| Agency Report | A Pub | lic Document | TICKETS PROVIDED E AGENCY REPOR |
|---|---------------------------------|--|--|
| 1. Agency Name | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | Form OU2 |
| Division, Department, or Region (if applicable | e) | | For Official Use Only |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, O | CA 94612 | | |
| Area Code/Phone Number E-mail | | Amendment (Must e | xplain in Part 5.) |
| | ida@acgov.org | | , , |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, | - | or's Office | 2410-1-1-1 |
| 2. Event For Which Tickets Were Dist | | | |
| Date(s) of Event: <u>09</u> <u>03</u> <u>11</u> | Description of Ever | | |
| / | Face Value of Ticke | et: \$\$38.00 | |
| Agency Event 🗌 Yes 🗵 No (Ide | entify source of ticke | ets below.) | |
| Name of Outside Source of Ticket(s) Prov | vided to Agency: <u>Oa</u> | akland Athletics | |
| Number of Tickets Received:2 | Ticket(s) Pro | vided to Agency: 🛛 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket | t (s) (use a continuatio | on sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is In Describe the Public Purpose fo | |
| | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| I. Individual or Organization Receivin | ng Ticket(s) (Provid | l ded at the behest of an agency official.) | and a second |
| Name of Behesting Agency Official: | ervisor Wilma Chan, | , District 3 | |
| Name of Individual or Organization: Mark | LeClair | Numb | er of Tickets:2 |
| Description of Organization: | | ······ | |
| Address of Organization: | | City | State Zip Code |
| Purpose for Distribution: (Describe the put | olic purpose for the dis | · | |
| To promote attendance at an event held | | | / revenue from sales |
| | | | |
| 5. Verification I have determined that the distribution of ticke | ts set forth above is in | accordance with the provisions of EPDC | Regulation 19044 1 |
| | is sectorul above is li | r accordance with the provisions of FPPC | > neyulall011 1 09 44.1. |
| | ANDRA BOSKOVIC | CH SUPERVISOR'S ASSISTA | NT 6/13/11 |

| Tickets Provided by | A Pub | lic Docume | ont | TICKETS PROVIDED BY |
|---|------------------------------|---------------------|---|--------------------------|
| Agency Report | | ne bocume | | AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA | | | | For Official Use Only |
| Division, Department, or Region (if application | ible) | | | t of official oue only |
| 1221 OAK STREET, #555 | | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 Area Code/Phone Number E-mail | | | | |
| ACCESS ACCESS ACCESS ACCESS | 100.021 | | Amendment (Must ex | (plain in Part 5.) |
| (510) 272-3882 crystal.his Agency Contact (name and title) | shida@acgov.org | | Date of Original Filing: . | |
| | | | Date of Original Filling. | (month, day, year) |
| Crystal Hishida Graff, Principal Analys | | tor's Office | | |
| 2. Event For Which Tickets Were Dis | | | | |
| Date(s) of Event:06 /22 /11 | | | E 00 | <u>.</u> |
| // | Face Value of Tick | et: \$ | 5.00 | |
| | dentify source of ticke | (*) | | |
| Name of Outside Source of Ticket(s) Pr | ovided to Agency: Al | AMEDA COUN | NTY FAIR ASSOCIATI | ION |
| Number of Tickets Received:12 | | | | Pursuant to Contract |
| 3. Agency Official(s) Receiving Tick | et(s) (use a continuation | on sheet for addit | tional names) | |
| Name of Official (Last, First) | Number | | her the Distribution is Inc | |
| (605, 113) | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiv | ing Ticket(s) (Provid | Led at the behest | of an agency official.) | |
| Name of Behesting Agency Official: Ala | | | 2011년 - 8월 24일 전쟁은 아이지에서는 것이 같은 사람을 하였다. | |
| | | | gerij, 2.ee. | |
| Name of Individual or Organization: <u></u> | NDY OLSON | | Numbe | er of Tickets: <u>12</u> |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the p | ublic purpose for the dis | stribution to the o | rganization.) | |
| To promote attendance at a county spo | | | 2000 - 11 11 12 12 12 12 12 12 12 12 12 12 12 | inty revenue |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of tick | ets set forth above is in | accordance with | n the provisions of FPPC | Regulation 18944.1. |
| Kulling LEE | ANN FERGERSON | TICKE | ETS ADMINISTRATO | R 10/21/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment for | or any additional informatio | on including amend | ment explanation.) | |
| | | | | |
| | | | | |

| Tickets Provided by Agency Report | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|--|-----------------------|---|--------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | Date Stamp | California Form 802 |
| Street Address 1221 OAK STREET, #536, OAKLAND, CA 946 | 12 | | | |
| Area Code/Phone Number E-mail (510) 272-6692 District2@acgov.c Agency Contact (name and title) | org | | Date of Original Filing:(month, day, year) | |
| Michelle Dianda, Ticket Administrator, BOS | | | | (month, day, your) |
| 2. Event For Which Tickets Were Distribute | d | | | |
| Date(s) of Event: <u>06 / 22 / 11</u> Descr | iption of Ever | nt: <u>Alameda Co</u> | ounty Fair | |
| // Face ' | | | | |
| Agency Event ☐ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to | ource of ticke | ts below.) | | on |
| Number of Tickets Received:5 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us | e a continuatio | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Ir be the Public Purpose f | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving Tic | • • • | | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervisor</u> | Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: <u>Adriene Oli</u> | | | Numb | per of Tickets: <u>5</u> |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public purp | pose for the di | stribution to the c | organization.) | |
| To promote attendance at a County sponsored | event in orde | er to maximize | potential County reve | nue |
| 5. Verification | | | | |
| I have determined that the distribution of tickets set for Signature of Agency Head or Designee | | | h the provisions of FPP ET ADMINISTRATOI Title | 1 1-111 |
| Comment: (Use this space or an attachment for any add | litional informatio | on including amend | dment explanation.) | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED B AGENCY REPOR |
|--------------------------------------|---|---|------------------------|---|------------------------------------|
| 1. Agency Name | histori (in anna an an th' channa ann an a | | | Date Stamp | California 002 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Regio | on (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Muster | explain in Part 5.) |
| | Amy.Shrago@ace | gov.org | | | |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | | - | | | |
| 2. Event For Which Tickets | | | Ookland Ala | | |
| Date(s) of Event: | <u>/11</u> _Desc | ription of Eve | nt: <u>Oakland A's</u> | | |
| // | / Face | Value of Tick | et: \$ | 38.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ate below) | | |
| | | | • | | |
| Name of Outside Source of T | icket(s) Provided t | o Agency: | | | |
| Number of Tickets Received: | 2 | Ticket(s) Pro | vided to Agency | y: 🔲 Gratuitously | ☑ Pursuant to Contrac |
| 3. Agency Official(s) Receiv | r ing Ticket(s) (us | se a continuatio | on sheet for addit | ional names) | |
| Name of Officia (Last, First) | al | Number of Tickets | | her the Distribution is Ir be the Public Purpose f | |
| | | OF HCKets | Descri | be the Fublic Fulpose i | |
| Brooks, Rodney | | 2 | To promote a | ttendance at a Coun | ty facility in order to ma |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatio | n Receiving Tic | ket(s) (Provid | ded at the behest | of an agency official.) | |
| Name of Behesting Agency C | fficial: | | | | ······ |
| Name of Individual or Organiz | zation: | | | Numb | per of Tickets: |
| Description of Organization: - | | | | | |
| Address of Organization: | per and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | | | | rganization.) | |
| | | | | | |
| 5 Verification | | ander and an an and a state of the second | | | |
| 5. Verification | oution of tickets set f | orth above is i | n accordance witl | h the provisions of FPP | C Regulation 18944.1. |
| | oution of tickets set f Amy Shrago | | | h the provisions of FPP / Analyst | C Regulation 18944.1. 06/23/11 |

| | | | lic Docume | in. | AGENCY REPOR |
|--|---|-----------------------|-----------------------------|-------------------------|----------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | For Official Use Only |
| Division, Department, or Regi | on (if applicable) | | | | Tor Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | P | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must | explain in Part 5.) |
| (510) 272-6685 Agency Contact (name and title) | Amy.Shrago@aco | gov.org | | Date of Original Filing | |
| | | | | Date of Original Timig | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | | |
| 2. Event For Which Tickets | | | Oakland A's | | |
| Date(s) of Event: <u>07</u> / <u>1</u> | /_/_11 Desci | ription of Ever | nt: Oakland As | | |
| / | / Face | Value of Tick | et: \$ | 38.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ts below) | | |
| | | | | | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency: <u>Oa</u> | | | |
| Number of Tickets Received | 2 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ☑ Pursuant to Contrac |
| 3. Agency Official(s) Recei | ving Ticket(s) (us | se a continuatio | on sheet for addit | ional names) | |
| Name of Offic | ial | Number | | | ncome to the Official or |
| (Last, First) | | of Tickets | Descri | be the Public Purpose | for the Distribution |
| Shrago, Amy | | 2 | To promote a | ittendance at a Cour | ty facility in order to ma |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatio | on Receiving Tic | ket(s) (Provid | ded at the behes | of an agency official.) | |
| Name of Behesting Agency (| Official: | | | | |
| Name of Individual or Organ | ization: | | | Num | ber of Tickets: |
| | | | | 98.747 FF 17 | |
| Description of Organization: | | | | | |
| | | | | | Chain Tir Carl |
| Description of Organization: Address of Organization: | | | City | | State Zip Code |
| | nber and Street | | City | rganization.) | State Zip Code |
| Address of Organization: Purpose for Distribution: (De | nber and Street | | City | rganization.) | State Zip Code |
| Address of Organization: Purpose for Distribution: (De 5. Verification | nber and Street escribe the public pur | pose for the di | City stribution to the c | | , |
| Address of Organization: Purpose for Distribution: (De | nber and Street escribe the public pur ibution of tickets set f | pose for the dis | City stribution to the c | h the provisions of FPF | PC Regulation 18944.1. |
| Address of Organization: Purpose for Distribution: (De 5. Verification | nber and Street escribe the public pur ibution of tickets set f Amy Shrago | pose for the dis | City stribution to the c | | , |

| Agency Report | | | AGENCY REPO |
|---|---------------------------------------|--|-----------------------------------|
| I. Agency Name | | Date Stamp | |
| COUNTY OF ALAMEDA | | | Form OU2 For Official Use Only |
| Division, Department, or Region (if a | oplicable) | | To Onicia Use Only |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKL | AND, CA 94612 | | |
| Area Code/Phone Number E-mai | | Amendment (| Must explain in Part 5.) |
| (510) 272-3882 cryst | al.hishida@acgov.org | | , , |
| Agency Contact (name and title) | | Date of Original F | iling: |
| Crystal Hishida Graff, Principal Ar | alyst, County Administrator | 's Office | |
| . Event For Which Tickets Wer | | | |
| Date(s) of Event:0622 | Description of Event | Alameda County Fair | |
| 07 | Face Value of Ticket | \$5 discount | |
| Agency Event 🗌 Yes 🖾 I | lo (Identify source of tickets | below.) | |
| Name of Outside Source of Ticket(| s) Provided to Agency: <u>Alar</u> | neda County Fair Association | |
| Number of Tickets Received: | | ded to Agency: 🛛 Gratuitous | |
| Agency Official(s) Receiving | icket(s) (use a continuation | sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution Describe the Public Purp | |
| | | | |
| | | 1997 - De - Tea - Anno Arana ann an Anno 2003 - 200 | |
| | | | |
| . Individual or Organization Re | ceiving Ticket(s) (Provide | d at the behest of an agency offic | ial.) |
| Name of Behesting Agency Officia | Supervisor Wilma Chan, I | District 3 | |
| Name of Individual or Organization | | | lumber of Tickets:5 |
| Description of Organization: | | | |
| Address of Organization: | 24 | 01 | |
| Purpose for Distribution: (Describe | | City | State Zip Cod |
| To promote attendance at an ever | | | ounty revenue from color |
| | | | |
| . Verification | · · · · · · · · · · · · · · · · · · · | | |
| I have determined that the distribution | of tickets set forth above is in a | accordance with the provisions of | FPPC Regulation 18944.1. |
| $\underline{\mu}$ | Alexandra Boskovich | Supervisor's Assistant | t-District 3 6/24/11 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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| 1. Agency Name | | ocument | AGENCY REPOR |
|--|--|--|--|
| 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 | ovalain in Dart 5) |
| (510) 272-3882 crystal.hishida | | explain in Part 5.) | |
| Agency Contact (name and title) | Date of Original Filing: | (month, day, year) | |
| Crystal Hishida Graff, Principal Analyst, Co | ounty Administrator's Of | ffice | |
| . Event For Which Tickets Were Distrik | | | |
| Date(s) of Event:062211 D | escription of Event: Ala | ameda County Fair | |
| 07 40 44 | ace Value of Ticket: \$ _ | Φ.C. alter a sum t | |
| | | | |
| - | ify source of tickets bel | | |
| Name of Outside Source of Ticket(s) Provid | ed to Agency: Alameda | | |
| Number of Tickets Received: $2 + \frac{2}{1}$ | Ticket(s) Provided | to Agency: 🔲 Gratuitously | ⊠ Pursuant to Contrac |
| parking | PASS | | |
| . Agency Official(s) Receiving Ticket(s |) (use a continuation she | et for additional names) | |
| Name of Official (Last, First) | | State Whether the Distribution is Ir | |
| (Lasi, Filsi) | of Tickets | Describe the Public Purpose f | or the Distribution |
| | | | |
| | | | |
| | | | |
| | | | |
| | Tickot(s) (Provided at | the behast of an agonay official \ | |
| Individual or Organization Receiving | nonel(3) (Filonded at | the benest of all agency official.) | |
| - | | | |
| Name of Behesting Agency Official: <u>Superv</u> | isor Wilma Chan, Distr | ict 3 | |
| Name of Behesting Agency Official: Superv | | | 2 † |
| | | | per of Tickets:2 + |
| Name of Behesting Agency Official: Superv Name of Individual or Organization: Sylvia I | | Numb | per of Tickets:2 + |
| Name of Behesting Agency Official: <u>Superv</u> Name of Individual or Organization: <u>Sylvia I</u> Description of Organization: | DeBrussel | Numb | per of Tickets:2 + |
| Name of Behesting Agency Official: Superv Name of Individual or Organization: Sylvia I Description of Organization: | DeBrussel | Numb | per of Tickets:2 + |
| Name of Behesting Agency Official: <u>Superv</u> Name of Individual or Organization: <u>Sylvia I</u> Description of Organization: <u>Address of Organization</u> : | DeBrussel | City | |
| Name of Behesting Agency Official: <u>Superv</u> Name of Individual or Organization: <u>Sylvia I</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public | DeBrussel | Numb | State Zip Code |
| Name of Behesting Agency Official: <u>Superv</u> Name of Individual or Organization: <u>Sylvia I</u> Description of Organization: <u>Address of Organization</u> : | DeBrussel | Numb | State Zip Code |
| Name of Behesting Agency Official: Superv Name of Individual or Organization: Sylvia I Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public To promote attendance at an event held at | DeBrussel | Numb | State Zip Code |
| Name of Behesting Agency Official: Superv Name of Individual or Organization: Sylvia I Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public To promote attendance at an event held at | DeBrussel purpose for the distribution a County facility in orde | City On to the organization.) er to maximize potential Count | State Zip Code y revenue from sales |
| Name of Individual or Organization: <u>Sylvia I</u> Description of Organization: <u>Number and Street</u> Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public To promote attendance at an event held at Verification <i>I have determined that the distribution of tickets s</i> | DeBrussel purpose for the distribution a County facility in orde | City On to the organization.) er to maximize potential Count | State Zip Code by revenue from sales C Regulation 18944.1. |

| Tickets Provided by | | lie Deeuweent | | TICKETS PROVIDED B |
|--|--|----------------------------------|---|---------------------------------------|
| Agency Report | A Pub | lic Document | | AGENCY REPOR |
| 1. Agency Name | | C | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | Form OUZ |
| Division, Department, or Region (ii | f applicable) | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAK | LAND, CA 94612 | | | |
| Area Code/Phone Number E-m | ail | □ Am | endment (Must exp | lain in Part 5) |
| (510) 272-3882 cry | stal.hishida@acgov.org | | enament (mast exp | |
| Agency Contact (name and title) | ······································ | Date of | Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal A | Analyst, County Administrate | or's Office | | (month, ddy, your) |
| 2. Event For Which Tickets We | ere Distributed | | | |
| Date(s) of Event:0430 | 11 Description of Eve | nt: | | |
| | Face Value of Tick | ¢40.7E | | |
| | | | | |
| | No (Identify source of ticke | | | |
| Name of Outside Source of Ticke | et(s) Provided to Agency: <u>Oa</u> | akland Athletics | | |
| Number of Tickets Received: | 20 Ticket(s) Pro | vided to Agency: 🔲 G | 3ratuitously [| ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving | J Ticket(s) (use a continuation | on sheet for additional na | mes) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Describe the P | Distribution is Inco ublic Purpose for | |
| | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| 4. Individual or Organization R | eceiving Ticket(s) (Provid | l ded at the behest of an ag | gency official.) | |
| Name of Behesting Agency Offici | ial: <u>Supervisor Wilma Chan</u> | , District 3 | | |
| Name of Individual or Organization | | | Number | of Tickets:20 |
| Description of Organization: Rec | reational & educational opp | ortunities for youth in th | ne Unincorporat | ed Area of the county |
| Address of Organization: 16378 | East 14th St., suite 101, Sa | n Leandro, CA 94578 | | |
| Number ar | nd Street | City | | State Zip Code |
| Purpose for Distribution: (Describ | e the public purpose for the dis | stribution to the organizat | ion.) | |
| To promote attendance at an eve | ent held at a County facility | n order to maximize po | otential revenue | e from concessions |
| 5. Verification | | | | |
| I have determined that the distributio | n of tickets set forth above is ir | accordance with the pro | visions of FPPC I | Regulation 18944.1. |
| Mr. | Alexandra Boskovich | Supervisor's | | 6/28/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attac | hment for any additional informatio | on including amendment exp | lanation.) | |

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| 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 Reg | ion (if applicable) | | | | For Official Use Only |
| | | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #555, | OAKLAND, CA 946 | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must expl | lain in Dad 5) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | amm Fant 5.) |
| Agency Contact (name and title |) | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Count | y Administrato | or's Office | | |
| 2. Event For Which Tickets | | | | | <u> </u> |
| Date(s) of Event:06 /_2 | 2 <u>/11</u> Desc | ription of Eve | nt: <u>Alameda C</u> | ounty Fair | |
| Date(s) of Event: <u>06</u> / 2 07 / 1 | 0 <u>, 11</u> Face | Value of Tick | et: \$\$5 d | iscount | |
| Agency Event | ⊠ No (Identify s | | | | |
| | | | | Fair Association | |
| Name of Outside Source of | | to Agency: | , | | |
| Number of Tickets Received | l: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 (Last, First) | cial | Number of Tickets | | ther the Distribution is Inco ibe the Public Purpose for | |
| | | | | | |
| | | | | | <u></u> |
| | | | | | <u></u> |
| я | | | | | |
| 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 Orgar | | | | Number | of Tickets:5 |
| 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 | organization.) | |
| To promote attendance at a | n event held at a C | county facility | in order to may | kimize potential County i | evenue from sales |
| 5. Verification | | | | | |
| I have determined that the dist | ribution of tickets set i | forth above is ii | n accordance wil | th the provisions of FPPC I | Regulation 18944.1. |
| /1 lu > | Alexandra E | Boskovich | Sune | ervisor's Assistant-Distric | ct 3 6/24/11 |
| Signature of Agency Head or Design | | Print Name | <u> </u> | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | ditional informati | on including amen | dment explanation.) | |
| | | | | | |

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| Tickets Provided by | | A Pub | lic Docume | enf | TICKETS PROVIDED BY |
|--|----------------------------|-----------------------|----------------------|---|------------------------|
| Agency Report Agency Name | | | | Date Stamp | AGENCY REPORT |
| COUNTY OF ALAMEDA | | | | Duto otamp | Form 802 |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #555, Area Code/Phone Number | OAKLAND, CA 946 | 512 | | | |
| (510) 272-3882 | crystal.hishida@a | | | Amendment (Muste | xplain in Part 5.) |
| Agency Contact (name and title | | | , | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Count | y Administrate | or's Office | | (monin, day, year) |
| 2. Event For Which Tickets | s Were Distribute | ed | | | |
| Date(s) of Event:2 | <u>7 / 11</u> Desc | ription of Eve | nt: <u>Sade conc</u> | ert | |
| / | / Face | Value of Ticke | et: \$ | \$179 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | | | | |
| | | | | arriors | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: | | | |
| Number of Tickets Received | l: <u> </u> | Ticket(s) Pro | vided to Agend | cy: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Recei | iving Ticket(s) (u | se a continuatio | on sheet for add | itional names) | |
| Name of Offic (Last, First) | cial | Number of Tickets | | ther the Distribution is In ibe the Public Purpose f | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | ded at the behes | st of an agency official.) | |
| Name of Behesting Agency | Official. Supervisor | r Wilma Chan | , District 3 | | |
| | | | | | |
| Name of Individual or Organ | ization: <u>Ashley Let</u> | nr | | Numb | per of Tickets:4 |
| Description of Organization: | | | | | |
| Description of Organization. | | | | | |
| Address of Organization: | mber and Street | | 014 | | |
| | | | City | | State Zip Code |
| Purpose for Distribution: (D | | | | | |
| To promote attendance at a | in event held at a C | county facility | in order to max | ximize potential Count | y revenue from sales |
| 5. Verification | | | | | |
| I have determined that the distr | ribution of tickets set i | forth above is ir | n accordance wi | th the provisions of FPP | C Regulation 18944.1. |
| 12 | Alexandra E | | | ervisor's Assistant | 6/24/11 |
| Signeture of Agency Head or Design | | Print Name | <u>Oup</u> | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | ditional informatio | on including amen | dment explanation.) | e. |
| | | | | | |

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| Tickets Provided by | A Pub | lic Docume | ont | TICKETS PROVIDED BY |
|--|--------------------------|---|-----------------------------|--|
| Agency Report | Arus | ne bocume | FTTC | AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | |
| Division, Department, or Region (if applicable) | | | <u>5</u> | For Official Use Only |
| | | | | |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA | 94612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must ex | nlain in Part 5) |
| (510) 272-3882 crystal.hishida | @acgov.org | | | plain in Part 5.7 |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Co | ounty Administrate | or's Office | | (monui, day, year) |
| 2. Event For Which Tickets Were Distrik | | | | |
| Date(s) of Event: <u>06 / 22 / 11</u> D | escription of Ever | nt: Alameda Co | ounty Fair | |
| <u> </u> | ace Value of Tick | et: \$\$5 d | iscount | |
| Agency Event 🛛 Yes 🛛 No (Ident | ify source of ticke | ts below.) | | |
| Name of Outside Source of Ticket(s) Provid | led to Agency: Al | ameda County | Fair Association | |
| | | | | |
| Number of Tickets Received: <u>50</u> | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s |) (use a continuation | on sheet for addi | tional names) | |
| Name of Official | Number | | her the Distribution is Inc | |
| (Last, First) | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| | | | | |
| <u></u> | | | | |
| | | | | |
| a | | | | |
| | | | | |
| 4. Individual or Organization Receiving | Ticket(s) (Provid | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency Official: Superv | /isor Wilma Chan | , District 3 | | |
| | | | N ² | 715.240 |
| Name of Individual or Organization: <u>San Lo</u> | prenzo Homeown | ers Association | Numbe | er of Tickets: <u>50</u> |
| | | | | |
| Description of Organization: Representative | e body for 5600 S | an Lorenzo sir | ngle family nomes | |
| Address of Organization, 377 Paseo Grand | le San Lorenzo (| CA 94580 | | |
| Address of Organization: | ie Gan Ebrenzo, (| City | | State Zip Code |
| | e | 37. - Energy and a second second second second | · | |
| Purpose for Distribution: (Describe the public | ALCONTRACTOR | | | |
| To promote attendance at an event held at | a County facility | in order to max | imize potential County | revenue from sales |
| 5. Verification | | | | |
| I have determined that the distribution of tickets | set forth above is ir | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| 100 | lra Boskovich | | | n an |
| Signature of Agency Head or Designee | Print Name | Supe | ervisor's Assistant-Distr | 1Ct 3 6/23/11 (month, day, year) |
| | | on including and | 100806 | (month, day, year) |
| Comment: (Use this space or an attachment for an | iy additional informatio | on including amend | ament explanation.) | |
| | | | | |

| | | | lic Docume | | AGENCY REPOR |
|--|---------------------------------------|----------------------|-----------------------|--|-----------------------|
| 1. Agency Name | | | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Re | gion (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #536 | , OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | xolain in Part 5.) |
| (510) 272-6692 | District2@acgov | .org | | | |
| Agency Contact (name and tit | le) | | | Date of Original Filing: . | (month, day, year) |
| Michelle Dianda, Ticket Ac | | | | | |
| 2. Event For Which Ticke | | | | | |
| Date(s) of Event: <u>06</u> / | <u>22 / 11</u> Deso | cription of Ever | nt: <u>Alameda Co</u> | ounty Fair | |
| / | / Face | e Value of Ticke | et: \$ | 5.00 | |
| Agency Event 🛛 🗋 Yes | ⊠ No (Identify | source of ticke | ts below.) | | |
| Name of Outside Source o | f Ticket(s) Provided | to Agency: Ala | ameda County | Fair Board Association | n |
| Number of Tickets Receive | d:4 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Rece | eiving Ticket(s) (u | use a continuatio | on sheet for addi | tional names) | |
| Name of Off | | Number | | her the Distribution is Inc | |
| (Last, First |) | of Tickets | Descri | be the Public Purpose fo | or the Distribution |
| | | | | | |
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| 4. Individual or Organizat | ion Receiving Ti | L cket(s) (Provid | l led at the behes | t of an agency official.) | |
| Name of Behesting Agency | / Official: <u>Supervisc</u> | or Nadia Locky | er, District 2 | | |
| Name of Individual or Orga | | | | Numb | er of Tickets:4 |
| Name of Individual of Orga | | | | | |
| Description of Organizatior |): | | | | |
| Address of Organization: | umber and Street | | City | | State Zip Code |
| Purpose for Distribution: (I | | irpose for the dis | | organization) | |
| | | | | - , , | ше |
| To promote attendance at | a county openioore. | | | | |
| To promote attendance at | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| To promote attendance at 5. Verification I flave determined that the dis | tribution of tickets set | forth above is in | accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| 5. Verification | | | | h the provisions of FPPC ET ADMINISTRATOR | [.[] |

| Tickets Provided by Agency Report | A Publ | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|---|------------------------------|-------------------|-----------------------------|--------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | California Form 802 |
| Street Address 1221 OAK STREET, #536, OAKLAND, C/ | A 94612 | | | |
| Area Code/Phone NumberE-mail(510) 272-6692District2@acAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BO | S | | Amendment (Must ex | · |
| 2. Event For Which Tickets Were Distri Date(s) of Event: <u>06 / 22 / 11</u> [/ F | | | F 00 | |
| Agency Event ☐ Yes ⊠ No (Iden Name of Outside Source of Ticket(s) Provi Number of Tickets Received:10 | | imeda County | | ו צ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(| s) (use a continuatio | n sheet for addit | ional names) | |
| Name of Official (Last, First) | Number of Tickets | | ner the Distribution is Inc | |
| 4. Individual or Organization Receiving | | | of an agency official.) | |
| Name of Behesting Agency Official: <u>Super</u> Name of Individual or Organization: <u>Maria</u> Description of Organization: | | 7, DISUICE 2 | Numbe | er of Tickets:10 |
| Address of Organization: | | | | State Zip Code |
| 5. Verification I have determined that the distribution of tickets MICHE Signature of Agency Head or Designee Comment: (Use this space or an attachment for a | LLE DIANDA Print Name | TICK | ET ADMINISTRATOR Title | Regulation 18944.1. |

| Agency Name Date Stamp California 802 COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) For Official Use Only Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Image: Amendment (Must explain in Part 5.) Area Code/Phone Number E-mail Image: Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: | Tickets Provided by Agency Report | A Public | c Docume | nt | TICKETS PROVIDED BY |
|---|---|---|-----------------|-----------------------------|---------------------------------------|
| COUNTY OF ALAMEDA For Order Division, Department, or Region (if applicable) For Official Use Only Street Address For Official Use Only 12:1 OAK STREET, #555, OAKLAND, CA 94612 Amendment. (Aduat explain in Parl 3.) Area Code/Phone Number E-mail crystal.hishida@acgov.org Date of Original Filing:meanh, day, year) Crystal.hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:meanh, day, year) Crystal.hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:meanh, day, year) Crystal.hishida Graff, Principal Analyst, County Administrator's Office State of Original Filing:meanh, day, year) Agency Event OF 24 _11 Description of Event: \$ | | | | | |
| Division, Department, or Region (# applicable) For Official Use Only Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phore Number Email (510) 272-3862 Crystal.hishida@acgov.org Date of Original Filing: | | | | Date Stamp | |
| Street Address 1221 OAK STREET, #555. OAKLAND, CA 94612 Araa Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date (s) of Event: 00. 24 1 — Face Value of Ticket's \$23.15 Agency Event Ves — Face Value of Ticket's \$23.15 Agency Event Ves — Face Value of Ticket's \$23.15 Agency Event Ves — Face Value of Ticket's Elsow's Healthy Heroes — J Face Value of Ticket's Second to Agency: Official (S) Receiving Ticket(s) Provided to Agency: Gratuitously Number of Ticket's Received: | | | | | For Official Use Only |
| 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 crystal Hishida@acgov.org Agency Contact (rame and the) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickots Wore Distributed Date(s) of Event: 06 / 24 / 11 Description of Event: \$23.15 Agency Contact (rame and the) Face Value of Ticket: \$ | | | | | |
| Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Immediate Aname and Wetter State Agency Contact (name and Wetter Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing: (monit, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 24 / 11 Description of Event: Sesame Street Live: Elmo's Healthy Heroes 3. Agency Child Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official of Tickets Name of Official Number State Whether the Distribution is Income to the Official or Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The SalVation Army Garden Street Center Number of Tickets: 4 Description of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State 2ip Code Purpose for Distribution: (Describe the public purpose for the distribution of tickets at forth above is in | Street Address | | | | |
| Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Immediate Aname and Wetter State Agency Contact (name and Wetter Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing: (monit, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 24 / 11 Description of Event: Sesame Street Live: Elmo's Healthy Heroes 3. Agency Child Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official of Tickets Name of Official Number State Whether the Distribution is Income to the Official or Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The SalVation Army Garden Street Center Number of Tickets: 4 Description of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State 2ip Code Purpose for Distribution: (Describe the public purpose for the distribution of tickets at forth above is in | 1221 OAK STREET, #555, OAKLAND, CA | A 94612 | | | |
| (510) 272-3882 arystel.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date of Original Filling: | | AUTORNAL AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL | | Amendment (Muster | volain in Part 5) |
| Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office Cervent For Which Tickets Were Distributed Date(s) of Event: <u>06 / 24 / 11</u> Description of Event: <u>Sesame Street Live: Elmo's Healthy Heroes</u> <u></u> | (510) 272-3882 crystal.hishid | a@acgov.org | | | |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: | Agency Contact (name and title) | | | Date of Original Filing: . | (month, day, year) |
| Date(s) of Event: 06 24 11 Description of Event: Seame Street Live: Elmo's Healthy Heroes | Crystal Hishida Graff, Principal Analyst, C | ounty Administrator' | s Office | | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | Date(s) of Event: <u>06 / 24 / 11</u> D | Description of Event: | Sesame Str | eet Live: Elmo's Healt | hy Heroes |
| Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 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 of Tickets Image: Contract of Tickets Image: Contract of Tickets Agency Official(user, First) Name of Official Number State Whether the Distribution is Income to the Official of Tickets Image: Contract of Tickets Image: Contract 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: Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State 21p Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the Cou | | | | | |
| Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. 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 A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification Ihave determined that the distribution of lickets set forth above is in accordance with the provisors of FPPC Regulation 18944.1. | | | | | |
| Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: 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.) Image: State Whether the Distribution Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification Inave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Address of Agency Head or Destreed Suparture of Agency Head or Destreed | - • | • | | | |
| 3. 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 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Address of Organization: 2794 Garden Street Oakland, CA 94601 City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. 6/24/11 Signature of Agency Head or Desting Print Name Tiffe 6/24/11 | Name of Outside Source of Ticket(s) Provid | ded to Agency: Gold | den State Wa | rriors | , |
| 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.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. 6/24/11 (month, day, year) Signature of Agency Head or Designer Print Name Title 6/24/11 | Number of Tickets Received: <u>4</u> | Ticket(s) Provid | ded to Agency | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| (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 Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number of Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Destret Print Name Title (month, day, year) | 3. Agency Official(s) Receiving Ticket(s | s) (use a continuation | sheet for addit | ional names) | ····· · · · · · · · · · · · · · · · · |
| A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Name of Individual or Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Destreet Print Name Title (month, day, year) | Name of Official | Number | State Whet | her the Distribution is Inc | come to the Official or |
| Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Supervisor's Assistant 6/24/11 Title (month, day, year) | (Last, First) | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Supervisor's Assistant 6/24/11 Title (month, day, year) | | | | | |
| Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Supervisor's Assistant 6/24/11 Title (month, day, year) | | | | | |
| Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Supervisor's Assistant 6/24/11 Title (month, day, year) | | | | | |
| Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Supervisor's Assistant 6/24/11 Title (month, day, year) | | | | | |
| Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Supervisor's Assistant 6/24/11 Title (month, day, year) | | | | | |
| Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designe Print Name Title (month, day, year) | 4. Individual or Organization Receiving | J Ticket(s) (Provide | d at the behest | of an agency official.) | |
| Name of Individual or Organization: The Salvation Army Garden Street Center Number of Tickets: 4 Description of Organization: Operates a family shelter, day care center, & after-school programs for low income families Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designe Print Name Title (month, day, year) | Name of Behesting Agency Official: | visor Wilma Chan, I | District 3 | | |
| Address of Organization: 2794 Garden Street Oakland, CA 94601 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Signature of Agency Head or Designee Print Name Title (month, day, year) | | | | iter Numbe | er of Tickets:4 |
| 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 health, motivate and provide expanded opportunities to underprivileged youth in the County. 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. Signature of Agency Head or Designee Print Name Supervisor's Assistant 6/24/11 | Description of Organization: <u>Operates a fa</u> | mily shelter, day ca | re center, & a | fter-school programs | for low income families |
| Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designee Print Name Title (month, day, year) | Address of Organization. | eet Oakland, CA 94 | | | State Zip Code |
| To promote health, motivate and provide expanded opportunities to underprivileged youth in the County. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Signature of Agency Head or Designee Print Name | Durrane for Distributions (Describe the web) | | | | |
| 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designee Print Name Title (month, day, year) | | | | | 0 |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designee Print Name Title (month, day, year) | To promote health, motivate and provide e | expanded opportunit | les to underp | rivileged youth in the (| County. |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designee Print Name Title (month, day, year) | 5. Verification | | | | |
| Alexandra Boskovich Supervisor's Assistant 6/24/11 Signature of Agency Head or Designee Print Name Title (month, day, year) | | set forth above is in a | accordance witl | h the provisions of FPPC | Regulation 18944.1. |
| Signature of Agency Head or Designee Print Name Title (month, day, year) | | | | | - |
| | | | | | |
| | | | including amend | | ,, au , jouij |

