Tickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	gency Name COUNTY OF ALAMEDA ivision, Department, or Region (if applicable) 1221 OAK STREET, #555 treet Address		California Form 802 For Official Use Only
Area Code/Phone NumberE-mail(510) 272-6685AmyAgency Contact (name and title)Amy Shrago, Policy Analyst	/.Shrago@acgov.org	Date of Original Filing	, , ,
Agency Event ☐ Yes ⊠ Name of Outside Source of Ticke	11       Description of Ever         11       Face Value of Ticke         No (Identify source of ticke         t(s) Provided to Agency: Alag	et: \$5.00 ts below.)	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuation Number of Tickets	on sheet for additional names) State Whether the Distribution is In Describe the Public Purpose	
4. Individual or Organization R Name of Behesting Agency Offici Name of Individual or Organizatio Description of Organization: <u>Stuc</u>	al: <u>Keith Carson, Superviso</u> n: <u>OASES</u>	or Fifth District	ber of Tickets:10
Address of Organization: 196 10 Number an Purpose for Distribution: (Describ	h St. <sup>d Street</sup> e the public purpose for the dis	Oakland <sup>City</sup> stribution to the organization.) size potential County revenue from	CA 94607 State Zip Code
5. Verification I have determined that the distribution A A A A A A A A A A A A A A A A A A A	Amy Shrago Print Name	accordance with the provisions of FPF Policy Analyst Title on including amendment explanation.)	PC Regulation 18944.1. 07/11/11 (month, day, year)

			Document	•	AGENCY REP
I. Agency Name		anana ang ang ang ang ang ang ang ang an		Date Stamp	California
COUNTY OF ALAMEDA					Form <b>O</b> O
Division, Department, or Re	gion (if applicable)				For Official Use Only
1221 OAK STREET, #555	5				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-6685	Amy.Shrago@ac	gov.org			
Agency Contact (name and tit			D	ate of Original Filing:	(month, day, year)
Amy Shrago, Policy Analy			ana galama da ang sa		
. Event For Which Ticke					
Date(s) of Event:/	<u>22 / 11</u> Desc	ription of Event: 🗕	lameda Cour	nty Fair	
	<u>10 / 11</u> Face	Value of Ticket: \$	:	5.00	
Agency Event Yes		ource of tickets be		_	
Name of Outside Source o	f Ticket(s) Provided f	to Agency: <u>Alame</u>	da County Fa	ir	
Number of Tickets Receive	ed:10	Ticket(s) Provide	d to Agency:	Gratuitously	Pursuant to Contr
Agency Official(s) Reco	eiving Ticket(s) (u	se a continuation sh	eet for additior	al names)	
Name of Of (Last, First		Number of Tickets		the Distribution is Ir the Public Purpose f	ncome to the Official or for the Distribution
	tion Pocoiving Tic	(Provided a	t the behast of	an agonov official )	
Individual or Organizat	tion receiving inc	Rei(3) (Flowled a		an agency official.)	
•		о ·			
•	y Official: <u>Keith Cars</u>	on, Supervisor Fif	th District		•••
Name of Behesting Agency			th District	Numl	ber of Tickets:10
•	anization: <u>BANANAS</u>	3	th District	Numł	ber of Tickets:10
Name of Behesting Agency Name of Individual or Orga Description of Organization	anization: <u>BANANAS</u> n: <u>Childcare Service</u>	s		Numł	
Name of Behesting Agency Name of Individual or Orga Description of Organization	anization: <u>BANANAS</u>	s	Oakland	Numł	CA 94618
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{2}{N}$	anization: <u>BANANAS</u> n: <u>Childcare Service</u> 5235 Claremont Ave lumber and Street	s	Oakland <sup>City</sup>		CA 94618
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{2}{N}$ Purpose for Distribution: (f)	anization: <u>BANANAS</u> n: <u>Childcare Service</u> 5235 Claremont Ave lumber and Street Describe the public pur	s rpose for the distribu	Oakland <sup>City</sup>	anization.)	CA 94618 State Zip Co
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{\xi}{N}$	anization: <u>BANANAS</u> n: <u>Childcare Service</u> 5235 Claremont Ave lumber and Street Describe the public pur	s rpose for the distribu	Oakland <sup>City</sup>	anization.)	CA 94618 State Zip Co
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{2}{N}$ Purpose for Distribution: (I To promote attendance at	anization: <u>BANANAS</u> n: <u>Childcare Service</u> 5235 Claremont Ave lumber and Street Describe the public pur	s rpose for the distribu	Oakland <sup>City</sup>	anization.)	CA 94618 State Zip Co
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{t}{N}$ Purpose for Distribution: (I To promote attendance at	anization: <u>BANANAS</u> n: <u>Childcare Service</u> 5235 Claremont Ave lumber and Street Describe the public pur a County facility in c	s	Oakland <sup>City</sup> Ition to the orga potential Cou	anization.) nty revenue from p	CA 94618 CA 94618 State Zip Co
Name of Individual or Organization Description of Organization Address of Organization: $\frac{g}{N}$ Purpose for Distribution: (f)	anization: <u>BANANAS</u> n: <u>Childcare Service</u> 5235 Claremont Ave lumber and Street Describe the public pur a County facility in c	s	Oakland <sup>City</sup> Ition to the orga potential Cou	anization.) nty revenue from p	CA 94618 CA 94618 State Zip Co

Agency Report		A Public Docum	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form UUZ
Division, Department, or Re	gion (if applicable)		For Official Use Only	
1221 OAK STREET, #55	5			
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must	explain in Part 5.)
(510) 272-6685	Amy.Shrago@acgov.c	org		
Agency Contact (name and til	le)		Date of Original Filing	:(month, day, year)
Amy Shrago, Policy Analy	/st			
2. Event For Which Ticke				
Date(s) of Event: <u>06</u> /_	22 / 11 Descriptio	on of Event: <u>Alameda C</u>	County Fair	
	10 11	e of Ticket: \$	5.00	
		e οι ποκει. φ		
Agency Event 🛛 🗌 Yes	🛛 No (Identify sourc	e of tickets below.)		
Name of Outside Source of	f Ticket(s) Provided to Ac	ency: Alameda Count	y Fair	
Number of Tickets Receive	et: Tick	<pre>ket(s) Provided to Agen</pre>	cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rec	eiving Ticket(s) (use a	continuation sheet for add	litional names)	
Name of Of	- · · · · · · · · · · · · · · · · · · ·		ether the Distribution is I	ncome to the Official or
(Last, Firs			ribe the Public Purpose	
,,				
4. Individual or Organiza	tion Receiving Ticket	( <b>S)</b> (Provided at the behe	st of an agency official.)	1
Name of Behesting Agenc	v Official: Keith Carson, S	Supervisor Fifth District	t	
	•			(0)
Name of Individual or Orga	anization: Operation Digr	lity	Num	iber of Tickets: <u>10</u>
Description of Organizatio			2-0-100-1-1-1-	
	1504 Frankling St., Ste. 1	02 Oakl	and	CA 94612
Address of Organization.	lumber and Street	City		State Zip Cod
Durnage for Distributions	Describe the public purpose	for the distribution to the	organization )	
Purpose for Distribution: (				
To promote attendance at	a County facility in order	to maximize potential	County revenue from	parking and concession
5. Verification			n an	
J. Vermication	stribution of tickots sot forth	abova is in accordance y	with the provisions of EDI	PC Regulation 18044 1
	SUBULION OF LICKELS SEL IONN			
				07/44/44
Signature of Agency Head or Des	Amy Shrago		icy Analyst	07/11/11 (month, day, year)

