGENCY REPOR |
|------------------------------------|--------------------------|---------------------|---------------------|--------------------------------|--|
| 1. Agency Name | | | ******** | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | |
| Division, Department, or Reg | jion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must | explain in Part 5.) |
| (510) 272-3882 | crystal.hishida@ | acgov.org | | | |
| Agency Contact (name and title | ə) | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Cour | nty Administrat | or's Office | | |
| 2. Event For Which Ticket | s Were Distribut | ted | | | |
| Date(s) of Event: | 27 <u>11</u> Desc | cription of Eve | nt: Baseball Ga | ame | |
| | / Face | | | 1,500 | |
| | | , value of tick | υι. Ψ | | |
| Agency Event 🛛 🗌 Yes | 🗵 No (Identify | source of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency. Oa | akland Athletics | 3 | |
| | | | | | |
| Number of Tickets Received | 1: | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contra |
| | | | | | |
| Agency Official(s) Rece | | ise a continuatio | | - | |
| Name of Offi (Last, First) | cial | Number | | her the Distribution is In | |
| | | of Tickets | Descri | be the Public Purpose f | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| . Individual or Organizati | on Receiving Tie | cket(s) (Provid | led at the behes | t of an agency official.) | |
| Name of Behesting Agency | Alameda (| County Superv | visor Nate Mile | v. District 4 | |
| | | | | | |
| Name of Individual or Orgar | Black Wo | men Organize | d for Political A | ction Num | per of Tickets:20_> |
| | | | | | |
| Description of Organization: | Empower African | American wor | nen through pu | Iblic service | |
| | | | | | |
| Audiess of Organization. | 8550 Carlton - Cas | tro Valley, CA | | | |
| Nu | mber and Street | | City | | State Zip Cod |
| Purpose for Distribution: (D | escribe the public pu | rpose for the di | stribution to the o | organization.) | |
| To reward a nonprofit orgar | nization for its contr | ributions to the | community | | |
| | | | | | |
| 5. Verificatiøn | | | | | |
| I have determined that the dist | ribution of tickets set | forth above is ir | n accordance wit | h the provisions of FPP | C Regulation 18944.1. |
| MAN | Λ., | Car | | nn= | 11. |
| Signature of Agency Head or Design | <u> </u> | A CLU Print Name | e Uper | <u>ATTUNS // TANA</u> Title | <u> ////////////////////////////////////</u> |
| Comment: (Use this space or a | | ditional informati | n including emen | ment explanation) | U (maint, day, your) |
| | n allachinencitor any ac | uuuonar mormalit | on molauny amend | апонсолріанацон.) | |
| A parking pass | | | | | |

| Tickets Provided by Agency Report | | A Publi | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|---|---|----------------------|----------------------------|---|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 | ion (if applicable) | | | Date Stamp | California Form 802 For Official Use Only |
| Street Address OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys | | jov.org | | Amendment (Muster Date of Original Filing: | |
| 2. Event For Which Tickets Date(s) of Event:05 /0 | | iption of Even | | | |
| Agency Event Yes | | o Agency: <u>Oa</u> | kland A's | | |
| Number of Tickets Received 3. Agency Official(s) Received | antitate de la construction de la c | | | | ☑ Pursuant to Contrac |
| Name of Offic (Last, First) | sial | Number of Tickets | | her the Distribution is In- be the Public Purpose fo | |
| 4. Individual or Organization | _ | | | t of an agency official.) | |
| Name of Behesting Agency Name of Individual or Organ Description of Organization: | ization: <u>Scott Spen</u> | icer | | | er of Tickets:4 |
| Address of Organization: | | pose for the dis | City tribution to the c | organization.) | State Zip Code |
| To promote attendance at a | County facility in o | rder to maxim | ize potential C | ounty revenue from p | arking and concession |
| 5. Verification I have determined that the distr | ibution of tickets set f | orth above is in | accordance wit | h the provisions of FPP(| C Regulation 18944.1. |
| Signature of Agency Jead or Design | Amy Shrago |) Print Name | Polic | y Analyst _{Title} | 05/24/11 (month, day, year) |
| Comment: (Use this space or a | n attachment for any add | ditional informatio | n including amend | Iment explanation.) | |