| Tickets Provided by | A Pub | lic Docume | ent | TICKETS PROVIDED BY |
|--|--------------------------|---|------------------------------|---------------------------------------|
| Agency Report | 711 0.51 | o Doodinio | | AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | For Official Use Only |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKLAND, C | A 94612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must exp | lain in Dad 5 \ |
| (510) 272-3882 crystal.hishid | da@acgov.org | | | ain in Part 5.) |
| Agency Contact (name and title) | 0 9 9 | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, C | County Administrate | or's Office | | (monin, day, year) |
| 2. Event For Which Tickets Were Distr | ibuted | | | |
| Date(s) of Event:/ 7 _/_ 11 | Description of Ever | nt: Alameda Co | ounty Fair Parking VIP | parking pass |
| | | | ¢20 | |
| | ace value of fick | οι. φ | | |
| Agency Event 🛛 Yes 🛛 🛛 No (Ider | ntify source of ticke | ts below.) | | |
| Name of Outside Source of Ticket(s) Prov | ided to Agency: Al | ameda County | Fair Association | |
| a | | | | |
| Number of Tickets Received:1 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously [| Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket | (s) (use a continuatio | on sheet for addi | tional names) | |
| Name of Official | Number | | her the Distribution is Inco | 장 전 것 것 같은 것 같아요. 이 것 것 것 것 같아요. 같아요. |
| (Last, First) | of Tickets | Descri | be the Public Purpose for | the Distribution |
| Supervisor Wilma Chan, District 3 | 1 | To evaluate the contribution of an event to the County's | | |
| | | goals for cult | ure and entertainment | opportunities for |
| | | County resid | ents. | 39. |
| 4. Individual or Organization Receivin | g Ticket(s) (Provi | ded at the behes | t of an agency official.) | |
| Supe | rvisor Wilma Chan | District 3 / Ala | meda County | |
| Name of Behesting Agency Official: Supe | TVISOI VVIIITia Orian | , District 07748 | anoud obuilty | |
| Name of Individual or Organization: | | | Numbe | r of Tickets:1 |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| | | a contra | | |
| Purpose for Distribution: (Describe the pub | lic purpose for the di | stribution to the c | organization.) | |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of ticket | s set forth above is in | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| | ndra Boskovich | | ervisor's Assistant-Distri | |
| Signature of Agency Head or Designee | Print Name | Supe | Title | (month, day, year) |
| Comment: (Use this space or an attachment for | | an including and | | (mann, day, year) |
| Continient. (Use tine space of an attacilitent for | any additional informati | on monuting amon | | |

| Tickets Provided by Agency Report | A Publ | lic Documer | nt | TICKETS PROVIDED B |
|--|---------------------|----------------------|---------------------------|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | California Form 802 For Official Use Only |
| Street Address | 4040 | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 94 Area Code/Phone Number [E-mail] | 4612 | | | |
| | | | Amendment (Must e. | xplain in Part 5.) |
| (510) 272-6692 District2@acgov Agency Contact (name and title) | /.org | | Date of Original Filing: | |
| Michelle Dianda, Ticket Administrator, BOS | | | Date of original rining. | (month, day, year) |
| 2. Event For Which Tickets Were Distribu | | | | |
| | | Alameda Cou | untv Fair | |
| Date(s) of Event:062211 Des | | | | |
| / Fac | e Value of Ticke | et: \$ | 5.00 | |
| Agency Event 🛛 Yes 🛛 No (Identify | source of ticke | ets below.) | | |
| | | , | air Board Associatio | n |
| Name of Outside Source of Ticket(s) Provided | to Agency: | | | |
| Number of Tickets Received:50 | Ticket(s) Prov | vided to Agency: | Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket(s) (| use a continuatio | on sheet for additio | onal names) | |
| Name of Official (Last, First) | Number | | er the Distribution is In | |
| (Last, Filst) | of Tickets | Describe | e the Public Purpose fo | |
| | | | | |
| | | | | |
| | | | | |
| A | | | | |
| | | | | |
| 4. Individual or Organization Receiving Ti | • • • | | or an agency official.) | |
| Name of Behesting Agency Official: <u>Supervise</u> | or Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: Fremont | Family Resourc | ce Center | Numb | er of Tickets:50 |
| Description of Organization: Provides service | | | en. | |
| Description of Organization: | | NEWLARD, 2017 | | <u> </u> |
| Address of Organization: | SUite A 110, Fre | emont, CA 94537 | 7 | |
| Number and Street | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public p | urpose for the dis | stribution to the or | ganization.) | |
| To reward a nonprofit organization for its cont | tributions to the | e community. | | |
| | | | | |
| | | | | |
| 5. Verification | | | | |
| 5. Verification I have determined that the distribution of tickets se | t forth above is in | n accordance with | the provisions of FPPC | CRegulation 18944.1. |
| | | | the provisions of FPPC | 1.1011 |

| Tickets Provided by Agency Report | | A Pub | lic Docum | ent | | PROVIDED B |
|--|----------------------------|----------------------|-------------------|-----------------------------|----------------------|------------|
| 1. Agency Name | | | | Date Stamp | California | 000 |
| COUNTY OF ALAMEDA | COUNTY OF ALAMEDA | | | | Form | 802 |
| Division, Department, or Regi | ion (if applicable) | | | 1 | For Official U | Use Only |
| 1221 OAK STREET, #555 | | | | | | |
| Street Address | | | | -1 | | |
| OAKLAND, CA 94612 | | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must | avalain in Part 5) | |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | explain in Fall 3.) | |
| Agency Contact (name and title) |) | | | Date of Original Filing: | (month, day, year | r) |
| Crystal Hishida Graff, Princi | ipal Analyst, Coun | ty Administrat | or's Office | | (,,,, | · / |
| 2. Event For Which Tickets | Were Distribut | ed | | | | |
| Date(s) of Event: <u>06</u> / <u>1</u> | 9 / 11 Desc | ription of Ever | nt: A's Game | | | |
| | 5000 / Face | | | 38.00 | | |
| / | / Face | value of ficke | et. ֆ | | | |
| Agency Event 🛛 Yes | 🛛 No (Identify s | ource of ticke | ts below.) | | | |
| Name of Outside Source of ⁻ | Ticket(s) Provided (| to Agency. Oa | akland Athletic | S | | |
| | | | | | | |
| Number of Tickets Received | · <u> </u> | Ticket(s) Prov | vided to Ageno | cy: 🔲 Gratuitously | Rursuant to | o Contrac |
| 3. Agency Official(s) Recei | ving Ticket(s) (u | | a shoot for add | itional names) | | |
| | | | | ther the Distribution is Ir | action to the Office | vial ar |
| Name of Offic (Last, First) | aar | Number of Tickets | | ibe the Public Purpose f | | |
| •••••••••••••••••••••••••••••••••••••• | | | | | | |
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| | | | | | | |
| | | | | | | |
| 4. Individual or Organizatio | _ | | | | | |
| Name of Behesting Agency (| Official: <u>Alameda C</u> | County Superv | visor Scott Hag | gerty, District 1 | | |
| | | | | | | _ |
| Name of Individual or Organi | ization: Fred Gotth | lardt | | Numb | er of Tickets: _ | 2 |
| | A's Baseball game | 9 | | | | |
| Description of Organization: | | | | | | |
| Address of Organization: | | | | | | |
| Address of Organization: | ber and Street | | City | | State | Zip Code |
| | | | | | | |
| | escribe the public pur | pose for the dis | stribution to the | organization.) | | |
| Purpose for Distribution: (De | | | | - , | unty revenue | |
| | | | | - , | ounty revenue | |

| | Lee Ann Fergerson | Ticket Administrator | 06/21/11 |
|--------------------------------------|-------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| 0 | | | |

| Tickets Provided by Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED BY |
|---|--------------------------|----------------|---|-----------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | Date Stamp | California 802 Form 802 | |
| Street Address 1221 OAK STREET, #536, OAKLAND, CA | A 94612 | | | |
| Area Code/Phone Number E-mail (510) 272-6692 District2@acgov.org Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS | | | Amendment <i>(Must e:</i> Date of Original Filing: . | |
| 2. Event For Which Tickets Were Distri | | Alameda Cu | ounty Eair | |
| Date(s) of Event: <u>06 , 22 , 11</u> Date(s) of Event: <u></u> F | | | 5.00 | |
| Agency Event ☐ Yes ⊠ No (Iden Name of Outside Source of Ticket(s) Provid Number of Tickets Received:8 | | ameda County | Fair Board Associatio y: □ Gratuitously | n ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s | - | | | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Ind be the Public Purpose fo | |
| | | | | |
| 4. Individual or Organization Receiving | | | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Super</u> Name of Individual or Organization: <u>Laken</u> Description of Organization: | | er, District 2 | Numbo | er of Tickets:8 |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public To promote attendance at a County sponse | | | - , | nue |
| 5. Verification | | | | |
| I have determined that the distribution of tickets Signature of Agency Head or Designee Comment: (Use this space or an attachment for an | LLE DIANDA Print Name | | ET ADMINISTRATOR | 1.60 hu |
| | | | | |

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| Tickets Provided by Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|-------------------------------|---------------------|---|---|
| 1. Agency Name COUNTY OF ALAMEDA | Agency Name | | | California Form 802 |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAKLAND, CA | A 94612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6692 District2@ac | gov.org | | Data of Original Fillings | |
| Agency Contact (name and title) | 0 | | Date of Original Filing: _ | (month, day, year) |
| Michelle Dianda, Ticket Administrator, BO | | | | |
| 2. Event For Which Tickets Were Distri | | . Alameda Co | ounty Fair | |
| Date(s) of Event: <u>06 23 11</u> | | | F 00 | |
| дана / F | ace Value of Tick | et: \$ | 5.00 | |
| Agency Event 🗌 Yes 🛛 No (Iden | tify source of ticke | ets below.) | | · · · · |
| Name of Outside Source of Ticket(s) Provi | ded to Agency: Al | ameda County | Fair Board Association | n , j |
| | | | | |
| Number of Tickets Received:50 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(| s) (use a continuation | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | ther the Distribution is Income to the Official or be the Public Purpose for the Distribution | |
| | | Desci | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving | | | t of an agency official.) | |
| Name of Behesting Agency Official: Super | visor Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: <u>ABOD</u> | | | Numbe | er of Tickets: <u>50</u> |
| Description of Organization: Working toge | | essness | | |
| | | | | |
| Address of Organization: 40849 Fremont I | Blvd. Fremont, CA | . 94538 City | | State Zip Code |
| Purpose for Distribution: (Describe the publi | ic purpose for the di | stribution to the o | organization.) | |
| To reward a nonprofit organization for its c | contributions to the | e community. | | |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of tickets | s set forth above is if | | | 1.10111 |
| | LLE DIANDA | | ET ADMINISTRATOR | |
| Signature of Agency Head or Designee | Print Name | an innte-than se | Title | (m q hth, da y, year) |
| Comment: (Use this space or an attachment for a | ny additional informatio | on including amend | ament explanation.) | |
| | | | 2 | |

| 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 | | | | 51 | - I SIIII |
| Division, Department, or Regio | n (if applicable) | | | 1 | For Official Use Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| | E-mail | | | Amendment (Mustex) | plain in Part 5.) |
| | anna.gee@acgov | /.org | | | |
| Agency Contact (name and title) | | | | Date of Original Filing: _ | (month, day, year) |
| Anna Gee - Operations Mana | | | | | |
| 2. Event For Which Tickets | | | Peechall C | | |
| Date(s) of Event: <u>06</u> / <u>19</u> | _/ <u>11</u> Desc | ription of Eve | nt: Baseball G | | |
| / | _/ Face | Value of Tick | et: \$ | 43.75 | |
| Agency Event | ⊠ No (Identify s | ource of ticke | ets helow) | | |
| | A - R. HEALTS S.M REPORT STORES OF | | | | |
| Name of Outside Source of Ti | cket(s) Provided t | to Agency: | | 2 | |
| Number of Tickets Received: | 6 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receiv | ing Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Officia (Last, First) | 1 | Number of Tickets | | her the Distribution is Inco be the Public Purpose for | |
| Miley, Nate | | 1 | To promote attendance at an event held at a County | | |
| Stewart, Darryl | | 1 | facility in ord | er to maximize potentia | I County revenue |
| Miley, Christopher | | 1 | from parking | and concession sales | |
| 4. Individual or Organization | n Receiving Tic | ket(s) (Provi | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency O | | County Super | visor Nate Mile | v. District 4 | |
| | | | | | |
| Name of Individual or Organiz | ation: Brian Fost | er, Terrence (| Gee, Jordan Cl | nu Numbe | er of Tickets: <u>3</u> |
| 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.) | |
| To promote attendance at an | | | | | revenue from |
| | eventheid at a O | ounty facility | in order to max | inize potential obuilty | |
| 5. Verification | | | | | |
| I have determined that the distrib | ution of tickets set t | forth above is in | n accordance wif | h the provisions of FPPC | Regulation 18944.1. |
| JAR A | | | | | The second se |
| Signature of Agency Head or Designee | ANNA GEE | Print Name | | RATIONS MANAGER | 06/20/11 (month, day, year) |
| Comment: (Use this space or an a | | | on including amon | | (monin, day, year) |
| | | anona mornau | on molounny americ | anon explanation. | |
| parking and concession sales | • | | | | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | | S PROVIDED BY |
|---------------------------------------|--|----------------------|------------------------|--------------------|---------------------------|---------------|
| 1. Agency Name | | | | Date Stam | p Californi | |
| COUNTY OF ALAMEDA | | | | | Form | 002 |
| Division, Department, or Reg | ion (if applicable) | | | | For Offici | al 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@ac | gov.org | | | | |
| Agency Contact (name and title |) | | | Date of Original | Filing:(month, day, y | /ear) |
| Amy Shrago, Policy Analys | t | | | | | |
| 2. Event For Which Tickets | | | | | | |
| Date(s) of Event: | 02 <u>/ 11</u> Desc | ription of Ever | nt: <u>Oakland A's</u> | 6 | | |
| / | | | et: \$ | 38.00 | | |
| | | | | | | |
| 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 | | | |
| | | | | | | the Contract |
| Number of Tickets Received | | ficket(s) Pro | vided to Agenc | y: 🔲 Gratuitou | isly 🗵 Pursuant | t to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | | |
| Name of Offic | | Number | | | on is Income to the O | fficial or |
| (Last, First) | | of Tickets | Descri | be the Public Pur | pose for the Distribut | ion |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | |
| 4. Individual or Organization | on Receiving Tic | ket(s) (Provid | l ded at the behes | t of an agency off | icial.) | |
| | • | • • • | | t of all agonoy on | (crait) | |
| Name of Behesting Agency | Official: Keith Cars | son, Superviso | or Fifth District | | | |
| | NWPC-AN | j | | | | 2 |
| Name of Individual or Organ | | | | | Number of Tickets: | |
| Description of Organization: | works to build wor | men's particip | ation in the poli | tical process | | |
| | | | | | | |
| Address of Organization: | 34 Lake Park Aven | ue PMB 305 | Oakla | nd | CA | 94610 |
| Nur | nber and Street | | City | | State | Zip Code |
| Purpose for Distribution: (De | escribe the public pu | rpose for the dis | stribution to the c | organization.) | | |
| To reward a school or nonp | rofit organization fo | or its contributi | ions to the com | munity. | | |
| | | | | | | |
| 5. Verification | anna an ann an an an an an an an an an a | | | | | |
| I have determined that the distr | ibution of tickets set | forth above is ir | n accordance wit | h the provisions c | f FPPC Regulation 1 | 8944.1. |
| 1(1 - | | | | - | - | |

| & Smago | Amy Shrago | Policy Analyst | 06/22/11 |
|--------------------------------------|------------|----------------|--------------------|
| Signature of Agency Head of Designee | 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 000 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Regi | on (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | 1 | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | xplain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@aco | gov.org | | | |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | المحاد مستحرك معاركهم المستحد متحديك والمحاد والمحاد والمحاد والمحاد والمحاد المحاد والمحاد المحاد المحاد | | | | |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event:06_/_1 | 7 <u>/11</u> Desci | ription of Eve | nt: Oakland A's | S | |
| ·/ | / Face | Value of Tick | et: \$ | 38.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ts below.) | | |
| | | | • | | |
| Name of Outside Source of T | _ | | | | |
| Number of Tickets Received | | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (us | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic (Last, First) | ial | Number of Tickets | | ther the Distribution is In be the Public Purpose for | |
| (LOU, 110) | | UI HCKEIS | Descri | | |
| Shrago, Amy | | 2 | To promote a | attendance at a Count | y facility in order to ma |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| 4. Individual or Organizatio | on Receiving Tic | l ket(s) (Provid | l ded at the behes | t of an agency official.) | |
| Name of Behesting Agency (| Official: | | | | |
| Name of Individual or Organ | ization: | | | Numb | er of Tickets: |
| Description of Organization: | ************************************** | | | | 1 18 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Address of Organization: | | | | | 2100 |
| Purpose for Distribution: (De | | | | organization.) | State Zip Code |
| · · · · | · · · | - | | - · | |
| 5. Verification | | | | | |
| I have determined that the distri | ibution of tickets set f | orth above is ir | n accordance wit | h the provisions of FPP(| C Regulation 18944.1. |
| A Sman | Amy Shrago |) | Polic | y Analyst | 06/23/11 |
| Signature of Agency Head of Designe | ee | Print Name | | Title | (month, day, year) |

| Tickets Provided by Agency Report | | | | | TICKETS PROVIDED BY AGENCY REPORT |
|--|--------------------------------------|-----------------------|---|--------------------------------------|--------------------------------------|
| 1. Agency Name | | | | Date Stamp | California |
| 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 | | | | | |
| Area Code/Phone Number E | -mail | | | Amendment (Must e | volain in Part 5) |
| (510) 272-6685 | Amy.Shrago@aco | gov.org | | | xpiairi in Fait 5.j |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | | (monini, day, your) |
| 2. Event For Which Tickets | Nere Distribute | ed | | | |
| Date(s) of Event: | | | nt. American Id | ol Live | |
| | | | | 65.00 | |
| / | _/ Face | Value of Ticke | et: \$ | | |
| Agency Event | 🗵 No (Identify s | ource of ticke | ets below.) | | |
| Name of Outside Course of Th | list(s) Dussided t | Gonzala Go | olden State War | riors | |
| Name of Outside Source of Tic | cket(s) Provided t | o Agency: | | | |
| Number of Tickets Received: _ | 4 | Ticket(s) Pro | ovided to Agency | /: ☐ Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Receivi | i ng Ticket(s) (us | se a continuatio | on sheet for additi | ional names) | |
| Name of Officia (Last, First) | 1 | Number of Tickets | | her the Distribution is In | |
| | | | Deschi | be the Public Purpose f | |
| Sanchez, Mina | | 4 | To promote a | ttendance at a Count | y facility in order to ma |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | Receiving Tic | ket(s) (Provid | ded at the behest | of an agency official.) | |
| Name of Behesting Agency Of | ficial: | | | | |
| Name of Individual or Organization | ation: | | | Numb | er of Tickets: |
| Description of Organization: | | | | | |
| Address of Organization: | ar and Street | | City | | State Zip Code |
| Purpose for Distribution: (Des | | pose for the di | - | rganization.) | |
| | | | ann fan de stande en se stande fan de stande fan de stande en se stande fan de stande fan de stande fan de stan | | |
| | | | | | |
| | | | | | |
| 5. Verification | ution of tickets set f | orth above is ir | n accordance with | n the provisions of FPP | C Regulation 18944.1. |
| 5. Verification I have determined that the distribution | ution of tickets set f Amy Shrago | | | n the provisions of FPP v Analyst | C Regulation 18944.1. 06/22/11 |

| | | | | ent | AGENCY REPOR |
|---|--|--|---|--|-----------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form OUZ For Official Use Only |
| Division, Department, or Rec | jion (if applicable) | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #536, | | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | plain 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 | | | Alameda Cr | ounty Fair | |
| Date(s) of Event: <u>06</u> | | | | F 00 | |
| / | / Face | Value of Ticke | et: \$ | 5.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(a) Drovided | Agonow Ala | ameda County | Fair Board Associatior | 1 |
| | | | | | |
| Number of Tickets Received | d:15 | 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 | Desch | be the Public Purpose fo | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I. Individual or Organizati | on Receiving Tic | ket(s) (Provid | led at the behes | t of an agency official.) | , |
| Name of Behesting Agency | - | | | | |
| | | | | | . 16 |
| Name of Individual or Organ | nization: <u>Union City</u> | | | | er of Tickets:15 |
| | | | | | |
| | Encouraging at-ris | sk youth to be | tter their comm | unity and participate in | after school programs |
| Description of Organization | | | | unity and participate in | after school programs |
| Description of Organization Address of Organization: $\frac{3}{2}$ | 3948 10th Street, U | | 94587 | unity and participate in | |
| Description of Organization Address of Organization: 3 | 3948 10th Street, U mber and Street | nion City CA | 94587 City | | |
| Description of Organization Address of Organization: $\frac{3}{N_{U}}$ Purpose for Distribution: (E | 3948 10th Street, U mber and Street Describe the public pur | nion City CA s | 94587 City stribution to the c | organization.) | State Zip Code |
| Description of Organization Address of Organization: 3 | 3948 10th Street, U mber and Street Describe the public pur | nion City CA s | 94587 City stribution to the c | organization.) | State Zip Code |
| Description of Organization Address of Organization: $\frac{3}{Nu}$ Purpose for Distribution: (E | 3948 10th Street, U mber and Street Describe the public pur | nion City CA s | 94587 City stribution to the c | organization.) | State Zip Code |
| Description of Organization Address of Organization: $\frac{3}{Nu}$ Purpose for Distribution: (D To motivate and provide op | 3948 10th Street, U mber and Street Describe the public pur oportunities to vulne | nion City CA s rpose for the dis rable populati | 94587 City stribution to the c ons in the Cour | organization.) nty such as the underp | State Zip Cod |
| Description of Organization Address of Organization: $\frac{3}{Nu}$ Purpose for Distribution: (E To motivate and provide op 5. Verification | 3948 10th Street, U mber and Street Describe the public pur oportunities to vulne | nion City CA s rpose for the dis rable populati forth above is ir | 94587 City stribution to the c ons in the Cour n accordance wit | organization.) nty such as the underp | State Zip Cod privileged youth |

| Tickets Provided by Agency Report | | A Publi | c Document | TICKETS PROVIDED B AGENCY REPOR |
|--|-------------------------------------|--|--|-------------------------------------|
| 1. Agency Name | | | Date Stamp | California Q02 |
| 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 Codé/Phone Number | E-mail | | Amendment (M | ust evolain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@ac | gov.org | | ust explain in Fart 0.) |
| Agency Contact (name and title | | <u> </u> | Date of Original Fili | ng:(month, day, year) |
| Amy Shrago, Policy Analys | t | | | (monin, day, your) |
| 2. Event For Which Tickets | | ed | | |
| Date(s) of Event:07_/_0 | 04 / 11 Desc | ription of Even | _t . Oakland A's | |
| | | | 00.00 | |
| / | / Face | Value of Ticke | t: \$ | |
| Agency Event 🛛 🗌 Yes | 🗵 No (Identify s | source of ticket | s below.) | |
| Name of Outside Source of | Ticket(a) Dravided | to Agonov, Oa | kland A's | |
| | | | | . |
| Number of Tickets Received | : | Ticket(s) Prov | ided to Agency: | y I Pursuant to Contrac |
| 3. Agency Official(s) Rece | ving Ticket(s) (u | se a continuation | | |
| Name of Offic (Last, First) | cial | Number | State Whether the Distribution i Describe the Public Purpos | |
| | | of Tickets | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | · · · · · · · · |
| | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | ed at the behest of an agency officia | al.) |
| Name of Behesting Agency | orr Keith Cars | on. Superviso | r Fifth District | |
| Name of Benesting Agency | | | | |
| Name of Individual or Orgar | ization. Scott Spei | ncer | Nı | umber of Tickets:2 |
| Nume of manuaut of organ | | • | | |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | | 014 | |
| NU | nder and Street | | City | State Zip Code |
| Purpose for Distribution: (D | escribe the public pu | rpose for the dis | tribution to the organization.) | |
| To promote attendance at a | County facility in c | order to maximi | ize potential County revenue fro | m parking and concession |
| ······································ | | | | |
| | | فاستلب ومعاردة المستجرية والمالين وروا الأكالة | | |
| 5. Verification | | | | |
| 5. Verification I have determined that the dist | ibution of tickets set | forth above is in | accordance with the provisions of F | PPC Regulation 18944.1. |
| | ibution of tickets set Amy Shrag | | accordance with the provisions of F Policy Analyst | PPC Regulation 18944.1. 06/23/11 |

| 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 (if app | licable) | | Date Stamp | | California Form 802 For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #536, OAKLAI | ND, CA 946 | 512 | | | |
| Area Code/Phone Number E-mail | | | | Amendment (Muste | explain in Part 5.) |
| (510) 272-6692 District Agency Contact (name and title) | 2@acgov.c | org | | Date of Original Filing: | |
| Michelle Dianda, Ticket Administrat | or BOS | | | Date of Original Filling. | (month, day, year) |
| 2. Event For Which Tickets Were | - | d | | | |
| Date(s) of Event:06 /07 /11 | | | nt. U2 Concert | | |
| | | | et: \$ | 98.50 | |
| Agency Event 🗌 Yes 🗵 No | (Identify so | ource of ticke | ts below.) | | |
| Name of Outside Source of Ticket(s) | Provided to | o Agency: <u> </u> | olden State Wa | rriors | Winter and and a second s |
| Number of Tickets Received:2 | | | | | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ti | cket(s) (us | e a continuatio | on sheet for addi | tional names) | |
| Name of Official (Last, First) | | Number of Tickets | | her the Distribution is In be the Public Purpose fo | |
| Gasparac, Christine | | 2 | To reward a | County employee for | her service to the public |
| | | | | | |
| | | | | | |
| 4. Individual or Organization Reco | _ | | | t of an agency official.) | |
| Name of Behesting Agency Official: | Supervisor | Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: | | | | Numb | er of Tickets: |
| Description of Organization: | | | | | |
| Address of Organization: | eet | | City | | State Zip Code |
| Purpose for Distribution: (Describe the second seco | | pose for the dis | | organization.) | |
| To reward a County employee for he | er exemplar | y service to t | he public. | | |
| 5. Verification | | <u></u> | | | |
| I have determined that the distribution of | | DIANDA | | ET ADMINISTRATOR | |
| Signature of Agency Head or Designee Comment: (Use this space or an attachme | | Print Name litional informatio | on including amend | Title dment explanation.) | (mpnth, day, yĕar) |
| | , | | | | EDDC Form 802 (Fab/00) |

,

| Tickets Provided by | | | | | |
|---|--|------------------------------------|-----------------------|---|------------------------------------|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED E AGENCY REPOR |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form COL |
| Division, Department, or Region (if | applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number E-ma | il | | | Amendment (Must ex | (plain in Part 5.) |
| | tal.hishida@acg | jov.org | | | |
| Agency Contact (name and title) | | | 11 TOTOM (11) | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Principal A | | A MARKET AND A MARKET AND A MARKET | or's Office | | Ka a UPANDA sa |
| 2. Event For Which Tickets Wei | | | 1993 (1) 1993 (1 | | |
| Date(s) of Event: <u>06 / 24 /</u> | 11 Descript | tion of Ever | nt: <u>Elmo's Hea</u> | Ithy Heroes | |
| | | | et: \$ | | |
| Agency Event 🗌 Yes 🗵 | No (Identify sou | rce of ticke | ts below) | | |
| | 3 S | | | rriors | |
| Name of Outside Source of Ticket | (s) Provided to A | Agency: | | 11015 | |
| Number of Tickets Received: | <u>4</u> Tio | cket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Receiving | Ticket(s) (use a | a continuatio | on sheet for addit | ional names) | |
| Name of Official (Last, First) | | Number of Tickets | | her the Distribution is Inc be the Public Purpose fo | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization Re | | S 52 57 | | | |
| Name of Behesting Agency Officia | II: Alameda Cou | unty Superv | visor Scott Hag | gerty, District One | |
| Name of Individual or Organization | n: Paul and Deb | bie Nappo | | Numbe | er of Tickets:4 |
| Description of Organization: | | | | | |
| Address of Organization: | Short | | 01 | | |
| | | | City | | State Zip Code |
| Purpose for Distribution: (Describe | a man di san di san ing sa | | | NT- AND | |
| To promote attendance at a count | ty facility and to | maximize r | evenue from pa | arking and concession | sales |
| 5. Verification | | | | | |
| I have determined that the distribution | of tickets set fert | h ahovo io in | accordance will | the provisions of EDDO | Population 190111 |
| Thave determined that the distribution | | | | | 5% 2 |
| flanger | Lee Ann Ferge | | TICKI | ET ADMINISTRATOR | |
| Signature of Agéncy Head or Designee | | t Name | | Title | (month, day, year) |
| Comment: (Use this space or an attach | ment for any additio | onal informatio | n including amend | ment explanation.) | |

| Tickets Provided by | | | | |
|---|----------------------------|-----------------------|--|--|
| Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | |
| COUNTY OF ALAMEDA | | | | Form 802 |
| Division, Department, or Region (if applicable | e) | | | For Official Use Only |
| 1221 OAK STREET, #536 | | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must ex | intoin in Part E) |
| (510) 272-6694 anna.gee@ | acgov.org | | | plain in Part 5.) |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Anna Gee - Operations Manager | | | | (month, day, year) |
| 2. Event For Which Tickets Were Dist | ributed | | | |
| Date(s) of Event: <u>06 / 19 / 11</u> | Description of Eve | nt: Baseball Ga | ame | |
| | | | 43.75 | |
| / | Face Value of Tick | et: ֆ | · | |
| Agency Event 🛛 Yes 🖾 No (Ide | ntify source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Prov | vided to Agency. Or | akland Athletics | 3 | |
| 221 | | | | |
| Number of Tickets Received: 2 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | I Pursuant to Contract |
| 2 Agapay Official(a) Passiving Ticket | | a a chaot fao a dall | Variation and a | |
| 3. Agency Official(s) Receiving Ticket | | and a subtrain shares | | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inc be the Public Purpose for | |
| | 01 HCKets | Deach | be the rubic rupose for | |
| | 1 | To promote a | attendance at an event | held at a County |
| | | | | 10000000000000000000000000000000000000 |
| | 1 | facility in orde | er to maximize potentia | al County revenue |
| | | | | 1 |
| | 1 | | and concession sales | |
| 4. Individual or Organization Receiving | | | an an an an an an tha an | |
| Name of Behesting Agency Official: Alam | neda County Superv | visor Nate Miley | y, District 4 | |
| | | | | |
| Name of Individual or Organization: <u>Snyc</u> | der & Vilma Olivares | S | Numbe | er of Tickets: <u>2</u> |
| | | | | |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the put | alic nurnase for the di | stribution to the c | proanization) | |
| To promote attendance at an event held | | | | rovenue from |
| To promote attendance at an event held | at a County facility | in order to max | inize potential county | Tevenue ironi |
| 5. Verification | | | | |
| WE WERE A RECEIVED AND INCOMENDATION OF A DESCRIPTION OF | | | | Devulation 490444 |
| I have determined that the distribution of ticke | ts set forth above is in | n accordance with | n the provisions of FPPC | Regulation 16944.1. |
| ASC ANNA | GEE | OPEI | RATIONS MANAGER | 06/20/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment for | any additional information | on including amend | Iment explanation.) | |
| parking and concession sales | | | | |

| | | AGENCY REPO |
|---|---|---|
| 1. Agency Name | Date Stamp | California 802 |
| | | Form COVA |
| Division, Department, or Region (if applicable) | | |
| Street Address | | |
| 1221 OAK STREET, #536, OAKLAND, CA 94612 | | |
| 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 Administrator, BOS | | |
| Event For Which Tickets Were Distributed | Alemente County Foin | |
| Date(s) of Event: <u>06</u> <u>22</u> <u>11</u> Description of Event: | | |
| /Face Value of Ticket: | \$5.00 | |
| Agency Event Yes INO (Identify source of tickets | below.) | |
| Name of Outside Source of Ticket(s) Provided to Agency: <u>Alam</u> | eda County Fair Board Associatio | n |
| Number of Tickets Received:7 Ticket(s) Provid | | |
| | | |
| Agency Official(s) Receiving Ticket(s) (use a continuation s | sheet for additional names) | |
| Name of Official Number | State Whether the Distribution is In | |
| (Last, First) of Tickets | Describe the Public Purpose f | or the Distribution |
| | | |
| | | |
| | | |
| | | |
| | | |
| Individual or Organization Receiving Ticket(s) (Provided | | |
| Currentieer Medie Leekwer | District 2 | |
| Name of Behesting Agency Official: Supervisor Nadia Lockyer, | | |
| Name of Behesting Agency Official: Supervisor Nadia Lockyer, | | 7 |
| | | er of Tickets:7 |
| Name of Behesting Agency Official: <u>Supervisor Nadia Lockyer</u> , Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: | Numb | per of Tickets:7 |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: | Numb | |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: Address of Organization: | Numb | |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution) | City City | State Zip Cod |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: Address of Organization: | City City | State Zip Coc |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the distribution at a County sponsored event in order to promote attendance at a County | City City | State Zip Coc |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the distribution To promote attendance at a County sponsored event in order to Verification | City City Dution to the organization.) Do maximize potential County reve | State Zip Coo NUE |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public purpose for the distribution To promote attendance at a County sponsored event in order to Verification I have determined that the distribution of tickets set forth above is in additioned to the distribution of tickets set forthe distribution of tickets set forthe distribution | City City bution to the organization.) o maximize potential County rever | State Zip Coo nue C Regulation 18944.1. |
| Name of Individual or Organization: <u>Martine Warner</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the distribution To promote attendance at a County sponsored event in order to Verification | City City Dution to the organization.) Do maximize potential County reve | State Zip Co nue C Regulation 18944.1. |

| Tickets Provided by Agency Report | A Pub | lic Docume | nt | TICKETS PROVIDED BY |
|---|--|--------------------|---|--|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | COUNTY OF ALAMEDA | | Date Stamp | AGENCY REPORT California Form 802 For Official Use Only |
| Street Address 1221 OAK STREET, #536, OAKLAND, CA 9 | 4612 | | | |
| Area Code/Phone Number E-mail (510) 272-6692 District2@acgov Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS | v.org | | Amendment <i>(Must et</i>) Date of Original Filing: . | |
| 2. Event For Which Tickets Were Distribut Date(s) of Event: <u>06 / 10 / 11</u> Des | | R. Kelly Cor | ncert | |
| Date(s) of Event:/ Des | | | 95.80 | |
| Agency Event ☐ Yes ⊠ No (Identify Name of Outside Source of Ticket(s) Provideo | source of ticke to Agency: <u>G</u> | | rriors | |
| Number of Tickets Received:4 | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) | (use a continuatio | on sheet for addit | ional names) | |
| Name of Official (Last, First) | Number of Tickets | | ner the Distribution is Indoe the Public Purpose fo | |
| 4. Individual or Organization Receiving T | icket(s) (Provid | ded at the behest | of an agency official.) | |
| Name of Behesting Agency Official: Supervis | • • | | or an agency officially | |
| Name of Individual or Organization: <u>Tamika E</u> | | | Numb | er of Tickets:2 |
| Address of Organization: | stanten en e | City | | State Zip Code |
| Purpose for Distribution: (Describe the public p To reward a County employee for her exemp | | | rganization.) | |
| 5. Verification I have determined that the distribution of tickets se Signature of Agence Head or Designee Comment: (Use this space or an attachment for any a | E DIANDA Print Name | | ET ADMINISTRATOR | |