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Tickets Provided by	A Public Documer	at	TICKETS PROVIDED BY
Agency Report	A Public Document	C.	
1. Agency Name		Date Stamp G	Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicat	ole)		
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must explain	in Part 5.)
(010) = = = = = = = = = = = = = = = = = = =	shida@acgov.org	Date of Original Filing:	
Agency Contact (name and title)		Date of originations (	month, day, year)
Crystal Hishida Graff, Principal Analys	st, County Administrator's Office		4
2. Event For Which Tickets Were D	istributed	County	Fair
2. Event For Which Tickets Were D Date(s) of Event: みみ」 II フィル I	<ul> <li>Description of Event:</li></ul>	00	
	() (if a surge of tickets below)		
Agency Event Yes No Name of Outside Source of Ticket(s)	(Identify source of tickets below.)	Do County Fi	air Board
Name of Outside Source of Ticket(s)	Provided to Agency:A) ame	an county.	
	Ticket(s) Provided to Age	ency: Gratuitously	Pursuant to Contract
Number of Tickets Received:			
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation sheet for a	additional names)	
Name of Official	State M	hether the Distribution is inc	ome to the Official or
(Last, First)	of Tickets De	escribe the Public Purpose for	r the Distribution
H			
	Ticket(e) (Browided at the t	behest of an agency official.)	
4. Individual or Organization Re	ceiving licket(s) (Provided at the t		H Harrenty
Name of Behesting Agency Officia	Alameda County 5	supervisor sci	The age of
Name of Benesting Agenoy emer			ber of Tickets:
Name of Individual or Organizatio	n: Lee Ann Ferge	erson Num	iber of fickets,
	)	k.	
Description of Organization:			
Address of Organization:	nd Street	City	State Zip Code
		to the organization.)	- 1 (0
Purpose for Distribution: (Descrit	be the public purpose for the distribution pemployee for his or ourse for his or	her exemplary	r service to the
public or to enc	ourage statt deve	lopment	
	0		
5. Verification			DDC Regulation 18044 1
I have determined that the distribut	ion of tickets set forth above is in accord	lance with the provisions of F	JUL 1 0 2011
Jack Mica	Lee Ann Fergers	on – Ticket Administrator	
Signature of Agency Head or Designee	Print Name	Title	(month, day, yea
Comment: ///se this share or an at	tachment for any additional information includ	ding amendment explanation.)	
Continient. (Use inisapses of an at	atur amenyek (j. 4175), 4893 (f. 1997), 900 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 19		

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Name     COUNTY OF ALAMEDA     Division, Department, or Region (if applicable)     1221 OAK STREET, #555			Date Stamp	California Form 802 For Official Use Only	
Street Address OAKLAND, CA 94612					
Area Code/Phone Number E-ma	ail				
	y.Shrago@aco	gov.org		☐ Amendment (Must e) Date of Original Filing: .	
Amy Shrago, Policy Analyst					(month, day, your)
2. Event For Which Tickets We	re Distribute	ed			
Date(s) of Event:09 /04 /_			nt. Oakland A's	8	
				43.75	
//_	Face	value of ficke	Ξι. φ		
Agency Event 🛛 Yes 🛛 🛛	] No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticke	t(s) Provided t	o Agency: Oa	akland A's		······································
Number of Tickets Received:	00			y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	<b>Ticket(s)</b> (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
4. Individual or Organization R	eceiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)	an na an a
Name of Behesting Agency Offici	al: Keith Cars	on, Supervisc	or Fifth District		
Name of Individual or Organization				ingNumb	er of Tickets:20
Description of Organization: <u>your</u>	th mentoring s	ervices			
Address of Organization: 1638 1	2th Street		Oaklar <sup>City</sup>	nd	CA 94607 State Zip Code
				· · · · · · · · · · · · · · · · · · ·	
Purpose for Distribution: (Describ				nganization.)	
To reward a nonprofit organizatio	on for its contri	butions to the	community	5 	
5. Verification					
I have determined that the distributio	n of tickets set f	forth above is in	n accordance wit	h the provisions of FPPC	C Regulation 18944.1.
1 Channes	Amy Shrago	0	Polic	y Analyst	07/11/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)

 Signature of Agency Head or Designee
 Print Name
 Title

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

Fickets Provided by A Public Document			TICKETS PROVIDED B			
Agency Report					AG California	ENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	Form	802
Division, Department, or Reg	ion (if applicable)	to to the second se			For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	ovplain in Part 5.)	
(510) 272-6685	Amy.Shrago@aco	gov.org			explain in Fait 0.j	
Agency Contact (name and title	)			Date of Original Filing	:	ar)
Amy Shrago, Policy Analys	t				(	,
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event:06_/_2	<u>2 / 11</u> Desc	ription of Ever	nt: Alameda C	ounty Fair		
	10 <u>11</u> Face					
	🗙 No (Identify s		-			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Ala</u>	ameda County	Fair		
Number of Tickets Received	l:5	Ticket(s) Prov	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)	sial	Number of Tickets		her the Distribution is I be the Public Purpose		
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency	Official. Keith Cars	on, Supervisc	or Fifth District			
Name of Individual or Organ		morial Cathed	Iral	Num	ber of Tickets:	5
Description of Organization:	Church			A.18.19		<u></u>
Address of Organization.	900 Telegraph Ave.		Oaklar <sub>City</sub>	nd	CA State	94609 Zip Code
Purpose for Distribution: (D	escribe the public pur	roose for the dis	stribution to the a	proanization.)		
To promote attendance at a		•			parking and co	ncession
5. Verification	ribution of tickets pot 1	forth abova is ir	a accordance wit	th the provisions of EPE	DC Population 19	2011 1
I have determined that the dist	Amy Shrago			y Analyst		7/11/11
Signature of Agency Head or Design		Print Name		Title		nth, day, year)
Comment: (Use this space or a		ditional informatio	on including amen	dment explanation.)	·	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TI		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	Calife Fo	ornia rm	802
Division, Department, or Regi	ion (if applicable)				For	Official U	se Only
1221 OAK STREET, #555							
Street Address							
OAKLAND, CA 94612							
Area Code/Phone Number	E-mail			Amendment (A	Aust exploin in Per	(5)	
(510) 272-6685	Amy.Shrago@acg	ov.org			lusi explain în Fai	. 5.)	
Agency Contact (name and title,		<u> </u>		Date of Original Fil	ling:(month.	day, year)	<del>,</del>
Amy Shrago, Policy Analys	t				(monut)		
2. Event For Which Tickets		d				<u></u>	
Date(s) of Event:06_/_2			., Alameda Co	ounty Fair			
	10 <u>11</u> Face \						
Agency Event 🛛 Yes	🗵 No (Identify so	ource of ticke	ts below.)				
Name of Outside Source of	Ticket(s) Provided to	o Agency: <u>Al</u> a	ameda County	Fair			
Number of Tickets Received					ly 🗵 Purs	uant to	o Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	e a continuatio	on sheet for addi	tional names)			
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution be the Public Purpo			
							ware to the second s
4. Individual or Organizati	on Receiving Ticl	<b>ket(s)</b> (Provid	ded at the behes	t of an agency offic	ial.)		
Name of Behesting Agency	Official: Keith Carso	on, Superviso	or Fifth District				
Name of Individual or Orgar				N	lumber of Tic	kets: _	10
Description of Organization:	LGBTQ Communit	y Services					
Address of Organization.	712 Telegraph Ave.		Berke <sub>City</sub>	ley		CA State	94705 Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)			
To promote attendance at a	a County facility in or	rder to maxin	nize potential C	County revenue fro	om parking a	nd con	cession
5. Verification				gengen ander ander sold and an and a sold and		annan eo an Alain	ning and a second s
I have determined that the dist	ribution of tickets set fe	orth above is i	n accordance wi	th the provisions of	FPPC Regula	tion 189	144.1.
AShrago	Amy Shrago	)		cy Analyst		07	/11/11
Signature of Agency/Head or Design Comment: (Use this space or a		Print Name ditional informati	on including amen	Title dment explanation.)		(montl	h, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 002
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			Amendment (Must ex	plain 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	and the second				
2. Event For Which Tickets			Alameda C	ounty Fair	
Date(s) of Event: <u>06</u> / <u>2</u>					
1	<u>0 / 11</u> Face	Value of Ticke	et: \$	5.00	
• • •	🗵 No (Identify s		•		
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Ala</u>	ameda County	Fair	
Number of Tickets Received	:10	Ticket(s) Prov	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)	cial	Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization	-			t of an agency official.)	
Name of Behesting Agency	Official: <u>Keith Cars</u>	on, Superviso	or Fifth District		
Name of Individual or Organ			ed Daycare As	sociation Numbe	er of Tickets:10
Description of Organization:		S			
Address of Organization.	114 6th St. mber and Street		City	ley	CA 94710 State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dis	stribution to the	organization.)	
To promote attendance at a	County facility in c	order to maxim	nize potential C	County revenue from pa	arking and concession
5. Verification		ne a l'anné a sobra a Sagangana a managyana an			анар рамколодинана и постоя да посто заказа и аконо да и де у
I have determined that the distr	ribution of tickets set	forth above is in	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
In Shrap	Amy Shrage		Polic	y Analyst	07/11/11
Signature of Agency Head or Design Comment: (Use this space or a		Print Name Iditional informatio	on including amen	Title dment explanation.)	(month, day, year)