| Tickets Provided by Agency Report | | A Publ | lic Docume | ent | TICKETS PRO AGENC | OVIDED B |
|---|----------------------------|----------------------|--|---|----------------------|----------|
| 1. Agency Name | | | | Date Stamp | California | |
| COUNTY OF ALAMEDA | | | | | Form | 502 |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use | Only |
| 1221 OAK STREET, #555 | | | | | | |
| Street Address | | | | | | |
| OAKLAND, CA 94612 | | | | | | |
| Area Code/Phone Number | E-mail | х. Чал. | | Amendment (Must ex | volain in Part 5) | |
| (510) 272-6685 | Amy.Shrago@ac | gov.org | | | (piairi in r art 5.) | |
| Agency Contact (name and title |) | | | Date of Original Filing: _ | (month, day, year) | |
| Amy Shrago, Policy Analys | t | | | | (| |
| 2. Event For Which Ticket | | | | | | |
| Date(s) of Event: | 13 / 11 Desc | ription of Ever | nt: Oakland A's | s vs. Chicago White So | xo | |
| | | | et: \$ | 00.00 | | |
| | | value of ficke | θι. φ | | | |
| Agency Event 🛛 🗌 Yes | 🗵 No (Identify s | ource of ticke | ts below.) | | | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency. Oa | akland A's | | | |
| | rd. | | | | _ | |
| Number of Tickets Received | 1: | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to C | Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (w | so a continuatio | on shoot for addi | tional names) | | |
| | | | | | orma to the Officia | |
| Name of Offic (Last, First) | cial | Number of Tickets | | her the Distribution is Inc be the Public Purpose fo | | OF |
| And | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. Individual or Organizati | - | | | t of an agency official.) | | |
| Name of Behesting Agency | Official: Keith Cars | on, Superviso | or Fifth District | | | |
| | | | | | | t |
| Name of Individual or Orgar | nization: <u>Amir Arma</u> | in | | Numb | er of Tickets: | 2 |
| | | | | | | |
| Description of Organization: | | | | | | |
| | | | | | | |
| Address of Organization: | mber and Street | | City | | State | Zip Code |
| Purpose for Distribution: (D | escribe the public pur | nose for the dis | stribution to the a | proanization) | | |
| • | | | | Jigumzation.y | | |
| To reward a community vol | | | | | | 6 |
| 5. Verification | | | | | | |
| | ribution of tiplicity and | forth obsurs is in | a a a a a a da a da a da a da da da da d | h the provisions of EDD(| C Dogulation 1004 | 4 1 |
| I have determined that the dist | Amy Shrad | | | - | _ | |
| | Amy Chroad | 2 | Dalia | v Analvet | 05/11 | 0/11 |

| In Aman D | Amy Shrago | Policy Analyst | 05/12/11 |
|-----------|------------|----------------|----------|
| | | | |

(month, day, year)

| Tickets Provided by Agency Report A Public Docume | ent TICKETS PROVIDED BY |
|--|--|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | Date Stamp California Form 802 For Official Use Only |
| Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 | |
| Area Code/Phone Number E-mail (510) 272-6692 District2@acgov.org Agency Contact (name and title) Michelle Dianda, District 2 Ticket Administrator, BOS | Amendment (Must explain in Part 5.) Date of Original Filing: |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: Description of Event: | 22.00 |
| | tional names) her the Distribution is Income to the Official or be the Public Purpose for the Distribution |
| 4. Individual or Organization Receiving Ticket(s) (Provided at the behas Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: Barbara Cody Description of Organization: Address of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization attendance at an event held at a County facility in order to max | Number of Tickets:2 |
| 5. Verification I have determined that the distribution of tickets set forth above is in accordance wit MICHELLE DIANDA TICK Signature of Agency Head of Designee Print Name Comment: (Use this space or an attachment for any additional information including amend | Title <u>4/2/0/11</u> |

| Tickets Provided by Agency Report | A Public | Document | | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|--|--------------------|--|
| 1. Agency Name | | Da | te Stamp | California |
| COUNTY OF ALAMEDA | | | | Form OUZ |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | <u></u> | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-mail | A Constant of the second of th | | ndment (Mustex | plain in Part 5.) |
| (510) 272-6685 Amy.Shrago@ | acgov.org | | | plain in r alt 5.j |
| Agency Contact (name and title) | | Date of C | Driginal Filing: _ | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | (|
| 2. Event For Which Tickets Were Distrib | | | | |
| Date(s) of Event: <u>05 / 30 / 11</u> De | escription of Event | Oakland A's Baseba | ll Game | |
| | | · | | |
| / Fa | ce Value of Ticket: | ð | | ` |
| Agency Event 🛛 Yes 🗵 No (Identif | y source of tickets | below.) | | |
| Name of Outside Source of Ticket(s) Provide | d to Agency. Oakl | and A's | | |
| | | | | |
| Number of Tickets Received:4 | alara wa wa waxa a sa araa ay | | | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) | (use a continuation | sheet for additional nam | ies) | |
| Name of Official | Number | State Whether the Di | | |
| (Last, First) | of Tickets | Describe the Pu | blic Purpose to | |
| | | | | |
| | | Constant and a second | | |
| | | | | |
| | | | | |
| | | | | New contrast of the second |
| 4. Individual or Organization Receiving | Ticket(s) (Provided | d at the behest of an age | ency official.) | |
| Name of Behesting Agency Official: <u>Keith C</u> | arson. Supervisor l | Fifth District | | |
| Name of Benesting Agency Official: | <u> </u> | | | |
| Name of Individual or Organization: <u>Ronnie</u> | Caplane | | _ Numbe | er of Tickets:4 |
| | | | | |
| Description of Organization | | | | A |
| Description of Organization: | | | | |
| | | | | |
| | | City | | State Zin Code |
| Address of Organization: | | City | | State Zip Code |
| | purpose for the distr | - | on.) | State Zip Code |
| Address of Organization: | - | ibution to the organizatio | on.) | State Zip Code |
| Address of Organization: | - | ibution to the organizatio | on.) | State Zip Code |
| Address of Organization: | - | ibution to the organizatio | on.) | State Zip Code |
| Address of Organization: | her service to the p | ibution to the organization bublic. | | |
| Address of Organization: Number and Street Purpose for Distribution: (Describe the public To reward a community volunteer for his or 5. Verification | her service to the p set forth above is in a | ibution to the organization bublic. | isions of FPPC | |