| Agency Report A Public Docum | nent | TICKETS PROVIDED E AGENCY REPOR |
|---|---|------------------------------------|
| 1. Agency Name | Date Stamp | California |
| COUNTY OF ALAMEDA | | Form OU2 |
| 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 expla | in in Part 5) |
| (510) 272-3882 crystal.hishida@acgov.org | | mmrait 5.j |
| Agency Contact (name and title) | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, County Administrator's Office | | (······, ···;) ; · ···, |
| 2. Event For Which Tickets Were Distributed | v | |
| Date(s) of Event: <u>06 / 22 / 11</u> Description of Event: <u>Alameda</u> | County Fair | |
| | discount | |
| | | |
| Agency Event Yes No (Identify source of tickets below.) | | |
| Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda Coun</u> | ty Fair Association | · |
| Number of Tickets Received: <u>50</u> Ticket(s) Provided to Age | ncy: 🔲 Gratuitously 🛛 🗵 | Pursuant to Contra |
| B. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ac | dditional names) | |
| | nether the Distribution is Incor cribe the Public Purpose for th | |
| | | |
| | | |
| | | |
| . Individual or Organization Receiving Ticket(s) (Provided at the beh | est of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervisor Wilma Chan, District 3</u> | | |
| Name of Individual or Organization: <u>San Antonio Senior</u> Center | | of Tickets: <u>50</u> |
| Description of Organization: Provides senior programs to encourage hea | Ithy independent living & e | nhance community. |
| Address of Organization: <u> </u> | | |
| | ity | State Zip Code |
| Purpose for Distribution: (Describe the public purpose for the distribution to th | | |
| To motivate and provide expanded opportunities to seniors in the County | | |
| . Verification | | |
| I have determined that the distribution of tickets set forth above is in accordance v | with the provisions of FPPC R | egulation 18944.1. |
| | pervisor's Assistant-District | |
| Signature of Agency Head or Designee Print Name | Title | (month, day, year) |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B AGENCY REPOR |
|--|------------------------|----------------------|------------------------|--|------------------------------------|
| 1. Agency Name | | | | Date Stamp | |
| COUNTY OF ALAMEDA | | | | | Form OU |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #555, | OAKLAND, CA 94 | 1612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must explain | 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, Princ | ipal Analyst, Coun | ty Administrate | or's Office | | |
| 2. Event For Which Tickets | s Were Distribut | ted | | | |
| Date(s) of Event: <u>06</u> / <u>2</u> | <u>2 / 11</u> Dese | cription of Eve | nt: <u>Alameda Co</u> | ounty Fair | |
| | 10 <u>/ 11</u> Face | | | iscount | |
| Agency Event 🛛 Yes | 🗵 No (Identify | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Al | ameda County | Fair Association | |
| Number of Tickets Received | | | | | Pursuant to Contrac |
| | | | _ | | |
| 8. Agency Official(s) Recei | | - | | | |
| Name of Offic (Last, First) | sial | Number of Tickets | | her the Distribution is Incom be the Public Purpose for the | |
| | | | | | |
| | | | | | |
| | | | | | |
| I. Individual or Organizatio | on Receiving Ti | L cket(s) (Provid | L ded at the behest | of an agency official.) | |
| Name of Behesting Agency | Official: Superviso | or Wilma Chan | , District 3 | | |
| Name of Individual or Organ | | | ۶ | Number o | f Tickets: 3 |
| | | | | | - Hokoto |
| Description of Organization: | | | | | |
| Address of Organization: | nber and Street | | City | 99 Minternational and a second s | State Zip Code |
| Purpose for Distribution: (De | escribe the public pu | rpose for the di | stribution to the o | rganization.) | |
| To promote attendance at a | n event held at a C | County facility | in order to max | mize potential County rev | enue from sales |
| . Verification | | | | | |
| I have determined that the distri | ibution of tickets set | forth above is ir | n accordance witl | n the provisions of FPPC Re | gulation 18944.1. |
| 1 1 1 | 1 | | | | |
| 11 | Alexandra I | Boskovich | Supe | rvisor's Assistant-District | 3 6/24/11 |

| Tickets Provided by | | A 1000 I | | | |
|---|-------------------------------|------------------------|---------------------|------------------------------|---|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B |
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or F | - | | | Date Stamp | California Form 802 |
| | | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #5 | | 612 | | - | |
| Area Code/Phone Number | | | | Amendment (Must exp | plain in Part 5.) |
| (510) 272-3882 Agency Contact (name and | crystal.hishida@a | acgov.org | | Date of Original Filing: _ | |
| Crystal Hishida Graff, Pr | | tv Administrat | or's Office | | (month, day, year) |
| 2. Event For Which Tick | | - | | | |
| Date(s) of Event: | | | nt. Oakland A' | s game | |
| | Desc // Face | | | \$38.00 | |
| | | | | | |
| | No (Identify s | | | | |
| Name of Outside Source | of Ticket(s) Provided | to Agency: O | akland Athletic | 5 | |
| Number of Tickets Receiv | | | | | Pursuant to Contract |
| 3. Agency Official(s) Re | ceiving Ticket(s) (ւ | use a continuati | on sheet for addi | tional names) | |
| Name of C | | Number | State Whe | ther the Distribution is Inc | ome to the Official or |
| (Last, Fi | rst) | of Tickets | Descri | be the Public Purpose for | the Distribution |
| | | | | | |
| 1 | | | | | Anno 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1 |
| | | | | | |
| | | | | | |
| 4. Individual or Organiza | ation Receiving Tid | c ket(s) (Provi | L | t of an agency official) | |
| - | - | | | tor an agency emolally | |
| Name of Behesting Agen | cy Official: <u>Superviso</u> | | , District 3 | | |
| Name of Individual or Org | anization: Frank Orn | elas | | Numbe | er of Tickets:4 |
| | , | | | | |
| Description of Organization | on: | | | | |
| Address 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 attendance a | it an event held at a C | County facility | in order to max | imize potential County | revenue from sales |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the d | istribution of tickets set a | forth above is ir | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| μ | ALEXANDF | RA BOSKOVI | CH SUPI | ERVISOR'S ASSISTAN | NT 6/13/11 |
| Signature of Agency Head or De | • | Print Name | | Title | (month, day, year) |
| Comment: (Use this space o | r an attachment for any ad | lditional information | on including amend | dment explanation.) | |
| (| | | | | |
| · · · | | | | | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY |
|---|---|---|--|---|--------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address | | | Date Stamp | AGENCY REPORT California Form 802 | |
| Area Code/Phone Number | (510) 272-3882 crystal.hishida@acgov.org | | | Amendment (Must e | explain in Part 5.) |
| Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed | | | Date of Original Filing: | (month, day, year) | |
| Date(s) of Event: <u>06</u> / <u>22</u> | 2_ / 11 Des) / 11 Faco ⊠ No (Identify icket(s) Provided | cription of Even e Value of Ticke source of ticke I to Agency: <u>Al</u> | et: \$\$5 d its below.) ameda County | iscount | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiv | | use a continuatio | | tional names) her the Distribution is In | come to the Official or |
| (Last, First) | | of Tickets | Desch | be the Public Purpose f | |
| 4. Individual or Organization Name of Behesting Agency O | - | | | t of an agency official.) | |
| Name of Individual or Organiz Description of Organization: _ | zation: <u>Rosetta F</u> | | | Numb | per of Tickets: <u>5</u> |
| Address of Organization: Numb Purpose for Distribution: (Des To promote attendance at an | | | | | State Zip Code |
| 5. Verification I have determined that the distrib Signature of Agency Head or Designed Comment: (Use this space or an | Alexandra | Boskovich Print Name | Supe | rvisor's Assistant-Dist _{Title} | |

| Tickets Provided by Agency Report | A Pub | lic 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 94 | 612 | | | | |
| Area Code/Phone NumberE-mail(510) 272-6692District2@acgov.Agency Contact (name and title)Michelle Dianda, Ticket Administrator, BOS | org | | ☐ Amendment <i>(Must</i> exp. Date of Original Filing: — | | |
| 2. Event For Which Tickets Were Distribut Date(s) of Event: <u>06</u> <u>10</u> <u>11</u> Desc / Face | ription of Eve | | | | |
| Agency Event ☐ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided Number of Tickets Received:4 | source of ticke to Agency: <u>G</u> | ets below.) olden State Wa | irriors | ⊠ Pursuant to Contract | |
| 3. Agency Official(s) Receiving Ticket(s) (u | ise a continuati | on sheet for addi | tional names) | . <u>.</u> | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inco be the Public Purpose for | | |
| | | | | | |
| 4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Superviso</u> | • • • | | t of an agency official.) | | |
| Name of Individual or Organization: <u>Tisa Potte</u> | | | Number | r of Tickets: <u>4</u> | |
| Description of Organization: | | | | | |
| Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public pu | rpose for the di | City stribution to the c | organization.) | State Zip Code | |
| To reward a County employee for her exempla | ary service to | the public | | | |
| 5. Verification | forth above is i | n accordance wit | h the provisions of FPPC I | Regulation 18944.1. | |
| Signature of Agency Head or Designee | | | | 6/9/11 | |
| Comment: (Use this space or an attachment for any ac | | on including amend | | (inpntti, day year) | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | nt | | |
|---|---------------------------------------|-----------------------|--------------------------|---|-------------------------|------------|
| 1. Agency Name | | | | Date Stamp | California | |
| COUNTY OF ALAMEDA | | | | Form | 302 | |
| Division, Department, or Reg | jion (if applicable) | | ······ | | For Officia | l Use Only |
| Street Address | | | | | | |
| 1221 OAK STREET, #536 | OAKLAND, CA 94 | 612 | | | | |
| Area Code/Phone Number | Area Code/Phone Number E-mail | | | | lust explain in Red E) | |
| (510) 272-6692 District2@acgov.org | | | Date of Original Filing: | | | |
| Agency Contact (name and title) | | | | | | |
| Michelle Dianda, Ticket Ad | , | | | | | |
| 2. Event For Which Ticket | | | | | | |
| Date(s) of Event: | 28 <u>11</u> Desc | cription of Eve | nt: <u>Oakland A's</u> | | | |
| // | / Face | Value of Tick | et: \$ | 43.75 | | |
| Agency Event Ses | 🗵 No (Identify s | source of ticke | ets below.) | | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Oa | akland A's | | | |
| Number of Tickets Received | 2 | Ticket(s) Pro | vided to Agency | : 🗌 Gratuitously | ∕ ⊠ Pursuant t | o Contrad |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | ise a continuatio | on sheet for additi | onal names) | | |
| Name of Official Number S (Last, First) of Tickets | | | | er the Distribution is e the Public Purpos | | |
| | <u> </u> | | | | | |
| | | | 1 | | N | |
| · | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |
| . Individual or Organizati | on Receiving Tic | ket(s) (Provid | led at the behest | of an agency official | l.) | |
| Name of Behesting Agency | Official: Supervisor | r Nadia Locky | er, District 2 | | | |
| Name of Individual or Organ | | | | Nur | mber of Tickets: _ | 2 |
| Description of Organization: | | | | | | |
| Address of Organization: | nber and Street | | City | · · · · · · · · · · · · · · · · · · · | State | Zip Code |
| Purpose for Distribution: (De | escribe the public pur | pose for the dis | tribution to the or | anization.) | | |
| To promote attendance at a | | | | - , | | |
| | | | | | | |
| . Verification | hadina - fairt a sta | | | | | |
| I have determined that the distri | | | | | 11 | 44.1. |
| Signature of Agency Nead or Designed | | DIANDA Print Name | | T ADMINISTRAT(| OR (month | day. vear |
| Comment: (Use this space or an | attachment for any add | ditional information | n including amendr | ent explanation) | , 1 | |
| Agency Report | A Pub | lic Docume | nt | TICKETS PROVIDED I AGENCY REPOI |
|---|--|---------------------|---|------------------------------------|
| 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 946 | 12 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must ex | I |
| (510) 272-6692 District2@acgov.c | org | | | sannin r an o.y |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Michelle Dianda, Ticket Administrator, BOS | | | | |
| 2. Event For Which Tickets Were Distribute | | | | |
| Date(s) of Event: <u>07 / 28 / 11</u> Descr | iption of Eve | nt: Oakland A's | | |
| // 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: Oa | akland A's | | ne |
| 0 | | | r: 🔲 Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket(s) (us | e a continuatio | on sheet for additi | onal names) | |
| Name of Official (Last, First) | Number of Tickets | | er the Distribution is Inco e the Public Purpose for | |
| t . | | | | |
| | | | 144 | |
| | | | · · · · · · · · · · · · · · · · · · · | 16.12 |
| ا 1. Individual or Organization Receiving Tick | | | of an agency official.) | |
| Name of Behesting Agency Official: | Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: Lillian Litzse | ey | | Number | of Tickets:2 |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public purp | ose for the dis | | panization.) | |
| To promote attendance at an event at a County | | | - , | |
| . Verification | ana 1921 mila ka ka manang ngangga sa pangang nga pangang ka sa pang nga pang nga pang nga pang nga pang nga p | | | |
| I $h_{\rm p}$ determined that the distribution of tickets set for | rth above is in | accordance with | the provisions of FPPO F | Regulation 18944 1 |
| | | | | 1./17/11 |
| Signature of Agency Head or Designee Pr | IANDA int Name | HUKE | | (modilh day lear |
| | · · · · · · · · · · · · · · · · · · · | | | (nogen, day, real) |

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| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B |
|---|----------------------------|--------------------------|--|-----------------------------|-----------------------|
| 1. Agency Name | | | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | | Date Stamp | Form 802 |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Disk the protocol state in the substantial state of the substate of the substate of the substate of the substate of th | ion (ii applicable) | | | | |
| 1221 OAK STREET, #555 Street Address | | | | | |
| | | | | | |
| OAKLAND, CA 94612 Area Code/Phone Number | E mail | | | | |
| | E-mail | | | Amendment (Muster | vplain in Part 5.) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | Data of Onininal Fillings | |
| Agency Contact (name and title | | 9 - 85 AND 181 - 81 - 76 | 5 (MINTER) | Date of Original Filing: . | (month, day, year) |
| Crystal Hishida Graff, Princ | | | tor's Office | | |
| 2. Event For Which Ticket | T | T. (1977) | | 5242-101 | |
| Date(s) of Event:06_/ | 19 <u>11</u> Desc | ription of Ever | nt: Oakland A's | s Skybox | |
| <i></i> | | Value of Ticke | | \$1,500 | |
| Agency Event | 🗵 No (Identify s | ource of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency: Oa | akland Athletics | 3 | |
| Number of Tickets Received | l:20 | 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 | ACTIVE ACCESSION ACCESSION ACCESSION ACCESSION | her the Distribution is Inc | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| 1 | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | led 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 | |
| | | | | | or of Tickota, 20 |
| Name of Individual or Organ | | o Louguo | | Numbe | er of Tickets:20 |
| Description of Organization: | Little League | | | | <u></u> |
| Address of Organization: | nber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | | nose for the dis | | rganization) | 01010 210 0000 |
| To reward a school or nonp | - St | | | 10 | |
| To reward a school of horp | ront organization for | | ions to the con | imunity | |
| 5. Verification | | | | 1 | |
| I have determined that the distr | ibution of tickets set f | orth above is in | accordance witi | h the provisions of FPPC | Regulation 18944.1. |
| Kelenar | Lee Ann Fer | rgerson | Ticke | t Administrator | 6/21/11 |
| Signature of Agency Head or Design | ee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any add | litional informatio | on including amend | lment 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 COL |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | 1 |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must exp | nlain in Part 5.) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | Num n' r un eq |
| Agency Contact (name and title | 2) | | | Date of Original Filing: _ | (month, day, year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Coun | ty Administrat | tor's Office | | |
| 2. Event For Which Ticket | s Were Distribut | ed | | | |
| Date(s) of Event:06_/ | 19 / 11 Desc | ription of Eve | nt: A's Game | | |
| | | | | 38.00 | |
| / | / Face | value of LICK | et: ֆ | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Or | akland Athletics | 3 | |
| | | | | | |
| Number of Tickets Received | 1:2 | 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) | |
| | | | | her the Distribution is Inc | ome to the Official or |
| Name of Offic (Last, First) | cial | Number of Tickets | | be the Public Purpose for | |
| | | | | | |
| | | | | 1 | |
| | | | | | |
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| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provi | ded at the behas | t of an agency official) | |
| | | | | | |
| Name of Behesting Agency | Official: Alameda C | County Super | visor Scott Hag | gerty, District 1 | |
| | | | | | 2 |
| Name of Individual or Orgar | hization: | laiut | | Numbe | er of Tickets:2 |
| Description of Organization: | A's Baseball game | э | | | |
| Description of Organization. | | | | | |
| Address of Organization: | | | | | |
| Nu | mber and Street | | City | · · · · · · · · · · · · · · · · · · · | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | pose for the di | stribution to the c | organization.) | |
| To promote attendance at a | a county sponsored | event at a Co | ounty facility to | maximize potential cou | ntv revenue |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the dist | ribution of tickets set i | forth above is ir | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| Pul | | | | | anan a nanananan kerkenanan k |
| Signature of Agendy Head or Design | Lee Ann Fe | Print Name | пске | t Administrator | (month, day, year) |
| Comment: (Use this space or a | | | on including omen | | (month, day, year) |
| Comment. Use this space of a | n autonment for any ad | allonal mormali | on moloung amend | anen explanation.) | |

| Tickets Provided by | | | | TICKETS PROVIDED BY |
|--|---------------------------|--|------------------------------|-------------------------|
| Agency Report | A Pub | lic Docume | ent | AGENCY REPORT |
| 1. Agency Name | | | Date Stamp | California 002 |
| COUNTY OF ALAMEDA | | | | Form 802 |
| 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 | | | | |
| 245.18 S | do@aagay arg | | Amendment (Must exp | lain in Part 5.) |
| (510) 272-3882 crystal.hishid Agency Contact (name and title) | da@acgov.org | | Date of Original Filing: | |
| 그는 것같 요즘 것 같은 것 같은 것 같이 있는 것 같아. 이렇게 하는 것 같아. | County Administrat | orla Office | | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, | | or s Office | | |
| 2. Event For Which Tickets Were Distr | | | | |
| Date(s) of Event: <u>06 / 29 / 11</u> | Description of Eve | nt: ALAMEDA | | |
| / | Face Value of Tick | et: \$ | 5.00 | 2 |
| Agency Event 🗌 Yes 🛛 🛛 No (Ider | ntify source of ticke | ets below.) | | |
| | | | NTY FAIR ASSOCIATIO | N |
| Name of Outside Source of Ticket(s) Prov | ided to Agency: | | | |
| Number of Tickets Received:10 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket | s) (use a continuatio | on sheet for addit | tional names) | |
| Name of Official | Number | All All and a set of the set of t | her the Distribution is Inco | |
| (Last, First) | of Tickets | Descri | be the Public Purpose for | the Distribution |
| | | | | |
| | | | | |
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| | | | | |
| 4. Individual or Organization Receiving | a Tickot(c) (Dravid | l | t of an aganay official) | |
| | - | | | |
| Name of Behesting Agency Official: Alam | eda County Superv | isor Scott Hag | gerty, District 1 | |
| | | | | |
| Name of Individual or Organization: <u>Jerry</u> | Grace | | Number | r of Tickets: <u>10</u> |
| | | | | |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| | | 5 | x | C. |
| Purpose for Distribution: (Describe the pub | 120 g A 120 g 20 | | 1000 a an 18 a an a | 2 |
| To promote attendance at a county spons | ored event at a Co | ounty facility to i | maximize potential cour | nty revenue |
| 5. Verification | | | | |
| I have determined that the distribution of ticket | s set forth shove is in | a accordance wit | h the provisions of EPPC | Population 18044 1 |
| | | | s | |
| | NN FERGERSON | TICK | ETS ADMINISTRATOR | 6/27/11 |
| Signature of Agency Head of Designee | Print Name | | Title | (month, day, year) |
| Comment: Use this space or an attachment for a | any additional informatio | on including amend | lment explanation.) | |
| | | | | |

| Tickets Provided by Agency Report | | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|-------------------------------------|-----------------|--------------------|-----------------------------|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi | ion (if applicable) | | | Date Stamp | California Form 802 For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #536, Area Code/Phone Number | OAKLAND, CA 94612 E-mail | 2 | | | |
| | | | | Amendment (Muste: | xplain in Part 5.) |
| (510) 272-6692 Agency Contact (name and title, | District2@acgov.org | j | | Date of Original Filing: . | |
| Michelle Dianda, Ticket Adr | | | | 5 5 | (month, day, year) |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event: $\frac{06}{2}$ | | | Alameda Co | ounty Fair | |
| Date(s) of Event: | | | | F A A | |
| / | / Face Va | alue of Ticke | et: \$ | 0.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify sou | rce of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided to (| Agency: Ala | ameda County | Fair Board Associatio | n |
| | | -yency | | | |
| Number of Tickets Received | : <u>25</u> Ti | cket(s) Prov | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (use | a continuatio | on sheet for addit | ional names) | |
| Name of Offic | | Number | | her the Distribution is Inc | come to the Official or |
| (Last, First) | | of Tickets | | be the Public Purpose for | |
| | | | | | , |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatio | on Receiving Ticke | et(s) (Provid | led at the behest | of an agency official.) | |
| Name of Behesting Agency (| Official: <u>Supervisor N</u> | adia Lockye | er, District 2 | | |
| Name of Individual or Organ | | | | Numbo | er of Tickets:25 |
| Description of Organization: | #***** | | | | |
| 32 | 225 Sloccum Court, l | Inion City | CA 94587 | | |
| Address of Organization. | ber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | escribe the public purpo | se for the dis | tribution to the o | rganization) | |
| To promote attendance at a | | | | 0 | |
| | County sponsored ev | | | | |
| 5. Verification | | | | | |
| I have determined that the distri | ibution of tickets set forti | h above is in | accordance with | h the provisions of FPPC | Regulation 18944.1. |
| | | | | , | (la l) |
| | | | TICIZI | | |
| Signature of Agency Head or Designed | e MICHELLE DI | ANDA It Name | | ET ADMINISTRATOR | (month, day, year) |

| Tickets Provided by Agency Report | | A Publ | lic Docume | nt | TICKETS PROVIDED B |
|--|---|--------------------------------------|--------------------|------------------------|--|
| 1. Agency Name | MANNA ANT INCOMENTATION CONTRACTOR CONTRACTOR AND | 2000-000 | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | | | Form 802 |
| 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 | | | Amondmont (14 | ust system in Dart 5) |
| (510) 272-6685 | Amy.Shrago@aco | gov.org | | Amendment (M | usi explain în Pari 5.) |
| Agency Contact (name and title) | | <u> </u> | | Date of Original Fili | ng: (month, day, year) |
| Amy Shrago, Policy Analyst | | | | | (monal, day, year) |
| 2. Event For Which Tickets | | эd | | | |
| Date(s) of Event: <u>06</u> / <u>3</u> | | | t. Oakland A's | ; | |
| | | | | ~~ ~~ | |
| / | / Face | Value of Ticke | et: \$ | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ts below.) | | |
| Name of Outside Source of | Fieldat(a) Drevided t | o Anonou Oa | akland A's | | |
| Name of Outside Source of | ickel(s) Provided l | o Agency: | | | |
| Number of Tickets Received | | Ticket(s) Prov | vided to Agenc | y: Gratuitously | ✓ ☑ Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (us | se a continuatio | on sheet for addil | lional names) | |
| Name of Offic (Last, First) | ial | Number of Tickets | | | s Income to the Official or se for the Distribution |
| (Lubi, 1 Holy | | OFFICKELS | Deschi | | |
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| | | an aigh a an the layer of the states | | | |
| 4. Individual or Organization | on Receiving Tic | ket(s) (Provid | led at the behest | t of an agency officia | l.) |
| Name of Behesting Agency | official, Keith Cars | on, Supervisc | or Fifth District | | |
| Name of Benesting Agency (| | | | | |
| Name of Individual or Organ | ization: <u>Scott Sper</u> | ncer | | Nu | mber of Tickets: <u>2</u> |
| 5 | | | | | |
| Description of Organization: | b/ | | | | |
| | | | | | |
| Address of Organization: | ber and Street | | City | | State Zip Code |
| | | | | | |
| Purpose for Distribution: (De | | | | | |
| To promote attendance at a | County facility in o | rder to maxim | nize potential C | ounty revenue fror | m parking and concession |
| 5. Verification | annonanna an geolaith an ann a stàinn ann an a | | | | ener manazonar en den omar de la constante de Rolledo Adrah de bioloxístico en processo ana ana ana ana ana an |
| I have determined that the distri | bution of tickets set f | orth above is in | n accordance witi | h the provisions of F | PPC Regulation 18944.1. |
| Alleno | Amy Shrago | N | Polio | / Analyst | 06/23/11 |
| Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or ar | | | on including omon | | (|

| | | | cument | AGENCY REPOR |
|---|---|--|---------------------------------|--|
| 1. Agency Name | | | Date Stam | |
| COUNTY OF ALAMEDA | | | | Form UUZ |
| 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 | | Amendment | (Must explain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@aco | jov.org | | |
| 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:/_2 | <u>7 / 11</u> Descr | iption of Event: Oak | land A's | ······································ |
| | | Value of Ticket: \$ | 20.00 | |
| | | | | |
| Agency Event 🛛 🗌 Yes | 🗵 No (Identify s | ource of tickets below | N.) | |
| Name of Outside Source of | Ticket(s) Provided to | o Agency: <u>Oakland A</u> | \'s | |
| | _ | | | |
| Number of Tickets Received | · <u> </u> | Ticket(s) Provided to | Agency: Gratuito | usly 🛛 Pursuant to Contrac |
| 3. Agency Official(s) Rece | ving Ticket(s) (us | a a continuation sheet | for additional names) | |
| | | | | is here to the Official as |
| Name of Offic (Last, First) | cial | Number Sta of Tickets | | on is Income to the Official or rpose for the Distribution |
| | 4 | | | <u>F</u> |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organizati | - | | | ficial.) |
| | Grissel, Keith Carso | | | |
| Name of Rehesting Agency | | on, Supervisor Fifth I | District | |
| Name of Behesting Agency | | | District | |
| | | | District | Number of Tickets:2 |
| Name of Behesting Agency Name of Individual or Orgar | | | District | Number of Tickets:2 |
| | ization: <u>Amir Arma</u> | n | District | Number of Tickets:2 |
| Name of Individual or Orgar Description of Organization: | ization: <u>Amir Arma</u> | n | District | Number of Tickets:2 |
| Name of Individual or Orgar Description of Organization: | ization: <u>Amir Arma</u> | n | City | |
| Name of Individual or Organ Description of Organization: Address of Organization: | nization: <u>Amir Arma</u> | n | City | |
| Name of Individual or Organ Description of Organization: Address of Organization: Num Purpose for Distribution: (D | nization: <u>Amir Arma</u> mber and Street escribe the public pur | n pose for the distributior | City | |
| Name of Individual or Orgar Description of Organization: Address of Organization: | nization: <u>Amir Arma</u> mber and Street escribe the public pur | n pose for the distributior | City | |
| Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a community vol | nization: <u>Amir Arma</u> mber and Street escribe the public pur | n pose for the distributior | City | |
| Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a community vol 5. Verification | ization: <u>Amir Arma</u> mber and Street escribe the public pur unteer for his or her | n pose for the distributior service to the public | City n to the organization.) | State Zip Code |
| Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a community vol | ization: <u>Amir Arma</u> mber and Street escribe the public pur unteer for his or her | n pose for the distributior service to the public | City n to the organization.) | State Zip Code |
| Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a community vol 5. Verification | ization: <u>Amir Arma</u> mber and Street escribe the public pur unteer for his or her | n pose for the distributior service to the public orth above is in accord | City n to the organization.) | State Zip Code |

| A | | | Ocument | | AGENCY REPO |
|---|--|---|---|--|--|
| . Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form OU |
| 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 | · · · | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@acgo | v.org | | | ,, |
| Agency Contact (name and title |) | | Da | te of Original Filing: _ | (month, day, year) |
| Amy Shrago, Policy Analys | t | | | | |
| . Event For Which Ticket | s Were Distributed | | | | |
| Date(s) of Event: | | tion of Event: O | akland A's | | |
| | Face Va | | 20 | .00 | |
| / | | ilue of ficket. 5. | | | |
| Agency Event 👘 🗌 Yes | 🛛 No (Identify sou | irce of tickets be | low.) | | |
| Name of Outside Source of | Ticket(s) Provided to | Agency: <u>Oaklan</u> | d A's | | |
| Number of Tickets Received | : <u>2</u> Ti | cket(s) Provideo | I to Agency: | Gratuitously | Pursuant to Contra |
| Agency Official(s) Rece | ving Ticket(s) (use | a continuation she | eet for additiona | I names) | en e |
| Name of Offi | cial | Number | State Whether | he Distribution is Inc | ome to the Official or |
| (Last, First) | | of Tickets | Describe th | e Public Purpose fo | r the Distribution |
| | | | | | |
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| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| Individual or Organizati | on Receiving Ticke | t(s) (Provided a | t the behest of a | n agency official.) | |
| intartradai or organizati | | | | in agoney emetally | |
| | | | L D'. 4.3.4 | | |
| Name of Behesting Agency | Official: <u>Keith Carson</u> | , Supervisor Fifl | h District | | |
| Name of Behesting Agency | | | h District | | 2 |
| Name of Behesting Agency Name of Individual or Organ | | | h District | Numbe | er of Tickets:2 |
| | ization: <u>Scott Spence</u> | ər | | Numbe | er of Tickets:2 |
| Name of Individual or Organ Description of Organization | ization: <u>Scott Spence</u> | ər | | Numbe | |
| Name of Individual or Organ | ization: <u>Scott Spence</u> | ər | | Numbe | er of Tickets:2 |
| Name of Individual or Organ Description of Organization | nization: <u>Scott Spence</u> | er | City | | |
| Name of Individual or Organ Description of Organization Address of Organization: | nization: <u>Scott Spence</u> mber and Street escribe the public purpo | er se for the distribu | City tion to the organ | nization.) | State Zip Cod |
| Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (D To promote attendance at a | nization: <u>Scott Spence</u> mber and Street escribe the public purpo | er se for the distribu | City tion to the organ | nization.) | State Zip Cod |
| Name of Individual or Organ Description of Organization Address of Organization: $\frac{1}{Nu}$ Purpose for Distribution: (D To promote attendance at a | nization: Scott Spence | er se for the distribu er to maximize p | City tion to the organ potential Coun | nization.) ty revenue from pa | State Zip Cod |
| Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (D | nization: Scott Spence | er se for the distribu er to maximize p | City tion to the organ potential Coun | nization.) ty revenue from pa | State Zip Cod |
| Name of Individual or Organ Description of Organization Address of Organization: <u>Nu</u> Purpose for Distribution: (D To promote attendance at a | nization: Scott Spence | er se for the distribu er to maximize p | City tion to the organ potential Coun | nization.) ty revenue from pa e provisions of FPPC | State Zip Cod |

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| Tickets Provided by Agency Report | | A Public Do | ocument | TICKETS PROV AGENCY I | |
|---|---|---|---|---|-----------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address | ion (if applicable) | | Date Sta | mp California Form For Official Use O | 02 |
| OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys | | org | Date of Origina | nt (Must explain in Part 5.) al Filing:(month, day, year) | |
| 2. Event For Which Tickets Date(s) of Event:/ / Agency Event □ Yes Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Rece | 8 / 11 Description | ue of Ticket: \$ ce of tickets belo gency: <u>Oakland /</u> ket(s) Provided to | 38.00 w.) A's o Agency: □ Gratuite | ously 🛛 Pursuant to Co | ontrac |
| Name of Offic (Last, First) | sial N | | ate Whether the Distribu | tion is Income to the Official o urpose for the Distribution | |
| Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: | Official: <u>Keith Carson, s</u> ization: <u>Chris Leung</u> | Supervisor Fifth | District | Number of Tickets: | 2 |
| Nu Purpose for Distribution: (D To promote attendance at a 5. Verification | escribe the public purpose | | - , | | p Code |
| I have determined that the dist Signature of Agency Headfor Design Comment: (Use this space or a | Amy Shrago | Name | Policy Analyst | 06/23/ (month, day | 11 ` |

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| Tickets Provided by | | A Pub | lic Docume | ent | TICKETS PROVIDED BY |
|--|--|----------------------------|--|-------------------------------------|--------------------------------|
| Agency Report | | 71.40 | no boounie | | AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA Division, Department, or Regi | ion /if applicable) | | | | For Official Use Only |
| | ion (il applicable) | | | | |
| 1221 OAK STREET, #536 Street Address | | | | 2 | |
| OAKLAND, CA 94612 | | | | | * s |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-6694 | anna.gee@acgov | ora | | Amendment (Must exp | lain in Part 5.) |
| Agency Contact (name and title) | | Julg | | Date of Original Filing: | |
| Anna Greet |) perations | NAMES OF TAXABLE PARTY. | × | | (month, day, year) |
| 2. Event For Which Tickets | | | Baseball G | ame | |
| Date(s) of Event: <u>06</u> / <u>1</u> | b Desci | ription of Eve | nt: | | |
| / | / Face | Value of Tick | et: \$ | 38.00 | |
| Agency Event | 🗵 No (Identify s | ource of ticke | ts below) | | |
| | | | | 2 | |
| Name of Outside Source of | Ficket(s) Provided t | o Agency: <u>O</u> | | 2 | |
| Number of Tickets Received | : | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (us | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic | ial | Number | CONTRACTOR AND A DESCRIPTION OF A DESCRI | her the Distribution is Inco | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose for | the Distribution |
| | | | | | |
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| | | | | | |
| 4. Individual or Organization | 같은 사용을 확실하는 것 가슴이 있는 것 같은 것 같은 것 <mark></mark> | | | | |
| Name of Behesting Agency | Official: Alameda C | County Super | visor Nate Mile | y, District 4 | |
| | | | | | |
| Name of Individual or Organ | ization: United Ser | niors of Oakla | nd & Alameda | County Numbe | r of Tickets: <u>2</u> |
| | | | | | |
| Description of Organization: | | | | | |
| Address of Organization: 72 | 200 Bancroft Ave, S | te 251-Oakla | nd, Ca 94605 | | |
| Address of Organization. | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | escribe the public pur | pose for the di | stribution to the | organization.) | |
| To reward a nonprofit organ | raus a moral bars well brid | Same and the second second | | | |
| | | | | | |
| 5. Verification | | | | | _ |
| I have determined that the distr | ibution of tickets set f | forth above is i | n accordance wil | h the provisions of FPPC | Regulation 18944.1. |
| APEN | | | | | |
| Clansing of Aparetting of Print | ANNA GEE | Print Name | OPE | RATIONS MANAGER | 06/20/11 (month, day, year) |
| Signature of Agency Head or Design | | | - to all all a | and provide the international state | (monut, day, year) |
| Comment: (Use this space or an | radaonment for any add | anonarmonnau | on molocing an en | amont explanation.y | |

| . Agency Name | | | ocument | TICKETS PROVIDED E AGENCY REPOR |
|---|--|---|--|------------------------------------|
| | | | Date Stamp | California 802 |
| COUNTY OF ALA | | | | Form OO2 For Official Use Only |
| Division, Departmen | nt, or Region (if applicable) | | | For Onicial Use Only |
| Street Address | | | | |
| | T, #536, OAKLAND, CA | 94612 | | |
| Area Code/Phone N | umber E-mail | | Amendment (M | lust explain in Part 5.) |
| | District2@acgo | ov.org | | |
| Agency Contact (nar | | | Date of Original Fil | ing:(month, day, year) |
| | icket Administrator, BOS | | | |
| | Tickets Were Distrib | | neda County Fair | |
| Date(s) of Event: _ | <u>06 / 23 / 11</u> De | | | |
| - | // Fa | ce Value of Ticket: \$ | 5.00 | |
| Agency Event [|]Yes ⊠No (Identif | y source of tickets belo | w.) | |
| Name of Outside S | ourse of Ticket(a) Browids | d to Agenov. Alameda | County Fair Board Associ | ation |
| | | | | |
| Number of Tickets I | Received:25 | Ticket(s) Provided to | o Agency: 🔲 Gratuitously | y I Pursuant to Contrac |
| Agency Official(| s) Receiving Ticket(s) | (use a continuation shee | for additional names) | |
| | ne of Official | | ate Whether the Distribution i | |
| | (Last, First) | of Tickets | Describe the Public Purpo | se for the Distribution |
| | | | | |
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| | | | | |
| | | | | • |
| Individual or Org | | | e behest of an agency officia | al.) |
| Name of Behesting | Agency Official: Supervi | sor Nadia Lockyer, Dist | rict 2 | · · · · |
| | or Organization. FESCO | | | wher of Tickets, 25 |
| Name of Individual | | | | umber of Tickets:25 |
| | To help homele | ss families move towar | d self-sufficiency. | |
| | nization: | | • | |
| Description of Orga | | | | |
| Description of Orga | ation: | t #5, Hayward CA 9454 | 1 | |
| Description of Orga Address of Organiz | ation: 21455 Birch Street | t #5, Hayward CA 9454 | 1 City | State Zip Code |
| Description of Orga Address of Organiz Purpose for Distribu | ation: 21455 Birch Street Number and Street ution: (Describe the public | t #5, Hayward CA 9454 purpose for the distributio | 1 City n to the organization.) | State Zip Code |
| Description of Orga Address of Organiz Purpose for Distribu | ation: 21455 Birch Street | t #5, Hayward CA 9454 purpose for the distributio | 1 City n to the organization.) | State Zip Code |
| Description of Orga Address of Organiz Purpose for Distribu To reward a nonpro | ation: 21455 Birch Street Number and Street ution: (Describe the public | t #5, Hayward CA 9454 purpose for the distributio | 1 City n to the organization.) | State Zip Code |
| Description of Orga Address of Organiz Purpose for Distribu To reward a nonpro | ation: 21455 Birch Street Number and Street ution: (Describe the public ofit organization for its co | t #5, Hayward CA 9454 purpose for the distributio ntributions to the comm | 1 City n to the organization.) unity. | |
| Description of Orga Address of Organiz Purpose for Distribu To reward a nonpro | ation: 21455 Birch Street Number and Street ution: (Describe the public ofit organization for its con at the distribution of tickets s | t #5, Hayward CA 9454 purpose for the distributio ntributions to the comm | 1 City n to the organization.) | PPC Regulation 18944.1. |