fickets Provided by Agency Report	A Public	Document	TICKETS PROVIDED B AGENCY REPOR
. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applica	ble)	Date Stamp	California Form 802
Street Address 1221 OAK STREET, #536, OAKLAND	CA 94612		
Area Code/Phone Number E-mail	)acgov.org	Date of Original Filing:	
Michelle Dianda, Ticket Administrator,	BOS		(month, day, year)
. Event For Which Tickets Were Dis			
Date(s) of Event:		00.00	
//	Face Value of Ticket: \$	5	
Agency Event 🗌 Yes 🛛 No (Io	dentify source of tickets b	elow.)	
Name of Outside Source of Ticket(s) Pr	ovided to Agency: <u>Oakla</u>	nd A's	
Number of Tickets Received:2		ed to Agency: 🔲 Gratuitously	⊠ Pursuant to Contrac
Agency Official(s) Receiving Tick	et(s) (use a continuation s	heet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is In Describe the Public Purpose f	
· .			
:			
. Individual or Organization Receiv	-		
Name of Behesting Agency Official: Su	pervisor Nadia Lockyer,	District 2	
Name of Individual or Organization:	audia Canales	Numb	per of Tickets:2
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the p	oublic purpose for the distrib	ution to the organization.)	
To reward a community volunteer for h	er service to the public.		
Verification			
b. Verification	kets set forth above is in ac	cordance with the provisions of FPP	C Regulation 18944.1.
	kets set forth above is in ac HELLE DIANDA	cordance with the provisions of FPP TICKET ADMINISTRATO	-loch

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Fickets Provided by	A Publ	ic Docume	nt	TICKETS PROVIDED BY
gency Name COUNTY OF ALAMEDA ivision, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only	
Street Address         1221 OAK STREET, #555, OAKLAND, CA 946         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@ad         Agency Contact (name and title)       crystal.hishida@ad         Crystal Hishida Graff, Principal Analyst, County       County         Event For Which Tickets Were Distribute       Date(s) of Event:       08 / 13 / 11 / 11 / 10 escrit         Date(s) of Event:       08 / 13 / 11 / 10 escrit       Face N         Agency Event       Yes       No (Identify sold Name of Outside Source of Ticket(s) Provided to Number of Tickets Received:       2	Administrato d ption of Ever /alue of Ticke ource of ticke	nt: <u>Oakland A's</u> et: \$ ts below.) akland Athletics	\$38	na na cestra a contra a contra a contra de contra.
B. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	e a continuatio Number of Tickets	State Whet	ional names) ner the Distribution is In be the Public Purpose fi	
Individual or Organization Receiving Ticl     Name of Behesting Agency Official: <u>Supervisor</u> Name of Individual or Organization: <u>Erica Goul</u> Description of Organization:	1 5 ST			per of Tickets:2
Address of Organization: Number and Street Purpose for Distribution: (Describe the public purp To promote attendance at an event held at a Co 5. Verification I have determined that the distribution of tickets set for Signature of Agency Head or Designée	ounty facility i orth above is ir	in order to max	mize potential Count	

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Tickets Provided by Agency Report	A Public Do	cument	TICKETS PROVIDED BY
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, #536, OAKLAND, CA 946         Area Code/Phone Number       E-mail         (510) 272-6692       District2@acgov.o         Agency Contact (name and title)         Michelle Dianda, Ticket Administrator, BOS	rg	Date of Original F	Must explain in Part 5.) iling:(month, day, year)
Name of Outside Source of Ticket(s) Provided to	iption of Event: <u>Ame</u> Value of Ticket: \$ ource of tickets belov o Agency: <u>Golden St</u>	65.00 v.)	sly ⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)			n is Income to the Official or ose for the Distribution
<ul> <li>Individual or Organization Receiving Tick Name of Behesting Agency Official: Supervisor Name of Individual or Organization: Tia Howard Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for Distribution: To reward a student for outstanding scholastic address of Organization)</li> </ul>	Nadia Lockyer, Distr	N	vial.) Number of Tickets:2 
5. Verification I have determined that the distribution of tickets set for MICHELLE I Signature of Agents flead or Designee Comment: (Use this space or an attachment for any add	DIANDA Print Name	TICKET ADMINISTRA	- 61 / 11

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Tickets Provided by Agency Report	ł by A Public Document			nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio 1221 OAK STREET, #555 Street Address	on (if applicable)			Date Stamp	California Form 802 For Official Use Only
(510) 272-6685 Agency Contact (name and title) Amy Shrago, Policy Analyst	E-mail Amy.Shrago@acç			Amendment (Must of Date of Original Filing:	
2. Event For Which Tickets Date(s) of Event:/ Agency EventYes Name of Outside Source of T Number of Tickets Received:	D Descr Face <sup>™</sup> ⊠ No (Identify se ïcket(s) Provided te	ription of Even Value of Ticke ource of ticke o Agency: <u>Oa</u>	et: \$ ets below.) akland A's	43.75 y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv Name of Offici		se a continuatio		tional names) her the Distribution is Ir	ncome to the Official or
(Last, First) Sanchez, Mina		of Tickets 4		be the Public Purpose f	his or her exemplary se
<b>4. Individual or Organizatio</b> Name of Behesting Agency C	_	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Individual or Organi Description of Organization: .					oer of Tickets:
Address of Organization: <sub>Num</sub> Purpose for Distribution: (De		pose for the di	City	organization.)	State Zip Code
5. Verification I have determined that the distri	bution of tickets set f Amy Shrago			h the provisions of FPP y Analyst	PC Regulation 18944.1. 07/11/11
Signiture of Agency Hear or Designe Comment: (Use this space or an	26	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	cument	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applica 1221 OAK STREET, #555 Street Address	Date Stamp	California 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	Date of Original Filing:		
	Description of Event: Oakl Face Value of Ticket: \$ dentify source of tickets below rovided to Agency: Oakland A	43.75 v.)	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Tick Name of Official (Last, First)		for additional names) te Whether the Distribution is In Describe the Public Purpose fo	
<b>4. Individual or Organization Receiv</b> Name of Behesting Agency Official: <u>Ke</u> Name of Individual or Organization: <u>We</u> Description of Organization: <u>Senior Se</u>	ith Carson, Supervisor Fifth E	District	per of Tickets:10
Address of Organization: <u> 1724 Adeline</u> <u> Number and Street</u> Purpose for Distribution: (Describe the p <u> To reward a nonprofit organization for b</u>	St. (	• ·	CA 94607 State Zip Code
5. Verification I have determined that the distribution of tic Bigg dure of Agency Hard of Designee	kets set forth above is in accorda / Shrago Print Name	ance with the provisions of FPP Policy Analyst Title	C Regulation 18944.1. 07/11/11 (month, day, year)

 Signature of Agency Hyperfor Designee
 Print Name
 Title

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California Form 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			Amendment (Must	explain in Part 5.)
	my.Shrago@aco	gov.org			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analyst					
2. Event For Which Tickets V					
Date(s) of Event: <u>08</u> / 13	_/ <u>11</u> Desci	ription of Ever	nt: Oakland A's	3	
	J Face			43.75	
	No (Identify s				
Name of Outside Source of Tic	ket(s) Provided t	o Agency: <u>Oa</u>	akland A's	and the second state of th	
Number of Tickets Received: _				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivi	n <b>g Ticket(s)</b> (us	se 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 t	ncome to the Official or for the Distribution
	·				
4. Individual or Organization	-	• •		t of an agency official.)	
Name of Behesting Agency Off	icial: <u>Keith Cars</u>	on, Superviso	or Fifth District		
Name of Individual or Organiza				Numl	ber of Tickets:10
Description of Organization: <u>Sec</u>	enior Services C	enter			•
Address of Organization.	Brockhurst		Oakla	nd .	CA 94608
Number	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a nonprofit organiza	ation for its contri	butions to the	community		
5. Verification				an a	
I have determined that the distribu	tion of tickets set t	orth above is in	accordance wil	h the provisions of EPE	C Regulation 18944 1
Signature of Agency Here or Designee	Amy Shrago	) Print Name	Polic	y Analyst Title	07/11/11 (month, day, year)