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| Tickets Provided by Agency Report | | A Publ | ic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|---------------------------|----------------------|---|--|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address | | Date Stamp | California Form 802 For Official Use Only | | |
| . 1221 OAK STREET, #536, Area Code/Phone Number | OAKLAND, CA 946 | 12 | | | |
| (510) 272-6692 Agency Contact (name and title | District2@acgov.o | rg | | ☐ Amendment <i>(Must</i> Date of Original Filing | |
| Michelle Dianda, Ticket Ad | | | | | |
| 2. Event For Which Ticket Date(s) of Event:/ | | iption of Ever | | s 22.00 | |
| Agency Event ☐ Yes Name of Outside Source of Number of Tickets Received | | o Agency: Oa | akland A's | :y: □Gratuitously | |
| 3. Agency Official(s) Rece | iving Ticket(s) (us | e a continuatio | on sheet for addi | tional names) | <u> </u> |
| Name of Offi (Last, First) | cial | Number of Tickets | | ther the Distribution is li ibe the Public Purpose | ncome to the Official or for the Distribution |
| | | | | | |
| 4. Individual or Organizati Name of Behesting Agency | • | | | t of an agenc y official.) | |
| Name of Individual or Orgar | | | | Num | ber of Tickets:2 |
| Description of Organization | | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D To reward a school or nonp | | | | | |
| 5. Verification | | | | And a second | |
| I have determined that the dist | MICHELLE I | | | th the provisions of FPF CET ADMINISTRATO Title | Elia III |
| Comment: (Use this space or a | an attachment for any add | litional informatio | on including amen | dment explanation.) | |

| Tickets Provided by Agency Report | | A Publ | ic Docume | ent | TICKETS PROVI AGENCY R | |
|--------------------------------------|-----------------------------|---------------------------------------|---------------------|------------------------------|---------------------------------------|--------|
| 1. Agency Name | | | | Date Stamp | California 8 | 12 |
| COUNTY OF ALAMED | | | | | Form Official Use Or | |
| Division, Department, or | Region (if applicable) | | | | For Official Use Or | шу |
| Street Address | | | | | | |
| 1221 OAK STREET, #5 | 536, OAKLAND, CA § | 94612 | | | | |
| Area Code/Phone Numbe | er E-mail | | | Amendment (Must ex | (nlain in Part 5.) | |
| (510) 272-6692 | District2@acgo | ov.org | | | plan n an o.y | |
| Agency Contact (name an | d title) | | | Date of Original Filing: - | (month, day, year) | |
| Michelle Dianda, Tickel | t Administrator, BOS | | × | | | |
| 2. Event For Which Tic | | | | | | |
| Date(s) of Event:05 | <u>0311</u> De | scription of Ever | nt: Oakland A's | 5 | · | |
| | _// Fa | | | | | |
| | | | | | | |
| Agency Event 🏾 🗌 Ye | · · | y source of ticke | • | | | |
| Name of Outside Source | e of Ticket(s) Provide | d to Agency: 02 | akland A's | | | |
| Number of Tickets Rece | eived: <u>12</u> | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Co | ntrac |
| 3. Agency Official(s) R | eceiving Ticket(s) | (use a continuatio | on sheet for addi | tional names) | | |
| Name of | | Number | | ther the Distribution is Inc | | r |
| (Last, | First) | of Tickets | Descri | be the Public Purpose fo | or the Distribution | |
| | | | | | | |
| | | i | | | | |
| | | | | | | |
| | | | | | | |
| | | r | | | | |
| 4. Individual or Organiz | - | • • • | | t of an agency official.) | | |
| Name of Behesting Age | ncy Official: Supervis | sor Nadia Locky | er, District 2 | | | |
| | | | | | | |
| Name of Individual or O | rganization: <u>East Ba</u> | y Regional Park | s District | Numb | er of Tickets:12 | 2 |
| Description of Organiza | | | | ay communities | | |
| Description of Organiza | tion: | | | | | |
| Address of Organizatior | . 2950 Peralta Oaks | Court, Oakland | CA 94605 | | | |
| , add ood of organization | Number and Street | | City | | State Zip | o Code |
| Purpose for Distribution | : (Describe the public | purpose for the dis | stribution to the o | organization.) | | |
| To reward community v | olunteers for their se | rvice to the publ | ic | | | |
| | - | · · · · · · · · · · · · · · · · · · · | | <u>.</u> | · · · · · · · · · · · · · · · · · · · | |
| 5. Verification | | | | | | |
| I have determined that the | distribution of tickets se | et forth above is ir | n accordance wit | h the provisions of FPPC | Regulation 18944.1. | |
| | MICHEU | E DIANDA | TICK | ET ADMINISTRATOR | 4177 | /11 |
| Signature of Agency Head or [| Designee | Print Name | | Title | (nonth, day | vear) |

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

.