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

| Tickets Provided by Agency Report | | A Publi | c Documen | t | 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, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must | explain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@ac | gov.org | | | |
| Agency Contact (name and title | | | | Date of Original Filing | :(month, day, year) |
| Amy Shrago, Policy Analys | | | | | |
| 2. Event For Which Ticket | | | Optional Ala | | |
| Date(s) of Event: <u>06</u> | <u>16 / 11</u> Desc | ription of Event | | | |
| · | / Face | Value of Ticket | :: \$3 | 38.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of tickets | s below) | | |
| | | | | | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: | | the state of the s | |
| Number of Tickets Received | d:2 | Ticket(s) Provi | ded to Agency: | Gratuitously | ☑ Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (us | se a continuation | sheet for additio | nal names) | |
| Name of Offi | | Number | | | ncome to the Official or |
| (Last, First) | | of Tickets | Describe | the Public Purpose | for the Distribution |
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| | | | ····· | | an ana ana ang ang ang ang ang ang ang a |
| 4. Individual or Organizati | - | | | f an agency official.) | |
| Name of Behesting Agency | Official. Keith Cars | on, Supervisor | Fifth District | | |
| | | | | | _ |
| Name of Individual or Orga | nization: <u>Scott Sper</u> | ncer | | Num | ber of Tickets: <u>2</u> |
| Description of Organization | | | | | a a a a a a a a a a a a a a a a a a a |
| Address of Organization: | mber and Street | ····· | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | pose for the dist | ribution to the ora | anization.) | |
| To promote attendance at a | | | | | narking and concession |
| | | | | | |
| | | | | | |
| 5. Verification | | | | 24-19-19-19-19-19-19-19-19-19-19-19-19-19- | |
| 5. Verification I have determined that the dist | ribution of tickets set f | forth above is in a | accordance with t | he provisions of FPF | PC Regulation 18944.1. |
| | ribution of tickets set f Amy Shrago | | accordance with t Policy / | · | PC Regulation 18944.1. 06/23/11 |

| Provided by Report A Public Document | | | TICKETS PROVIDED B | |
|---|--|--|---|--|
| | - | Date Stamp | California Form 802 For Official Use Only | |
| ov.org | | Amendment <i>(Must e)</i> | | |
| scription of Even ce Value of Ticke / source of ticke d to Agency: <u>Oa</u> | et: \$ ets below.) akland Athletics | 43.75 | ⊠ Pursuant to Contrac | |
| (use a continuatio | on sheet for addit | ional names) | | |
| Number of Tickets | | | | |
| 1 To promote attendance at an event held at a 0 | | | t held at a County | |
| 1 | facility in order to maximize potential County revenue | | | |
| 1 | from parking | and concession sales | | |
| a County Superv lakai DeVries | visor Nate Miley | , District 4 | er of Tickets:2 | |
| | | | State Zip Code v revenue from | |
| et forth above is ir EE Print Name | | , | Regulation 18944.1. 06/20/11 (month, day, year) | |
| | ov.org uted scription of Eve ce Value of Tick y source of ticke d to Agency: O Ticket(s) Provise (use a continuation (use a con | ov.org Jted scription of Event: Baseball Gate Scription of Event: Secondary y source of tickets below.) Athletics d to Agency: Oakland Athletics y source of tickets below.) Oakland Athletics d to Agency: Oakland Athletics Ticket(s) Provided to Agency Oakland Athletics (use a continuation sheet for additional to for the top of Tickets Descrite 1 To promote a 1 facility in order 1 from parking at the behest a County Supervisor Nate Miley Iakai DeVries City City purpose for the distribution to the o County facility in order to maxi et forth above is in accordance with OPEF | ov.org | |

| Tickets Provided by Agency Report | A Pub | ic Document | TICKETS PROVIDED AGENCY REP |
|--|-------------------------|---------------------------------|--|
| . Agency Name | | Date S | |
| COUNTY OF ALAMEDA | | | Form OU |
| Division, Department, or Region (if applicable) | | | For Official Use Only |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 94 | 4612 | | |
| Area Code/Phone Number E-mail | | | ent (Must explain in Part 5.) |
| (510) 272-3882 crystal.hishida@ |)acgov.org | | |
| Agency Contact (name and title) | | Date of Origi | nal Filing:(month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Cour | or's Office | (monal, day, year) | |
| Event For Which Tickets Were Distribu | ted | | |
| Date(s) of Event:06 /22 /11 Des | | ., Alameda County Fair | |
| 07 10 11 | | et: \$\$5 discount | 118 |
| <u> </u> | e Value of Tick | et: \$ | DO parking pars |
| Agency Event DYes No (Identify | source of ticke | ts below.) | |
| | | | tion |
| Name of Outside Source of Ticket(s) Provided | to Agency: | | |
| Number of Tickets Received: | Ticket(s) Pro | vided to Agency: 🔲 Gratu | itously I Pursuant to Contra |
| Agency Official(s) Receiving Ticket(s) (| | n sheet for additional names) | |
| Name of Official | Number | | ution is Income to the Official or |
| (Last, First) | of Tickets | Describe the Public I | Purpose for the Distribution |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Individual or Organization Receiving Ti | cket(s) (Provid | ed at the behest of an agency | official.) |
| | | | |
| Name of Behesting Agency Official: Supervise | | | |
| Name of Individual or Organization: Kim Jewe | ell | | Number of Tickets:4 7 |
| | | | Number of Tickets: |
| Description of Organization: | | | |
| | | | |
| Address of Organization: | | | |
| Number and Street | | City | State Zip Co |
| Purpose for Distribution: (Describe the public pu | urpose for the dis | tribution to the organization.) | |
| To promote attendance at an event held at a 0 | County facility i | n order to maximize potenti | al County revenue from sales |
| | | | |
| Verification | | | |
| | forth above is in | accordance with the provision | as of EPPC Regulation 1801/ 1 |
| I have determined that the distribution of tickets set | | | 5 5 7 7 7 0 1 0 9 0 1 1 0 9 4 4 . 1 . |
| I have determined that the distribution of tickets set | | _ | |
| I have determined that the distribution of tickets set | Boskovich Print Name | Supervisor's Assis | stant-District 3 6/24/11 |

| Agency Report A | ublic Document | TICKETS PROVIDED BY AGENCY REPORT |
|--|---|--------------------------------------|
| 1. Agency Name | Date Stamp | California 002 |
| COUNTY OF ALAMEDA | | Form OUZ |
| Division, Department, or Region (if applicable) | | For Official Use Only |
| Street Address | | |
| 1221 OAK STREET, #536, OAKLAND, CA 94612 | | |
| Area Code/Phone Number E-mail | Amendment (Must ex. | plain 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 Distributed | | |
| Date(s) of Event: <u>06 / 10 / 11</u> Description of | Event: R. Kelly Concert | |
| / Face Value o | īcket: \$95.80 | |
| Agency Event 🛛 Yes 🗵 No (Identify source o | ckets below.) | |
| Name of Outside Source of Ticket(s) Provided to Agen | Golden State Warriors | |
| 4 | | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (use a con | uation sheet for additional names) | |
| Name of OfficialNum(Last, First)of Tic | | |
| | | |
| | | |
| •••••••••••••••••••••••••••••••••••••• | | |
| 4. Individual or Organization Receiving Ticket(s) | rovided at the behest of an agency official.) | |
| Name of Behesting Agency Official: Supervisor Nadia | ckyer, District 2 | |
| Name of Individual or Organization: | | er of Tickets: |
| Description of Organization: | | |
| Address of Organization: | City | State Zip Code |
| Purpose for Distribution: (Describe the public purpose for | | |
| To reward a County employee for her exemplary service | | |
| | | |
| 5. Verification I have determined that the distribution of tickets set forth abo | is in accordance with the provisions of FPPC | Regulation 18944 1 |
| $ (\land \land \land \land)$ | | (/ A / 11 |
| MICHELLE DIAND | TICKET ADMINISTRATOR | |

| | | ocument | AGENCY REPOR |
|---|---------------------------|-------------------------------------|-----------------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Form OUZ For Official Use Only |
| | | | |
| Street Address | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 946 | 12 | | |
| Area Code/Phone Number E-mail | | Amendment (Must | 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 Administrator, BOS | -1 | | |
| 2. Event For Which Tickets Were Distribute | | kland A's | |
| Date(s) of Event: <u>06 / 17 / 11</u> Descr | | 22.00 | |
| // Face \ | /alue of Ticket: \$ | 22.00 | |
| Agency Event 🛛 Yes 🛛 No (Identify so | ource of tickets belo | .) | |
| Name of Outside Source of Ticket(s) Provided to | Agency: Oakland | A's | |
| Number of Tickets Received:2 | | | |
| Number of Tickets Received: | licket(s) Provided | to Agency: 📋 Gratuitousiy | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us | e a continuation shee | et for additional names) | |
| Name of Official | | tate Whether the Distribution is Ir | |
| (Last, First) | of Tickets | Describe the Public Purpose f | or the Distribution |
| | | | |
| | | | |
| · · · | | | |
| | | | |
| ا 4. Individual or Organization Receiving Ticl | ket(s) (Provided at t | he behest of an agency official) | |
| Duporrisor | Nadia Lockyer, Dis | | |
| Name of Behesting Agency Official: Supervisor | Nadia Lockyer, Dis | | |
| Name of Individual or Organization: <u>New Haven</u> | Boosters Associat | ion Numb | per of Tickets:2 |
| Description of Organization: Focused on raising | | | activities in schools |
| Description of Organization: | | | |
| Address of Organization: | ue Union City, CA 9 | 4587 | |
| Number and Street | | City | State Zip Code |
| Purpose for Distribution: (Describe the public purp | oose for the distribution | on to the organization.) | |
| To reward a school or nonprofit organization for | its contributions to | the community | |
| | | | |
| 5. Verification | | | |
| I have determined that the distribution of tickets set fo | orth above is in accor | | 1 (-) (1) |
| | | | |
| Signature of Agency Head or Designee F | DIANDA Print Name | | ₹ <u></u> (0/1/1 |

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сі 65 сі

| Tickets Provided by | | | | | |
|--|----------------------------|----------------------|--------------------|---|---|
| Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address | | | | Date Stamp | California 802 For Official Use Only |
| 1221 OAK STREET, #536 | , OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number (510) 272-6692 Agency Contact (name and titu | E-mail District2@acgov. | | | Amendment <i>(Must</i>) | , , |
| Michelle Dianda, Ticket Ac 2. Event For Which Ticke | | od | | | |
| Date(s) of Event:08_/ | | | nt. Oakland A's | S | |
| | / Desc | | | 43.75 | |
| Agency Event 🛛 🗌 Yes | 🗵 No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | f Ticket(s) Provided | to Agency: Oa | akland A's | | |
| Number of Tickets Receive | | | | y: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Rece | eiving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Off (Last, First | | Number of Tickets | | her the Distribution is Ir be the Public Purpose f | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| $\frac{1}{2}$ | | | | | |
| | | | | | - |
| 4. Individual or Organizat | - | | | t of an agency official.) | |
| Name of Behesting Agency | Official: | r Nadia Locky | er, District 2 | | |
| Name of Individual or Orga | | | | Num | ber of Tickets:4 |
| Description of Organization | : | | 18 | | |
| Address of Organization: | umber and Street | | City | | State Zip Code |
| Purpose for Distribution: ([To reward a community vo | | - | | organization.) | |
| | | | | | |
| 5. Verification | | | | · | |
| Signature of Agency Head or Desig | MICHELLE | DIANDA Print Name | <u></u> | | <u>r (0/3/11</u> |
| Comment: (Use this space or a | | | on including amend | | (month, day, year) |
| | | | | | FPPC Form 802 (Feb/09) |

| Agency Report | A Publi | c Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|--|------------------------|-------------------|------------------------------|---|
| 1. Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | Form 002 For Official Use Only |
| Division, Department, or Region (if applicable) | | | | |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAKLAND, CA 946 | 612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must exp | plain 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 Distribute | | | aart | |
| Date(s) of Event: <u>06 / 10 / 11</u> Desc | | | | |
| / Face | Value of Ticket | t: \$ | 95.80 | |
| Agency Event 🔲 Yes 🛛 No (Identify s | ource of tickets | s below.) | | |
| Name of Outside Source of Ticket(s) Provided t | to Agency: <u>Gol</u> | den State Wa | rriors | |
| | | | | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us | se a continuatior | n sheet for addit | ional names) | |
| Name of Official (Last, First) | Number | | her the Distribution is Inco | |
| | of Tickets | Descrit | be the Public Purpose for | |
| | | | | |
| | | | | |
| | | | | 10110010-011-0-0-0-0-0-0-0-0-0-0-0-0-0- |
| | | | | |
| 4. Individual or Organization Receiving Tic | ket(s) (Provide | ed at the behest | of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervisor</u> | · Nadia Lockye | r, District 2 | | |
| Name of Individual or Organization: Rhonda Ba | ailey | | Numbe | r of Tickets:4 |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public pur | pose for the dist | ribution to the o | rganization.) | |
| To reward a County employee for her exempla | ry service to th | e public | | |
| 5. Verification | | | | |
| | orth above is in : | accordance with | the provisions of EPPC | Regulation 1801/ 1 |
| I have determined that the distribution of tickets set t | | accordance will | | Regulation 10344.1. |
| I have determined that the distribution of tickets set f | | T 10/4 | | $\left A A \right $ |
| Michelle | | ТІСКІ | ET ADMINISTRATOR | (month, day, vear) |

| Tickets Provided by Agency Report | | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|---------------------------------|-----------------------|--|---|--|
| 1. Agency Name | | | | Date Stamp | California |
| 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 | | | | | |
| Area Code/Phone Number E | -mail | | | Amendment (Must ex | (olain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@acg | jov.org | | | plain in Fait 0.j |
| Agency Contact (name and title) | | | | Date of Original Filing: _ | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | | (|
| 2. Event For Which Tickets | Were Distribute | ed | n an | | a mandani adi kan menduni dari kan kan dari bu denda dina basa dan pener mengenan dari pener kan dari kan dari k |
| Date(s) of Event: <u>06</u> / <u>19</u> | / 11 Descr | intion of Ever | nt. Oakland A's | 6 | |
| | / Face ` | | | 00.00 | |
| | | | | | |
| | 🗵 No (Identify se | | | | |
| Name of Outside Source of Tid | cket(s) Provided t | o Agency: <u>Oa</u> | akland A's | | |
| Number of Tickets Received: - | 2 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receivi | i <mark>ng Ticket(s)</mark> (ແຮ | se a continuatio | on sheet for addi | tional names) | |
| Name of Officia (Last, First) | 1 | Number of Tickets | 1 | ther the Distribution is Inc ibe the Public Purpose fo | |
| Shrago, Amy | | 2 | To promote a | attendance at a County | y facility in order to ma |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | n Receiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency Of | fficial: | | | | |
| Name of Individual or Organiz | ation: | | | Numbo | er of Tickets: |
| Description of Organization: | | | | | |
| | er and Street | | City | | State Zip Code |
| Purpose for Distribution: (Des | cribe the public pur | pose for the di | stribution to the a | organization.) | |
| | | | | | |
| 5. Verification | | in the share in it | | | Doculation 400444 |
| I have determined that the distribution | | | | | |
| Signatule of Agency Head & Designee | Amy Shrago | Print Name | Polic | y Analyst _{Title} | 06/23/11 (month, day, year) |
| Comment: (Use this space or an a | | | on including amen | | (monun, uay, year) |

| Tickets Provided by Agency Report | A Public Document | | | | TICKETS PROVIDED E | |
|--------------------------------------|---------------------------|-------------------|---------------------|---|-------------------------|--|
| 1. Agency Name | | | | Date Stamp | 0.00 | |
| COUNTY OF ALAMEDA | | | | | Form 802 | |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only | |
| 1221 OAK STREET, #536 | | | | | | |
| Street Address | | | 0.1 | | | |
| OAKLAND, CA 94612 | | | | | | |
| Area Code/Phone Number | E-mail | | | | | |
| (510) 272-6694 | anna.gee@acgov | .org | | Amendment (Must ex | kplain in Part 5.) | |
| Agency Contact (name and title | 1 | warer | ore Group | Date of Original Filing: . | (month, day, year) | |
| 2. Event For Which Ticket | | | | | | |
| Date(s) of Event:06 / | 18 / 11 Desc | ription of Eve | nt: Baseball G | ame | | |
| | | | et: \$ | 38.00 | | |
| | Tace | value of fick | ει. φ | | | |
| Agency Event | 🛛 No (Identify s | ource of ticke | ets below.) | | | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency: O | akland Athletics | 5 | | |
| | | | | | | |
| Number of Tickets Received | | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | I Pursuant to Contra | |
| . Agency Official(s) Rece | iving Ticket(s) (us | se a continuati | on sheet for addi | tional names) | | |
| Name of Offi | cial | Number | State Whet | her the Distribution is Inc | come to the Official or | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose fo | r the Distribution | |
| Kaplan, Seth | | 1 | To reward a | o reward a County employee for exemplary servic | | |
| | | | the public | | | |
| _ | | | | _ | _ | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provi | ded at the behes | t of an agency official.) | | |
| Name of Behesting Agency | Official. Alameda C | County Super | visor Nate Mile | y, District 4 | | |
| | | | | | | |
| Name of Individual or Orgar | ization: Lily Kaplan | 1 | | Numbe | er of Tickets:1 | |
| | | | | | | |
| Description of Organization: | | | | | | |
| | | | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code | |
| Purpose for Distribution: (D | | nose for the di | stribution to the c | organization) | | |
| To promote attendance at a | | | | A LE MONTAN PORTE CONTRA | revenue through | |
| To promote altendance at a | n event neiù at a c | ounty raciity | in order to max | inize potential county | revenue iniougn | |
| 5. Verification | | | | | | |
| I have determined that the distr | ribution of tickets set f | orth above is i | 1 accordance wit | h the provisions of FPPC | Regulation 18944.1 | |
| | | o, in above is il | | | | |
| ADI MI | ANNA GEE | D. I. I. I. | OPE | RATIONS MANAGER | 06/20/11 | |
| Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) | |
| Comment: (Use this space or a | , II. A | ultonal informati | on including amend | iment explanation.) | | |
| parking and concession sal | 85 | | | | | |

| Tickets Provided by Agency Report | | A Publ | ic Docum | ent | TICKETS PROVIDED I AGENCY REPO |
|--|----------------------------|-----------------------------------|----------------------|---|-----------------------------------|
| 1. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form OU2 |
| Division, Department, or Regio | n (if applicable) | | | - | For Official Use Only |
| Street Address | | | | - | |
| 1221 OAK STREET, #555, C | | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must exp | plain in Part 5.) |
| | crystal.hishida@a | icgov.org | | | |
| Agency Contact (name and title) Crystal Hishida Graff, Princip | al Analyst, Count | y Administrato | or's Office | Date of Original Filing: _ | (month, day, year) |
| 2. Event For Which Tickets | - | - | | | |
| Date(s) of Event:06 /22 | _/ <u>11</u> Desci | ription of Ever | nt: Alameda C | County Fair | |
| 0710 | | Value of Ticke | et: \$\$5 c | discount | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ts below.) | | |
| Name of Outside Source of Ti | cket(s) Provided t | o Agency: <u>Ala</u> | ameda County | Fair Association | |
| Number of Tickets Received: | 50 | Ticket(s) Pro | vided to Agene | cy: 🔲 Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiv | ing Ticket(s) (us | se a continuatio | on sheet for add | itional names) | |
| Name of Officia (Last, First) | al | Number of Tickets | | ther the Distribution is Inco ibe the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | n Receiving Tic | ket(s) (Provid | L led at the behe | st of an agency official.) | <u></u> |
| Name of Behesting Agency O | fficial: <u>Supervisor</u> | Wilma Chan | , District 3 | | |
| Name of Individual or Organiz | ation: <u>Carl Chan</u> | | | Numbe | r of Tickets: <u>50</u> |
| Description of Organization: | | | | | |
| Address of Organization: | er and Street | | City | | State Zip Code |
| Purpose for Distribution: (Des | cribe the public pur | pose for the dis | stribution to the | organization.) | |
| To promote attendance at an | | | | - , | revenue from sales |
| 5. Verification | | | | | |
| I have determined that the distrib | ution of tickets set f | orth above is in | n accordance wi | ith the provisions of FPPC | Regulation 18944.1. |
| W | Alexandra | | Sup | ervisor's Assistant-Distri | |
| Signature of Agency Head or Designed Comment: (Use this space or an a | | Print Name ditional informatic | on including amer | Title adment explanation.) | (month, day, year) |

| Tickets Provided by Agency Report | | A Public | Document | | TICKETS PRO AGENCY | VIDED BY |
|--|--------------------------------|---------------------------------------|---------------------|---------------------------|---|---------------------------|
| 1. Agency Name | | | | Date Stamp | California 🖸 | 000 |
| COUNTY OF ALAMEDA | | | | | Form O | UΖ |
| Division, Department, or Regio | on (if applicable) | | | | For Official Use (| Only |
| 1221 OAK STREET, #555 | | | | | | |
| Street Address | | | | | | |
| OAKLAND, CA 94612 | | | | | | |
| Area Code/Phone Number | E-mail | · · · · · · · · · · · · · · · · · · · | | Amondmont (lifestor | (plain in Dart 5.) | |
| (510) 272-6685 | Amy.Shrago@acgov | /.org | | Amendment (Mustex | (piain in Part 5.) | |
| Agency Contact (name and title) | gency Contact (name and title) | | | e of Original Filing: _ | (month, day, year) | - |
| Amy Shrago, Policy Analyst | | | | | (110,11,1, 00,, you) | |
| 2. Event For Which Tickets | Were Distributed | | | | | |
| Date(s) of Event: | | ion of Event: | Rihanna | | | |
| | | | 0.0 | 30 | | |
| / | / Face Va | lue of Ticket: S | § | | | |
| Agency Event 🛛 Yes | 🗵 No (Identify sou | rce of tickets t | pelow.) | | | |
| Name of Outside Course of T | istrat(s) Dustrials data (| Golde | en State Warriors | 3 | | |
| Name of Outside Source of T | icket(s) Provided to P | Agency: | | | · · · · · · · · · · · · · · · · · · · | |
| Number of Tickets Received: | Tio | cket(s) Provide | ed to Agency: [|] Gratuitously | Pursuant to C | ontract |
| 3. Agency Official(s) Receiv | ving Ticket(s) (use a | a continuation s | heet for additional | names) | | |
| Name of Offici | | Number | | | come to the Official | or |
| (Last, First) | | of Tickets | Describe the | e Public Purpose fo | r the Distribution | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ······································ | | | | | | |
| | | | | | | |
| 4. Individual or Organizatio | n Receiving Ticke | t(s) (Provided | at the behest of a | n agency official.) | The second state of the second strategy | |
| - | - | | | , | | |
| Name of Behesting Agency C | Official: | | | | | |
| Name of Individual or Organi | notion, Michelle Free | man | | Numb | er of Tickets: | 2 |
| Name of Individual of Organi. | | | | | er of fickets: | |
| Description of Organization: . | | | | | | |
| | | | | | | |
| Address of Organization: | | | | | | |
| Num | ber and Street | | City | | State Z | Zip Code |
| Purpose for Distribution: (De | scribe the public purpos | se for the distrib | ution to the organi | ization.) | | |
| To promote attendance at a | County facility in orde | er to maximize | potential Count | y revenue from pa | arking and conces | sion |
| 5. Verification | | | | | | Internation Providence of |
| I have determined that the distril | oution of tickets set fort | h above is in ar | cordance with the | provisions of FPPC | Regulation 18944 | 1 |
| | | | | P. 571510110 01 1 1 1 0 | | •• |
| | | | | | | |
| Signature of Agency Head of Designe | Amy Shrago | t Name | Policy Ana | alyst _{Title} | 06/22 (month, da | |

| Tickets Provided by Agency Report | A Publ | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|--|---|--|--|--|
| 1. Agency Name | 2003) 110 (1002) 100 (1002) (1002) 100 (1002) 100 (1002) 100 (1002) | nanataan sabada sabada ka | Date Stamp | California 002 |
| COUNTY OF ALAMEDA | | | | Form 802 |
| 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 | avalain in Dart 5.) |
| (510) 272-6685 Amy.Shrago@ac | gov.org | | | explain in Part 5.7 |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | | | | (|
| 2. Event For Which Tickets Were Distribute | €d | in here yn en de sy in hier i mei an her winn winn wit en sin haef i dithe dithering | | |
| Date(s) of Event: <u>06 / 10 / 11</u> Desc | ription of Even | nt. R Kelly | | |
| | | | 95.80 | |
| / Face | value of Ticke | ət: ə | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| Agency Event 🛛 Yes 🖾 No (Identify s | ource of ticket | ts below.) | | |
| Name of Outside Source of Ticket(s) Provided t | o Agency. Go | lden State Wa | rriors | |
| | | | | |
| Number of Tickets Received:4 | Ticket(s) Prov | vided to Agency | y: Gratuitously | I Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us | se a continuatio | n sheet for addit | ional names) | |
| Name of Official | Number | | her the Distribution is Ir | |
| (Last, First) | of Tickets | Descril | be the Public Purpose f | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | and a second | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| 4. Individual or Organization Receiving Tic | ket(s) (Provid | led at the behest | of an agency official.) | |
| Name of Behesting Agency Official: <u>Keith Cars</u> | on. Superviso | r Fifth District | | |
| Name of Behesting Agency Official: | | | | |
| Name of Individual or Organization: <u>Sharifa Wil</u> | liams | | Num | per of Tickets:4 |
| | | | | |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| | | | | State Zip Code |
| Purpose for Distribution: (Describe the public pur | pose for the dis | tribution to the o | rganization.) | |
| To promote attendance at a County facility in o | rder to maxim | ize potential C | ounty revenue from p | parking and concession |
| 5. Verification | | an in 1963 i film an disse par si an | | n an |
| I have determined that the distribution of tickets set f | orth above is in | accordance with | h the provisions of FDD | C Regulation 18944 1 |
| ATA | | | | - |
| Amy Shrago |) Print Name | Policy | / Analyst | 06/22/11 |
| | | n including one | Title | (month, day, year) |

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

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | | PROVIDED BY |
|--------------------------------------|-----------------------------|----------------------|------------------------|---|-------------------------|-------------|
| 1. Agency Name | | | | Date Stamp | California | 000 |
| COUNTY OF ALAMEDA | | | | | Form | 0UZ |
| Division, Department, or Regio | n (if applicable) | | | | For Official | Use Only |
| 1221 OAK STREET, #555 | | | | | | |
| Street Address | | | | | | |
| OAKLAND, CA 94612 | | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Mu | ıst explain in Part 5.) | |
| | Amy.Shrago@aco | jov.org | | | | |
| Agency Contact (name and title) | | | | Date of Original Filir | ng:(month, day, yea | ar) |
| Amy Shrago, Policy Analyst | | | | | | |
| 2. Event For Which Tickets | | | · | | | |
| Date(s) of Event: | / <u>11</u> Descr | iption of Evei | nt: <u>Oakland A's</u> | <u> </u> | | |
| | _/ Face | | | 38.00 | | |
| Agency Event 🛛 Yes | 🗵 No (Identify se | ource of ticke | ets below.) | | | |
| Name of Outside Source of Ti | cket(s) Provided te | o Agency: <u>Oa</u> | akland A's | | | |
| Number of Tickets Received: | _ | | | y: 🔲 Gratuitously | 🛛 Pursuant t | o Contract |
| 3. Agency Official(s) Receiv | i ng Ticket(s) (us | e a continuatio | on sheet for addi | lional names) | | |
| Name of Officia (Last, First) | al | Number of Tickets | | her the Distribution is be the Public Purpos | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. Individual or Organization | • | | | t of an agency official | l.) | |
| Name of Behesting Agency O | fficial: <u>Keith Carso</u> | on, Superviso | or Fifth District | | | |
| Name of Individual or Organiz | | | | | mber of Tickets: _ | |
| Description of Organization: | Provide resources, | , technical as | sistance, legisl | ative information, a | nd facilitate netw | orking |
| Address of Organization: | Grand Ave. #57 | | Oakla | nd, | CA | 94610 |
| Numb | er and Street | | City | | State | Zip Code |
| Purpose for Distribution: (Des | scribe the public pur | pose for the dis | stribution to the c | organization.) | | |
| To reward a school or nonpro | ofit organization for | r its contributi | ions to the com | munity. | | |
| | | | | | | |

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

| In Smago | Amy Shrago | Policy Analyst | 06/22/11 |
|--------------------------------------|------------|----------------|--------------------|
| Signature of Agency Head of Besignee | Print Name | Title | (month, day, year) |

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 COUNTY OF ALAMEDA | | | Date Stamp | California Form 802 |
| Division, Department, or Region (if a | applicable) | | | For Official Use Only |
| Division, Department, or Region (# 2 | ppicable) | | | ÷ |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKL Area Code/Phone Number | | | | |
| | | | Amendment (Must explai | in in Part 5.) |
| (510) 272-3882 cryst Agency Contact (name and title) | al.hishida@acgov.org | | Data of Only in the Fill | |
| | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Ar | | or's Office | | |
| 2. Event For Which Tickets Wer | | | | |
| Date(s) of Event:06_/_22_/ | 11 Description of Ever | nt: Alameda Co | ounty Fair | |
| | 11 Face Value of Tick | | | |
| Agency Event 🛛 Yes 🛛 🛙 | No (Identify source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(| s) Provided to Agency: Al | ameda County | Fair Association | |
| Number of Tickets Received: | 0 | | | Pursuant to Contract |
| 3. Agency Official(s) Receiving | Ticket(s) (use a continuation | on sheet for addit | ional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Incom be the Public Purpose for th | |
| (man), nov | OF TICKELS | Descrit | be the Public Pulpose for th | e Distribution |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Re | ceiving Ticket(s) (Provid | ded at the behest | of an agency official.) | |
| Name of Behesting Agency Officia | : Supervisor Wilma Chan | , District 3 | | |
| Name of Individual or Organization | | | Number | of Tickets: <u>3</u> |
| | | | | // Hokets, |
| Description of Organization: | | | | |
| Address of Organization: | Street | City | | State Zip Code |
| Purpose for Distribution: (Describe | | 56 | rganization) | |
| To promote attendance at an even | | | 102 | venue from color |
| | t field at a County facility f | in order to maxi | mize potential County re | venue from sales |
| 5. Verification | | | | |
| I have determined that the distribution | of tickets set forth above is in | accordance with | n the provisions of FPPC Re | gulation 18944.1. |
| - V-Y | Alexandra Boskovich | Super | visor's Assistant-District | 3 6/22/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachi | nent for any additional informatic | on including amend | ment explanation.) | |

| Tickets Provided by | | | | | TICKETS PROVIDED |
|---|--|---------------------------------------|--|--|--|
| Agency Report | | A Public I | Jocume | int | AGENCY REP |
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg | COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | California Form 80 |
| Street Address 1221 OAK STREET, #555 | , OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must expla | ain in Part 5) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | | in in r art o.y |
| Agency Contact (name and titl | e) | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Prin | cipal Analyst, Count | y Administrator's C | Office | | |
| 2. Event For Which Ticket | | | | | |
| Date(s) of Event:06_/ | 22 <u>/ 11</u> Desc | ription of Event: <u>A</u> | lameda Co | ounty Fair | |
| Date(s) of Event:06 / 07 / | <u>10 / 11</u> Face | Value of Ticket: \$. | \$5 di | scount | |
| | | | | | |
| Agency Event 🛛 Yes | and a second | ource of tickets be | 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Alamed | la County | Fair Association | |
| Number of Tickets Receive | d:50 | Ticket(s) Provideo | I to Agency | y: 🔲 Gratuitously 🛛 🗵 | Pursuant to Contra |
| 3. Agency Official(s) Rece | viving Ticket(s) (u | se a continuation she | et for addit | ional names) | |
| Name of Off | icial | Number | State Whet | her the Distribution is Incon | ne to the Official or |
| (Last, First) |) | of Tickets | | be the Public Purpose for the | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | ion Receiving Tic | ket(s) (Provided at | the behest | of an agency official.) | |
| Name of Behesting Agency | Official Supervisor | Wilma Chan, Dist | rict 3 | | |
| | | | | | |
| Name of Individual or Orga | nization: Water's Ec | lge Lodge | | Number | of Tickets: 50 |
| Description of Organization | | | imeda | | |
| Address of Organization: _ | 01 Island Drive Alar | neda, CA 94502 | Olt | | 0 |
| | | | City | | State Zip Co |
| Purpose for Distribution: (D | | period in the stability of the second | | 117. I I I I I I I I I I I I I I I I I I I | |
| To promote attendance at a | an event held at a C | ounty facility in ord | ler to maxi | mize potential County re | evenue from sales |
| 5. Verification | | | | | |
| | tribution of ticksta and | arth above to in see | volones | the provision of FORCe | |
| I have determined that the dist | ~ | | | 21 % 5 ¢ 01 7 500 05 | a and a second |
| Signature of Agency Head or Desig | Alexandra E | Boskovich | Super | rvisor's Assistant-Distric | t 3 6/22/11 |
| | | Print Name | | Title | (month, day, year |

| Tickets Provided by Agency Report | AP | ublic Docume | ent | TICKETS PROVIDED B |
|--|------------------------------|-----------------------|---|------------------------|
| 1. Agency Name COUNTY OF ALAMEDA | | | Date Stamp | California Form 802 |
| Division, Department, or Region (if applied to the second strength applied to the strength applied to the second strength ap | cable) | | | |
| Street Address | | | | |
| OAKLAND, CA 94612 | | | | |
| Area Code/Phone Number E-mail | 822 | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6694 anna.ge Agency Contact (name and title) | e@acgov.org | | Date of Original Filing: _ | |
| Anna Gee, Operations Manager | | | Date of Original Pling. | (month, day, year) |
| 2. Event For Which Tickets Were D |)istributed | | | |
| Date(s) of Event:06 /19 /11 | | -vent. Baseball G | ame | |
| | | icket: \$ | 38.00 | |
| | | | | |
| Agency Event Yes No | (Identify source of ti | ckets below.) | | |
| Name of Outside Source of Ticket(s) | Provided to Agency: | Oakland Athletic | S | |
| Number of Tickets Received:2 | | | | Pursuant to Contrac |
| . Agency Official(s) Receiving Tic | ket(s) (use a continu | uation sheet for addi | itional names) | |
| Name of Official (Last, First) | Numbe of Ticke | | ther the Distribution is Inc ibe the Public Purpose fo | |
| Gee, Anna | 1 | To reward a | County employee for e | exemplary service to |
| | | the public | | |
| 4. Individual or Organization Rece Name of Behesting Agency Official: _ | | | 14월21년 19월2년 - 19월7일 2월 19일 17일 - 18일 2월 2월 19일 19일 19일 19일 19일 19일 19일 19일 - 19일 7월 19일 | |
| Name of Individual or Organization: _ | | | | er of Tickets:1 |
| Description of Organization: | | | | |
| Address of Organization: | et | City | | State Zip Code |
| Purpose for Distribution: (Describe the | | e distribution to the | organization.) | |
| To promote attendance at an event h | | | | revenue through |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of t | ickets set forth above | is in accordance wil | th the provisions of FPPC | Regulation 18944.1. |
| IA MARY | NNA GEE | OPE | RATIONS MANAGER | 06/20/11 |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment | nt for any additional inform | mation including amen | dment explanation.) | |
| parking and concession sales | | | | |