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

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROV AGENCY	
1. Agency Name				Date Stamp	California	02
COUNTY OF ALAMEDA						
Division, Department, or Regi	on (if applicable)				For Official Use O	∍niy
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	evolain in Part 5 )	
(510) 272-6685	Amy.Shrago@aco	gov.org			explain in r art o.y	
Agency Contact (name and title)				Date of Original Filing	(month, day, year)	-
Amy Shrago, Policy Analyst					(	
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:/_2	5 / 11 Desc	ription of Ever	nt: Oakland A's	3		
	/ Face			43.75		
		value of fick	οι. φ			
Agency Event 🛛 Yes	🔀 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ficket(s) Provided t	to Agency: Oa	akland A's			
Number of Tickets Received	20			ey: 🔲 Gratuitously	⊠ Pursuant to Co	ontract
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 li ibe the Public Purpose		or
<u> </u>				<u></u>		
				and an		
4. Individual or Organizatio	-					
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ	ization: <u>MEDICC</u>			Num	ber of Tickets:	10
Description of Organization:	supports educatio	n and develop	oment of huma	n resources in health		
Address of Organization:	14 Franklin Street,	Suite 500	Oak	and		4612
		rnace for the di	-	organization )		
Purpose for Distribution: (De				organization.)		
To reward a nonprofit organ	ization for its contr		ecommunity			
5. Verification						<b>1.11</b> 7 - 114 - 114 - 114
I have determined that the distr	ibution of tickets set	forth above is ii	n accordance wi	th the provisions of FPF	PC Regulation 18944.	1.
1. Chan	Amy Shrage	0	Polic	y Analyst	7/1a/	, //
Signature of Agency Head or Design		Print Name		Title	(month, day	y, year)

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

Tickets Provided by Agency Report A Public Documen			nt	TICKETS PROVIDED E AGENCY REPOR	
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		
Street Address OAKLAND, CA 94612					
Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys		ov.org		Amendment (Must	. ,
2. Event For Which Tickets Date(s) of Event:06 /2	s Were Distribute	ption of Ever			
Agency Event  Yes Name of Outside Source of Number of Tickets Received		Agency: Ala	ameda County	Fair y: □Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use	e a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)		Number of Tickets		be the Public Purpose	ncome to the Official or for the Distribution
<b>4. Individual or Organizati</b> Name of Behesting Agency	-			t of an agency official.)	
Name of Individual or Organ Description of Organization	nization: <u>East Bay K</u>		an Senior Ser	vices Ctr. Num	ber of Tickets: <u>20</u>
Address of Organization:	723 Telegraph Ave. mber and Street		Oakla <sup>City</sup>	nd	CA 94612 State Zip Code
Purpose for Distribution: (D To promote attendance at a					parking and concession
5. Verification	anna ann an a				
I have determined that the dist	Amy Shrago			n the provisions of FPF y Analyst <sub>Title</sub>	C Regulation 18944.107/11/11(month, day, year)
Comment: (Use this space or a			on including amend		(

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	n na server se server na se server na se server na server d'anné de server se server se server d'anné de server	Date Stamp	California QO2
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 (Musi	explain in Part 5.)
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title	э)	Date of Original Filing	(month, day, year)
Amy Shrago, Policy Analys	st		
2. Event For Which Ticket	s Were Distributed		
Date(s) of Event: 06 /	22 / 11 Description of Eve	Alameda County Fair	
	10 / 11 Face Value of Tick		
Agency Event 🛛 Yes	No (Identify source of tick	ets below.)	
Name of Outside Source of	Ticket(s) Provided to Agency: <u>A</u>	lameda County Fair	
		ovided to Agency:	Pursuant to Contrac
3. Agency Official(s) Rece	eiving Ticket(s) (use a continuat	ion sheet for additional names)	
Name of Off (Last, First)		State Whether the Distribution is Describe the Public Purpose	
4. Individual or Organizat	i <b>on Receiving Ticket(s)</b> (Prov	ided at the behest of an agency official.	)
Name of Behesting Agency	Official: <u>Keith Carson, Supervis</u>	or Fifth District	
Name of Individual or Orga		Nur	ber of Tickets: <u>10</u>
Description of Organization	: environmental justice org.		
Address of Organization:	530 San Pablo Ave. umber and Street	Berkeley <sup>City</sup>	CA 94702 State Zip Code
Purpose for Distribution: (	Describe the public purpose for the d	listribution to the organization.)	
		mize potential County revenue from	parking and concession
E Marification			
5. Verification I have determined that the dis	tribution of tickets set forth above is	in accordance with the provisions of FP	PC Regulation 18944.1.
1 Shar	Amy Shrago	Policy Analyst	07/11/11

Tickets Provided by		A Pub	ic Docume	ent	TICKETS PROVIDED BY
Agency Report					AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	ion (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	ý			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		
2. Event For Which Tickets	s Were Distribut	ed	ter and a second se		mandragen kommet en er en kommen som en er er som en som en er
Date(s) of Event:06 /_2	23 / 10 Desc	ription of Eve	nt. Alameda Co	ounty Fair	
/	<u>11_/_10</u> Face	Value of Tick	ət: \$		
Agency Event 🛛 Yes	🛛 No (Identify s	source of ticke	ts below.)		
				Fair	
Name of Outside Source of	Ticket(s) Provided 1	to Agency:			
Number of Tickets Received	J: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		her the Distribution is In be the Public Purpose fo	
				,	
	· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organizati	-	• • •		t of an agency official.)	SERVIÇAN ÇAN YAN MANAN YAN YAN YAN YAN YAN YAN YAN YAN YAN
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Orgar	nization: Elizabeth	Santos		Numb	er of Tickets: <u>5</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the di	stribution to the o	organization.)	
To reward a County employ		-			
5. Verification	ribution of tiplets and	forth chouse is it		h the provisions of EDD	C Regulation 19044 1
I have determined that the dist					
My Smage		HISHIDA GRA	AFF PRIN		07/11/11
Signature of Agency Head or Design Comment: (Use this space or a		Print Name Iditional informati	on including amen	Title dment explanation.)	(monlh, day, year)

Tickets Provided by Agency Report 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 OAKLAND, CA 94612		Date Stamp	California Form 802 For Official Use Only	
Area Code/Phone NumberE-mail(510) 272-6685Amy.Shrago(Agency Contact (name and title)Amy Shrago, Policy Analyst			Amendment (Must     Date of Original Filing	, ,
2. Event For Which Tickets Were Distri Date(s) of Event: <u>06 / 22 / 11</u> C <u>07 / 10 / 11</u> F Agency Event □ Yes ⊠ No (Iden Name of Outside Source of Ticket(s) Provis Number of Tickets Received: <u>20</u>	Description of Ever Face Value of Ticke Itify source of ticke ded to Agency: <u>Al</u> a	et: \$ ts below.) ameda County	5.00 Fair	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	s) (use a continuation Number of Tickets	State Wheth		ncome to the Official or for the Distribution
Name of benesting Agency Official.	<b>g Ticket(s)</b> (Provid Carson, Supervisc yville Senior Cente	or Fifth District	\	ber of Tickets:20
Description of Organization: <u>Senior Servic</u> Address of Organization: <u>4321 Salem Street</u> Number and Street Purpose for Distribution: (Describe the public To promote attendance at a County facility	eet ic purpose for the dis		rganization.)	CA 94608 State Zip Code
5. Verification I have determined that the distribution of tickets Signature of Agency Hear or Designee Comment: (Use this space or an attachment for a	hrago Print Name	Policy	y Analyst <sup>Title</sup>	PC Regulation 18944.1. 07/11/11 (month, day, year)