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|-----------------------------|----------------------|---------------------|---|--|
| 1. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Reg | ion (if applicable) | | 8879. | | For Official Use Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Musi | t explain in Part 5.) |
| (510) 272-6691 | leeann.fergerson | @acgov.org | | | |
| Agency Contact (name and title |) | | | Date of Original Filing | :(month, day, year) |
| Lee Ann Fergerson, Ticket | Administrator | | | | |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event:6_/ | <u>4 / 11</u> Desc | ription of Eve | nt: <u> </u> | kets | |
| | / Face | | | \$38.00 | |
| Agency Event 🛛 Yes | 🗙 No (Identify s | | , | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: O | akland Athletics | S | |
| Number of Tickets Received | l:2 | Ticket(s) Pro | wided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Recei | i ving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic (Last, First) | sial | Number of Tickets | | ther the Distribution is I be the Public Purpose | Income to the Official or for the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | U | | | ••• | |
| Name of Behesting Agency | Official: <u>Alameda (</u> | County Super | visor Scott Hag | gerty, District 1 | |
| Name of Individual or Organ | ization: <u>Clint Conra</u> | ad | | Num | ber of Tickets:2 |
| Description of Organization: | | | | | |
| Address of Organization: | nber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | rpose for the di | stribution to the c | organization.) | |
| To promote attendance at a | | | | | parking and concession |
| 5. Verification | | | | | |
| <i>L</i> have determined that the distr | ibution of tickets set 1 | forth above is ir | n accordance wit | h the provisions of FPF | ^o C Regulation 18944.1. |
| Jula Xula 8 | Lee Ann Fe | | | et Administrator | 5/13/11 |
| Signature of Agency Head or Design | <u> </u> | Print Name | | Title | (month, day, year) |
| Comment: Use this space or al | ו attachment for any ad | ditional informatio | on including amend | dment explanation.) | |

| gency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED E AGENCY REPOR |
|---|---|------------------------|----------------------|----------------------------|------------------------------------|
| . Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form 802 |
| Division, Department, or Reg | ion (if applicable) | X | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | untoin in Dout 5.1 |
| (510) 272-3882 | crystal.hishida@ | acgov.org | | | |
| Agency Contact (name and title | .) .) | | | Date of Original Filing: . | (month day year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Cour | nty Administrat | tor's Office | | (month, day, year) |
| Event For Which Tickets | s Were Distribut | ted | | | |
| Date(s) of Event: | | | nt. Baseball Ga | me | |
| | | | | | |
| / | / Face | e Value of Tick | et: \$ | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | source of ticke | ets below.) | | |
| | | | | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: | | | |
| Number of Tickets Received | l: <u>4</u> | Ticket(s) Pro | vided to Agency | : 🔲 Gratuitously | Pursuant to Contrac |
| Agency Official(s) Recei | iving Ticket(s) (ເ | use a continuatio | on sheet for additi | onal names) | |
| Name of Offic | sial | Number | | er the Distribution is Inc | |
| (Last, First) | | of Tickets | Describ | e the Public Purpose fo | r the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| Individual or Organization | on Receiving Tid | cket(s) (Provi | ded at the behest | of an agency official.) | |
| | - | • • • | | | |
| Name of Behesting Agency | Official: Alameda of | County Super | visor Nate Miley | | |
| | Ever Forv | vard Club | | | 4 |
| Name of Individual or Organ | | | | Numb | er of Tickets:4 |
| Description of Organization: | Provides education | on to underser | ved youth | | |
| Description of Organization. | | | | | |
| Address of Organization: 33 | 301 East 12th Stree | et, Suite 205-0 | Dakland, CA 946 | 601 | |
| Nur | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pu | irpose for the di | stribution to the or | ganization.) | |
| To reward a nonprofit organ | | | | | |
| | | | community | | |
| Varification | | | | | |
| Verification | | En alla - I · · · | | the providence of FRAM | Degulation 100111 |
| I have determined that the distr | ibution of tickets set | torth above is il ∧ | n accordance with | the provisions of FPPC | Regulation 18944.1. |
| | ((() () () () () () () () () | 101 1-00 | (And | contract to Attain | and still |
| ADA . | FF MAN | MX = VXX | | | WYATLY GOISIN |
| Signature of Agency Head? or Design | iee <u>FTW</u> | Print Name | <u> </u> | Title | (month, day, year) |
| Signature of Agency Head or Design Comment: (Use this space or a | | | on including amend | Title Title | (month, day, year) |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B' AGENCY REPOR |
|--------------------------------------|-----------------------------|-----------------------|-------------------------------------|---|---|
| 1. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Reg | jion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | explain in Part 5.) |
| (510) 272-6691 | leeann.fergerson | @acgov.org | | | |
| Agency Contact (name and title | | | | Date of Original Filing: | (month, day, year) |
| Lee Ann Fergerson, Ticket | | - | | | |
| 2. Event For Which Ticket | | | Pammetain | | |
| Date(s) of Event: | 18 / 11 Desc | cription of Eve | nt: <u>Raminstein</u> | | |
| / | / Face | Value of Tick | et: \$ | | |
| Agency Event | 🗙 No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: | | | |
| Number of Tickets Received | J:4 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | ise a continuatio | on sheet for addi | tional names) | |
| Name of Offic (Last, First) | cial | Number of Tickets | | her the Distribution is In be the Public Purpose f | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | l ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Official: Alameda (| County Super | visor Scott Hag | gerty, District 1 | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |
| Name of Individual or Orgar | | | | | per of Tickets:4 |
| Description of Organization: | | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pu | rpose for the dis | stribution to the c | organization.) | |
| To reward a community vol | unteer for his servi | ces | | | |
| 5. Verification | | | ang ala a "Webs" dan ay ay a sa bab | NRU NJ. 197. – F. 10. 1 | |
| l have determined that the distr | ibution of tickets set | forth above is in | accordance witi | h the provisions of FPP | C Regulation 18944.1. |
| Jelen Aron | Lee Ann Fe | ergerson | | t Administrator | 5/13/11 |
| Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | ditional informatic | on including amend | lment explanation.) | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|----------------------------|----------------------|---------------------|---|--------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address | | | Date Stamp | California Form 802 | |
| 1221 OAK STREET, #555, Area Code/Phone Number | OAKLAND, CA 94 | 612 | | | |
| (510) 272-3882 | crystal.hishida@a | acdov ord | | Amendment (Muster | xplain in Part 5.) |
| Agency Contact (name and title |) | | | Date of Original Filing: . | (month, day, year) |
| Crystal Hishida Graff, Princ | | - | or's Office | | |
| 2. Event For Which Tickets Date(s) of Event:06 /1 | | | Oakland A's | aame | |
| | | | | \$38.00 | |
| | / Face | | et: | | |
| Agency Event 🛛 Yes | | | | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Oa | akland Athletics | } | |
| Number of Tickets Received | :2 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | ise a continuatio | on sheet for addit | tional names) | |
| Name of Offic (Last, First) | sial | Number of Tickets | | her the Distribution is Ind be the Public Purpose fo | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | • | | | t of an agency official.) | |
| Name of Behesting Agency | Official: <u>Superviso</u> | r Wilma Chan | , District 3 | | |
| Name of Individual or Organ | | | | Numb | er of Tickets: <u>2</u> |
| Description of Organization: | ···· | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pu | rpose for the di | stribution to the c | organization.) | |
| To promote attendance at a | n event held at a C | County facility | in order to max | imize potential County | revenue from sales |
| 5. Verification I have determined that the distr Signature of Agency Head or Design | | forth above is it | n accordance with | h the provisions of FPPC PRE Sol 'S FISS Title | Regulation 18944.1. |
| Comment: (Use this space or a | n attachment for any ad | lditional informatio | on including amend | Iment explanation.) | |