| Fickets Provided by | | A Pub | lic Docume | nt | TICKETS PROVIDED E |
|--|-----------------------|----------------------|------------------------|--|--|
| Agency Report | | AT UD | ne Docume | | AGENCY REPOR |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | //f ==== H== h l= 1 | | | | For Official Use Only |
| Division, Department, or Region | (if applicable) | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #555, OA | KLAND, CA 9461 | 12 | | | |
| Area Code/Phone Number E-I | mail | | | Amendment (Must exp | lain in Part 5,) |
| (510) 272-3882 cr Agency Contact (name and title) | ystal.hishida@ac | gov.org | | Date of Original Filing: | entre and the state of the stat |
| Crystal Hishida Graff, Principal | Analyst, County | Administrate | or's Office | | (month, day, year) |
| 2. Event For Which Tickets W | - | | | | |
| Date(s) of Event:06 /22 | | | nt. Alameda Co | ounty Fair | |
| 07 , 10 | / Desch | | et: \$\$5 di | scount | |
| | Face V | alue of Tick | et: \$ | | |
| Agency Event 🛛 Yes 🛛 | ⊠ No (Identify so | urce of ticke | ets below.) | | |
| Name of Outside Source of Tick | et(s) Provided to | Agency: Al | ameda County | Fair Association | |
| | | | | | |
| Number of Tickets Received: | 50 | Ficket(s) Pro | vided to Agency | /: 🛛 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receivin | a Ticket(s) /use | a continuatio | on sheet for addit | ional names) | |
| | g neket(s) (use | | | an caranta ci na sus | me to the Official or |
| Name of Official (Last, First) | | Number of Tickets | | ner the Distribution is Inco be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | 1 |
| | | | | | |
| 15 | | | | | |
| I. Individual or Organization | Receiving Tick | et(s) (Provid | l ded at the behest | of an agency official) | |
| | | | | or an agency official.) | |
| Name of Behesting Agency Offi | cial: Supervisor | wilma Chan | , District 3 | | |
| | | | | N | 50 |
| Name of Individual or Organization | | | | Number | r of Tickets:50 |
| Description of Organization: <u>Se</u> | nior center for the | e city of Alar | meda | | |
| | | | | | |
| Address of Organization. | Santa Clara Ave. | . Alameda C | | | 01.1 |
| | | | City | | State Zip Code |
| Purpose for Distribution: (Descr | | | | The second s | |
| To promote attendance at an e | vent held at a Co | unty facility | in order to maxi | mize potential County | revenue from sales |
| | | | | | |
| 5. Verification | ion of Holister and f | the above in a | | the provisions of CDDO | Desulation 100111 |
| I have determined that the distribut | ion of tickets set fo | nn above is ir | n accordance with | i the provisions of FPPC | |
| 11 L | | | | | |
| Signature of Agency Head of Designee | Alexandra Bo | oskovich | Super | rvisor's Assistant-Distri | ct 3 6/22/11 |

| Agency Report A Public Doc | ument | AGENCY REPORT |
|---|--|------------------------|
| 1. Agency Name | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | Form OUZ |
| Division, Department, or Region (if applicable) | | For Official Use Only |
| Street Address | | |
| 1221 OAK STREET, #536, OAKLAND, CA 94612 | | |
| Area Code/Phone Number E-mail | Amendment (Must ex | plain 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 Distributed | | |
| Date(s) of Event: <u>06 / 24 / 11</u> Description of Event: <u>Sesam</u> | ne Street Live | |
| / Face Value of Ticket: \$ | 23.15 | |
| Agency Event 🛛 Yes 🛛 No (Identify source of tickets below.) |) | |
| Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden Stat</u> | e Warriors | |
| Number of Tickets Received:4 Ticket(s) Provided to A | gency: Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet fo | r additional names) | |
| | Whether the Distribution is Inc Describe the Public Purpose for | |
| | | |
| | | |
| | | |
| | | |
| 4. Individual or Organization Receiving Ticket(s) (Provided at the t | behest of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervisor Nadia Lockyer, Distric</u> | t 2 | |
| Name of Individual or Organization: <u>Marcell Jarvis</u> | Numbe | er of Tickets:4 |
| Description of Organization: | | *** |
| Address of Organization: | City | State Zip Code |
| Purpose for Distribution: (Describe the public purpose for the distribution to | o the organization.) | |
| To promote attendance at an event held at a County facility in order to | maximize potential County | revenue. |
| 5. Verification | | |
| I have determined that the distribution of tickets set forth above is in accordance | ce with the provisions of FPPC | Regulation 18944.1. |
| | | 1. 126/11 |
| Signature of Agency Head or Designee MICHELLE DIANDA | | $- \psi [\omega]$ |

| Tickets Provided by Agency Report | A Pub | lic Docume | ent | | PROVIDED B |
|--|--|---------------------|---|--------------------------|------------|
| 1. Agency Name | المَعْنَةِ اللَّهُ عَلَيْهُ اللَّهُ ال المُعْنَةُ اللَّهُ اللَّ | | Date Stamp | California | |
| COUNTY OF ALAMEDA | | | | Form | 802 |
| Division, Department, or Region (if ap | plicable) | | | For Official | Use Only |
| 1221 OAK STREET, #555 | 1221 OAK STREET, #555 | | | | |
| Street Address | Street Address | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number E-mail | | | Amondmont (Music | | |
| (510) 272-6685 Amy. | Shrago@acgov.org | | Amendment (Muste | explain in Part 5.) | |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, yea | arl |
| Amy Shrago, Policy Analyst | | | | (monan, day, yea | <i>,</i> |
| 2. Event For Which Tickets Were | Distributed | | | | |
| Date(s) of Event: <u>06 / 29 / 1</u> | | nt. Oakland A's | 6 | | |
| | | | 38.00 | | |
| // | Face Value of Tick | et: \$ | | | |
| Agency Event 🔲 Yes 🛛 🛛 | o (Identify source of ticke | ets below.) | | | |
| Name of Outside Source of Ticket/ |) Drawidad ta Anamayu Od | akland A's | | | |
| Name of Outside Source of Ticket(s | | | | | |
| Number of Tickets Received:2 | Ticket(s) Pro | ovided to Agency | y: Gratuitously | 🛛 Pursuant f | to Contrac |
| 3. Agency Official(s) Receiving 1 | icket(s) (use a continuation | on sheet for addit | lional names) | | |
| Name of Official (Last, First) | Number of Tickets | 1 | her the Distribution is Ir be the Public Purpose f | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| 4. Individual or Organization Rec | • • • • • | | t of an agency official.) | | |
| Name of Behesting Agency Official | Keith Carson, Superviso | or Fifth District | | | |
| Name of Individual or Organization | Socially Responsible Ne | etwork | | per of Tickets: _ | 2 |
| Description of Organization: Provid | e resources, technical as | sistance, legisla | ative information, and | l facilitate netw | orking |
| Address of Organization: | d Ave. #57 | Oakla | nd, | CA | 94610 |
| Number and S | Street | City | | State | Zip Code |
| Purpose for Distribution: (Describe | he public purpose for the di | stribution to the o | organization.) | | |
| | anization for its contribut | in a to the same | | | |
| To reward a school or nonprofit or | | ions to the com | munity. | | |

Amy Shrago Policy Analyst 06/22/11

 Signature of Agency Hear D-Designee
 Print Name
 Title

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

(month, day, year)

| Agency Report | A Pub | lic Document | TICKETS PROVIDED B 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-ma | 1 | Amendment (Must e | xplain in Part 5.) |
| | .Shrago@acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Amy Shrago, Policy Analyst | | | |
| 2. Event For Which Tickets We | | | |
| Date(s) of Event:06 _/10 _/ | 11 Description of Eve | ent: <u>R Kelly</u> | |
| / | Face Value of Tick | set: \$95.80 | |
| | | | |
| | No (Identify source of ticke | | |
| Name of Outside Source of Ticket | (s) Provided to Agency: <u>G</u> | olden State Warriors | anarana ana dala daga ara dan ang king dika si sang ang dising dika sa |
| | | ovided to Agency: | Pursuant to Contrac |
| 3. Agency Official(s) Receiving | Ticket(s) (use a continuati | ion sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is In Describe the Public Purpose for | |
| | OFTICKEts | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization R | ceiving Ticket(s) (Provi | ided at the behest of an agency official.) | |
| Name of Behesting Agency Officia | I: Keith Carson, Supervis | or Fifth District | |
| Name of Individual or Organizatio | | | er of Tickets:4 |
| Description of Organization: | | | |
| | | | |
| Address of Organization: | Street | City | State Zip Code |
| Purpose for Distribution: (Describe | the public purpose for the di | istribution to the organization.) | |
| To promote attendance at a Cour | ty facility in order to maxir | nize potential County revenue from p | arking and concession |
| | | | |
| 5. Verification | | | |
| | of tickets set forth above is i | in accordance with the provisions of FPP0 | C Regulation 18944.1 |
| 5. Verification I have determined that the distribution $\Lambda \leq \Lambda$ | of tickets set forth above is i Amy Shrago | in accordance with the provisions of FPP0 Policy Analyst | C Regulation 18944.1. 06/22/11 |

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

| | | A Pub | lic Docume | ent | TICKETS PROVIDED B |
|---|----------------------------|-------------------|---------------------|-----------------------------------|------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | | Form OUZ For Official Use Only | |
| Division, Department, or Reg | ion (if applicable) | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #536, | OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | plain 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 | | | . Alameda Co | ounty Fair | |
| Date(s) of Event: <u>06</u> /_2 | | | | | |
| / | / Face | e Value of Ticke | et: \$ | 5.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify | source of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Ala | ameda County | Fair Board Associatior | l |
| Number of Tickets Received | | | | | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (| | on sheet for addit | tional names) | |
| Name of Offic | | Number | | her the Distribution is Inc | ome to the Official or |
| (Last, First) | 5101 | of Tickets | | be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u></u> |
| 4. Individual or Organizati | on Receiving Ti | cket(s) (Provid | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | • | | | | |
| | | | | | |
| Name of Individual or Orgar | nization: <u>Bea Berns</u> | stine | | Numbe | er of Tickets:2 |
| Description of Organization: | | | | w/10444.00 | |
| Address of Organization: | | | | | |
| Nulleos 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 promote attendance at a | County sponsored | d event in orde | er to maximize | potential County reven | ue |
| E Marifiantian | | | | | |
| 5. Verification | | forth above in ir | a accordance wit | h the provisions of EPPC | Pagulation 180441 |
| 1 hour dotormined that the dist | | TURIT ADUVE IS IF | r accordance Will | a the provisions of FPPC | 1.5yulali011 10944.1. |
| I have determined that the dist | | | TIO 14 | | 1,120111 |
| I have determined that the dist | MICHELLE | | TICK | | (28/11 |

| Tickets Provided by | | | | | TICKETS PROVIDED B |
|---------------------------------------|---|----------------------|-----------------------|---|-----------------------|
| Agency Report | | A Pub | lic Docume | ent | AGENCY REPOR |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form OUZ |
| Division, Department, or Regio | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #555, 0 | DAKLAND, CA 94 | 612 | | | |
| | E-mail | | | | |
| (510) 272-3882 | crystal.hishida@a | acaov.ora | | Amendment (Must expla | in in Part 5.) |
| Agency Contact (name and title) | , | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princi | pal Analyst, Count | ty Administrat | or's Office | | (month, day, year) |
| 2. Event For Which Tickets | Were Distribut | ed | | | |
| Date(s) of Event:07 /12 | 2 <u>/11</u> Desc | ription of Eve | nt: American lo | dol Live concert | |
| | / Face | | | фо <i>с</i> | |
| | | | | | |
| | 🗵 No (Identify s | | , | | |
| Name of Outside Source of T | icket(s) Provided | to Agency: | olden State Wa | Irriors | |
| Number of Tickets Received: | 2 | Ticket(s) Pro | ovided to Agenc | y: 🔲 Gratuitously 🛛 🗵 | Pursuant to Contract |
| 3. Agency Official(s) Receiv | /ing Ticket(s) (u | se a continuati | on sheet for addi | tional names) | |
| Name of Offici (Last, First) | al | Number of Tickets | | her the Distribution is Incon be the Public Purpose for th | |
| | | | | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| 4. Individual or Organizatio | n Receiving Tic | ket(s) (Provi | l ded at the behes | t of an agency official.) | |
| Name of Behesting Agency C | Official: <u>Superviso</u> | r Wilma Chan | , District 3 | | |
| Name of Individual or Organi | | | | Number | of Tickets: <u>2</u> |
| Description of Organization: | | | | | |
| Address of Organization: | · | | | | |
| | ber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | scribe the public pur | rpose for the di | stribution to the o | organization.) | |
| To promote attendance at ar | n event held at a C | County facility | in order to max | imize potential County re | evenue from sales |
| 5 Varification | | | | | |
| 5. Verification | bution of tickets set i | forth above is il | n accordance wit | h the provisions of FPPC R | egulation 18944.1. |
| | Alexandra E | | | rvisor's Assistant-District | |
| Signature of Agency Head or Designe | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an | attachment for any ad | ditional informati | on including amend | dment explanation.) | |

| Agency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED I AGENCY REPOI |
|---|--|--------------------------|-----------------------|-----------------------------|------------------------------------|
| I. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | | Form OU |
| Division, Department, or Region (if applicable) | | | | For Official Use Only | |
| Street Address | 11 11 11 14 14 14 14 14 14 14 14 14 14 1 | | | | |
| 1221 OAK STREET, #536 | , OAKLAND, CA 94 | 4612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | xplain in Part 5) |
| (510) 272-6692 | District2@acgov | .org | - | | |
| Agency Contact (name and titl | e) | | | Date of Original Filing: . | (month, day, year) |
| Michelle Dianda, Ticket Ac | lministrator, BOS | | | | |
| . Event For Which Ticket | | | | | |
| Date(s) of Event:06_/ | 22_/ <u>11</u> Des | cription of Ever | nt: <u>Alameda Co</u> | unty Fair | |
| / | / Face | | | 5.00 | |
| Agency Event 🛛 Yes | 🗵 No (Identify | source of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: Ala | ameda County I | air Board Associatio | n |
| Number of Tickets Receive | | | | : 🗌 Gratuitously | ⊠ Pursuant to Contra |
| . Agency Official(s) Rece | iving Ticket(s) (| use a continuatio | on sheet for additi | ional names) | |
| Name of Off (Last, First) | | Number of Tickets | | her the Distribution is Ind | |
| | | | Decon | | |
| | | | | | |
| | | | | | |
| | | | | | ***** |
| Individual or Organizat | | | | of an agency official.) | |
| Name of Behesting Agency | Official: <u>Superviso</u> | or Nadia Locky | er, District 2 | | |
| Name of Individual or Orga | nization: <u>Abdul Ma</u> | lik | | Numb | er of Tickets:8 |
| Description of Organization | : | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Cod |
| Purpose for Distribution: (D | Describe the public pu | urpose for the dis | stribution to the o | rganization.) | |
| To promote attendance at a | | | | | ue |
| | | | | | |
| Varification | | | | | |
| . Verification | vibulian - fil-1 1 | for all - to - to - to - | | | |
| . Verification | ribution of tickets set MICHELLE | | | The provisions of FPPC | Idail |

| Tickets Provided by | | | lic Docume | ont | TICKETS PROVIDED BY |
|------------------------------------|--------------------------------------|-----------------------|-----------------------|---|-------------------------|
| Agency Report | | | | 511L | AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA | | | | | |
| 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 | | | | |
| (510) 272-6692 | District2@acgov. | ora | | Amendment (Must ex | (piain in Part 5.) |
| Agency Contact (name and title | | | | Date of Original Filing: _ | |
| Michelle Dianda, Ticket Adr | ministrator. BOS | | | | (month, day, year) |
| 2. Event For Which Tickets | | ed | | | |
| Date(s) of Event:06_/_2 | | | nt: <u>Alameda C</u> | ounty Fair | |
| | / Face | | | 5 00 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | source of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided 1 | to Agency: <u>Ala</u> | ameda County | Fair Board Association | 1 |
| Number of Tickets Received | 0 | | | cy: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Recei | i ving Ticket(s) (u | se a continuatio | on sheet for add | itional names) | |
| Name of Offic (Last, First) | cial | Number | | ther the Distribution is Inc | |
| | | of Tickets | Desci | ibe the Public Purpose fo | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | on Receiving Tic | ket(s) (Provid | l ded at the behes | at of an agency official.) | |
| Name of Behesting Agency | Official: Supervisor | r Nadia Locky | er, District 2 | | |
| Name of Individual or Organ | | | | Numbe | er of Tickets: <u>6</u> |
| Description of Organization: | | | | | |
| Address of Organization: | nber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | escribe the public pur | pose for the dis | stribution to the | organization.) | |
| To promote attendance at a | County sponsored | l event in orde | er to maximize | potential County reven | ue |
| 5. Verification | | | | | |
| ٨ | | | | | |
| I have determined that the distr | ibution of tickets set f MICHELLE | | | th the provisions of FPPC ET ADMINISTRATOR | 1.6d1 |
| Signature of Agency Head or Design | | Print Name | | Title | (mgnth, day, year) |
| Comment: (Use this space or a | າ attachment for any add | ditional informatic | on including amen | dment explanation.) | , |

| Agency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED B AGENCY REPOR | |
|--|-----------------------------|----------------------|------------------------|--|------------------------------------|--|
| 1. Agency Name | | | | Date Stamp | California 802 | |
| COUNTY OF ALAMEDA | | | | | Form OUZ | |
| Division, Department, or Reg | i on (if applicable) | | | | For Official Use Only | |
| Street Address | | | | | | |
| 1221 OAK STREET, #536, | OAKLAND, CA 94 | 612 | | | | |
| Area Code/Phone Number | E-mail | nail | | Amendment (Must explain in Part 5.) | | |
| (510) 272-6692 | | strict2@acgov.org | | | | |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) | |
| Michelle Dianda, Ticket Administrator, BOS | | | | | | |
| 2. Event For Which Ticket | | | | | | |
| Date(s) of Event: | 22 <u>/ 11</u> Desc | ription of Eve | nt: <u>Oakland A's</u> | | | |
| // | / Face | Value of ⊺ick | et: \$1 | 500.00 | | |
| Agency Event Yes | 🛛 No (Identify s | 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 | 1:20 | Ticket(s) Pro | vided to Agency | y: □Gratuitously | ⊠ Pursuant to Contrac | |
| . Agency Official(s) Rece | iving Ticket(s) (u | ise a continuati | on sheet for addit | ional names) | | |
| | | Number of Tickets | | tate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution | | |
| | | | | | | |
| | | | | | | |
| | | | | ······ | ······· | |
| Individual or Organizati | on Receiving Tic | ket(s) (Provi | ded at the behest | of an agency official) | | |
| Name of Behesting Agency | - | | | · · · · · · · · · · · · · · · · · · · | | |
| Name of Individual or Organ | | | | Numb | er of Tickets:20 | |
| | | | | | | |
| Description of Organization: | To preserve the qu | uality of parks | and recreation | facilities and program | ns within the district | |
| Address of Organization. | 099 E Street, Haywa | ard, CA 9454 | | · · · · · · · · · · · · · · · · · · · | | |
| | mber and Street | | City | | State Zip Code | |
| Purpose for Distribution: (D | | | | rganization.) | | |
| To reward a nonprofit orgar | ization for its contri | ibutions to the | community. | | | |
| . Verification | | | | | | |
| I have determined that the dist | ribution of tickets set i | forth above is ir | n accordance with | the provisions of FPPC | Regulation 18944.1. | |
| | | | | | | |
| M | MICHELLE | DIANDA | TICKE | ET ADMINISTRATOR | (0/20/11) | |
| | | | | | AGENCY REPOR |
|---|------------------------|-----------------------|---------------------------------------|----------------------------|---|
| 1. Agency Name | | | - | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | | | Form 002 |
| Division, Department, or Regio | n (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #536, O | AKLAND, CA 946 | 612 | | | |
| Area Code/Phone Number E | -mail | MARK REPORTED IN | | Amendment (Must | evolain in Part 5) |
| (510) 272-6692 | District2@acgov. | org | | | · · · |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Admi | | | | | |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event: <u>06</u> / <u>29</u> | _/ <u>11</u> Desc | ription of Eve | nt: <u>Oakland A's</u> | ; | |
| / | _/ Face | Value of Tick | et: \$ | 22.00 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | ource of ticke | ets below.) | | |
| News of Outside Course of Ti | | | | | , |
| Name of Outside Source of Tig | | o Agency: | | | |
| Number of Tickets Received: _ | 2 | Ticket(s) Pro | vided to Agency | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Receivi | ing Ticket(s) (us | se a continuatio | on sheet for addit | ional names) | |
| Name of Officia (Last, First) | I | Number | | her the Distribution is Ir | |
| | | of Tickets | Descrit | be the Public Purpose f | or the Distribution |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | <u>, 111 - 24 - 14 - 14 - 14 - 14 - 14 - 14 </u> |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | Receiving Tic | ket(s) (Provid | led at the behest | of an agency official.) | an fan de fan |
| | | | | 5 , , , | |
| Name of Behesting Agency Of | ficial: Ouperviser | | | <u> </u> | |
| Name of Individual or Organiza | ation: Karen Ries | • | · · · · · · · · · · · · · · · · · · · | Numb | per of Tickets:2 |
| | | | | | |
| Description of Organization: | | | | | •••••••••••••••••••••••••••••••••••••• |
| Address of Organization | | | | | |
| Address of Organization: | r and Street | | City | | State Zip Code |
| Purpose for Distribution: (Desc | ribe the public purp | oose for the dis | tribution to the o | ganization.) | |
| To reward a community volunt | eer for her servic | e to the publi | с. | | |
| | | | | | |
| 5. Verification | | | | | |
| I have determined that the distribu | tion of tickets set fo | orth above is in | accordance with | the provisions of FPP(| C Regulation 18944.1. |
| | MICHELLE [| DIANDA | TICKE | T ADMINISTRATOR | (a/17/1) |
| Signature of Agency Head or Designee | | Print Name | | Title | (month, day, year) |
| | | | | | , |
| Comment: (Use this space or an at | tachment for any add | itional informatio | n including amendr | nent explanation.) | |

| Tickets Provided by Agency Report | A Pub | lic Document | TICKETS PROVIDED B AGENCY REPOR |
|--|-------------------------------------|---|------------------------------------|
| 1. Agency Name | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | Form OU A For Official Use Only |
| Division, Department, or Region (if ap | blicable) | | |
| Street Address | | | |
| 1221 OAK STREET, #536, OAKLA | ND, CA 94612 | | |
| Area Code/Phone Number E-mail | | Amendment (Must | explain in Part 5.) |
| | t2@acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administra | | | |
| 2. Event For Which Tickets Were | | Alemada County Fair | |
| Date(s) of Event:06221 | | F 00 | |
| // | — Face Value of Tick | et: \$ 5.00 | |
| Agency Event 🗌 Yes 🛛 N | o (Identify source of ticke | ets below.) | |
| Name of Outside Source of Ticket(s | - | | on |
| Number of Tickets Received:6 | | | |
| Number of Tickets Received: | Hicket(s) Pro | vided to Agency: ☐ Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving T | i cket(s) (use a continuatio | on sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is In Describe the Public Purpose | |
| | | | |
| | | | |
| <u></u> | | | |
| 4. Individual or Organization Rec | • • • • • | | |
| Name of Behesting Agency Official: | Supervisor Nadia Locky | er, District 2 | |
| Name of Individual or Organization: | Karen Ries | Num | ber of Tickets:6 |
| Description of Organization: | | | |
| Address of Organization: | Ireet | City | State Zip Code |
| Purpose for Distribution: (Describe t | | | |
| | | er to maximize potential County reve | enue |
| | | | |
| 5. Verification | | | |
| I have determined that the distribution of | f tickets set forth above is ir | n accordance with the provisions of FPF | C Regulation 18944.1. |
| | MICHELLE DIANDA | TICKET ADMINISTRATO | R 10/21/1 |
| | | | |

| Tickets Provided by Agency Report | A Publ | ic Document | | TICKETS PROVIDED BY AGENCY REPORT |
|--|--|---------------------------|--|--------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if appli Street Address | cy Name NTY OF ALAMEDA on, Department, or Region (if applicable) | | | California Form 802 |
| 1221 OAK STREET, #536, OAKLAN | D, CA 94612 | | | |
| Area Code/Phone Number E-mail | | | mendment (Must explai | in in Part 5.) |
| Agency Contact (name and title) | 2@acgov.org | Date | of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administrato | | | | |
| 2. Event For Which Tickets Were D | | U2 Concert | | |
| Date(s) of Event: <u>06 / 07 / 11</u> | | 00 5 | Ω | |
| /// | – Face Value of Ticke | et: \$ | | |
| 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:2 | | |]Gratuitously 🛛 🗵 |] Pursuant to Contract |
| 3. Agency Official(s) Receiving Tic | :ket(s) (use a continuation | on sheet for additional r | names) | |
| Name of Official (Last, First) | Number of Tickets | | e Distribution is Incon Public Purpose for th | |
| | | | | |
| : | | | | |
| 4. Individual or Organization Rece | - | | agency official.) | |
| Name of Behesting Agency Official: | Supervisor Nadia Locky | er, District 2 | anna da anna an anna an anna an anna an anna an an | |
| Name of Individual or Organization: | | | Number | of Tickets:2 |
| Description of Organization: | | | | |
| Address of Organization: | eet | City | | State Zip Code |
| Purpose for Distribution: (Describe the | e public purpose for the di | stribution to the organiz | zation.) | |
| To promote attendance at a event he | eld at a County facility in | order to maximize p | otential County rev | /enue from sales. |
| 5. Verification | | | | |
| I have determined that the distribution of | tickets set forth above is ir | | | egulation 18944.1. |
| Signature of Agency Head or Designee | ICHELLE DIANDA Print Name | | DMINISTRATOR Title | (mønth, døy, year) |
| Comment: (Use this space or an attachment | nt for any additional informati | on including amendment e | explanation.) | |

| 1. Agency Name California 802 COUNTY OF ALAMEDA 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 Image: Area Code/Phone Number E-mail (510) 272-6885 Amy.Shrago@acgov.org Date of Original Filing: | Tickets Provided by Agency Report | | A Publ | ic Docume | ent | | PROVIDED B |
|--|--------------------------------------|---|---|---|---|---------------------------------------|------------|
| Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number Agency Contact (name and title) Area Code/Phone Number Agency Event Texe Value of Ticket: \$ Agency Event Texe Value of Ticket: \$ Agency Official (\$) Receiving Ticket(\$) (rovided to Agency: Official (\$) Receiving Ticket(\$) (use a continuation sheet for additional names) Name of Official Name of Official (Last, First) Ortickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution | 1. Agency Name | | Winn Wearner of Franciska and Astronomia | | Date Stamp | California | 802 |
| 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area CadPhone Number [610] 272-6685 Agency Contact (name and tillo) Agency Contact (name and tillo) Amy Shrago, Policy Analyst 2. Event For Which Tickets Were Distributed Date(s) of Event: 01 / 11 Description of Event: 38.00 Agency Event Yes 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: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Mame of Official Number State Whether the Distribution is income to the Official or (uset, Frat) of Tickets Describe the Public Purpose for the Distribution Agency Official: Keith Carson, Supervisor Fifth District Name of Behesting Agency Offi | | | | | | | Use Only |
| Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-6865 Amy.Shrago@acgov.org Agency Contact (nome and title) Any Shrago, Policy Analyst 2. Event For Which Tickets Were Distributed Date of Original Filing: | | ion (in applicable) | | | | | |
| OAKLAND, CA 94612 Ameadment (Must explain in Part 5.) Area Code/Phone Number (101) 272-6685 Amy.Shrago@acgov.org Agency Contact (name and title) Date of Original Filing: | | | | | | | |
| Area Code/Phone Number (610) 272-6685 E-mail Amy.Shrago@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and title) Date of Original Filing: | | | | | | | |
| (510) 272-6685 Amy.Shrago@acgov.org Date of Original Filing: | - | E-mail | | | | | |
| Agency Contact (name and tille) Date of Original Filing: | | | | | Amendment (Must | explain in Part 5.) | |
| Amy Shrago, Policy Analyst (mini, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 07 / 01 / 11 Description of Event: 0akland A's | | | Jov.org | | Date of Original Filing | · | |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: | · | | | | | (month, day, yea | r) |
| Date(s) of Event: 07 / 01 / 11 Description of Event: Oakland A's | | | ۶d | | | | |
| Agency Event Agency Event Yes No (Identify source of Ticket: <u>38.00</u> Agency Event Name of Outside Source of Ticket(s) Provided to Agency: <u>Oakland A's</u> Number of Tickets Received: <u>2</u> Ticket(s) Provided to Agency: <u>Gratuitously</u> Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) <u>Name of Official</u> <u>Number</u> State Whether the Distribution is Income to the Official or <u>I (Last, First)</u> <u>of Tickets</u> <u>Describe the Public Purpose for the Distribution</u> 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth District</u> Name of Individual or Organization: <u>Socially Responsible Network</u> Number of Tickets: <u>2</u> Description of Organization: <u>Provide resources, technical assistance, legislative information, and facilitate networking</u> Address of Organization: <u>360 Grand Ave. #57 Oakland, CA 94610</u> <u>Number and Street</u> City <u>State</u> Zip Coc | | | | Oakland A's | 6 | | |
| 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: Gratuitously Pursuant to Contra 3. 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 Image: Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Name of Official Number of Tickets State Whether the Distribution Describe the Public Purpose for the Distribution Image: Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Number of Tickets: 2 Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for | Date(s) of Event:/ | | | | | · · · · · · · · · · · · · · · · · · · | |
| Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: State Stat | / | / Face | Value of Ticke | ət: \$ | | | |
| Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contrast of the public Purpose for the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 1. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Socially Responsible Network Number of Tickets: 2 Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Address of Organization: City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 300 Grand Ave. #57 Oakland, CA 94610 | Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ts below.) | | | |
| Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contrast of the public Purpose for the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 1. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Socially Responsible Network Number of Tickets: 2 Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Address of Organization: City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 300 Grand Ave. #57 Oakland, CA 94610 | | Tielest(e) Duesdals al t | Oa | akland A's | | | |
| 3. 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 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Name of Individual or Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Aumber and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | | | o 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 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking 2 Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number of Distribution: (Describe the public purpose for the distribution to the organization.) | Number of Tickets Received | : | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | 🗵 Pursuant t | o 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: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Name of Individual or Organization: Socially Responsible Network Name of Individual or Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Description of the Organization. | 3. Agency Official(s) Recei | iving Ticket(s) (us | se a continuatio | on sheet for addi | tional names) | | |
| Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | | cial | | | | | |
| Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | | | | | | | |
| Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | | | | | | | |
| Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | | | | | | | |
| Keith Carson, Supervisor Fifth District Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | | n Ann an Anna a | | Space and the second | a sugar | | |
| Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking 2 Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 360 Grand Ave. #57 | - | - | | | t of an agency official.) | | |
| Name of Individual or Organization: Socially Responsible Network Number of Tickets: 2 Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking 2 Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 360 Grand Ave. #57 | Name of Behesting Agency | Official: <u>Keith Cars</u> | on, Superviso | or Fifth District | | | |
| Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Oakland, CA 94610 | | | | | | ber of Tickets: _ | 2 |
| Address of Organization: | Description of Organization: | Provide resources | , technical as | sistance, legisl | ative information, and | d facilitate netw | orking |
| Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | Address of Organization: | 0 Grand Ave. #57 | | Oakla | ind, | CA | 94610 |
| | Nu | mber and Street | | City | | State | Zip Code |
| To reward a school or nonprofit organization for its contributions to the community. | Purpose for Distribution: (D | escribe the public pur | pose for the dis | stribution to the (| organization.) | | |
| · · · | To reward a school or nonp | rofit organization fo | r its contributi | ions to the com | nmunity. | | |
| | ····· | | | | | | |
| | • | ribution of tickets set f | orth above is ir | n accordance wil | th the provisions of FPF | PC Regulation 18 | 944.1. |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. | 1 4. | Amy Shrado | n in the second s | Polic | v Analyst | ٥f | 5/22/11 |

Amy Shrago Print Name Policy / Signature of Agency Head of Pesignee anary Title (month, day, year)