Tickets Provided by Agency Report A Public Docum	nent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	Date Stamp	California
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 e	xplain 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>12 / 11</u> Description of Event: <u>American</u>	Idol Live Concert	
/Face Value of Ticket: \$		
Agency Event Yes X No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden State V</u>	Varriors	
Number of Tickets Received:2 Ticket(s) Provided to Age		⊠ Pursuant to Contrac
B. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ac	dditional names)	
	nether the Distribution is Induction is Induction is Induction is the Public Purpose for	
I. Individual or Organization Receiving Ticket(s) (Provided at the beh	est of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor Nadia Lockyer, District 2</u>		
Name of Individual or Organization: Leslie Vicente		er of Tickets:2
Description of Organization:		
Address of Organization:	ity	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	e organization.)	
To reward a student for outstanding scholastic achievement		
5. Verification	with the provisions of FPPC	CRegulation 18944.1.
I have determined that the distribution of tickets set forth above is in accordance v	with the provisions of FPPC CKET ADMINISTRATOF	7/0/14

Tickets Provided by Agency Report	A Pub	lic Documen	ıt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applic	able)		Date Stamp	California 802 Form 802
Street Address 1221 OAK STREET, #536, OAKLANI	D, CA 94612			
	@acgov.org		Amendment (Mustex	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator	, BOS		Date of Original Filing: _	(month, day, year)
2. Event For Which Tickets Were D				
Date(s) of Event:07 _/_13 _/_11	Description of Eve			
//	Face Value of Tick	et: \$	95.80	
Agency Event 🗌 Yes 🛛 No (	Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) F	Provided to Agency: G	olden State Warr	iors	
Number of Tickets Received: <u>3</u>				⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticl	<b>ket(s)</b> (use a continuation	on sheet for additio	nal names)	
Name of Official (Last, First)	Number of Tickets	E Contraction of the second seco	er the Distribution is Inc the Public Purpose fo	
	uandu			
4. Individual or Organization Recei	ving Ticket(s) (Provid	ded at the behest c	f an agency official.)	
Name of Behesting Agency Official: <u>S</u>	upervisor Nadia Locky	ver, District 2		
Name of Individual or Organization:			Numbe	er of Tickets: <u>3</u>
Description of Organization:		******		
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the To promote attendance at an event he				revenue
5. Verification				
I have determined that the distribution of the	ckets set forth above is ir	n accordance with t	he provisions of FPPC	Regulation 18944.1.
	CHELLE DIANDA	TICKE	T ADMINISTRATOR	7/8//1
Signature of Agency Head or Designee Comment: (Use this space or an attachment	Print Name for any additional informatio	on including amendm	Title ent explanation.)	(month, day year)

¥e.

Agency Report		ublic Document	AGENCY REPOR
1. Agency Name		Date Stan	
COUNTY OF ALAMEDA			Form OOZ For Official Use Only
Division, Department, or Reg			For Onicial Use Only
1221 OAK STREET, #555	والمركز		
Street Address			
OAKLAND, CA 94612 Area Code/Phone Number	E mail		
	E-mail	Amendmen	t (Must explain in Part 5.)
(510) 272-6685 Agency Contact (name and title	Amy.Shrago@acgov.org	Date of Origina	l Filina:
Amy Shrago, Policy Analys			(month, day, year)
2. Event For Which Ticket	a dense de se de la constante de la deservatione de la constante de la constante de la constante de la deservat		
		Event: Alameda County Fair	
Date(s) of Event:06_/	40 44	5.00	
	10 / 11 Face Value of	Ticket: \$	
Agency Event 🛛 Yes	No (Identify source of	tickets below.)	
Name of Outside Source of	Ticket(s) Provided to Agency	, Alameda County Fair	
		·	annan an a
Number of Tickets Receive	d: <u>20</u> Ticket(s)	Provided to Agency:	usly 🛛 🛛 Pursuant to Contra
Agoney Official(s) Pace		uation sheet for additional names)	annan an ann an ann an ann an ann an ann an a
			ion is Income to the Official or
Name of Off (Last, First)			ion is Income to the Official or
			rpose for the Distribution
Individual or Organizat			·
I. Individual or Organizat	ion Receiving Ticket(s) (F	Provided at the behest of an agency of	·
4. Individual or Organizat Name of Behesting Agency	ion Receiving Ticket(s) (F	Provided at the behest of an agency of	·
Name of Behesting Agency	i <b>on Receiving Ticket(s)</b> (F Official: <u>Keith Carson, Supe</u>	Provided at the behest of an agency of rvisor Fifth District	fficial.)
Name of Behesting Agency Name of Individual or Orga	i <b>on Receiving Ticket(s)</b> (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u>	Provided at the behest of an agency of rvisor Fifth District	fficial.)
Name of Behesting Agency Name of Individual or Orga	i <b>on Receiving Ticket(s)</b> (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u>	Provided at the behest of an agency of rvisor Fifth District	fficial.)
Name of Behesting Agency Name of Individual or Orga Description of Organization	ion Receiving Ticket(s) (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u>	Provided at the behest of an agency of rvisor Fifth District source Center	fficial.) Number of Tickets:10
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>9</u>	ion Receiving Ticket(s) (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u> : <u>family support services</u> 20 Peralta Street	Provided at the behest of an agency of rvisor Fifth District source Center Oakland	fficial.) Number of Tickets: <u>10</u> CA 94607
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: 9	ion Receiving Ticket(s) (P Official: Keith Carson, Supenization: Prescott Joseph Receiving Ticket(s) (Prescott Joseph Receiving) family support services 20 Peralta Street	Provided at the behest of an agency of rvisor Fifth District source Center Oakland City	fficial.) Number of Tickets: <u>10</u> CA 94607
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{9}{Nt}$ Purpose for Distribution: (D	ion Receiving Ticket(s) (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u> family support services 20 Peralta Street unber and Street Describe the public purpose for the	Provided at the behest of an agency of rvisor Fifth District source Center Oakland City ne distribution to the organization.)	fficial.) Number of Tickets: <u>10</u> <u>CA 94607</u> State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{9}{Nt}$ Purpose for Distribution: (D	ion Receiving Ticket(s) (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u> family support services 20 Peralta Street unber and Street Describe the public purpose for the	Provided at the behest of an agency of rvisor Fifth District source Center Oakland City	fficial.) Number of Tickets: <u>10</u> <u>CA 94607</u> State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{9}{Nt}$ Purpose for Distribution: (E To promote attendance at	ion Receiving Ticket(s) (F Official: <u>Keith Carson, Supe</u> nization: <u>Prescott Joseph Re</u> family support services 20 Peralta Street unber and Street Describe the public purpose for the	Provided at the behest of an agency of rvisor Fifth District source Center Oakland City ne distribution to the organization.)	fficial.) Number of Tickets: <u>10</u> <u>CA 94607</u> State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: 9 Nu Purpose for Distribution: (I To promote attendance at	ion Receiving Ticket(s) (F Official: Keith Carson, Supen nization: Prescott Joseph Re family support services 20 Peralta Street unber and Street Describe the public purpose for the a County facility in order to m	Provided at the behest of an agency of rvisor Fifth District source Center Oakland City ne distribution to the organization.) aximize potential County revenue	fficial.) Number of Tickets: <u>10</u> <u>CA 94607</u> <u>State Zip Code</u> from parking and concession
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: 9 Nu Purpose for Distribution: (I To promote attendance at	ion Receiving Ticket(s) (F Official: Keith Carson, Supen nization: Prescott Joseph Re family support services 20 Peralta Street unber and Street Describe the public purpose for the a County facility in order to m	Provided at the behest of an agency of rvisor Fifth District source Center Oakland City ne distribution to the organization.)	fficial.) Number of Tickets: <u>10</u> <u>CA 94607</u> State Zip Code from parking and concession