| Tickets Provided by Agency Report | A Publi | c Docume | ent | |
|--|------------------------------------|---|--|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | Date Stamp | AGENCY REPORT California Form 802 | | |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-3882 crystal.hishida@a | acgov.org | | Data of Onlying LEiling | |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Count | | r's Office | | |
| 2. Event For Which Tickets Were Distribut | | <u> </u> | | |
| Date(s) of Event:05 27 11 Desc | ription of Event | t: <u>Oakland A's</u> | s game | |
| // Face | | | \$38.00 | |
| | | | | |
| Agency Event 🗌 Yes 🗵 No (Identify s | | | | |
| Name of Outside Source of Ticket(s) Provided | to Agency: <u>Oak</u> | kland Athletics | | |
| Number of Tickets Received:2 | | | | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (u | se a continuatior | n sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inc be the Public Purpose for | |
| | | | | |
| ······································ | | | | , <u>, , , , , , , , , , , , , , , , , , </u> |
| | · · · | | | |
| 4. Individual or Organization Receiving Tid | | | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Superviso</u> | r Wilma Chan, I | District 3 | | |
| Name of Individual or Organization: <u>Anna Jone</u> | es | | Numbe | er of Tickets: <u>2</u> |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public pu | rpose for the dist | ribution to the c | organization.) | |
| To promote attendance at an event held at a C | County facility in | n order to max | imize potential County | revenue from sales |
| 5. Verification | | | | |
| I have determined that the distribution of tickets set | forth above is in a nd i g Bosh | accordance with | h the provisions of FPPQ | Regulation 18944.1. 5/13(1) |
| Signature of Agency Head or Designee | Print Name | <u></u> | Title | (month, day, year) |

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

| Tickets Provided by | A Public | c Document | TICKETS PROVIDED B |
|--|---|--|----------------------------|
| Agency Report 1. Agency Name | | Date Stamp | AGENCY REPOR |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if applicable) | | | For Official Use Only |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, CA | A 94612 | | |
| Area Code/Phone Number E-mail | | Amendment | (Must explain in Part 5.) |
| (510) 272-3882 crystal.hishid Agency Contact (name and title) | a@acgov.org | Date of Original F | Filing |
| Crystal Hishida Graff, Principal Analyst, C | ounty Administrator' | | -iling: (month, day, year) |
| 2. Event For Which Tickets Were Distri | | 3 Office | |
| Date(s) of Event: $05 / 15 / 11$ | | Oakland A's game | |
| | | 00 9 2 9 | |
| /F | Face Value of Ticket: | φ | |
| Agency Event 🔲 Yes 🗵 No (Iden | tify source of tickets | below.) | |
| Name of Outside Source of Ticket(s) Provid | ded to Agency: <u>Oak</u> | land Athletics | |
| Number of Tickets Received: 2 | | | sly 🗵 Pursuant to Contrac |
| Agency Official(s) Receiving Ticket(| s) (use a continuation | sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution Describe the Public Purp | |
| | | | |
| | | | |
| | | | |
| . Individual or Organization Receiving | J Ticket(s) (Provide | d at the behest of an agency offic | cial.) |
| Name of Behesting Agency Official: Super | ∿isor Wilma Chan, [| District 3 | |
| Name of Individual or Organization: <u>Jim O</u> | ddie | | Number of Tickets:2 |
| Description of Organization: | 1997 - 1 - ¹⁹ 17 av - 11 - 11 - 11 - 11 - 11 - 11 - 11 - | | |
| Address of Organization: | | City | State Zip Code |
| Purpose for Distribution: (Describe the publi | ic purpose for the distr | , | |
| To promote attendance at an event held a | | - , | County revenue from sales |
| 5. Verification | | | |
| I have determined that the distribution of tickets | set forth above is in a | ccordance with the provisions of | f FPPC Regulation 18944.1. |
| N | | | 5/5/ |