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

| COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 | | | | | |
|--|---|----------------------|--------------------|--|--|
| Division, Department, or Reg | | | | Date Stamp | California 802 |
| | COUNTY OF ALAMEDA | | | | Form UUZ |
| 1221 OAK STREET, #555 | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Mustex | plain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@aco | jov.org | ······ | Date of Original Filing: _ | |
| Agency Contact (name and title | | | | Date of Original Timig. | (month, day, year) |
| Amy Shrago, Policy Analys | | | | | annen perioden en e |
| 2. Event For Which Ticket | | | R Kelly | | |
| Date(s) of Event:06 | <u>IU / II</u> Desci | ription of Eve | nt: | 05.00 | · · · · · · · · · · · · · · · · · · · |
| / | / Face | Value of Tick | et: \$ | 95.80 | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | ource of ticke | ets below.) | | |
| 0 , _ | | | | arriors | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency: <u> </u> | | | |
| Number of Tickets Received | d:2 | Ticket(s) Pro | ovided to Agenc | :y: 🔲 Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (us | se a continuati | | | |
| Name of Offi (Last, First) | | Number of Tickets | | ther the Distribution is Ind ibe the Public Purpose fo | |
| Carson, Keith | | 4 | To promote | attendance at a Count | y facility |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provi | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Official: | | | | |
| Name of Individual or Orga | nization: | | | Numb | er of Tickets: |
| Description of Organization | : | | | | |
| Address of Organization: | umber and Street | | City | | State Zip Code |
| | | | | | |
| Purpose for Distribution: (| Jescribe the public pul | rpose for the d | istribution to the | organization.) | |
| | | | | , sing - , s | |
| 5. Verification I have determined that the dis | tribution of tickets set | forth above is i | in accordance wi | th the provisions of FPP(| C Regulation 18944.1. |
| A Shraqe | Amy Shrage | | | cy Analyst | 06/22/11 |
| Signature of Agency Head Desig Comment: (Use this space or | | Print Name | | Title | (month, day, year) |

| Tickets Provided by | | | | | |
|------------------------------------|--------------------------|----------------------------|-----------------------|----------------------------|--------------------------------------|
| Agency Report | | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Tomin Con- |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | | 1 | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | xolain in Part 5.) |
| (510) 272-6694 | anna.gee@acgov | .org | | - | |
| Agency Contact (name and title |) | | | Date of Original Filing: | (month, day, year) |
| Anna Gee, Operations Man | ager | | | | |
| 2. Event For Which Tickets | s Were Distribute | ed | | | |
| Date(s) of Event:07_/_0 | 15 <u>11</u> Desc | ription of Ever | nt: Baseball G | ame | |
| | | Value of Ticke | | 43.75 | |
| 225 1795 25 Winning as | i acc | value of ficke | οι. φ | | |
| Agency Event | 🗵 No (Identify s | ource of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: <u>Oa</u> | akland Athletic: | 6 | |
| Number of Tickets Received | :10 | Ticket(s) Prov | vided to Agenc | y: 🔲 Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Recei | ving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic | zial | Number | State Whet | her 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 Organizati | on Receiving Tic | ket(s) (Provid | l ded at the behes | t of an agency official.) | |
| | | Contraction and the second | | | |
| Name of Behesting Agency | Official: Alameda C | Jounty Superv | lisor Nate Mile | y, District 4 | |
| Name of Individual or Organ | | | | | er of Tickets:10 |
| | | | | ivum | |
| Description of Organization: | Supports Castro V | /alley Sports F | Programs | | |
| D | O Box 2673-Castro | | | | |
| Address of Organization. | mber and Street | vanoj, or v | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pu | rpose for the dis | stribution to the | organization.) | |
| To reward a nonprofit orgar | ization for its contri | ibutions to the | community | | |
| (| | | | | |
| 5. Verification | | | | | |
| I have determined that the dist | ibution of tickets set i | forth above is in | n accordance wi | h the provisions of FPP | C Regulation 18944.1. |
| ASIDA | Anna Gee | | Oper | ations Manager | 6/16/11 |
| Signature of Agency Head or Design | lee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | lditional informatic | on including amen | dment explanation.) | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | nt | TICKETS PROVIDED B |
|--|---|---|---|--|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | California Form 802 | |
| Street Address 1221 OAK STREET, #536, | OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number (510) 272-6692 Agency Contact (name and title | Area Code/Phone Number E-mail (510) 272-6692 District2@acgov.org | | | | explain in Part 5.) (month, day, year) |
| Michelle Dianda, Ticket Adr | ninistrator, BOS | | | | (monal, day, year) |
| 2. Event For Which Tickets Date(s) of Event:/ Agency Event □ Yes Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Received Name of Official(s) Received | 2 <u>, 11</u> Desc Face ⊠ No (Identify : Ticket(s) Provided :7 wing Ticket(s) (u | ription of Even Value of Ticke source of ticke to Agency: <u>Al</u> Ticket(s) Pro | et: \$ ameda County vided to Agenc on sheet for addi | 5.00 Fair Board Associatio y: □ Gratuitously | ☑ Pursuant to Contract |
| 4. Individual or Organization Name of Behesting Agency | - | | | t of an agency official.) | |
| Name of Individual or Orgar | | | | Numb | per of Tickets:10 |
| Description of Organization: | | | | | |
| Address of Organization: _{Nu} Purpose for Distribution: (D To promote attendance at a | | • | | - | State Zip Code |
| 5. Verification | · · · · · · · · · · · · · · · · · · · | | | | n e 100 |
| I have determined that the dist | ribution of tickets set | forth above is i | n accordance wil | th the provisions of FPP | C Regulation 18944.1. |
| MAD | MICHELLE | | ТІСК | | $R = \frac{G/Z}{1}$ |
| Signature of Agency Head or Design Comment: (Use this space or a | | Print Name dditional informati | on including amen | Title dment explanation.) | (month, day, year) |

| Agency Report | | A Public Docu | nent | TICKETS PROVIDED E AGENCY REPOR |
|---|--|--|---|------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg | | | | Form 802 |
| Street Address | | | _ | |
| 1221 OAK STREET, #555 | OAKLAND, CA 946 | 612 | | |
| Area Code/Phone Number | E-mail | | Amendment (Must explain i | in Part 5) |
| (510) 272-3882 | crystal.hishida@a | acgov.org | | in Part 0.) |
| Agency Contact (name and title | e) | | Date of Original Filing:(m | onth, day, year) |
| Crystal Hishida Graff, Princ | cipal Analyst, Count | y Administrator's Office | | al and ddar Ca |
| 2. Event For Which Ticket | | | 2 612 1 18 14241 0 | |
| Date(s) of Event:06_/ | 22 <u>/ 11</u> Desc | ription of Event: Alameda | i County Fair | |
| | <u>10 / 11</u> Face | Value of Ticket: \$\$ | 5 discount | |
| | | | | |
| Agency Event 🛛 Yes | 월드, 2019년 11월 - 11월 - 11일 - 11일 11일 11일 11일 11일 11일 - 11일 | ource of tickets below.) | tu Fair Association | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: Alameda Cou | ity Fair Association | |
| Number of Tickets Receive | d:50 | Ticket(s) Provided to Age | ency: 🔲 Gratuitously 🛛 🛛 F | Pursuant to Contra |
| 3. Agency Official(s) Rece | viving Ticket(s) (us | se a continuation sheet for a | dditional names) | |
| Name of Off | | | hether the Distribution is Income | |
| (Last, First) |) | of Tickets De | scribe the Public Purpose for the | Distribution |
| | | 1 1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organizat | ion Receiving Tic | ket(s) (Provided at the be | nest of an agency official.) | |
| 4. Individual or Organizat | | N 10. 2 | nest of an agency official.) | |
| Name of Behesting Agency | Official: Supervisor | r Wilma Chan, District 3 | nest of an agency official.) | |
| Name of Behesting Agency | Official: Supervisor | r Wilma Chan, District 3 | nest of an agency official.) | Tickets: <u>50</u> |
| Name of Behesting Agency Name of Individual or Orga | Official: <u>Supervisor</u> nization: <u>San Leanc</u> | r Wilma Chan, District 3 dro Boys & Girls Club | | TICKEIS. |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>4</u> | Official: <u>Supervisor</u> nization: <u>San Leano</u> : <u>Provides program</u> 01 Marina Blvd. Sar | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that n n Leandro, CA 94577 | Number of urture youth physical & emotion | onal well being. |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{4}{Nt}$ | Official: <u>Supervisor</u> nization: <u>San Leano</u> : <u>Provides program</u> 01 Marina Blvd. Sar umber and Street | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that n n Leandro, CA 94577 | Number of urture youth physical & emoti | onal well being. |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{4}{Nt}$ Purpose for Distribution: (D | Official: Supervisor nization: San Leano Provides program 01 Marina Blvd. Sar Unber and Street | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that r n Leandro, CA 94577 rpose for the distribution to t | Number of urture youth physical & emotion City ne organization.) | onal well being. |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{4}{Nt}$ | Official: Supervisor nization: San Leano Provides program 01 Marina Blvd. Sar Unber and Street | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that r n Leandro, CA 94577 rpose for the distribution to t | Number of urture youth physical & emotion City ne organization.) | onal well being. |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{4}{Nt}$ Purpose for Distribution: (D | Official: Supervisor nization: San Leano Provides program 01 Marina Blvd. Sar Unber and Street | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that r n Leandro, CA 94577 rpose for the distribution to t | Number of urture youth physical & emotion City ne organization.) | onal well being. |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{4}{NG}$ Purpose for Distribution: (E To reward a non-profit orga | Official: Supervisor nization: San Leano Provides program 01 Marina Blvd. Sar Official: Official Official: San Leano Official: | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that n n Leandro, CA 94577 rpose for the distribution to t ributions to the San Lean | Number of urture youth physical & emotion City ne organization.) | onal well being. State Zip Cod |
| Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{4}{NG}$ Purpose for Distribution: (E To reward a non-profit orga | Official: Supervisor nization: San Leano Provides program 01 Marina Blvd. Sar Official: Official Official: San Leano Official: | r Wilma Chan, District 3 dro Boys & Girls Club s and opportunities that n n Leandro, CA 94577 rpose for the distribution to t ributions to the San Lean | Number of urture youth physical & emotion Dity ne organization.) dro community and youth. | onal well being. State Zip Cod |

| Tickets Provided by | | A Publ | ic Docume | ent | TICKETS PROVIDED BY |
|--------------------------------------|-----------------------|----------------------|---|-------------------------------|-----------------------|
| Agency Report | | AT doi | ie boeame | | AGENCY REPORT |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form |
| Division, Department, or Region | (if applicable) | | | 1 | For Official Use Only |
| | | | | | |
| Street Address | | | | | |
| 1221 OAK STREET, #555, OA | KLAND CA 946 | 312 | | | |
| | mail | | | 722 | |
| | | | | Amendment (Must exp | olain in Part 5.) |
| | ystal.hishida@a | acgov.org | | Data of Original Filings | |
| Agency Contact (name and title) | | | 1 222 | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal | Analyst, County | y Administrato | or's Office | | |
| 2. Event For Which Tickets W | | | Webler of the state | | |
| Date(s) of Event:/ 22 | , 11 Desc | ription of Ever | nt. Alameda Co | ounty Fair | |
| | . 11 | | \$5 d | iscount | |
| | / <u>11</u> Face | Value of Ticke | et: \$ | loodunt | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | ource of ticke | ts below) | | |
| 1 | | | and the state of the | | |
| Name of Outside Source of Ticl | (et(s) Provided t | to Agency: All | ameda County | Fair Association | |
| | | | | | |
| Number of Tickets Received: | | Ticket(s) Pro | vided to Agenc | | Pursuant to Contract |
| | | | 1 | | |
| 3. Agency Official(s) Receivin | ig licket(s) (us | se a continuatio | on sheet for addi | tional names) | |
| Name of Official | | Number | 2. TO M D C 17 (D) 11 (P 2 (D) 2. 11 (P | ther the Distribution is Inco | |
| (Last, First) | | of Tickets | Descri | ibe the Public Purpose for | the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 1 | | | |
| | | | | | |
| 4. Individual or Organization | Receiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| | Supervisor | r Wilma Chan | District 3 | | |
| Name of Behesting Agency Off | cial: | Wiina Chan | , District 5 | | |
| | | | | | Δ |
| Name of Individual or Organiza | tion: | mic | | Numbe | er of Tickets:4 |
| | | | | | |
| Description of Organization: | | | | | |
| | | | | | |
| Address of Organization: | and Street | | City | | State Zip Code |
| Number | and otreet | | Ony | | State Lip Code |
| Purpose for Distribution: (Desc | ribe the public pur | rpose for the di | stribution to the | organization.) | |
| To promote attendance at an e | vent held at a C | ounty facility | in order to max | kimize potential County | revenue from sales |
| | 2.0324.Mod 3.64.60.0 | | | | |
| 5. Verification | | | | | |
| | Non of National and | fauth above to t | | the provisions of FDDD | Degulation 100111 |
| I have determined that the distribut | tion of tickets set i | forth above is il | n accordance wil | th the provisions of FPPC | Regulation 18944.1. |
| 1er | 📿 Alexandra E | Boskovich | Supe | ervisor's Assistant-Distr | ict 3 6/22/11 |
| Signature of Agency Head or Designee | | Print Name | · | Title | (month, day, year) |
| Comment: (Use this space or an at | tachment for any ad | ditional information | on including amen | dment explanation.) | |
| | | | | | |
| | | | | | |

| Tickets Provided by Agency Report | | A Publ | lic Docum | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|------------------------------|--|--|--------------------------------------|
| 1. Agency Name | | | | Date Stamp | Quiliformia a a a |
| COUNTY OF ALAMEDA | | | Date Stamp | Form 802 | |
| Division, Department, or Region (if applicable) | | | - | For Official Use Only | |
| ana ana sa kata kata kata kata kata kata kata | ion (ii applicable) | | | | |
| 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 |) | | | 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:08 /_2 | | | at. SADE | | |
| Date(s) of Event:/ | | | | 179.00 | |
| / | / Face | Value of Ticke | et: \$ | 179.00 | |
| Agency Event | ⊠ No (Identify s | ource of ticke | ts below) | | |
| | | | and a construction of the second | | |
| Name of Outside Source of | Ticket(s) Provided f | to Agency: G | JLDEN STATE | = WARRIORS | |
| Number of Tickets Received | :4 | Ticket(s) Pro | vided to Agend | cy: 🔲 Gratuitously | Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Tickot(c) (u | | an aboat for add | itional names) | |
| | • • • • • • | and the second second second | an ang ang ang ang ang ang ang ang ang a | NOODUVUVUME WITTING DESITE ET | |
| Name of Offic (Last, First) | bial | Number of Tickets | the reserve of the state of the | ther the Distribution is In- ibe the Public Purpose for | |
| (Edot, 1137) | | of lickets | Descr | the the Public Purpose in | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | 2011년 - 1월 2011년 1월 201 년 - 1월 2011 | | | | |
| Name of Behesting Agency | Official. Alameda C | County Superv | isor Scott Hag | gerty, District 1 | |
| | | | | | |
| Name of Individual or Orgar | ization: PHILLIAM | KENNEDY | | Numb | er of Tickets:4 |
| | | | | | |
| Description of Organization: | | | | | |
| 10 J. 1712 | | | | | |
| Address of Organization: | | | | | |
| Nur | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | pose for the dis | stribution to the | organization.) | |
| To promote attendance at a | | | | | untv revenue |
| | county sponsored | event at a co | unty facility to | maximize potential ee | |
| 5. Verification | | | | | |
| | | | | | |
| I have determined that the distr | ibution of tickets set f | forth above is in | n accordance wi | th the provisions of FPP0 | Regulation 18944.1. |
| Kellin Jucan | Se Lee Ann Fe | rgerson | Ticke | et Administrator | 6123/11 |
| 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 amen | dment explanation.) | |
| | | | | | |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED AGENCY REPO |
|---|-------------------|------------------|---------------------|------------------------------|---------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | i onim |
| Division, Department, or Region (if a | pplicable) | | | 1 | For Official Use Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number E-mai | 1 | | | Amendment (Must e | unlain in Dad 5) |
| (510) 272-6694 anna | .gee@acgov | .ora | | | xpiain in Part 5.) |
| Agency Contact (name and title) | 0 0 0 | | | Date of Original Filing: | (month, day, year) |
| Anna Gee - Operations Manager | | | | | (monun, day, year) |
| 2. Event For Which Tickets Wer | Distribute | h | | | |
| | | | . Baseball G | ame | |
| Date(s) of Event:0619 | Descr | iption of Ever | nt: | | |
| //////// | Face ' | Value of Tick | et: \$ | 43.75 | |
| Agency Event 🗌 Yes 🖂 I | No (Identify se | ource of ticks | te holow) | | |
| | | | and a second second | | |
| Name of Outside Source of Ticket(| s) Provided to | o Agency: 0 | akland Athletics | 5 | |
| Number of Tickets Received: | | | | :y: 🔲 Gratuitously | ⊠ Pursuant to Contra |
| Number of fickets Received: | | ficket(s) Pro | vided to Agend | | M Pursuant to Contra |
| Agency Official(s) Receiving | Ficket(s) (us | e a continuatio | on sheet for addi | tional names) | |
| Name of Official | | Number | State Whet | ther the Distribution is Ind | come to the Official or |
| (Last, First) | | of Tickets | | be the Public Purpose for | |
| Kennedy, Jim | | 2 | To promote a | attendance at an even | t held at a County |
| Villanueva, Michelle | | 1 | facility in ord | er to maximize potenti | al County revenue |
| Horgan, Paul | | 1 | from parking | and concession sales | 1 |
| I. Individual or Organization Re | ceiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| - | | | | | |
| Name of Behesting Agency Officia | Alameda C | ounty Superv | visor Nate Mile | y, District 4 | |
| | | | | | ar of Ticketon 2 |
| Name of Individual or Organization | | ar r noko y | | Numb | er of Tickets:2 |
| Description of Organization: | | | | | |
| Description of Organization: | | | | | |
| Address of Organization: | | | | | |
| Address of Organization: | Street | | City | | State Zip Co |
| Purpose for Distribution: (Describe | the nublic nur | nose for the di | stribution to the r | organization) | |
| | | | | | revenue from |
| To promote attendance at an ever | t held at a Co | ounty facility | in order to max | cimize potential County | y revenue from |
| | | | | | |
| 5. Verification | | | | | |
| | of tickets set fo | orth above is ir | n accordance wil | h the provisions of FPP0 | C Regulation 18944.1. |
| I have determined that the distribution | | | | | |
| I have determined that the distribution | ANNA GEE | | OPE | RATIONS MANAGER | 06/20/11 |
| I have determined that the distribution Signature of Agency Head or Designee | ANNA GEE | Print Name | OPE | RATIONS MANAGER | 06/20/11 (month, day, year |
| AAA | F | | | Title | |

| Tickets Provided by Agency Report | | A Publ | ic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|---|-----------------------------|-----------------------|--|---|--------------------------------------|
| 1. Agency Name | | | | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | Bute etamp | Form 802 |
| 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 | | | | |
| | | | | Amendment (Muster | xplain in Part 5.) |
| (510) 272-6685 Agency Contact (name and title | Amy.Shrago@ac | gov.org | | Date of Original Filing: . | |
| | | | | Dute of original filling. | (month, day, year) |
| Amy Shrago, Policy Analys | | | | | |
| 2. Event For Which Tickets | | | 0 04 | | |
| Date(s) of Event: <u>06</u> / <u>2</u> | <u>4 / 11</u> Desc | ription of Ever | nt: <u>Sesame Sti</u> | | |
| / | | | ət: \$ | 00 / F | |
| Agency Event 🛛 Yes | 🗙 No (Identify s | source of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | to Agency: <u>Go</u> | olden State Wa | nriors | |
| Number of Tickets Received | :4 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic (Last, First) | ial | Number of Tickets | | ther the Distribution is Ind ibe the Public Purpose fo | |
| | | | | | |
| | | | | | |
| | | | | <u></u> | |
| 4. Individual or Organization | on Receiving Tic | ket(s) (Provid | led at the behes | t of an agency official.) | |
| Name of Behesting Agency | Official: <u>Keith Cars</u> | on, Supervisc | or Fifth District | | |
| Name of Individual or Organ | | | an an an an tha ta | Numb | er of Tickets:4 |
| Description of Organization: | | | | | |
| Address of Organization: | nber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | | rpose for the dis | stribution to the a | organization.) | |
| To promote attendance at a | County facility in o | order to maxim | nize potential C | county revenue from pa | arking and concession |
| | | | | | |
| 5. Verification I have determined that the distr | ibution of tickets set : | forth above is ir | n accordance wit | h the provisions of FPP0 | C Regulation 18944.1. |
| A Shappin | Amy Shrage | | | y Analyst | 06/22/11 |
| Signature of Agency Heador Design | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | ditional informatio | on including amen | dment explanation.) | |

| Agency Report | A Publ | lic Docume | nt | TICKETS PR AGEN | OVIDED B |
|---|----------------------------------|--|---|--------------------|------------|
| . Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | | 802 |
| Street Address | | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA 946 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@a Agency Contact (name and title) Crystal.hishida@a | cgov.org | or's Office | Date of Original Filing: | | |
| Crystal Hishida Graff, Principal Analyst, County 2. Event For Which Tickets Were Distribute | | | | | |
| Date(s) of Event: 06 / 22 / 11 Desci- 07 / 10 / 11 Face Agency Event Yes No (Identify state) | Value of Ticke ource of ticke | et: \$ <u>5 off/\$8 p</u> ets below.) | arking | | |
| Name of Outside Source of Ticket(s) Provided t | o Agency: <u>Al</u> | ameda County I | air Association | | |
| Number of Tickets Received: <u>50/5</u> | Ticket(s) Pro | vided to Agency | r: 🔲 Gratuitously | ⊠ Pursuant to | Contrac |
| B. Agency Official(s) Receiving Ticket(s) (us | se a continuatio | on sheet for additi | onal names) | | |
| Name of Official (Last, First) | Number of Tickets | | er the Distribution is Ir the Public Purpose f | | al or |
| | | | | | |
| I. Individual or Organization Receiving Tic | ket(s) (Provid | l ded at the behest | of an agency official.) | | |
| Name of Behesting Agency Official: | Wilma Chan | , District 3 | | | |
| Name of Individual or Organization: <u>Girls Inc. o</u> | f the Island C | lity | | per of Tickets: | |
| Description of Organization: | ducation prog | grams for girls' p | physical, intellectual, | & emotional well | -being |
| Address of Organization: 1724 Santa Clara Avenue Number and Street | e. Alameda, C | CA 94501 City | | State | Zip Code |
| Purpose for Distribution: (Describe the public pur To reward a nonprofit for its contributions to the | | stribution to the o | rganization.) | | |
| 5. Verification | | | | | |
| I have determined that the distribution of tickets set f | | | visor's Assistant-Dis | trict 3 6/30 | 0/11 |
| Signature of Agency Head or Designee Comment: (Use this space or an attachment for any add | | on including amend | Title ment explanation.) | (month, i | day, year) |

| Tickets Provided by Agency Report | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|---|---|--|---|
| I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number [510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed | | | Date Stamp | California Form 802 For Official Use Only |
| | | | ☐ Amendment <i>(Must e</i> Date of Original Filing: | |
| 2. Event For Which Tickets Were Distribute Date(s) of Event: | iption of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u> | et: \$ ets below.) akland Athletics | \$38 | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First) | e a continuatio Number of Tickets | State Whet | tional names) her the Distribution is Ir be the Public Purpose f | |
| A. Individual or Organization Receiving Tic Name of Behesting Agency Official: Supervisor Name of Individual or Organization: Edwin Kaw Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur To promote attendance at an event held at a Communication of the public pure) | Wilma Chan vamoto | , District 3 City | Numł | per of Tickets:2 |
| 5. Verification I have determined that the distribution of tickets set for Signature of Agency Head or Designee Comment: (Use this space or an attachment for any add | OSKOVICh Print Name | Supe | ervisor's Assistant _{Title} | PC Regulation 18944.1. 6/30/11 (month, day, year) |

| gency Report Agency Name COUNTY OF ALAMEDA | | | | AGENCY REPOR |
|--|---------------------------------------|--------------------------|--------------------------------|-----------------------|
| COUNTY OF ALAMEDA | | | Date Stamp | alifornia 000 |
| | | | Bute etamp | Form 802 |
| Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | | | | |
| Street Address | | | | |
| 1221 OAK STREET, #555, OAKLAND, CA | 94612 | | <i>7</i> | |
| Area Code/Phone Number E-mail | | | Amendment (Must explain i | · D- · t C) |
| (510) 272-3882 crystal.hishida | a@acgov.org | | | |
| Agency Contact (name and title) | | Date of Original Filing: | onth, day, year) | |
| Crystal Hishida Graff, Principal Analyst, Co | ounty Administrate | or's Office | []] | nin, day, yeary |
| Event For Which Tickets Were Distric | outed | | 1 | |
| Date(s) of Event:062211D | escription of Eve | nt. Alameda Co | ounty Fair | |
| | | | | |
| / Fa | ace value of Tick | et: ֆ | | |
| Agency Event 🗌 Yes 🛛 No (Identi | ify source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provid | ed to Agency. Al | ameda County | Fair Association | |
| | | | | |
| Number of Tickets Received:4 | Ticket(s) Pro | wided to Agenc | y: 🔲 Gratuitously 🛛 🛛 F | Pursuant to Contrac |
| Agency Official(s) Receiving Ticket(s |) (use a continuation | on sheet for addi | tional names) | |
| Name of Official | Number | State Whet | her the Distribution is Income | to the Official or |
| (Last, First) | of Tickets | Descri | be the Public Purpose for the | Distribution |
| | | | | |
| | | -4. | | |
| | | | | |
| | | | | |
| | | | | |
| Individual or Organization Receiving | Ticket(s) (Provid | ded at the behes | t of an agency official.) | |
| Superv | isor Wilma Chan | District 3 | | |
| Name of Behesting Agency Official: Superv | | | | |
| Name of Individual or Organization: Sue Ca | anada | | Number of | Tickets: 4 |
| | | | | Horoto. |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | City | | State Zip Code |
| Dumpers for Distributions (Described) | | | · | |
| Purpose for Distribution: (Describe the public | | | - , | |
| To promote attendance at an event held at | a County facility | in order to max | imize potential County reve | nue from sales |
| Verification | | | | |
| I have determined that the distribution of tickets : | set forth above is ir | n accordance wit | h the provisions of FPPC Rea | ulation 18944 1 |
| 114 | | | | |
| | ra Boskovich | Supe | rvisor's Assistant-District 3 | 6/30/11 |
| Signature of Agency Head or Designee | Print Name y additional informatio | | Title | (month, day, year) |

| Tickets Provided by Agency Report | A Pub | lic Docume | ent | TICKETS PROVIDED B AGENCY REPOR |
|---|------------------------------------|--------------------|--|------------------------------------|
| 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, #555, OAKLAND, C | A 94612 | | | |
| Area Code/Phone NumberE-mail(510) 272-3882crystal.hishiAgency Contact (name and title)Crystal Hishida Graff, Principal Analyst, 0 | da@acgov.org County Administrat | or's Office | ☐ Amendment <i>(Must</i> ex) Date of Original Filing: _ | |
| 2. Event For Which Tickets Were Dist | | | | |
| Date(s) of Event: <u>06 / 22 / 11</u> | Description of Eve | nt: Alameda Co | | |
| <u> </u> | Face Value of Tick | et: \$ | \$10 | |
| Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Prov Number of Tickets Received:4 | | ameda County | | ⊠ Pursuant to Contrac |
| B. Agency Official(s) Receiving Ticket | (s) (use a continuation | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inc be the Public Purpose for | |
| | | | | |
| 4. Individual or Organization Receivin | g Ticket(s) (Provi | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency Official: | ervisor Wilma Chan | , District 3 | | |
| | Lorenzo Homeown | | Numbe | er of Tickets:4 |
| Description of Organization: Representation | ive body for 5600 S | San Lorenzo sin | igle family homes | |
| | nde San Lorenzo, (| | | State Zip Code |
| Purpose for Distribution: (Describe the pub To promote attendance at an event held a | | | | revenue from sales |
| 5. Verification | | | | |
| I have determined that the distribution of ticked | | | | |
| Signature of Agency Head or Designee | ndra Boskovich | Supe | rvisor's Assistant-Distr | tict 3 6/23/11 (month, day, year) |
| Comment: (Use this space or an attachment for | | on including amend | | ,,, , ,, , , |

| Tickets Provided by Agency Report | A Publ | lic Document | TICKETS PROVIDED BY AGENCY REPORT |
|---|---|--|---|
| Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | Date Stamp | California Form 802 For Official Use Only |
| Street Address | A 04613 | | |
| 1221 OAK STREET, #536, OAKLAND, C Area Code/Phone Number [E-mail] | A 94012 | · | |
| (510) 272-6692 District2@a | caoy ora | Amendment (Musi | t explain in Part 5.) |
| Agency Contact (name and title) | | Date of Original Filing | j: (month, day, year) |
| Michelle Dianda, Ticket Administrator, B | os | | (month, day, year) |
| 2. Event For Which Tickets Were Dist | | | |
| Date(s) of Event: <u>07 _ 02 _ 11</u> | | nt. Oakland A's | |
| | | 22.00 | |
| JJ | Face Value of Tick | et: \$ | |
| Agency Event 🛛 Yes 🖾 No (Ide | ntify source of ticke | ets below.) | |
| Name of Outside Source of Ticket(s) Prov | vided to Agency. Oa | akland A's | |
| | | | |
| Number of Tickets Received:2 | Ticket(s) Pro | ovided to Agency: | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket | (s) (use a continuation | on sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Describe the Public Purpose | |
| Lockyer, Nadia | 2 | Promote attendance at County fa | acility to max. revenue |
| | | | |
| 4. Individual or Organization Receivir | | |) |
| Name of Behesting Agency Official: <u>Supe</u> | ervisor Nadia Locky | ver, District 2 | |
| Name of Individual or Organization: | | Nun | nber of Tickets:2 |
| Description of Organization: | | | |
| Address of Organization: | | City | State Zip Code |
| Purpose for Distribution: (Describe the put | blic purpose for the di | istribution to the organization.) | |
| To promote attendance at an event at a | County facility to ma | aximize potential County revenue | |
| 5. Verification | | | |
| a. verilication | | | |
| • • | ets set forth above is i | in accordance with the provisions of FP | PC Regulation 18944.1. |
| I have determined that the distribution of ticke | ets set forth above is i ÆLLE DIANDA | n accordance with the provisions of FP | $1 - \alpha (1)$ |

| | | 711 410110 | Docume | | AGENCY REPOI |
|--|--|--|---|-----------------------------|-----------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form OU2 For Official Use Only |
| Division, Department, or Reg | ion (if applicable) | | | | For Onicial Ose Only |
| 1221 OAK STREET, #536 | | | | | |
| Street Address | | | 1 | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must ex | plain in Part 5.) |
| (510) 272-6694 | anna.gee@acgov | org | | | |
| Agency Contact (name and title |) | | | Date of Original Filing: _ | (month, day, year) |
| Anna Gee, Operations Mar | nager | | | | |
| . Event For Which Ticket | s Were Distribute | ed | | | |
| Date(s) of Event:/ | 01 / 11 Desc | ription of Event: | Baseball Ga | ame | |
| ///////// | | | | 43.75 | |
| <i>I</i> | / Face | Value of Ticket: S | • | | |
| Agency Event Yes | 🗵 No (Identify s | ource of tickets b | oelow.) | | |
| Name of Outside Source of | Tieket(e) Dreuided (| Oakla | nd Athletics | 3 | |
| | | o Agency: | | | |
| Number of Tickets Received | l:2 | Ticket(s) Provide | ed to Agenc | y: 🔲 Gratuitously | Pursuant to Contra |
| . Agency Official(s) Rece | iving Ticket(s) (u | se a continuation s | heet for addi | tional names) | |
| Name of Offi | cial | Number | | her the Distribution is Inc | |
| (Last, First) | | of Tickets | Descri | be the Public Purpose fo | r the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| . Individual or Organizati | on Receiving Tic | ket(s) (Provided | at the behas | t of an agency official) | |
| | | | | | |
| | Official: Alameda C | County Superviso | r Nate Mile | y, District 4 | |
| Name of Behesting Agency | | | | | |
| Name of Behesting Agency | | | | | 2 |
| | | | | | er of Tickets:2 |
| Name of Individual or Orgar | nization: <u>TransForm</u> | ו | | | er of Tickets: <u>2</u> |
| Name of Individual or Organ Description of Organization | nization: <u>TransForm</u> advocates for ped | n estrian safety | | | er of Tickets: <u>2</u> |
| Name of Individual or Organ Description of Organization: | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste | n estrian safety | A 94612 | | er of fickets. |
| Name of Individual or Organ Description of Organization: Address of Organization: 43 | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street | n estrian safety e 600 Oakland, C | A 94612 City | Numbe | er of fickets. |
| Name of Individual or Organ Description of Organization: Address of Organization: 4 | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street | n estrian safety e 600 Oakland, C | A 94612 City | Numbe | er of fickets. |
| Name of Individual or Organ Description of Organization: Address of Organization: 43 | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur | estrian safety 600 Oakland, C pose for the distrib | A 94612 City ution to the d | Numbe | er of fickets. |
| Name of Individual or Organ Description of Organization: Address of Organization: $\frac{43}{Nu}$ Purpose for Distribution: (D To reward a nonprofit organ | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur | estrian safety 600 Oakland, C pose for the distrib | A 94612 City ution to the d | Numbe | er of fickets. |
| Name of Individual or Organ Description of Organization: Address of Organization: $\frac{43}{Nu}$ Purpose for Distribution: (D To reward a nonprofit organ | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur nization for its contri | estrian safety 600 Oakland, C pose for the distrib | A 94612 City aution to the o mmunity | Numbe | State Zip Cod |
| Name of Individual or Organ Description of Organization: Address of Organization: $\frac{43}{Nu}$ Purpose for Distribution: (D | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur nization for its contri | estrian safety 600 Oakland, C pose for the distrib | A 94612 City aution to the o mmunity | Numbe | State Zip Cod |
| Name of Individual or Organ Description of Organization: Address of Organization: 43 Nu Purpose for Distribution: (D To reward a nonprofit organ | nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur nization for its contri | estrian safety 600 Oakland, C pose for the distrib | A 94612 City aution to the o mmunity cordance wit | Numbe | State Zip Cod |

| Tickets Provided by | | A Dub | | | TICKETS PROVIDED BY |
|--|--------------------------------------|----------------------|--------------------|---|--|
| Agency Report | | A Pub | lic Docume | ent | AGENCY REPOR |
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region | (if applicable) | Date Stamp | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region | (ii applicable) | | | | en nyan - Transferie Andrew Arabie en fan Henry yn de fan yn |
| Street Address | | | | | |
| 1221 OAK STREET, #555, O/ | | 612 | | | |
| M. MARK M. DA CHARTER | -mail | | | Amendment (Must expl | lain in Part 5.) |
| (510) 272-3882 c Agency Contact (name and title) | rystal.hishida@a | acgov.org | | Date of Original Filing: | |
| Crystal Hishida Graff, Principa | al Analyst, Count | v Administrat | or's Office | Date of Original Filing. | (month, day, year) |
| 2. Event For Which Tickets V | HILL THERE IS A DECIMAL OF THE OWNER | | | | |
| Date(s) of Event: / | | | nt: Alameda C | ounty Fair | |
| | <u></u> | | | | |
| | | | | | |
| | 区 No (Identify s | | | | |
| Name of Outside Source of Tic | ket(s) Provided t | to Agency: Al | ameda County | Fair Association | |
| Number of Tickets Received: _ | | | | | ☑ Pursuant to Contrac |
| 3. Agency Official(s) Receivi | ng Ticket(s) (u | se a continuati | on sheet for addi | tional names) | |
| Name of Official (Last, First) | | Number of Tickets | | ther the Distribution is Inco ibe the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | Receiving Tic | ket(s) (Provi | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency Of | ficial: Supervisor | r Wilma Chan | , District 3 | | |
| Name of Individual or Organiza | | | | Number | of Tickets:15 |
| Description of Organization: <u>S</u> | | | | aritable purposes | |
| Address of Organization: | | | | 1 | |
| | | | City | | State Zip Code |
| Purpose for Distribution: (Desc | | | | | |
| To promote attendance at an e | event held at a C | county facility | in order to max | kimize potential County r | evenue from sales |
| 5. Verification | | × | | | |
| I have determined that the distribu | ition of tickets set f | forth above is ii | n accordance wit | h the provisions of FPPC I | Regulation 18944.1. |
| 1m | Alexandra E | | | ervisor's Assistant-Distric | |
| Signature of Agency Head or Designee | - | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an a | ttachment for any add | ditional informati | on including amend | dment explanation.) | |