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address		Date Stamp	AGENCY REPOR California Form 802		
1221 OAK STREET, #555, OAk		512			
Agency Contact (name and title) Crystal Hishida Graff, Principal A	stal.hishida@a Analyst, County	y Administrate	or's Office	☐ Amendment (Must e Date of Original Filing:	
2. Event For Which Tickets We			Ookland Ak	s aamo	
Date(s) of Event: <u>07 / 02</u> /				<b>A</b> AA	
//.	Face	Value of Tick	et: \$	\$38	
Agency Event  Yes Name of Outside Source of Ticke Number of Tickets Received:	_	o Agency: <u>Oa</u>	akland Athletics		⊠ Pursuant to Contract
3. Agency Official(s) Receiving	<b>g Ticket(s)</b> (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is In be the Public Purpose f	
4. Individual or Organization R	Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Offic	ial. Supervisor	Wilma Chan	, District 3		
Name of Individual or Organizati				Numb	per of Tickets:2
Description of Organization:					
Address of Organization:	nd Street		City		State Zip Code
Purpose for Distribution: (Describ To promote attendance at an ev		-		-	y revenue from sales
5. Verification					
I have determined that the distribution	on of tickets set fo Alexandra B			h the provisions of FPP ervisor's Assistant	C Regulation 18944.1. 7/1/11
Signature of Agency Head or Désignee		Print Name		Title	(month, day, year)
Comment: (Use this space or an attai	chment for any add	ditional informatio	on including amend	dment 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 OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address	······································				
1221 OAK STREET, #555,	OAKLAND CA 94	612			
Area Code/Phone Number	IE-mail				
(510) 272-3882	crystal.hishida@a			Amendment (Must expla	in in Part 5.)
Agency Contact (name and title		acgov.org		Date of Original Filing:	
		. Administrat	orla Office		(month, day, year)
Crystal Hishida Graff, Princ		-	or s Office		
2. Event For Which Tickets			Alexa de O	a sunda a Martin	
Date(s) of Event: <u>06</u> / <u>2</u>	22 <u>/ 11</u> Desc	ription of Eve	nt: Alameda C	ounty Fair	
071	10 <u>/ 11</u> Face	Value of Tick	et: \$\$5 d	iscount	
Agency Event	⊠ No (Identify s	source of ticke	ets below.)		
	· ·		,	Fair Association	
Name of Outside Source of	Ticket(s) Provided	to Agency: <u></u>			
Number of Tickets Received	l:5	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously 🛛 🗵	Pursuant to Contract
3. Agency Official(s) Rece	<b>iving Ticket(s)</b> (u	se a continuati	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Incor be the Public Purpose for th	
4. Individual or Organizati	on Receiving Tic	l cket(s) (Provi	I ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: <u>Supervisor</u>	r Wilma Chan	, District 3		
Name of Individual or Orgar				Number	of Tickets:5
Description of Organization:					
Address of Organization: <sub>Nur</sub>	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the o	organization.)	
To promote attendance at a	in event held at a C	County facility	in order to max	imize potential County re	evenue from sales
5. Verification				· · · · · · · · · · · · · · · · · · ·	
I have determined that the distr	ribution of tickets set :	forth above is il	n accordance wit	h the provisions of FPPC R	egulation 18944.1.
an.	Alexandra E			rvisor's Assistant-Distric	
Signature of Agency Head of Design		Print Name	Oupe	Title	(month, day, year)
Comment: (Use this space or a			on including amon		
Commente (Osc allo space of a	accompetence any du	aaonanmonndu	on morading americ	anon ospianatori.j	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PR AGEN	ROVIDED BY
1. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	ion (if applicable)				For Official Us	e Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail	1.11.		Amendment (Must ex	plain 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	t					
2. Event For Which Ticket			444-00-00-00-00-00-00-00-00-00-00-00-00-			
Date(s) of Event: <u>06</u>	22 / 11 Desc	ription of Ever	nt: Alameda Co	ounty Fair		
	10 <u>/ 11</u> Face	Value of Ticke	et: \$	5.00		
Agency Event 🛛 Yes	🛛 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	to Agency: Ala	ameda County	Fair		
Number of Tickets Received	J: <u>10</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 Offi (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo		al or
4. Individual or Organizati	-			t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ		Fechnical Trai	ning Center	Numbe	er of Tickets:	10
Description of Organization	Job Training					
Address of Organization:	60 Maritime		Oaklar <sub>City</sub>	nd	CA State	94607 Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the di	stribution to the a	organization.)		
To promote attendance at a					arking and conc	ession
5. Verification						
I have determined that the dist	ribution of tickets set a	forth above is ir	n accordance wil	h the provisions of FPPC	Regulation 1894	14.1.
A Smaat	Amy Shrago			y Analyst		11/11
Signature of Agency Heat or Desig		Print Name		Title	(month,	day, year)
Comment: (Use this space or a	in attachment for any ad	ditional information	on including amen	dment explanation.)		

Tickets Provided by Agency Report	gency Report A Public Docum			nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612					
Area Code/Phone Number (510) 272-6685 Agency Contact (name and title	E-mail Amy.Shrago@aco	gov.org		Amendment (Mu	. ,
Amy Shrago, Policy Analys	t				(monini, day, your)
2. Event For Which Tickets					
Date(s) of Event: <u>06</u> / <u>2</u>	<u>2 / 11</u> Desc	ription of Eve	nt: Alameda Co	ounty Fair	
	<u>0 / 11</u> Face				
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Al	ameda County	Fair	
Number of Tickets Received	:20	Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuati	on sheet for addit	lional names)	••••••••••••••••••••••••••••••••••••••
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is be the Public Purpos	s Income to the Official or e for the Distribution
4. Individual or Organizati	on Receiving Tic	<b>:ket(s)</b> (Provi	ded at the behes	t of an agency official	.)
Name of Behesting Agency	Official: Keith Cars	on, Supervise	or Fifth District		
Name of Individual or Orgar				Nu	mber of Tickets:20
Description of Organization:	Senior Services				
Address of Organization: 29	039 Ellis Street		Berke	ley	CA 94703 State Zip Code
Purpose for Distribution: (D				vacation )	
To promote attendance at a		•		<b>-</b>	n parking and concession
5. Verification I have determined that the distr	ibution of tickets set I	forth above is i	n accordance witi	h the provisions of FF	PPC Regulation 18944.1.
& Smaat	Amy Shrago			y Analyst	07/11/11
Synakire of Agency Heat or Design Comment: (Use this space or a		Print Name ditional informati	on including amend	Title Iment explanation.)	(month, day, year)

ickets Provided by	A Public Do	ocument	TICKETS PROVIDED BY AGENCY REPORT
gency Report		Date Stamp	California 802
Agency Name			Form
COUNTY OF ALAMEDA	1		For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			Inia la Part 5.)
Area Code/Phone Number E-mail		Amendment (Must	explain in Part 5.7
	ida@acgov.org	Date of Original Filing	(month, day, year)
Agency Contact (name and title)		Office	(monin, day, year)
Crystal Hishida Graff, Principal Analyst,	County Administrators	Onice	
2. Event For Which Tickets Were Dist Date(s) of Event: <u>6」 みみ」い</u> 子」10」い	Description of Event: _	Aldmeda Cour 5.00, 8.00	ity Fair
Name of Outside Source of Ticket(s) Pro	Ticket(s) Provid	ed to Agency: Gratuitously	Fair Bard Pursuant to Contract
3. Agency Official(s) Receiving Tick	et(s) (use a continuation s	sheet for additional maniesy	a lecome to the Official of
Name of Official	Number of Tickets	State Whether the Distribution i Describe the Public Purpo	se for the Distribution
(Last, First)	OTTICKETS		
			a =
4. Individual or Organization Rece	iving Tickot(s) (Provid	ed at the behest of an agency offic	cial.)
4. Individual of Organization (Keee Name of Behesting Agency Official: _ Name of Individual or Organization: _ Description of Organization:	Alameda Co Mary Ko	unty supervisor.	Number of Tickets: 8, 1
Description of Organization.			
Address of Organization:	Ireel	City	State Zip Coo
Purpose for Distribution: (Describe the TO reward & VO	he public purpose for the d Iunteer for t	istribution to the organization.) าโร/hers Commu	nity service toth
r Marifiantion			
5. Verification	of liekola cal forth shoup is	in accordance with the provisions	of FPPC Regulation 18944.1.
I have determined that the distribution of			21
Signature of Agency Head or Designee	Print Name	rgerson – Ticket Administrator Title	JUI <u>1_0_2019</u> [month, day, ye
Comment: (Use this space or an attach	ment for any additional informa	ation including amendment explanation	n.)