| Tickets Provided by Agency Report | A Pub | lic Docume | nt | TICKETS PROVIDED BY |
|--|---|--|---|--------------------------|
| Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #536, OAKLAND, CA 9 | | Date Stamp | AGENCY REPORT California Form 802 | |
| Area Code/Phone NumberE-mail(510) 272-6692District2@acgoAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BOS2. Event For Which Tickets Were Distribution | | Date of Original Filing:(month, day, year) | | |
| Date(s) of Event: <u>07 / 28 / 11</u> Des / Fac Agency Event □ Yes ⊠ No (Identify Name of Outside Source of Ticket(s) Provided Number of Tickets Received: <u>4</u> | e Value of Tick v source of ticke d to Agency: <u>O</u> | et: \$ ets below.) akland A's | 43.75 | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) Name of Official (Last, First) | | on sheet for additi State Wheth | onal names) | ncome to the Official or |
| Individual or Organization Receiving T Name of Behesting Agency Official: Supervise Name of Individual or Organization: Zoneil M Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a | or Nadia Locky laharaj purpose for the di | rer, District 2 | Numl | oer of Tickets:4 |
| 5. Verification I have determined that the distribution of tickets see Signature of Agency Head or Designee Comment: (Use this space or an attachment for any sector) | E DIANDA Print Name | | T ADMINISTRATO | Class In |

| | ickets Provided by A Public Docume | | | TICKETS PROVIDED AGENCY REPO |
|--|--|-----------------------------------|---|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (i 1221 OAK STREET, #536 Street Address | Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #536 | | | np California 802 Form 802 For Official Use Only |
| Agency Contact (name and title) Anna Gee - Operations Manage | na.gee@acgov.org r | | Date of Origina | t (Must explain in Part 5.) I Filing:(month, day, year) |
| 2. Event For Which Tickets We Date(s) of Event: <u>06 / 22 /</u> // Agency Event ☐ Yes ⊠ Name of Outside Source of Ticke | 11 Description Face Value No (Identify source | of Ticket: \$ of tickets belov | 5.00 v.) | on |
| Number of Tickets Received: | 10 Ticket | t(s) Provided to | Agency: 🗵 Gratuito | |
| B. Agency Official(s) Receiving Name of Official (Last, First) | Nui | | te Whether the Distributi | ion is Income to the Official or irpose for the Distribution |
| I. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio | al: Alameda County | 26-72 | | fficial.) Number of Tickets:10 |
| Description of Organization: | | | | |
| Address of Organization: Number at Purpose for Distribution: (Describ | e the public purpose fo | | 1977 - 1979 - C.T. B ANDAR AND | State Zip Coo County revenue from parking |
| To promote attendance at an eve 5. Verification I have determined that the distribution | n of tickets set forth ab | | ance with the provisions | of FPPC Regulation 18944.1. |