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| 1. Agency Name California 80 COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 For Official Use Only 1221 OAK STREET, #555 For Official Use Only 1221 OAK STREET, #555 Image: Country of all of the prince of the pr | by A Public Document | TICKETS PROVIDED BY |
|--|--|-----------------------|
| COUNTY OF ALAMEDA Form OU Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date of Original Filing:(month, day, year) Date(s) of Event: 06 / 30 / 11 Description of Event: Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors | | AGENCY REPORT |
| 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: | | |
| Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing: | or Region (if applicable) | For Official Use Only |
| OAKLAND, CA 94612 Image: Control of Control of Control of Event: Image: Control of Event: | #555 | |
| Area Code/Phone Number E-mail Image: Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: | | |
| (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing: | 12 | |
| (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing: | iber E-mail Amendment (Must explain | in Part 5.) |
| Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 30 / 11 Description of Event: Rhinnna | | |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 30 / 11 Description of Event: Rhinnna / | and title) Date of Original Filing: | nonth, day, year) |
| Date(s) of Event: 06 / 30 / 11 Description of Event: Rhinnna / Face Value of Ticket: \$71.00 Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors | | |
| Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors | | |
| Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors | 6 / 30 / 11 Description of Event: Rhinnna | |
| Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors | // Face Value of Ticket: \$71.00 | |
| | Yes X No (Identify source of tickets below.) | |
| Number of Tickets Received:4 Ticket(s) Provided to Agency: 🔲 Gratuitously 🛛 🗵 Pursuant to Cont | rce of Ticket(s) Provided to Agency: <u>Golden State Warriors</u> | |
| | ceived:4 Ticket(s) Provided to Agency: | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) | Receiving Ticket(s) (use a continuation 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 Purpose for the Distribution | 승규가 있는 것 같아요. 이 것 ? 이 ? 이 | |
| (Last, First) of Tickets Describe the Public Purpose for the Distribution | 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: Alameda County Supervisor Scott Haggerty, District 1 | gency Official: Alameda County Supervisor Scott Haggerty, District 1 | |
| Name of Individual or Organization: <u>Ron Parshad</u> Number of Tickets: <u>4</u> | Organization: Ron Parshad Number of | f Tickets:4 |
| Description of Organization: | | |
| | | |
| Address of Organization: | ON:City | State Zip Code |
| Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) | on: (Describe the public purpose for the distribution to the organization.) | |
| To reward a community volunteer for her service to the public | ity volunteer for her service to the public | |
| | | |
| 5. Verification | | |
| I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. | he distribution of tickets set forth above is in accordance with the provisions of FPPC Reg | gulation 18944.1. |
| Lee Ann Fergerson Ticket Administrator 6/20/1 | | 6/20/11 |
| | | (month, day, year) |
| Comment: (Use this space or an attachment for any additional information including amendment explanation.) | ace or an attachment for any additional information including amendment explanation.) | |
| | | |

| Tickets Provided by Agency Report | Δ Publ | ic Docume | ant | TICKETS PROVIDED BY |
|--|---|---|---------------------------|--|
| Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address | | | Date Stamp | AGENCY REPORT California Form 802 For Official Use Only |
| 1221 OAK STREET, #536, OAKLAND, CA 946 Area Code/Phone Number E-mail | 12 | | | |
| (510) 272-6692District2@acgov.orgAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BOS | | Amendment (Must explain in Part 5.) Date of Original Filing: | | |
| 2. Event For Which Tickets Were Distribute Date(s) of Event: | iption of Ever Value of Ticke ource of ticke o Agency: <u>Go</u> | et: \$ ts below.) olden State Wa | 95.80 | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us Name of Official | e a continuatio | | - | ncome to the Official or |
| (Last, First) | of Tickets | Descri | be the Public Purpose | for the Distribution |
| 4. Individual or Organization Receiving Ticl Name of Behesting Agency Official: Supervisor | | | t of an agency official.) | |
| Name of Individual or Organization: <u>Cheryl Perk</u> Description of Organization: | kins | | Num | ber of Tickets:6 |
| Address of Organization: Number and Street Purpose for Distribution: (Describe the public purp To reward a County employee for her exemplar | | | organization.) | State Zip Code |
| 5. Verification I have determined that the distribution of tickets set for MICHELLE I Signature of Agency-lead or Designee Comment: (Use this space or an attachment for any add | DIANDA Print Name | | ET ADMINISTRATO Title | i $(\rho l l$ |

| Tickets Provided by Agency Report | | A Pub | lic Docume | ent | TICKETS PROVIDED B |
|---|---|---|---|--|---|
| 1. Agency Name COUNTY OF ALAMEDA | COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | AGENCY REPOR California Form 802 For Official Use Only |
| 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed | | or's Office | ☐ Amendment <i>(Must e)</i> Date of Original Filing: . | | |
| Date(s) of Event:/ | 2 <u>, 11</u> Desci / Face ⊠ No (Identify s Ticket(s) Provided t | ription of Eve Value of Tick ource of ticke o Agency: <u>G</u> | et: \$ ets below.) olden State Wa | \$65 | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Recei Name of Offic (Last, First) | | se a continuation Number of Tickets | State Whe | tional names) ther the Distribution is Ind ibe the Public Purpose fo | |
| 4. Individual or Organization Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (Description of Description) | Official: Supervisor ization: Jennifer Cl nber and Street escribe the public pur | Vilma Chan han pose for the dis | , District 3 | Numbo | er of Tickets:2 |
| 5. Verification I have determined that the distri- Signature of Agency Head or Design Comment: (Use this space or an | Alexandra B | oskovich Print Name | Supe | ervisor's Assistant-Dist _{Title} | - |

| Tickets Provided by Agency Report | A Publ | ic Document | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|---|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555 Street Address | f applicable) | Date Stamp | California Form 802 For Official Use Only |
| OAKLAND, CA 94612 Area Code/Phone Number E-m (510) 272-6685 Am Agency Contact (name and title) Amy Shrago, Policy Analyst | ail iy.Shrago@acgov.org | Date of Original Filing | |
| Agency Event | 11 Description of Ever Face Value of Ticke No (Identify source of ticke et(s) Provided to Agency: <u>Go</u> | et: \$ 95.80 ts below.) | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Name of Official (Last, First) | g Ticket(s) (use a continuation Number of Tickets | on sheet for additional names) State Whether the Distribution is Describe the Public Purpose | |
| 4. Individual or Organization F Name of Behesting Agency Offic Name of Individual or Organizat Description of Organization: | cial: <u></u> ion: <u></u> Geoffrey Pete | or Fifth District | .) nber of Tickets:2 |
| 5. Verification | ibe the public purpose for the di unty facility in order to maxin ion of tickets set forth above is i | istribution to the organization.) nize potential County revenue from n accordance with the provisions of FI | |
| Signature of Agency Head oppesignee Comment: (Use this share or an atta | Amy Shrago Print Name achment for any additional informati | Policy Analyst Title ion including amendment explanation.) | (month, day, year) |

| Tickets Provided by | | | TICKETS PROVIDED BY |
|---|------------------------------------|---|-----------------------------------|
| Agency Report | A Publ | ic Document | AGENCY REPORT |
| 1. Agency Name | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | Form OUZ For Official Use Only |
| Division, Department, or Region (if a | pplicable) | | For Onicial Ose Only |
| 1221 OAK STREET, #536 | | | |
| Street Address | | | |
| OAKLAND, CA 94612 | | | |
| Area Code/Phone Number E-mai | | Amendment (Must | explain in Part 5.) |
| (510) 272-6694 anna | .gee@acgov.org | | |
| Agency Contact (name and title) | 1 | Date of Original Filing | :(month, day, year) |
| Anna Giel, Oper | ations Manan | er | |
| 2. Event For Which Tickets Wer | e Distributed | | |
| Date(s) of Event://////// | 11 Description of Ever | nt: Baseball Game | |
| | Face Value of Ticke | 38.00 | |
| | | | |
| · · | No (Identify source of ticke | | |
| Name of Outside Source of Ticket | (s) Provided to Agency: Oa | akland Athletics | |
| | | vided to Agency: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| Number of Tickets Received: | - Ticket(s) Pro | vided to Agency. | M r urbudin to ooninact |
| 3. Agency Official(s) Receiving | Ticket(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 Purpose | for the Distribution |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization Re | ceiving Ticket(s) (Provi | l ded at the bebest of an agency official. |) |
| 4. Individual of Organization Re | cerving ricket(s) (now | | , |
| Name of Behesting Agency Officia | al: <u>Alameda County Super</u> | visor Nate Miley, District 4 | |
| | Komika Dunlan & Amy | Fitzgerald | 2 2 |
| Name of Individual or Organizatio | n: | Nun | nber of Tickets:2 |
| Description of Organization: | | | |
| Description of Organization. | | | |
| Address of Organization: | | | State Zip Code |
| Address of Organization. Number an | d Street | City | State Zip Code |
| Purpose for Distribution: (Describ | e the public purpose for the d | istribution to the organization.) | |
| To promote attendance at an eve | ent held at a County facility | in order to maximize potential Cou | nty revenue through |
| | | | |
| 5. Verification | | | |
| | n of tickets set forth above is | in accordance with the provisions of FF | PC Regulation 18944.1. |
| 1 and 1 | | OPERATIONS MANAGI | |
| ALT Charles Dalance | ANNA GEE Print Name | Title | (month, day, year) |
| Signature of Agency Flead or Designee Comment: (Use this space or an attac | | | |
| | timent for any additional informat | and meloding another on presidently | |
| parking and concession sales | | | |

| Tickets Provided by Agency Report | A Publ | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|--|--|--------------------------------|---|---|
| . 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 NumberE-mail(510) 272-6692District2@aAgency Contact (name and title)Michelle Dianda, Ticket Administrator, B | ea Code/Phone Number E-mail 10) 272-6692 District2@acgov.org ency Contact (name and title) | | | explain in Part 5.) (month, day, year) |
| 2. Event For Which Tickets Were Dis | | | | |
| | Description of Even Face Value of Ticke entify source of ticke | et: \$ | 5.00 | |
| Name of Outside Source of Ticket(s) Pro | • | • | Fair Board Associatio | on |
| Number of Tickets Received:25 | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticke | t(s) (use a continuation | on sheet for addi | ional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is In be the Public Purpose f | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receivi | - | | of an agency official.) | |
| Name of Behesting Agency Official: <u>Sup</u> | ervisor Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: Linc | coln Child Center | 1000 <u>1000</u> - 2000 - 2000 | | per of Tickets: <u>25</u> |
| Description of Organization: Helping chi | ldren to stay with the | eir families whe | n parents are unable | or absent to care for |
| Address of Organization: 1149 A Street, Number and Street | Hayward CA 94541 | City | | State Zip Code |
| Purpose for Distribution: (Describe the put To reward a nonprofit organization for its | | | organization.) | |
| 5. Verification | | | · · · | |
| I have determined that the distribution of tick | ets set forth above is i IELLE DIANDA | | h the provisions of FPP ET ADMINISTRATO | |
| Signature of Agency Head or Designee Comment: (Use this space or an attachment fo | Print Name or any additional informati | on including amen | Title Iment explanation.) | (mor l th, day, y d ar) |

| Agency Report | | A Pubi | ic Document | | TICKETS PROVIDED B AGENCY REPOR |
|--------------------------------|---------------------------|----------------------|---|----------------|------------------------------------|
| 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 | | Amenc | iment (Mustexp | lain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@ac | gov.org | Data of Or | iginal Filing: | |
| Agency Contact (name and title | | | Date of Of | iginai r ning | (month, day, year) |
| Amy Shrago, Policy Analys | | | | | |
| 2. Event For Which Ticket | | | Oakland Als | | |
| Date(s) of Event:/_(| 06 <u>/ 11</u> Desc | ription of Evei | nt: <u>Oakland A's</u> | | |
| / | / Face | Value of Ticke | et: \$ 38.00 | | |
| Agency Event 🛛 Yes | 🔀 No (Identify s | ource of ticke | ts below.) | | |
| Name of Outside Source of | Ticket(s) Provided | to Agency: <u>Oa</u> | akland A's | | |
| Number of Tickets Received | | | vided to Agency: 🛛 Gra | tuitously | E Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuatio | | | |
| Name of Offi (Last, First) | cial | Number of Tickets | State Whether the Dist Describe the Publ | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | | | | ncy official.) | |
| Name of Behesting Agency | Official: Keith Cars | on, Superviso | or Fifth District | | |
| Name of Individual or Orga | | | | Numbe | or of Tickets:2 |
| Description of Organization | : | | | | |
| Address of Organization: | umber and Street | | City | <u></u> | State Zip Cod |
| Purpose for Distribution: (| Describe the public pu | rpose for the di | stribution to the organization | ı.) | |
| To promote attendance at | | | | | rking and concession |
| 5. Verification | | | | | |
| I have determined that the dis | tribution of tickets set | forth above is i | n accordance with the provi | sions of FPPC | Regulation 18944.1. |
| 1/1 | | | Policy Analyst | | 06/23/11 |
| the Xm all | Amy Shrag | 0 | T Olicy Analyst | | 00/20/11 |

| Tickets Provided by A Public Docume | | | | nt | | ROVIDED B' |
|-------------------------------------|------------------------------|---------------------------------------|-----------------------------|--|---------------------------------------|---------------------------|
| . Agency Name | | teeneedig familiaan middilfaalaan mid | | Date Stamp | California | 802 |
| COUNTY OF ALAMEDA | | | | | Form | |
| Division, Department, or Regio | n (if applicable) | <u></u> | | | For Official U | se Only |
| 1221 OAK STREET, #555 | | | | | | |
| Street Address | | | | | | |
| OAKLAND, CA 94612 | | | | | | |
| | E-mail | | | Amendment (Must | explain in Part 5.) | |
| (510) 272-6685 | Amy.Shrago@acgc | ov.org | | | , , , , , , , , , , , , , , , , , , , | |
| Agency Contact (name and title) | | | | Date of Original Filing | :(month, day, year, |) |
| Amy Shrago, Policy Analyst | | | | | | - Million and Million Car |
| 2. Event For Which Tickets | Were Distributed | , | | | | |
| Date(s) of Event:06 / _28 | | | _{ht} . Oakland A's | | | |
| Date(s) of Event: | | | | 38.00 | | |
| / | / Face V | alue of LICKE | et: \$ | | | |
| Agency Event 🛛 🗌 Yes | 🔀 No (Identify so | | | | | |
| Name of Outside Source of T | | | | <u></u> , | | <u></u> |
| Number of Tickets Received: | ב 2 | icket(s) Proי | vided to Agency | /: ☐ Gratuitously | 🗵 Pursuant to | o Contrac |
| 3. Agency Official(s) Receiv | /ing Ticket(s) (use | e a continuatio | on sheet for addit | ional names) | | |
| Name of Offici (Last, First) | al | Number of Tickets | | ner the Distribution is be the Public Purpose | | |
| | | | | <u></u> | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. Individual or Organizatio | | | | t of an agency official. |) | |
| Name of Behesting Agency (| Official: <u>Keith Carso</u> | on, Superviso | or Fifth District | | | <u></u> |
| Name of Individual or Organi | zation: Socially Re | sponsible Ne | etwork | | nber of Tickets: _ | 2 |
| Description of Organization: | Provide resources, | technical as | sistance, legisl | ative information, a | nd facilitate netwo | orking |
| Address of Ordanization: | 0 Grand Ave. #57 | | Oakla | nd, | CA State | 94610 Zip Code |
| Purpose for Distribution: (De | escribe the public purp | oose for the di | istribution to the o | organization.) | | |
| To reward a school or nonpi | | | | | | |
| | J | | | | | |
| 5. Verification | | . | | | | 0444 |
| I have determined that the distr | | | | | | |
| Signature of Agency Hearth Design | Amy Shrago | Print Name | Polic | y Analyst Title | | 5/22/11 th, day, year) |
| | | | | | | |

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| 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 802 |
| Division, Department, or Region | n (if applicable) | | | | For Official Use Only |
| 1221 OAK STREET, #555 | | | | | |
| Street Address | | | | | |
| OAKLAND, CA 94612 | | | | | |
| | E-mail | | | - | 11/e - 2 - 12 - 134234 |
| (510) 272-3882 | crystal.hishida@a | acaov.ora | | Amendment (Must e | explain in Part 5.) |
| Agency Contact (name and title) | oryotalinornaa@o | logenoig | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princip | al Analyst, Coun | ty Administrat | tor's Office | | (monin, day, year) |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event:07_/_09 | | | nt: LIPPIZZAN | ER STALLIONS | |
| / | | | et: \$ | 61.00 | |
| | | | | | |
| Agency Event 🛛 Yes | 🛛 No (Identify s | | | | |
| Name of Outside Source of Ti | cket(s) Provided t | o Agency: <u>G</u> | OLDEN STATE | WARRIORS | |
| Number of Tickets Received: | | | | | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiv | ing Ticket(s) (u | se a continuatio | on sheet for addi | tional names) | |
| Name of Officia (Last, First) | al | Number of Tickets | [1] M. D. D. P. Markell, "Herbits of Statistics", 199 | ther the Distribution is In be the Public Purpose for | |
| (Leost Hoty | | OF TICKETS | Descri | be the Fublic Fulpose h | |
| | | | | | |
| · | | | | - | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization | 17 | | | | |
| Name of Behesting Agency O | fficial. Alameda C | County Superv | visor Scott Hag | gerty, District 1 | |
| | | | | | |
| Name of Individual or Organiz | ation: Nat Piazza | 1 | | Numb | er of Tickets: <u>2</u> |
| | | | | | |
| Description of Organization: _ | | | | | × |
| Address of Organization: | | | ě | | |
| - Numb | er and Street | | City | | State Zip Code |
| Purpose for Distribution: (Des | cribe the public pur | pose for the di | stribution to the o | organization.) | |
| To promote attendance at a c | ounty sponsored | event at a Co | ounty facility to | maximize potential co | unty revenue |
| 5. Verification | | | | | |
| I have determined that the distribution | ution of tickets set (| forth above is in | 1 accordance wit | h the provisions of FPP | C Regulation 18944 1 |
| | | | | | togulation roottin |
| Men yours | Lee Ann Fe | | Ticke | et Administrator | 6/29/11 |
| Signature of Agency Head or Designee | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an a | attachment for any add | ditional information | on including amend | dment explanation.) | |
| | | | | | |

| Tickets Provided by A Public Docume | | | nt | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|---|---|--|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address | | | Date Stamp | California 802 Form 802 For Official Use Only |
| OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title) Amy Shrago, Policy Analyst | gov.org | | Amendment (Must of Date of Original Filing: | |
| 2. Event For Which Tickets Were Distribut Date(s) of Event: 10 11 Desc Face Agency Event □ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided Number of Tickets Received:5 | cription of Even Value of Ticke source of ticke to Agency: <u>G</u> | et: \$ ets below.) olden State Wa | | ☑ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (u Name of Official | use a continuatio | | | ncome to the Official or |
| (Last, First) Brown, Aisha | of Tickets 4 | | be the Public Purpose | |
| Individual or Organization Receiving Tide 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 public | | City | Num | ber of Tickets: State Zip Code |
| 5. Verification I have determined that the distribution of tickets set Stighture of Agency Hear or Designee Comment: (Use this space or an attachment for any a | JO Print Name | Polic | y Analyst _{Title} | PC Regulation 18944.1. 06/22/11 (month, day, year) |

| Tickets Provided by Agency Report A Public Document | | | | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|----------------------------|-----------------------------------|-----------------------|---|---|
| I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address | | | | Date Stamp | California Form 802 For Official Use Only |
| 1221 OAK STREET, #536, C | DAKLAND, CA 946 E-mail | 612 | | | |
| | District2@acgov.c | Date of Original Filing | | | |
| 2. Event For Which Tickets | | ed | | | |
| Agency Event 🛛 Yes | /Face ⊠ No (Identify s | Value of Tick | et: \$ ets below.) | 83.80 | |
| Name of Outside Source of Ti Number of Tickets Received: | | | | rriors y: □Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiv | r ing Ticket(s) (แะ | se a continuatio | on sheet for addi | tional names) | |
| Name of Officia (Last, First) | al | Number of Tickets | | her the Distribution is In be the Public Purpose f | |
| | | | | | |
| 4. Individual or Organization Name of Behesting Agency C | - | • | | t of an agency official.) | |
| Name of Individual or Organiz | | | | Numb | per of Tickets:4 |
| Description of Organization: _ | | | | | |
| Address of Organization: | per and Street | | City | MINTER PRIME OF 1877 | State Zip Code |
| Purpose for Distribution: (Des To promote attendance at an | | | | | y revenue |
| 5. Verification | oution of tickets set t | forth above is i | n accordance wit | h the provisions of FPP | C Regulation 18944.1. |
| Juli Juis | Ruben Brior | nes | | ty Chief of Staff | <u> (/28/11</u> |
| Signature of Agency Head or Designed Comment: (Use this space or an | | Print Name ditional informatio | on including amend | Title Iment explanation.) | (month, day, year) |

| Agency Report A Public Documen I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 | Date Stamp | AGENCY REPORT California Form 802 For Official Use Only |
|--|---|--|
| | | |
| | | |
| (510) 272-3882 crystal.hishida@acgov.org | ☐ Amendment <i>(Must expla</i> | ain in Part 5.) (month, day, year) |
| 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 10 / 11 Description of Event: R. Kelly concerning / | 95.80 iors | I Pursuant to Contract |
| B. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition | onal names) | |
| | er the Distribution is Inconet the Public Purpose for t | |
| I. Individual or Organization Receiving Ticket(s) (Provided at the behest of Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 | of an agency official.) | |
| Name of Individual or Organization: Stephanie Bryan Description of Organization: | | of Tickets:2 |
| To promote attendance at an event held at a County facility in order to maxim | nize potential County r | evenue from sales |
| 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distribution of tickets set forth above is in accordance with the distributic distributi | RVISOR'S ASSISTAN | in lin lit |

| 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 (if applicable) Street Address | | | | Date Stamp | California Form 802 For Official Use Only |
| 1221 OAK STREET, #555, Area Code/Phone Number (510) 272-3882 | E-mail crystal.hishida@a | | | Amendment (Must | |
| Agency Contact (name and title Crystal Hishida Graff, Princ | | y Administrate | or's Office | Date of Original Filing | (month, day, year) |
| 2. Event For Which Ticket Date(s) of Event: | 10 / 11 Desc / Face ⊠ No (Identify s Ticket(s) Provided t | ription of Eve Value of Tick cource of ticke to Agency: <u>G</u> | et: \$ ets below.) olden State Wa | \$95.80 | |
| 3. Agency Official(s) Rece | | | | • | |
| Name of Offi (Last, First) | cial | Number of Tickets | State Whe | | ncome to the Official or for the Distribution |
| 4. Individual or Organizati Name of Behesting Agency | | | | t of an agency official.) | |
| Name of Individual or Organ Description of Organization Address of Organization: <u>Nu</u> Purpose for Distribution: (D To promote attendance at a | nization: <u>Emily Fink</u> | le pose for the di | City stribution to the o | organization.) | ber of Tickets:2 |
| 5. Verification I have determined that the dist Signature of Agency Head or Design Comment: (Use this space or a | ALEXANDR | RA BOSKOVI Print Name | | ERVISOR'S ASSIST. Title | - / / n / |

| Tickets Provided by Agency Report | | A Publ | ic Docum | ent | TICKETS PROVIDED B AGENCY REPOR |
|--|--|---|--|--|---|
| 1. Agency Name COUNTY OF ALAMEDA | . Agency Name | | | Date Stamp | California Form 802 For Official Use Only |
| Street Address 1221 OAK STREET, #555, | OAKLAND, CA 94 | 612 | | | |
| Area Code/Phone Number (510) 272-3882 Agency Contact (name and title | E-mail crystal.hishida@a | acgov.org | | Date of Original Filing: | |
| Crystal Hishida Graff, Princ | and the second | | or's Office | | |
| 2. Event For Which Tickets Date(s) of Event:/ / Agency Event ☐ Yes Name of Outside Source of Number of Tickets Received | 03 <u>/ 11</u> Desc / Face ⊠ No (Identify s Ticket(s) Provided | cription of Even Value of Ticke source of ticke to Agency: <u>Oa</u> | et: \$ ts below.) akland Athleti | \$38.00 | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Rece | | | | | |
| Name of Offi | | Number | State Wh | ether the Distribution is In | 27 김 사람이 가지 않는 것 같아요. 김 사람이 집에 가지 않는 것이다. |
| (Last, First) | | of Tickets | Desc | ribe the Public Purpose fo | |
| 4. Individual or Organizati Name of Behesting Agency | or the strategy states strategy and | | | est of an agency official.) | |
| Name of Individual or Organ | | | | Numb | er of Tickets: <u>2</u> |
| Description of Organization: | | | | | |
| Address of Organization: | mber and Street | | Cit | y | State Zip Code |
| Purpose for Distribution: (D To promote attendance at a | and comparison to operation | NOTESTS NUMBER OF | | | y revenue from sales |
| 5. Verification I have determined that the dist | CRYSTAL | forth aboye is in Gostko HISHIDA GRA | | ith the provisions of FPP Provisions of FPP NCIPAL ANALYSI | C Regulation 18944.1. |
| Signature of Agency Head or Design | nee | Print Name | | Title ndment explanation.) | (month, day, year) |

| Tickets Provided by | | | | | TICKETS PROVIDED B |
|---|-----------------------------|-----------------------|---|-----------------------------|-----------------------|
| Agency Report | | A Pub | lic Docum | ent | AGENCY REPOR |
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | Form Con |
| Division, Department, or Region (| if applicable) | | | | For Official Use Only |
| | | | | | |
| Street Address | | | | 1 | |
| 1221 OAK STREET, #555, OA | KLAND, CA 946 | 12 | | | |
| Area Code/Phone Number E-m | | | | | |
| | /stal.hishida@ad | odov ord | | Amendment (Must e | xplain in Part 5.) |
| Agency Contact (name and title) | stal.misilua@at | cgov.org | | Date of Original Filing: | |
| | Analyst County | Administrat | orla Office | | (month, day, year) |
| Crystal Hishida Graff, Principal | | | or s Office | | |
| 2. Event For Which Tickets We | | | Optional Al | | |
| Date(s) of Event:09 /20 / | <u> </u> | iption of Eve | nt: Oakland A | s game | |
| / | Face \ | Value of Tick | et: \$ | \$38.00 | |
| | | | | | |
| Agency Event 🛛 Yes 🛛 | Identify so No (Identify so | ource of ticke | ts below.) | | |
| Name of Outside Source of Ticke | et(s) Provided to | Agency. Of | akland Athletic | S | |
| | | JAgeney | | | |
| Number of Tickets Received: | 2 | Ticket(s) Pro | vided to Agend | cy: 🔲 Gratuitously | Pursuant to Contract |
| | | | | | |
| 3. Agency Official(s) Receiving | g Ticket(s) (us | e a continuatio | on sheet for add | itional names) | |
| Name of Official | | Number | 2.8121 KINA BIOSS (1997) 331 (28) (29) | ther the Distribution is In | |
| (Last, First) | | of Tickets | Descr | ibe the Public Purpose for | or the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organization F | Receiving Tick | ket(s) (Provid | ded at the behes | st of an agency official.) | |
| Name of Behesting Agency Offic | Supervisor | Wilma Chan | District 3 | | |
| Name of Benesting Agency Onic | iai | | | | |
| Name of Individual or Organizati | on. Karen Marc | cus | | Numb | per of Tickets:2 |
| Hamo of Marridaa of organizati | | | | | |
| Description of Organization: | | | | | |
| | | | | | |
| Address of Organization: | | | | | |
| Number a | ind Street | | City | | State Zip Code |
| Purpose for Distribution: (Descri | be the public purp | oose for the dis | stribution to the | organization.) | |
| To promote attendance at an ev | ent held at a Co | ounty facility | n order to may | kimize potential Count | v revenue from sales |
| | on nord and oc | | | | |
| 5. Verification | | | | | |
| | | | | | 0.0 |
| I have determined that the distribution | Alexan | In above is in | accordance wi | opervisor's Assis | Regulation 18944.1. |
| 10- | CRYSTAL H | | | CIPAL ANALYST | 618/11 |
| Signature of Agency Head or Designee | P | Print Name | <u>, , , , , , , , , , , , , , , , , , , </u> | Title | (month, day, year) |
| Comment: (Use this space or an atta | chment for any add | itional informatio | on including amen | dment explanation.) | |
| | | | | | |

| Tickets Provided by | | A Publ | lic Docume | ant | TICKETS PROVIDED BY |
|-----------------------------------|---------------------------|-------------------|---|-----------------------------|------------------------|
| Agency Report 1. Agency Name | | ATUM | lie boeume | 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 | | | | | |
| OAKLAND, CA 94612 | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must e | evolain in Part 5.) |
| (510) 272-6691 | leeann.fergerson(| @acgov.org | | | ny an ar ar ar |
| Agency Contact (name and title | ə) | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princ | pipal Analyst, Count | ty Administrat | or's Office | | 11 - 1 |
| 2. Event For Which Ticket | s Were Distribute | əd | | | |
| Date(s) of Event: | 02 <u>/ 11</u> Desc | ription of Ever | nt: <u>A's Game</u> | | |
| | / Face | | | 43.75 | |
| | DINE (Identifier | | | | |
| Agency Event 🛛 Yes | 🗵 No (Identify s | | The second state in the second state of the | | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency: Oa | akland A's | | |
| Number of Tickets Received | | | | sy: 🔲 Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuatio | on sheet for addi | itional names) | |
| Name of Offi | | Number | 1 THE REPORT OF A 199 | ther the Distribution is In | |
| (Last, First) | | of Tickets | Descr | ibe the Public Purpose f | or the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Alameda (| County Superv | visor Scott Had | aerty. District 1 | |
| Name of Behesting Agency | Official: | | | | |
| Name of Individual or Orga | nization: Leif Madrig | gal | | Numb | per of Tickets:4 |
| | | | | | |
| Description 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.) | |
| to reward an community vo | a a sa ba ¹ as | 2 o 110 o a | | | |
| | funceer for this service | | | | |
| 5. Verification | | | | | |
| I have determined that the dist | ribution of tickets set f | forth above is ir | n accordance wi | th the provisions of FPP | C Regulation 18944.1. |
| Luli Din | | | | ET ADMINISTRATO | |
| Signature of Agency Head or Desig | Lee Ann Fe | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | | | on including amen | | (, uu), you) |
| Sommona (use this space of a | in allocation for any act | anona mornan | an more and a more | | |
| | | | | | |

| Tickets Provided by Agency Report | A Publ | lic Docume | nt | TICKETS PROVIDED B |
|--|--|-----------------------|---|--|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 | | | Date Stamp | California Form 802 For Official Use Only |
| | Agency Contact (name and title) | | | explain in Part 5.) (month, day, year) |
| | Description of Even Face Value of Ticke entify source of ticke | et: \$ ets below.) | \$43.75 | |
| Name of Outside Source of Ticket(s) Pro Number of Tickets Received: <u>4</u> | | | | Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticker Name of Official (Last, First) | t(s) (use a continuation Number of Tickets | State Whet | ional names) her the Distribution is Ir be the Public Purpose f | |
| 4. Individual or Organization Receivin Name of Behesting Agency Official: <u>Sup</u> Name of Individual or Organization: <u>Carl</u> Description of Organization: | ervisor Wilma Chan Chan | | | per of Tickets:4 |
| Address of Organization: Number and Street Purpose for Distribution: (Describe the pu To reward a community volunteer for his | | | | State Zip Code community. |
| 5. Verification I have determined that the distribution of ticker Alexa Signature of Agency Head or Designee Comment: (Use this space or an attachment for | Indra Boskovich Print Name | Supe | rvisor's Assistant _{Title} | C Regulation 18944.1. 6/30/11 (month, day, year) |
| | | | | FPPC Form 802 (Feb/09 |
| ickets Provided by gency Report | A Publ | c Document | TICKETS PROVIDED BY AGENCY REPORT |
|--|-----------------------------------|--|--------------------------------------|
| Agency Name | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if applica | ble) | | For Official Use Only |
| | | | |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND | , CA 94612 | | |
| Area Code/Phone Number E-mail | | Amendment (| Must explain in Part 5.) |
| () | shida@acgov.org | | |
| Agency Contact (name and title) | | Date of Original F | iling:(month, day, year) |
| Crystal Hishida Graff, Principal Analys | t, County Administrate | r's Office | |
| Event For Which Tickets Were Di | stributed | | |
| Date(s) of Event:07 29 11 | | t. Oakland A's game | |
| Date(s) of Event: | Description of Ever | \$43.75 | |
| // | Face Value of Ticke | t: \$ | |
| Agency Event DYes No (I | dentify source of ticke | s below.) | |
| . | | | |
| Name of Outside Source of Ticket(s) P | rovided to Agency: 02 | | |
| Number of Tickets Received:2 | | | sly 🛛 🖾 Pursuant to Contrac |
| Agency Official(s) Receiving Tick | (et(s) (use a continuation | | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution Describe the Public Purp | |
| | 01 TICKEIS | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| | | | |
| Individual or Organization Recei | ving Ticket(s) (Provi | led at the behest of an agency offi | cial.) |
| Name of Behesting Agency Official: <u>S</u> | upervisor Wilma Chan | , District 3 | |
| | | | 2 |
| Name of Individual or Organization: <u>B</u> | onnie Edwa | | Number of Tickets:2 |
| Description of Organization: | | | |
| | | | |
| Address of Organization: | et | City | State Zip Code |
| | | | |
| Purpose for Distribution: (Describe the | | | |
| To promote attendance at an event he | eld at a County facility | in order to maximize potential (| County revenue from sales |
| | | | |
| . Verification | | | |
| I have determined that the distribution of t | ickets set forth above is i | n accordance with the provisions o | f FPPC Regulation 18944,1. |
| 110 1 | Hekandra Bosko | AFF PRINCIPAL ANALYS | 13315 [Mai]]] |
| | TOTAL MORIDA OR | | ~ ¥/ () |
| Signature of Agency Head or Designee | Print Name | Title | (month day year) |

| | | | eren ako inilizio disenso e cistatelle si cis | ent | AGENCY REPOR |
|--|----------------------------|----------------------|---|---|------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | л. Г | Form 002 |
| 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 exp | lain in Part 5.) |
| (510) 272-3882 | crystal.hishida@a | cgov.org | | | 31939/214/31/16/04 |
| Agency Contact (name and title) | | | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Princi | pal Analyst, Count | y Administrat | or's Office | | |
| 2. Event For Which Tickets | Were Distribute | d | | | |
| Date(s) of Event: <u>06</u> / <u>2</u> | 5 / 11 Descr | iption of Eve | nt: ALAMEDA | COUNTY FAIR | |
| / | | | et: \$ | E 00 | |
| Agency Event 🛛 Yes | ⊠ No (Identify so | ource of ticks | ts helow) | | |
| | | | 8 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | |
| Name of Outside Source of T | | o Agency: <u>Al</u> | AMEDA COUR | TY FAIR ASSOCIATIO | JN |
| Number of Tickets Received: | 8 | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously [| ☑ Pursuant to Contrac |
| 3. Agency Official(s) Receiv | ving Ticket(s) (us | e a continuatio | on sheet for addit | ional names) | |
| Name of Offic (Last, First) | ial | Number of Tickets | | her the Distribution is Inco be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizatio | | | | | |
| Name of Behesting Agency 0 | Official: <u>Alameda C</u> | ounty Superv | visor Scott Hag | gerty, District 1 | |
| Name of Individual or Organi | zation: <u>Silvia Soub</u> | let | | Number | r of Tickets: <u>8</u> |
| Description of Organization: | | | | | |
| Address of Organization: | ber and Street | | City | | State Zip Code |
| Purpose for Distribution: (De | | ose for the di | stribution to the o | rganization) | |
| | | | | net te ne server a server de la constante | atu revenue |
| To promote attendance at a | county sponsored e | event at a Co | unity facility to r | naximize potential cour | ity revenue |
| 5. Verification | | | | | |
| I have determined that the distri | bution of tickets set fr | orth above is ir | accordance with | the provisions of FPPC I | Regulation 18944 1 |
| | | | | n - Henrik Berner (1997) - Henrik Berner (1997) - Henrik Berner (1997) 1971 - Marst - Martin Martin Britstein (1975) - Henrik Berner (1975) - Henrik Berner (1975) - Henrik Berner (19 | |
| VIII XI DI | LEE ANN FE | RGERSON | TICK | ETS ADMINISTRATOR | 6/24/11 |
| Signature of Agency Head or Designe | | Print Name | | Title | (month, day, year) |

| Tickets Provided by | | A Pub | lic Docume | ont | TICKETS PROVIDED BY |
|------------------------------------|---------------------------|--------------------|---------------------------|------------------------------|--------------------------|
| Agency Report 1. Agency Name | | AT US | no Doodine | Date Stamp | California |
| COUNTY OF ALAMEDA | | | | Date Stamp | Form 802 |
| 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 | | | Amendment (Must e | volain in Part 5.) |
| (510) 272-3882 | crystal.hishida@a | cgov.org | | | (piani ur Part 5.) |
| Agency Contact (name and title | , , | | | Date of Original Filing: . | (month, day, year) |
| Crystal Hishida Graff, Princ | ipal Analyst, Coun | ty Administrat | tor's Office | | |
| 2. Event For Which Tickets | | | | | |
| Date(s) of Event:06_/_2 | 22 <u>/ 11</u> Desc | ription of Eve | nt: ALAMEDA | COUNTY FAIR | |
| /////////////////////////_/ | | | et: \$ | F 00 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | ource of ticke | ets below.) | | |
| Name of Outside Source of | | | | NTY FAIR ASSOCIAT | ION |
| | | | | | |
| Number of Tickets Received | l: <u>12</u> | 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 | 신간이 집안 알려졌다. 김 가슴 것을 가셨다. | ther the Distribution is Ind | |
| (Last, First) | | of Tickets | Desch | be the Public Purpose fo | r the Distribution |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizati | on Receiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| | | | | | |
| Name of Behesting Agency | Official: Alameda C | Jounty Super- | visor ocolt riag | gerty, District 1 | |
| Name of Individual or Orgar | nization: GLORIA O | ISON | | Numb | er of Tickets: <u>12</u> |
| Description of Organization: | | | | | |
| | | | | | |
| Address of Organization: | mber and Street | | City | | State Zip Code |
| Purpose for Distribution: (D | escribe the public pur | nose for the di | stribution to the | organization) | |
| To promote attendance at a | | | | | unty revenue |
| | recounty sponsored | eventara oc | Junty racinty to | maximize potential co | |
| 5. Verification | | | | | |
| I, have determined that the dist | ribution of tickets set f | forth above is in | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| Real Xim | LEE ANN F | ERGERSON | TICK | ETS ADMINISTRATC | R 6/21/11 |
| Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or a | n attachment for any ad | ditional informati | on including amend | dment explanation.) | |
| | | | | | |
| · | | | | | |