	FPPC Form 802 (Feb/09)
FPPC Toll-Free	Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by	A Public Docume	ont	TICKETS PROVIDED BY AGENCY REPORT
Agency Report	A Public Docume	Date Stamp	California 802
1. Agency Name		Date Stamp	Form 802
COUNTY OF ALAMEDA		-	For Official Use Only
Division, Department, or Region (if applic	able)		
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must ex	(plain in Part 5.)
	hishida@acgov.org	Date of Original Filing:	(month day year)
Agency Contact (name and title)	i i i i i de Office		(monin, day, year)
Crystal Hishida Graff, Principal Anal	yst, County Administrator's Office		1
2. Event For Which Tickets Were	Distributed	meda Loun	ry Fair
2. Event For Which Tickets Were Date(s) of Event: <u>し</u> <u>aみ</u> <u>11</u> <u>7</u> <u>10</u> <u>11</u>	Description of Event:     Face Value of Ticket: \$	00,8	0
Agency Event Yes N	o (Identify source of tickets below.)		32-6
Agency Event Yes No Name of Outside Source of Ticket(s	Provided to Agency: Alam	eda County.	Fair Doard
Name of Outside Source of Tickeus	, , , , , , , , , , , , , , , , , , ,		Pursuant to Contract
Number of Tickets Received:	Ticket(s) Provided to Ag		
3. Agency Official(s) Receiving	Ticket(s) (use a continuation sheet for	additional names)	
Name of Official		Whether the Distribution is Describe the Public Purpos	a Income to the Official or
(Last, First)	of Tickets	Describe the Public Purpos	B for the Distribution
4. Individual or Organization R	Receiving Ticket(s) (Provided at the	e behest of an agency offic	ial.)
4. Individual of Organization is	cial: Alameda County	6 WDERVISOR S	scott Hackerty
Name of Behesting Agency Offic	sial: Alameda County	Superment	00 0
			Number of Tickets: 2, 1
Name of Individual or Organizat	ion:		
Description of Organization:			
Address of Organization:	r and Street	City	State Zip Code
Durana for Distribution: (Desc	cribe the public purpose for the distribution	on to the organization.)	service to the
To reward a count public or to en	of employee	r her exempte	ing service to the
PUBLIC OF 40 OF			
5. Verification		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of EPPC Regulation 18944 1
A have determined that the distrib	ution of tickets set forth above is in acco	rdance with the provisions	JUL 1 0 2011
Telu A.	Lee Ann Fergerson – Tic	ket Administrator	
Signature of Agency Head or Designed	e Print Name	Title	(month, day, yea
Comment: ///se this space of an	attachment for any additional information inc	luding amendment explanatio	n.)
	AND REPORT OF A CONTENT OF A		

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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 (Must	
2. Event For Which Tickets Were Distribute Date(s) of Event:06 /_22 /_11 Desc 07 /_10 /_11 Face Agency Event □ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided t Number of Tickets Received:6	ription of Ever Value of Ticke ource of ticke o Agency: <u>Al</u> i	et: \$ ts below.) ameda County	5.00 Fair	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	se a continuation	State Whet		ncome to the Official or for the Distribution
<ul> <li>Individual or Organization Receiving Tick</li> <li>Name of Behesting Agency Official: Keith Cars</li> <li>Name of Individual or Organization: Jean Stoke</li> <li>Description of Organization: Jean Stoke</li> <li>Address of Organization: Number and Street</li> <li>Purpose for Distribution: (Describe the public pur</li> <li>To promote attendance at a County facility in or</li> </ul>	on, Superviso	or Fifth District	Num	ber of Tickets:6
5. Verification I have determined that the distribution of tickets set to Amy Shrage	forth above is ir D Print Name	n accordance wit Polic	h the provisions of FPF y Analyst <sup>Title</sup>	

Agency Report			Docume		AG	ENCY REPO
I. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Region	ı (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-	-mail			Amendment (M	lust explain in Part 5.)	
<u>, , , , , , , , , , , , , , , , , , , </u>	Amy.Shrago@acgc	ov.org				
Agency Contact (name and title)				Date of Original Fil	ing:(month, day, ye	ar)
Amy Shrago, Policy Analyst						1999 of the state
. Event For Which Tickets V						
Date(s) of Event: <u>06 / 22</u>	_/ <u>11</u> Descrip	otion of Event: 4	Alameda Co	unty Fair		
07 / 10	_/ <u>11</u> Face V	alue of Ticket: \$	ł	5.00		
				<u> </u>		
	No (Identify so					
Name of Outside Source of Tic	ket(s) Provided to	Agency: Alame	eda County I	Fair	1999 - Degen and a state of the second s	
					<u> </u>	
Number of Tickets Received: _		icket(s) Provide	ed to Agency		y 🛛 Pursuant	to Contra
. Agency Official(s) Receivi	ng Ticket(s) (use	a continuation sl	neet for addit	onal names)		
Name of Official		Number	State Wheth	er the Distribution	is Income to the Off	icial or
(Last, First)		of Tickets	Describ	e the Public Purpo	se for the Distribution	on
			- ,			
. Individual or Organization	Receiving Tick	et(s) (Provided a	at the behest	of an agency offici	al.)	
-	Keith Caree	• •		of an agency offici	al.)	
• Individual or Organization Name of Behesting Agency Of	Keith Caree	<b>et(s)</b> (Provided and the second seco		of an agency offici	al.)	
Name of Behesting Agency Of	ficial: <u>Keith Carso</u>	• •				10
-	ficial: <u>Keith Carso</u>	• •			al.) umber of Tickets:	10
Name of Behesting Agency Of Name of Individual or Organiza	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u>	n, Supervisor Fi				10
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>co</u>	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services	n, Supervisor Fi	fth District	N	umber of Tickets:	
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>2126</u> Address of Organization: <u>2126</u>	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services 6 Channing Way	n, Supervisor Fi	fth District Berkele	N	umber of Tickets: CA	94704
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>2126</u> Address of Organization: <u>2126</u>	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services	n, Supervisor Fi	fth District	N	umber of Tickets:	94704
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>2126</u> Address of Organization: <u>2126</u>	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services 6 Channing Way ar and Street	n, Supervisor Fi	fth District Berkele <sup>City</sup>	Ni	umber of Tickets: CA	94704
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: $\frac{cc}{Number}$	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services 6 Channing Way er and Street cribe the public purpo	n, Supervisor Fi	fth District Berkele <sup>City</sup> ution to the o	y rganization.)	umber of Tickets: CA <sup>State</sup>	94704 Zip Coc
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: <u>2126</u> Address of Organization: <u>2126</u> Numbe Purpose for Distribution: (Desc To promote attendance at a C	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services 6 Channing Way er and Street cribe the public purpo	n, Supervisor Fi	fth District Berkele <sup>City</sup> ution to the o	y rganization.)	umber of Tickets: CA <sup>State</sup>	94704 Zip Cod
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: <u>2126</u> Address of Organization: <u>2126</u> Number Purpose for Distribution: (Desc To promote attendance at a C	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services 6 Channing Way er and Street cribe the public purper county facility in orce	n, Supervisor Fi	fth District Berkele <sup>City</sup> ution to the o potential Co	y rganization.) punty revenue fro	umber of Tickets: CA <sup>State</sup>	94704 Zip Cod
Name of Individual or Organization: <u>Construction</u> Description of Organization: <u>2126</u> Address of Organization: <u>2126</u> Number Purpose for Distribution: (Desc	ficial: <u>Keith Carson</u> ation: <u>J-Sei</u> ommunity services 6 Channing Way er and Street cribe the public purper county facility in orce	n, Supervisor Fi	fth District Berkele <sup>City</sup> ution to the o potential Co	y rganization.) punty revenue fro	umber of Tickets: CA State m parking and co	94704 Zip Cod

nent	TICKETS PROVIDED B' AGENCY REPOR
Date Stamp	California Form 802 For Official Use Only
Date of Original Filing: .	
County Fair 5.00 ty Fair hcy: Gratuitously	⊠ Pursuant to Contrac
ether the Distribution is Inc cribe the Public Purpose fo	
est of an agency official.) :tNumb	er of Tickets:4
e organization.) County revenue from pa	State Zip Code
	Date Stamp