| Agency Name California B02 COUNTY OF ALAMEDA Date Stamp California B02 Tor Official Oxe StreET, #536 Street Address County For Official Use Only Street Address Childraw StreET, #536 Street Address County For Official Use Only Agency Contract (mme and tho) Anna Gee - Operations Manager Amendment (Mail explains Perf 5.) Date of original Filing: | gency Report | A Pub | lic Document | | TICKETS PROVIDED B AGENCY REPOR |
|---|--|---|-------------------------|---------------------------------------|------------------------------------|
| Division. Department, or Region (if applicable) 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6694 anna.gee@acgov.org Agency Contact (rame and title) Anna Gee - Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 0 | Agency Name | uning and a second a | | Date Stamp | California 802 |
| Individual or Organization: Jone of Official Image: Street Address Image: Street Address OAKLAND, CA 94612 Amendment (Must explein in Part 5.) Area Cod/Phone Number E-mail (510) 272-6694 anna.gee@acgow.org Agency Contact (mem and tille) anna.gee@acgow.org Anna Gee - Operations Manager Date of Original Filing: Event For Which Tickets Were Distributed Date(s) of Event: Date(s) of Event: 95.80 Agency Event Yes Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrifors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Galuitously Pursuant to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County form parking and concession sales Individual or Organization: Joneca Coats Number of Tickets: 2 Description of Organization: Joneca Coats Number of Tickets: | | | | | |
| Sireet Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Agency Contact (name and title) anna.gee@acgov.org Anna Gee - Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 06 / 10 / 11 Description of Event: R. Kelly Concert | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| OAKLAND, CA 94612 Area Codd/Phone Number (510) 272-6694 Anna Gee - Operations Manager Anna Gee - Operations Manager Event For Which Tickets Were Distributed Date of Original Filing: | | | | | |
| Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Agency Contact (name and title) Date of Original Filing: | Street Address | | | | |
| (510) 272-6694 anna.gee@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and tille) Date of Original Filing: | | | | | |
| (510) 272-6694 anna gee@acgov.org Agency Contact (name and title) Anna Gee - Operations Manager Event For Which Tickets Were Distributed Date of Original Filing: | Area Code/Phone Number E-mail | | | Amendment (Must exp | lain in Part 5.) |
| Anna Gee - Operations Manager (month, day, year) Event For Which Tickets Were Distributed Date(s) of Event: 06 / 10 / 11 Description of Event: R. Kelly Concert | | cgov.org | | · · · · · · · · · · · · · · · · · · · | |
| Anna Gee - Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 06 10 11 Description of Event: R. Kelly Concert | Agency Contact (name and title) | | Dat | e of Original Filing: | (month, day, year) |
| Date(s) of Event: 06 10 1 Description of Event: R. Kelly Concert | Anna Gee - Operations Manager | | | | |
| | Event For Which Tickets Were Distri | buted | | | |
| | Date(s) of Event: 06 / 10 / 11 | escription of Eve | nt. R. Kelly Concert | t | |
| Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County facility in order to maximze potential County revenue from parking and concession sales Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Jomeca Coats Number of Tickets: 2 Description of Organization: Jomeca Coats Number of Tickets: 2 Description of Organization: Jomeca Coats Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) <td></td> <td></td> <td>05</td> <td></td> <td></td> | | | 05 | | |
| Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contract Agency Official (Last, First) Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jomeca Coats Number of Tickets: 2 Description of Organization: Jomeca Coats Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification Index determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | // | ace Value of Tick | et: \$ | | |
| Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Instruction Provided to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract Contract Agency Official (Last, First) Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County facility in order to maximze potential County revenue Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jorneca Coats Number of Tickets: 2 Description of Organization: Jorneca Coats Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification Inverted the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 <td>Agency Event 🗌 Yes 🗵 No (Iden</td> <td>tify source of ticke</td> <td>ets below.)</td> <td></td> <td></td> | Agency Event 🗌 Yes 🗵 No (Iden | tify source of ticke | ets below.) | | |
| Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Name of Official of Tickets Number of State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County Jackson, Shelisa 1 To promote attendance at an event held at a County Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Jomeca Coats Number of Tickets: Address of Organization: Jomeca Coats Number of Tickets: Address of Organization: Operanization: City State Address of Organization: Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification Insert the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | | - | - | ſS | |
| Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County facility in order to maximze potential County revenue from parking and concession sales Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Individual or Organization: Jomeca Coats Number of Tickets: Address of Organization: Jomeca Coats Number of Tickets: Address of Organization: Operanization: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | Name of Outside Source of Ticket(s) Provid | ded to Agency: | | | |
| Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County facility in order to maximze potential County revenue facility in order to maximze potential County revenue from parking and concession sales Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jomeca Coats Address of Organization: Jomeca Coats Number and Street City Number attendance at an event held at a County facility in order to maximize potential County revenue from parking Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | Number of Tickets Received:2 | Ticket(s) Pro | vided to Agency: [| Gratuitously | ⊠ Pursuant to Contrac |
| (Last, First) of Tickets Describe the Public Purpose for the Distribution Jackson, Shelisa 1 To promote attendance at an event held at a County Jackson, Shelisa 1 To promote attendance at an event held at a County facility in order to maximze potential County revenue from parking and concession sales Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jomeca Coats Description of Organization: Number of Tickets: Address of Organization: Individual to the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification Inverted that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | Agency Official(s) Receiving Ticket(s | s) (use a continuation | on sheet for additional | l names) | |
| facility in order to maximze potential County revenue from parking and concession sales Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jomeca Coats Number of Tickets: 2 Description of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | | | 1 | | |
| Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jorneca Coats Description of Organization: Mumber of Tickets: Address of Organization: | Jackson, Shelisa | 1 | To promote atten | dance at an event l | held at a County |
| Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jomeca Coats Number of Tickets: 2 Description of Organization: Jomeca Coats Number of Tickets: 2 Address of Organization: | | | facility in order to | maximze potential | County revenue |
| Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Jomeca Coats Description of Organization: Number of Tickets: Address of Organization: | | | from parking and | concession sales | |
| Name of Individual or Organization: Jomeca Coats Number of Tickets: 2 Description of Organization: | Individual or Organization Receiving | Ticket(s) (Provid | ded at the behest of a | n agency official.) | |
| Name of Individual or Organization: | Alame | da County Super | visor Nate Miley Di | strict 4 | |
| Description of Organization: | Name of Behesting Agency Official: | | visor reace winey, Di | | |
| Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking . Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. . ANNA GEE OPERATIONS MANAGER 05/26/11 | Name of Individual or Organization: <u>Jomec</u> | ca Coats | | Number | r of Tickets:2 |
| Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking . Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | Description of Organization: | | | | |
| Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking . Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | Address of Organization: | | City | | State Zip Code |
| To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/11 | | | · | | • |
| . Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. ANNA GEE OPERATIONS MANAGER 05/26/1/1 | | | | | |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. | To prométe attendance at an event held at | t a County facility | in order to maximize | e potential County i | revenue from parking |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. | | | | | |
| ANNA GEE OPERATIONS MANAGER 05/26/11 | | set forth above is ir | 1 accordance with the | provisions of FPPC I | Regulation 18944.1. |
| | | | | | - |
| | ANNA | GEE | OPERATI | ONS MANAGER | 05/26/11 |