| | | | | AGENCY REPORT |
|--|----------------------------|------------------------------------|------------------------------|---|
| 1. Agency Name | | C | Date Stamp | California Form 802 |
| COUNTY OF ALAMEDA | | | | For Official Use Only |
| Division, Department, or Region (if applicable) | | | | Li Parente conserva e la conserva e para e la para de la |
| 1221 OAK STREET, #555 Street Address | | | | |
| LETTER CARE CONTRACTOR CONTRACTOR | | | | |
| OAKLAND, CA 94612 Area Code/Phone Number E-mail | | | And the Provide state of | |
| and the second sec | da@acgov.org | | Amendment (Must exp | olain in Part 5.) |
| Agency Contact (name and title) | alleaceov.org | | Date of Original Filing: _ | (manth day and |
| Crystal Hishida Graff, Principal Analyst, (| County Administrat | tor's Office | | (month, day, year) |
| 2. Event For Which Tickets Were Distr | | | | |
| Date(s) of Event:062911 | | nt. ALAMEDA | COUNTY FAIR | |
| | | | E 00 | |
| / | Face Value of Tick | et: \$ | | |
| Agency Event 🛛 Yes 🗵 No (Ider | ntify source of ticke | ets below.) | | |
| Name of Outside Source of Ticket(s) Provi | ided to Agency. AL | AMEDA COUN | NTY FAIR ASSOCIATIO | NC |
| | | | | |
| Number of Tickets Received: <u>8</u> | Ticket(s) Pro | vided to Agenc | y: 🔲 Gratuitously | Review Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket(| s) (use a continuatio | on sheet for addi | tional names) | |
| | | 8/0 <u>2 0</u> 002-28-5221-24-0034 | her the Distribution is Inco | ome to the Official or |
| Name of Official (Last, First) | Number of Tickets | | be the Public Purpose for | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving | a Ticket(s) (Provi | l ded at the behes | t of an agency official.) | |
| | | | | |
| Name of Behesting Agency Official: Alam | eda County Super | visor Scott Hag | gerty, District 1 | |
| Elizat | oeth Lopez | | Number | s of Ticketov 8 |
| Name of Individual or Organization: Elizat | | | Numbe | r of Tickets: <u></u> |
| Description of Organization: | | | | |
| | | | | |
| Address of Organization: | | 01 | | 01-1- 71- 0-1- |
| Number and Street | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public | lic purpose for the di | stribution to the o | organization.) | |
| To promote attendance at a county spons | ored event at a Co | ounty facility to | maximize potential cou | nty revenue |
| | | | | |
| 5. Verification | | | | |
| I have determined that the distribution of ticket | s set forth above is ii | n accordance wit | h the provisions of FPPC | Regulation 18944.1. |
| Thave determined that the distribution of ticket | | | | |
| | NN FERGERSON | TICK | ETS ADMINISTRATOR | 6/27/11 |
| | NN FERGERSON Print Name | TICK | ETS ADMINISTRATOF | R 6/27/11 (month, day, year) |

| 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 (if applicable) Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612 | | Date Stamp | California Form 802 For Official Use Only | | |
| 1221 OAK STREET, #536, Area Code/Phone Number (510) 272-6692 Agency Contact (name and title Michelle Dianda, Ticket Adr 2. Event For Which Tickets Date(s) of Event:06/_2 | E-mail District2@acgov.c) ninistrator, BOS s Were Distribute | org ed | _{nt} . Alameda Co | ☐ Amendment (Must Date of Original Filing: Dunty Fair | |
| Agency Event Yes Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Received | / Face ⊠ No (Identify s Ticket(s) Provided t :10 | Value of Ticke ource of ticke o Agen _c y: <u>Ala</u> Ticket(s) Pro | et: \$ ts below.) ameda County vided to Agenc | 5.00 Fair Board Association y: | on 区 Pursuant to Contract |
| Name of Offic (Last, First) | | Number of Tickets | State Whet | | ncome to the Official or for the Distribution |
| Individual or Organization Name of Behesting Agency Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a | Official: Supervisor | Nadia Locky Ryans | er, District 2 City | Num | ber of Tickets: <u>10</u> State Zip Code |
| 5. Verification I have determined that the distribution Signature of Agency Head or Design Comment: (Use this space or a | ribution of tickets set f | forth above is ir DIANDA Print Name | n accordance wit | th the provisions of FPF ET ADMINISTRATO Title | PC Regulation 18944.1. |

| Tickets Provided by Agency Report | A Public Document | | | TICKETS PROVIDED BY AGENCY REPORT |
|---|---------------------------------------|-------------------|---|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicab | le) | | Date Stamp | California Form 802 For Official Use Only |
| Street Address 1221 OAK STREET, #555, OAKLAND, | CA 94612 | | | |
| Area Code/Phone Number E-mail (510) 272-3882 crystal.hish Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, | nida@acgov.org County Administrato | or's Office | Amendment (Must expl Date of Original Filing: | outour medicione conceptine estin trav |
| 2. Event For Which Tickets Were Dis Date(s) of Event: 06 / 26 / 11 | tributed | | ounty Fair Parking gene | ral parking pass |
| | Face Value of Ticke | et: \$ | \$8 | |
| Agency Event ☐ Yes ⊠ No (Id Name of Outside Source of Ticket(s) Pro Number of Tickets Received:1 | | ameda County | | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticke | t(s) (use a continuatio | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | ther the Distribution is Inco ibe the Public Purpose for | |
| Jeanette Dong | 1 | To gather inf | formation about the facil | ity presently operated |
| | | by the Count | ly. | |
| 4. Individual or Organization Receivi Name of Behesting Agency Official: Sup | 김 아이들이 그는 것이 집에 집에 들었다. 승규는 것이 없다. | | | |
| Name of Individual or Organization: | | | Number | r of Tickets:1 |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the p | ublic purpose for the di | stribution to the | organization.) | |
| 5. Verification | use act forth above in i | n opportence wi | th the provisions of EPPC | Population 18044 1 |
| I have determined that the distribution of fich | andra Boskovich | | ervisor's Assistant-Distri | |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) |
| Comment: (Use this space or an attachment for | or any additional informati | on including amen | ament explanation.) | |

| Tickets Provided by Agency Report | A Publ | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|--|---|--|---|--|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address | | | Date Stamp | California Form 802 For Official Use Only |
| OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-6685 Amy.Shrago@acg Agency Contact (name and title) Amy Shrago, Policy Analyst | | | ☐ Amendment <i>(Must</i> Date of Original Filing | |
| 2. Event For Which Tickets Were Distribute Date(s) of Event: 06 1011 Descr Face ^ | iption of Ever Value of Ticke ource of ticke o Agency: <u>Go</u> | et: \$ ts below.) olden State Wa | | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First) | se a continuatio Number of Tickets | State Whet | | ncome to the Official or for the Distribution |
| 4. Individual or Organization Receiving Tic Name of Behesting Agency Official: Keith Carse Name of Individual or Organization: Seth Stewa Description of Organization: | on, Superviso art | or Fifth District | Num | ber of Tickets:4 |
| Address of Organization: Number and Street Purpose for Distribution: (Describe the public pur To promote attendance at a County facility in o | | | | State Zip Code |
| 5. Verification I have determined that the distribution of tickets set f Signature of Agency Head Designee Comment: (Use this space or an attachment for any additional set of the space |) Print Name | Polic | y Analyst _{Title} | PC Regulation 18944.1. 06/22/11 (month, day, year) |

| Tickets Provided by Agency Report | A Publi | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|--|--|-----------------------|---|---|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address | | Date Stamp | California Form 802 For Official Use Only |
| 1221 OAK STREET, #536, OAKLAND, C | A 94612 | | | |
| Area Code/Phone NumberE-mail(510) 272-6692District2@acAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BC | gov.org | | Amendment (Must e. | |
| 2. Event For Which Tickets Were Distr | | Alamoda C | ounty Eair | |
| Date(s) of Event: <u>06</u> <u>22</u> <u>11</u> | Description of Ever Face Value of Ticke | | 5.00 | |
| • • | ntify source of ticke | | | |
| Name of Outside Source of Ticket(s) Prov | ded to Agency: Ala | ameda County | Fair Board Associatio | n |
| Number of Tickets Received:50 | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(| s) (use a continuatio | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is In be the Public Purpose for | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receivin | g Ticket(s) (Provid | l ded at the behes | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Supe</u> | rvisor Nadia Locky | er, District 2 | <u></u> | |
| Name of Individual or Organization: Eden | Youth and Family | Services | Numb | per of Tickets: <u>50</u> |
| Description of Organization: <u>Providing su</u> | pport and compreh | ensive service: | s and advocacy for ch | ildren and families |
| Address of Organization: <u>680 W. Tennyson</u> Number and Street | on Road Hayward, | CA 94544 City | | State Zip Code |
| Purpose for Distribution: (Describe the pub | lic purpose for the dis | stribution to the | organization.) | |
| To reward a nonprofit organization for its | contributions to the | e community. | | |
| 5. Verification | | | | |
| I have determined that the distribution of ticker Signature of Agency Head or Designee | ts set forth above is in ELLE DIANDA Print Name | | th the provisions of FPP ET ADMINISTRATO | 1 [-1] |
| Comment: (Use this space or an attachment for | | on including amen | | (|

| Agency Report | A Publ | lic Document | TICKETS PROVIDED B AGENCY REPOR |
|---|---------------------------|--|------------------------------------|
| 1. Agency Name | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if applicab | le) | | For Official Use Only |
| Street Address | | | |
| 1221 OAK STREET, #555, OAKLAND, | CA 94612 | | |
| Area Code/Phone Number E-mail | | Amendment (Must | explain in Part 5.) |
| | nida@acgov.org | | |
| Agency Contact (name and title) | | Date of Original Filing | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, | | or's Office | |
| 2. Event For Which Tickets Were Dis | | | |
| Date(s) of Event: <u>06 / 22 / 11</u> | Description of Even | nt:Alameda County Fair | |
| <u> </u> | Face Value of Tick | et: \$\$5 discount | |
| Agency Event 🛛 Yes 🛛 No (Id | entify source of ticke | ets below.) | |
| Name of Outside Source of Ticket(s) Pro | - | | |
| | | | |
| Number of Tickets Received: <u>5</u> | _ Ticket(s) Pro | vided to Agency: | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticke | et(s) (use a continuation | on sheet for additional names) | · · · · |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is I Describe the Public Purpose | |
| | | | |
| | | | |
| | | | |
| 4. Individual or Organization Receivi | ng Ticket(s) (Provi | ded at the behest of an agency official.) |) |
| Name of Behesting Agency Official: | pervisor Wilma Chan | , District 3 | |
| Name of Individual or Organization: | | | ber of Tickets: <u>5</u> |
| Description of Organization: | | | |
| Address of Organization: | | City. | State Zip Code |
| Purpose for Distribution: (Describe the pu | ublic purpose for the di | City stribution to the organization.) | State Zip Code |
| To promote attendance at an event held | | | ntv revenue from sales |
| | | | |
| 5. Verification | | | |
| I have determined that the distribution of tick | ets set forth above is i | n accordance with the provisions of FP | PC Regulation 18944.1. |
| (I / N | · · · · · · | | |
| Alex | andra Boskovich | Supervisor's Assistant-Di | strict 3 6/30/11 |

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| Tickets Provided by Agency Report | | A Publ | ic Docume | nt | TICKETS PROVIDED BY AGENCY REPORT |
|---|--|-----------------------|--|--|---|
| 1. Agency Name | | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | | |
| 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 | | | Amendment (Must | explain in Part 5.) |
| (510) 272-6685 | Amy.Shrago@aco | gov.org | | | -,,, |
| Agency Contact (name and title | | | | Date of Original Filing | (month, day, year) |
| Amy Shrago, Policy Analys | | | | | |
| 2. Event For Which Ticket | and a second | ed | and a second | | nanganggana (Anaronanggan - Manganang Anaronangganang Anarona), (Anaronang Anarona), (Anarona), (Anaronang Anar |
| Date(s) of Event: | | | nt. Oakland A's | 6 | |
| Date(s) of Event: | | | | 38.00 | |
| / | / 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: | | | |
| Number of Tickets Received | 1: <u>2</u> | Ticket(s) Pro | vided to Agend | :y: □Gratuitously | ☑ Pursuant to Contract |
| 3. Agency Official(s) Rece | | | | | ncome to the Official or |
| Name of Offi (Last, First) | | Number of Tickets | | ibe the Public Purpose | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4. Individual or Organizat | ion Receiving Tie | cket(s) (Provi | ided at the behe | st of an agency official. |) |
| Name of Behesting Agency | Official: Keith Cars | son, Supervis | or Fifth District | an tanın tahın | |
| Name of Individual or Orga | | | the second statement | | nber of Tickets:2 |
| Description of Organizatior | | | | | |
| Address of Organization: | | 4 | City | | State Zip Code |
| | | | | | |
| Purpose for Distribution: (I | Describe the public pu | urpose for the d | listribution to the | organization.) | |
| To reward a community vo | olunteer for his or he | er service to th | ne public | | |
| | | | | | |
| 5. Verification I have determined that the dis | stribution of tickets set | t forth above is | in accordance w | ith the provisions of FF | PC Regulation 18944.1. |
| Thave determined that the dis | | | | | |
| In Smaad | Amy Shraç | | Poli | cy Analyst Title | 06/23/11 (month, day, year) |
| Bign fure of Agency Head or Desi Comment: (Use this space or | | Print Name | tion including ame | | (monin, day, your) |

| 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 (if applicable | 9) | | Date Stamp | California 802 For Official Use Only |
| Street Address 1221 OAK STREET, #536, OAKLAND, (| CA 94612 | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must e | xplain in Part 5.) |
| (510) 272-6692 District2@a Agency Contact (name and title) | icgov.org | | Date of Original Filing: | |
| Michelle Dianda, Ticket Administrator, B | | | | |
| 2. Event For Which Tickets Were Dist Date(s) of Event: | | | ncert 95.80 | · |
| | entify source of ticke vided to Agency: <u>Go</u> | ts below.) olden State Wa | rriors y: □ Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket | t (s) (use a continuatio | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is In be the Public Purpose f | |
| | | | | |
| 4. Individual or Organization Receivin | - | | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Sup</u> | ervisor Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: <u>Zub</u> | air Malakzay | | Numb | per of Tickets: <u>4</u> |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the pu To reward a community volunteer for his | | | organization.) | |
| 5. Verification | ets set forth above is in IELLE DIANDA | | th the provisions of FPP | 1 ~ 1 1 |
| Signature of Agenco Head or Designee Comment: (Use this space or an attachment for | Print Name | | Title | (mqnth, day, fear) |

| Tickets Provided by Agency Report | A Public | Documen | t | TICKETS PROVIDED B AGENCY REPOR |
|---|---|--------------------------|--|------------------------------------|
| 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | California Form 802 |
| Street Address 1221 OAK STREET, #536, OAKLAND, CA 946 | 12 | | | |
| Area Code/Phone NumberE-mail(510) 272-6692District2@acgov.oAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BOS | rg | | _ Amendment <i>(Must</i> ex | |
| 2. Event For Which Tickets Were Distribute Date(s) of Event: <u>06</u> <u>18</u> <u>11</u> Descri/ Face \ | | , | 22.00 | |
| Agency Event Yes No (Identify so Name of Outside Source of Ticket(s) Provided to Number of Tickets Received: 2 | Agency: Oakla | nd A's | Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First) | e a continuation sl Number of Tickets | State Whethe | nal names) r the Distribution is Inc the Public Purpose fo | |
| 4. Individual or Organization Receiving Ticl Name of Behesting Agency Official: <u>Supervisor</u> | | | f an agency official.) | |
| Name of Individual or Organization: <u>New Haver</u> Description of Organization: <u>Focused on raising</u> | n Boosters Assoc g awareness and | ciation funding to su | | er of Tickets:2 |
| Address of Organization: 33377 Western Avenue Number and Street Purpose for Distribution: (Describe the public purp To reward a school or nonprofit organization for | pose for the distrib | City ution to the org | | State Zip Code |
| 5. Verification | | | the provisions of FPPO T ADMINISTRATOF Title | 1.1-1.1.1 |

| Tickets Provided by Agency Report | A Publ | lic Docume | ent | TICKETS PROVIDED BY AGENCY REPORT |
|--|-----------------------------|-------------------------------------|--|--------------------------------------|
| 1. Agency Name | | | Date Stamp | California 002 |
| COUNTY OF ALAMEDA | | | I wegi sa nga sa kiga wegangga sa kisa | 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 | | | — • • • • • • • • • • • • • • • • • • • | |
| (510) 272-3882 crystal.hishida@a | caov.ora | | Amendment (Must e | explain in Part 5.) |
| Agency Contact (name and title) | logottorg | | Date of Original Filing: | (month, day, year) |
| Crystal Hishida Graff, Principal Analyst, Count | ty Administrat | or's Office | | (monin, day, year) |
| 2. Event For Which Tickets Were Distribute | ed | | | |
| Date(s) of Event:062211 Desc | ription of Ever | nt: ALAMEDA | COUNTY FAIR | |
| | | et: \$ | 5.00 | |
| a da antenaria en antenaria | | | | |
| Agency Event 🛛 Yes 🖾 No (Identify s | | and a strate and the second | | |
| Name of Outside Source of Ticket(s) Provided t | o Agency: AL | AMEDA COUN | NTY FAIR | |
| 00 | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s) (us | se a continuatio | on sheet for addi | tional names) | |
| Name of Official | Number | 잡힌 태양 화가가 잘 많이 많이 많이 했다. | her the Distribution is In | |
| (Last, First) | of Tickets | Descri | be the Public Purpose f | or the Distribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4. Individual or Organization Receiving Tic | ket(s) (Provid | led at the behes | t of an agency official.) | |
| Name of Behesting Agency Official: Alameda C | County Superv | isor Scott Hag | gerty, District 1 | |
| Name of Benesting Agency Official: | | | | |
| Name of Individual or Organization: MEL LUNA | ۸ | | Numb | er of Tickets: 20 |
| | | | | |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the public pur | pose for the dis | stribution to the c | organization.) | |
| To promote attendance at a county sponsored | Commentation and the second | | | ounty revenue |
| | | | navana zo potonalo o | |
| 5. Verification | | | | |
| I have determined that the distribution of tickets set f | orth above is ir | accordance wit | h the provisions of FPP | C Regulation 18944.1. |
| | | | | |
| Signature of Agency Head or Designee | rgerson Print Name | ПСКе | et Administrator | (month, day, year) |
| Comment: Use this space or an attachment for any add | | n including amen | | (month, day, year) |
| | anonarmormatic | and an and a second an and a second | anon oxplanation.) | |
| | | | | |

| Agency Report | A Publi | c Document | TICKETS PROVIDED B AGENCY REPOR |
|---|----------------------------|--|---|
| 1. Agency Name | | D a te Stamp | California Form 802 |
| COUNTY OF ALAMEDA | | | Form OOZ For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| 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 F | iling: |
| Michelle Dianda, Ticket Administrator, BOS | | | |
| 2. Event For Which Tickets Were Distribut | | | |
| Date(s) of Event:062211 Desc | cription of Event | Alameda County Fair | |
| // Face | | | |
| Agency Event 🔲 Yes 🗵 No (Identify s | | | |
| | | | ciation |
| Name of Outside Source of Ticket(s) Provided | to Agency: <u>Agency</u> : | | |
| Number of Tickets Received:25 | Ticket(s) Provi | ded to Agency: 🛛 Gratuitous | ly 🛛 Pursuant to Contrac |
| B. Agency Official(s) Receiving Ticket(s) (utility) | ise a continuatior | sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution Describe the Public Purp | |
| | | | *************************************** |
| | | | |
| | | | |
| Leven and the second | | | |
| | | | |
| . Individual or Organization Receiving Tid | • • • | | ial.) |
| Name of Behesting Agency Official: <u>Superviso</u> | r Nadia Lockye | r, District 2 | |
| Name of Individual or Organization: <u>Child, Fan</u> | | | lumber of Tickets:25 |
| Description of Organization: <u>Providing education</u> | | | |
| Description of Organization: | | ···· | |
| Address of Organization: 32980 Alvarado-Nile | s Rd., Suite 846 | 6, Union City, CA 94587 City | State Zip Code |
| Purpose for Distribution: (Describe the public pu | rpose for the dist | ribution to the organization.) | |
| To reward a nonprofit organization for its contr | | | |
| | | | |
| 5. Verification | | | |
| | | | |
| I have determined that the distribution of tickets set | forth above is in a | accordance with the provisions of | FPPC Regulation 18944.1. |
| | | accordance with the provisions of TICKET ADMINISTRA | 1 (-71) |

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

| Tickets Provided by | A Publ | lic Docume | ent | |
|---|---|-----------------------|--|---|
| Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) | | | Date Stamp | California Form 802 |
| Street Address 1221 OAK STREET, #536, OAKLAND, CA | 94612 | | | |
| Area Code/Phone NumberE-mail(510) 272-6692District2@accAgency Contact (name and title)Michelle Dianda, Ticket Administrator, BO | | | ☐ Amendment <i>(Must ex)</i> Date of Original Filing: _ | |
| 2. Event For Which Tickets Were Distri | | | | a de la companya de l La companya de la comp |
| Date(s) of Event: <u>06 / 22 / 11</u> [| | nt: <u>Alameda Co</u> | | |
| / F | ace Value of Tick | et: \$ | 5.00 | |
| Agency Event ☐ Yes ⊠ No (Iden Name of Outside Source of Ticket(s) Provid Number of Tickets Received:10 | | ameda County | | N ⊠ Pursuant to Contract |
| 3. Agency Official(s) Receiving Ticket(s | s) (use a continuatio | on sheet for addi | tional names) | |
| Name of Official (Last, First) | Number of Tickets | | her the Distribution is Inc be the Public Purpose for | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| 4. Individual or Organization Receiving | | | t of an agency official.) | |
| Name of Behesting Agency Official: <u>Super</u> | visor Nadia Locky | er, District 2 | | |
| Name of Individual or Organization: <u>Moniq</u> | | | Numbe | er of Tickets: <u>10</u> |
| Description of Organization: | | | | |
| Address of Organization: | | City | | State Zip Code |
| Purpose for Distribution: (Describe the publi To promote attendance at a County spons | | | - | ue |
| 5. Verification | (f | | the provisions of EDDC | Degulation 19044 1 |
| Signature of Agency Head or Designee | E Set forth above is if LLE DIANDA Print Name | | ET ADMINISTRATOR | r lor lu |
| Comment: (Use this space or an attachment for a | ny additional informati | on including amen | dment explanation.) | • |

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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 Regi | ion (if applicable) | | | Date Stamp | California Form 802 For Official Use Only |
| Street Address 1221 OAK STREET, #555, | OAKLAND, CA 946 | 612 | | | |
| Area Code/Phone Number (510) 272-3882 Agency Contact (name and title | E-mail crystal.hishida@a | | | Amendment (Must e Date of Original Filing: | |
| Crystal Hishida Graff, Princ | ipal Analyst, Count | y Administrato | or's Office | | |
| 2. Event For Which Tickets Date(s) of Event:06 / _21 | 22 / 11 Descr 10 / 11 Face ⊠ No (Identify s | ription of Ever Value of Ticke source of ticke | et: \$\$5 d its below.) | iscount | |
| Number of Tickets Received | 50 | | | ey: 🔲 Gratuitously | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Rece | iving Ticket(s) (u | se a continuatio | on sheet for add | tional names) | 7 |
| Name of Offic (Last, First) | cial | Number of Tickets | | ther the Distribution is In ibe the Public Purpose f | |
| · · · · · · | | | | | |
| 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 | nization: San Leand | dro Senior Co | mmunity Cente | ər Numb | per of Tickets: <u>50</u> |
| Description of Organization | Provides senior pr | rograms to en | courage health | ny independent living | & enhance community. |
| Address of Organization. | 3909 East 14th San mber and Street | n Leandro, CA | v 94577 City | | State Zip Code |
| Purpose for Distribution: (D To motivate and provide ex | na na na mana esta de server Marca este esta da se | AND MIST CONTRACT | | organization.) | |
| 5. Verification | ribution of tickets set | forth above is i | n accordance wi | th the provisions of FPP | C Regulation 18944.1. |
| Signature of Agency Head or Desig | Alexandra E | | | ervisor's Assistant-Dis _{Title} | |
| Comment: (Use this space or a | | | ion including amer | | 1 |

| Tickets Provided by Agency Report | A Publ | lic Document | TICKETS PROVIDED B AGENCY REPOR |
|--|--|---|------------------------------------|
| 1. Agency Name | | Date Stamp | California 000 |
| COUNTY OF ALAMEDA | | | Form OUZ |
| Division, Department, or Region (if app | licable) | | For Official Use Only |
| Street Address | | | |
| 1221 OAK STREET, #536, OAKLAN | ND, CA 94612 | | |
| Area Code/Phone Number E-mail | | Amendment (Must | explain in Part 5.) |
| | 2@acgov.org | | . , |
| Agency Contact (name and title) | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Administrate | | | |
| 2. Event For Which Tickets Were Date(s) of Event: <u>06</u> <u>22</u> <u>11</u> | | Alameda County Fair | |
| | — Description of Ever — Face Value of Ticket | | |
| | | | |
| | (Identify source of ticke | - | |
| Name of Outside Source of Ticket(s) | Provided to Agency: A | ameda County Pair Board Associatio | |
| Number of Tickets Received:4 | Ticket(s) Prov | vided to Agency: | ⊠ Pursuant to Contrac |
| 3. Agency Official(s) Receiving Ti | cket(s) (use a continuation | on sheet for additional names) | |
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Ir Describe the Public Purpose t | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| ········ | | | |
| 4. Individual or Organization Rece | - | - · <i>· ·</i> | |
| Name of Behesting Agency Official: . | Supervisor Nadia Locky | er, District 2 | |
| Name of Individual or Organization: . | | | per of Tickets:4 |
| Description of Organization: | | | |
| Address of Organization: | reet | City | State Zip Code |
| Purpose for Distribution: (Describe th | | | |
| To promote attendance at a County | | 2 , | nue |
| · · · · · · · · · · · · · · · · · · · | | | |
| 5. Verification | | | |
| I hate determined that the distribution of | tickets set forth above is in | n accordance with the provisions of FPP | C Regulation 18944.1. |
| | | | |
| Signature of Agency Head or Designee | IICHELLE DIANDA | TICKET ADMINISTRATO | <u>~ (e/28/1</u> |

| (510) 272-6692 District2@acgov.org Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS 2. Event For Which Tickets Were Distributed | Date Stamp California Form For Official U For Official U Amendment (Must explain in Part 5.) Date of Original Filing: (month, day, year) | Use Only |
|--|---|------------------------|
| 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, Ticket Administrator, BOS 2. Event For Which Tickets Were Distributed | Date of Original Filing:(month, day, yea | r) |
| (510) 272-6692 District2@acgov.org Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS 2. Event For Which Tickets Were Distributed | Date of Original Filing:(month, day, yea | n |
| | unty Fair | |
| DICONTENSION UD / 28 / 11 Deserver re - Aldineua Col | | |
| Date(s) of Event: <u>06 / 28 / 11</u> Description of Event: <u>Alameda Cou</u> | 5.00 | |
| Agency Fuent II Ver III ha (Identify equiped of Ticket: \$ | | |
| Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda County F</u> | Fair Board Association | |
| | | |
| Number of Tickets Received: <u>5</u> Ticket(s) Provided to Agency: | /: ☐ Gratuitously ⊠ Pursuant to | o Contract |
| 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition | ional names) | |
| | ner the Distribution is Income to the Offic oe the Public Purpose for the Distribution | |
| | | |
| | | |
| 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of | of an agency official.) | |
| Name of Behesting Agency Official: <u>Supervisor Nadia Lockyer, District 2</u> | | |
| Name of Individual or Organization: <u>Edith Santos</u> | Number of Tickets: _ | 5 |
| Description of Organization: | | |
| Address of Organization:City | State | Zip Code |
| Purpose for Distribution: (Describe the public purpose for the distribution to the or To promote attendance at a County sponsored event in order to maximize po | | |
| 5. Verification | | |
| I have determined that the distribution of tickets set forth above is in accordance with | n the provisions of FPPC Regulation 189 | 944.1. |
| | | 128/1 |
| Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including amendn | Title (month | h, day, ye a r) |

| 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 OU |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 1221 OAK STREET, #536, | OAKLAND, CA 946 | 612 | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must exp | lain in Part 5) |
| (510) 272-6692 | District2@acgov.c | org | | | |
| Agency Contact (name and title |) | | | Date of Original Filing: | (month, day, year) |
| Michelle Dianda, Ticket Adr | ninistrator, BOS | | | | |
| 2. Event For Which Tickets | s Were Distribute | ed | | | |
| Date(s) of Event: <u>07</u> / <u>1</u> | <u>5 / 11</u> Desci | ription of Eve | nt: <u>Oakland A's</u> | | |
| <i></i> | / Face | Value of Tick | et: \$ | 22.00 | |
| Agency Event 🛛 Yes | ⊠ No (Identify s | ource of ticke | ets below.) | | |
| Name of Outside Source of | Ticket(s) Provided t | o Agency: <u>Oa</u> | akland A's | | ,,,,,,, _ |
| Number of Tickets Received | 0 | | | y: 🔲 Gratuitously | ⊠ Pursuant to Contract |
| 3. Agency Official(s) Recei | ving Ticket(s) (us | se a continuatio | on sheet for addi | tional names) | |
| Name of Offic (Last, First) | cial | Number of Tickets | | her the Distribution is Inco be the Public Purpose for | |
| | | | | | |
| | | | | | |
| | | | | | ابر . |
| 4. Individual or Organization | on Receiving Tic | ket(s) (Provid | ded at the behes | t of an agency official.) | |
| Name of Behesting Agency | Official: Supervisor | Nadia Locky | er, District 2 | | |
| Name of Individual or Organ | | | | Numbe | r of Tickets:2 |
| Description of Organization: | | | | | **** |
| Address of Organization: | | | | | |
| Nur | 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 reward a community volu | unteer for his servic | e to the publi | C. | | |
| | | | | | |
| 5. Verification | ibution officients out f | iarth abarra ia ir | a a a a a da na a wit | the provisions of CDDC | Decidation 490444 |
| I have determined that the distr | | | | - | regulation 18944.1. 1.190111 |
| Signature of Agency Head or Design | MICHELLE | DIANDA Print Name | | | (menth day least) |
| Comment: (Use this space or a | | | on including amend | | (, , <i>aa</i>), f out) |

| 1. Agency Name | Aru | olic Documer | it | TICKETS PROVIDED I AGENCY REPO |
|--|--|---|-----------------------------|--|
| n Agency Name | | | Date Stamp | California 802 |
| COUNTY OF ALAMEDA | | | | FUIII |
| Division, Department, or Region (i | f applicable) | | | For Official Use Only |
| Street Address | | | | |
| 1221 OAK STREET, #536, OAK | (LAND, CA 94612 | | | |
| Area Code/Phone Number E-m | ail | | Amendment (Must exp | plain in Part 5.) |
| | trict2@acgov.org | | | |
| Agency Contact (name and title) | | | Date of Original Filing: _ | (month, day, year) |
| Michelle Dianda, Ticket Adminis | trator, BOS | | | |
| 2. Event For Which Tickets We | ere Distributed | | | de de de conference construction de la sec |
| Date(s) of Event: <u>06 / 30 /</u> | 11 Description of Eve | ent: Oakland A's | | |
| | Face Value of Tick | | 22.00 | |
| | | | | |
| | No (Identify source of tick | | | |
| Name of Outside Source of Ticke | et(s) Provided to Agency: <u>C</u> | Dakland A's | | |
| Number of Tickets Received: | | | Gratuitously | ⊠ Pursuant to Contra |
| | | eriaea terigeney. | | |
| 8. Agency Official(s) Receiving | g Ticket(s) (use a continuat | ion sheet for additio | nal names) | |
| Name of Official | Number | | er the Distribution is Inco | |
| (Last, First) | of Tickets | Describe | e the Public Purpose for | the Distribution |
| Briones, Ruben | 2 | To reward an | employee for his exer | nplary service to the |
| | | | | |
| | | | | |
| 1 | | public | | |
| | | public | | |
| | Popoliting Tickot(c) (Prov | | of an organou official) | |
| 4. Individual or Organization R | | ided at the behest of | of an agency official.) | |
| 4. Individual or Organization R | | ided at the behest of | of an agency official.) | |
| I. Individual or Organization R Name of Behesting Agency Offic | ial: <u>Supervisor Nadia Lock</u> | ided at the behest of yer, District 2 | | 2 |
| I. Individual or Organization R | ial: <u>Supervisor Nadia Lock</u> | ided at the behest of yer, District 2 | | r of Tickets:2 |
| Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organization | ial: <u>Supervisor Nadia Lock</u> on: | ided at the behest of yer, District 2 | Numbe | r of Tickets:2 |
| Individual or Organization R Name of Behesting Agency Offic | ial: <u>Supervisor Nadia Lock</u> on: | ided at the behest of yer, District 2 | Numbe | r of Tickets:2 |
| I. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: | ial: <u>Supervisor Nadia Lock</u> on: | ided at the behest of yer, District 2 | Numbe | r of fickets. |
| 4. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: | ial: <u>Supervisor Nadia Lock</u> on: | ided at the behest of yer, District 2 | Numbe | r of fickets. |
| Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: | ial: <u>Supervisor Nadia Lock</u> on: | ided at the behest of yer, District 2 | Numbe | r of fickets. |
| I. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: _{Number a} | ial: <u>Supervisor Nadia Lock</u> on: ^{nd Street} be the public purpose for the d | ided at the behest of yer, District 2 City | Numbe | r of fickets. |
| I. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: Purpose for Distribution: (Descrit To reward a County employee for | ial: <u>Supervisor Nadia Lock</u> on: ^{nd Street} be the public purpose for the d | ided at the behest of yer, District 2 City | Numbe | r of fickets. |
| Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: | ial: <u>Supervisor Nadia Lock</u> on: ^{nd Street} be the public purpose for the d or his exemplary service to | ided at the behest of yer, District 2 City istribution to the or the public. | Numbe | State Zip Code |
| Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: Purpose for Distribution: (Descrit To reward a County employee for | ial: <u>Supervisor Nadia Lock</u> on: ^{nd Street} be the public purpose for the d or his exemplary service to | ided at the behest of yer, District 2 City istribution to the or the public. | Numbe | State Zip Code |
| Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: Address of Organization: Number a Purpose for Distribution: (Description of County employee for Verification | ial: <u>Supervisor Nadia Lock</u> on: ^{nd Street} be the public purpose for the d or his exemplary service to | ided at the behest of yer, District 2 City istribution to the org the public. | Numbe | State Zip Code |
| Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: Address of Organization: Number a Purpose for Distribution: (Description of County employee for Verification | ial: Supervisor Nadia Lock on: | ided at the behest of yer, District 2 City istribution to the org the public. | ganization.) | State Zip Code |

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