| Tickets Provided by Agency Report | | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|--|--|---------------------------|--------------------------------------|
| 1. Agency Name | | | | Date Stamp | California QO2 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Region | (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number E-I | mail | en san se se anti 111111111111111111111111111111111111 | | Amendment (Mus | t explain in Part 5) |
| (510) 272-6685 AI | my.Shrago@aco | jov.org | | | |
| Agency Contact (name and title) | | | | Date of Original Filing | j:(month, day, year) |
| Amy Shrago, Policy Analyst | | | | | (|
| 2. Event For Which Tickets W | /ere Distribute | ed | | | |
| Date(s) of Event: <u>05</u> / 18 | / <u>11</u> Descr | ription of Ever | nt: <u>Rammstein</u> | | |
| | | | ət: \$ | 10 50 | |
| // | J Face | value of ficke | эс. ф | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ts below.) | | |
| Name of Outside Source of Tick | (et(s) Provided to | o Agency: Go | olden State Wa | nrriors | |
| Number of Tickets Received: | | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receivin | an a | se a continuatio | on sheet for addi | tional names) | |
| Name of Official | | Number | | | Income to the Official or |
| (Last, First) | * | of Tickets | 1 | be the Public Purpose | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | Receiving Tic | kat(s) (Provid | l dod at the behas | t of an agoncy official | |
| • | • | | | t of all agency official. |) |
| Name of Behesting Agency Offi | cial: Keith Carso | on, Superviso | or Fifth District | | |
| | | | | | ŋ |
| Name of Individual or Organiza | tion: <u>Ethan Shra</u> | 190 | | Num | ber of Tickets: 2 |
| Description of Organization: | | | | | |
| | | | | | |
| Address of Organization: | and Street | | City | | State Zip Code |
| Purpose for Distribution: (Descr | ribe the public pur | pose for the dis | stribution to the | organization.) | |
| To promote attendance at a Co | | | | | parking and concession |
| | | | | | |
| 5. Verification | | | a a contra la del del del del del contra gla contra gla contra del | | |
| I have determined that the distribut | ion of tickets set fi | orth above is in | accordance wil | h the provisions of FP | PC Regulation 18044 1 |
| - Have equilibrilled that the distribut | | | | · | - |
| In Smag O | Amy Shrago | | Polic | y Analyst | 05/24/11 |
| Signature of Agency Heador Designee | I | Print Name | | Title | (month, day, year) |

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

| Tickets Provided by | | A Duki | la Decuma | | TICKETS PROVIDED BY |
|---|--|-------------------|--------------------|----------------------------|--------------------------|
| Agency Report | | A Publ | ic Docume | ent | AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | |
| Division, Department, or Regi | on (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | Y |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amondmont (Music | untain in Dard E) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | Amendment (Must e | xplain in Part 5.) |
| Agency Contact (name and title, | | 0 0 | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princi | pal Analyst, Coun | tv Administrato | or's Office | | (month, day, year) |
| 2. Event For Which Tickets | | | | | |
| | | | Oakland A's | s Skybox | |
| Date(s) of Event: <u>08</u> / <u>2</u> | / Desc | ription of Even | | | |
| / | / Face | Value of Ticke | et: \$ | \$1,500 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | ource of ticket | ts below.) | | |
| Name of Outside Source of | Γicket(s) Provided t | to Agency: | | | |
| Number of Tickets Received | 20 | Ticket(s) Prov | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (u: | se a continuatio | n sheet for addi | tional names) | |
| Name of Offic | ial | Number | State Whet | her the Distribution is In | come to the Official or |
| (Last, First) | (1940) | of Tickets | | be the Public Purpose for | |
| M | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatio | on Receiving Tic | ket(s) (Provide | ed at the behest | of an agency official.) | |
| n daara - Daadaa ahaa ka k | | | | | |
| Name of Behesting Agency (| Official: Alameda C | Jounty Supervi | Isor Scott Hag | gerty, District 1 | |
| , | | | | | 20 |
| Name of Individual or Organi | zation: Tailon Sch | 001 | | Numb | er of Tickets: <u>20</u> |
| Description of Organization: | Elementary Schoo | l | | | |
| Address of Organization: | | | | | |
| Address of Organization: | ber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | scribe the public pur | pose for the dist | tribution to the o | rganization.) | |
| To reward a school organiza | tion for its contribu | tions to the co | mmunity | | |
| 5. Verification | | | | | |
| I have determined that the distri | bution of tickets set fi | orth above is in | accordance with | the provisions of EPPC | Regulation 18944 1 |
| | Lee Ann Fer | | | | |
| Signature of Agency Head of Designe | and the state of t | Print Name | ПСКе | t Administrator | (month, day, year) |
| Comment: (Use this space or an | | | n including amend | | (month, day, year) |