Tickets Provided by Agency Report		A Public D	ocume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
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	E-mail			Amendment (Must ex	rolain in Part 5.)
(510) 272-3882	crystal.hishida@ac	gov.org			
Agency Contact (name and title)				Date of Original Filing: -	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, County	Administrator's C	Office		(
2. Event For Which Tickets	Were Distribute	d			
Date(s) of Event: <u>06</u> / <u>23</u>	/ 10 Descri	ption of Event: Al	ameda Co	ounty Fair	
				5 00	
	_/ Face V	/alue of Ticket: \$ _			
Agency Event 🛛 Yes	🗵 No (Identify so	ource of tickets bel	ow.)		
	alest/a) Descripted to	Alamed	a Countv	Fair	
Name of Outside Source of Ti	cket(s) Provided to	Agency:			· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received:		Ticket(s) Provided	to Agency	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (use	e a continuation she	et for addit	tional names)	
Name of Officia	al	Number S		her the Distribution is Inc	
(Last, First)		of Tickets	Descril	be the Public Purpose fo	r the Distribution
				·····	· · ·
4. Individual or Organization	n Receiving Tick	(et(s) (Provided at	the behest	t of an agency official.)	
-	-				
Name of Behesting Agency O	fficial: Keith Carso	n, Supervisor Filti	1 District		
					7
Name of Individual or Organiz	ation:			Numb	er of Tickets:/
Description of Organization:					
Address of Organization:	per and Street		City		State Zip Code
Purpose for Distribution: (Des	scribe the public purp	ose for the distributi	ion to the c	proanization.)	
To reward a County employed					
				,,	
5. Verification					
I have determined that the distrib	oution of tickets set fo	orth above is in acco	rdance witi	h the provisions of FPPC	Regulation 18944.1.
16 Anna D	CRYSTAL H	ISHIDA GRAFF	PRIN	CIPAL ANALYST	07/11/11
Signature of Agency Heat or Designee		rint Name		Title	(month, day, year)
Comment: (Use this space or an a	attachmont for any addi	Honol information incl	iding omone	Iment evolution )	

Tickets Provided by			. <b>D</b>		TICKETS PROVIDED BY
Agency Report			ic Docume	;nt	AGENCY REPORT
1. Agency Name			2010	Date Stamp	California 802
COUNTY OF ALAMEDA					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 e	explain in Part 5.)
(510) 272-6685	Amy.Shrago@ac	gov.org			Aprant mit art off
Agency Contact (name and title,	)			Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analyst	t				
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event: <u>06</u> / <u>2</u>	2 / 11 Desc	ription of Ever	nt. Alameda C	ounty Fair	
	0 <u>11</u> Face	Value of Ticke	ət: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of				Fair	
Number of Tickets Received		licket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Rursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	general per para per a la constante con constante en activitado de la California de California de California de
Name of Offic	ial	Number		ther the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose f	
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ied at the behes	t of an agency official.)	
-	Kaith Cara				
Name of Behesting Agency	Official: Keith Cars	ion, Superviso	or Fifth District	And a start of the second s	<u></u>
Name of Individual or Organ	ization: Korean Co	ommunity Cen	ter of the East	Bay Numb	per of Tickets: <u>10</u>
Description of Organization:			W-117		
Address of Organization: 43	390 Telegraph Ave.	, Ste. A	Oakla	and	CA 94609
Address of Organization.	mber and Street	··· .	City		State Zip Code
Purpose for Distribution: (De	escribe the public pu	roose for the dis	stribution to the a	organization.)	
To promote attendance at a		-			arking and concession
5. Verification	<u> </u>	annia kinisan mina sa kasa sa sa sa sa sa sa sa sa			
I have determined that the distr	ibution of tickets set :	forth above is ir	n accordance wit	th the provisions of FPP	C Regulation 18944 1
					-
4 mad	Amy Shrage		Polic	y Analyst	07/11/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informatio	on including amen	dment explanation.)	

Agency Report		AFUDIR	c Documei	nt		OVIDED E
1. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA					Form	002
Division, Department, or Region	(if applicable)				For Official Use	e Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-	mail			Amendment (Must	evolain in Part 5 )	
(510) 272-6685 A	my.Shrago@aco	gov.org			explain in r en o.)	
Agency Contact (name and title)				Date of Original Filing	:(month, day, year)	
Amy Shrago, Policy Analyst					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. Event For Which Tickets V	Vere Distribute	əd				
Date(s) of Event:06_/_22_	/ 11 Desc	ription of Event:	Alameda Co	unty Fair		
07 / 10	44			5.00		
	Face	Value of Ticket:	\$			
Agency Event 🛛 Yes	No (Identify s	ource of tickets	below.)			
Name of Outside Source of Tic	kot(s) Provided t	Agonov, Alan	neda County F	air		
Name of Outside Source of Tic		.0 Agency.		·····		
Number of Tickets Received: _		Ticket(s) Provid	ded to Agency	: 🔲 Gratuitously	☑ Pursuant to (	Contra
3. Agency Official(s) Receivin	n <mark>g Ticket(s)</mark> (us	se a continuation	sheet for additi	onal names)		
Name of Official (Last, First)		Number		er the Distribution is I		al or
		of Tickets	Describ	e the Public Purpose		
	I					
					- <u>2</u>	
4. Individual or Organization	<b>Receiving Tic</b>	ket(s) (Provide	d at the behest	of an agency official.)		
		on, Supervisor	Fifth District			
Name of Behesting Agency Off	ICIdi					
Name of Individual or Organiza	tion. Lao Family	/ Community De	evelopment In	C. Num	ber of Tickets:	10
Description of Organization: <u>sc</u>	cial services					
			Osliland			04000
Address of Organization:	23rd Ave.	·····	Oakland	· · · · · · · · · · · · · · · · · · ·		94060
Numbe	and Street		City		State	Zip Cod
Durnage for Distribution: (Deep	ribe the public pur	pose for the distr	ibution to the or	ganization.)		
Fulpose for Distribution. (Desc			re notential Co	unty revenue from	parking and conce	ession
To promote attendance at a Co	ounty facility in o	rder to maximiz				
To promote attendance at a Co	ounty facility in o	rder to maximiz				
To promote attendance at a Co				the provisions of CD	C Providetion 4904	л 1
	tion of tickets set f	forth above is in a	accordance with	·	-	
To promote attendance at a Co		forth above is in a	accordance with	the provisions of FPF Analyst	PC Regulation 1894	

Tickets Provided by Agency Report	ΑΡι	ublic Document			ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA	COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555		Date Stamp	California Form For Official U	802 Jse Only
	Amy.Shrago@acgov.org		Amendment <i>(Must e</i> te of Original Filing:		)
$\frac{07}{1}$ Agency Event  Yes Name of Outside Source of	S Were Distributed          2       /       11       Description of E         0       /       11       Face Value of T         Image: No (Identify source of time to Agency:       Image: Source of to Agency:         1       20       Ticket(s) Image: Source of to Agency:	icket: \$5 ckets below.) Alameda County Fair	r	⊠ Pursuant to	
3. Agency Official(s) Receins Name of Official (Last, First)		r State Whether	al names) the Distribution is In he Public Purpose fo		
Name of Individual or Organ	Official: <u>Keith Carson, Super</u>	visor Fifth District		per of Tickets:	20
Address of Organization: Nur Purpose for Distribution: (D To promote attendance at a	54 7th Street mber and Street escribe the public purpose for the a County facility in order to ma	-		CA <sup>State</sup> parking and con	94607 Zip Code cession
Signature of Agency Head or pesigr	ribution of tickets set forth above Amy Shrago Print Name n attachment for any additional inforr	Policy A	nalyst <sub>Title</sub>	07	944.1. /11/11 <sup>h, day, year)</sup>

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B	
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802	
Division, Department, or Region	(if applicable)				For Official Use Only	
Street Address 1221 OAK STREET, #555, OA	AKLAND, CA 946	612				
Area Code/Phone Number E-	mail	ail stal.hishida@acgov.org		Amendment (Must explain in Part 5.)		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			Date of Original Filing:(month, day, year)			
2. Event For Which Tickets V	-	-				
Date(s) of Event: <u>08</u> / <u>17</u>	_/ <u>11</u> Desci	ription of Eve	nt: Oakland A's	sgame		
	_/ Face			¢20		
Agency Event	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Tic	ket(s) Provided t	o Agency: O	akland Athletics	8		
Number of Tickets Received: _					⊠ Pursuant to Contract	
3. Agency Official(s) Receivi	n <mark>g Ticket(s)</mark> (us	se a continuati	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		
4. Individual or Organization				t of an agency official.)		
Name of Behesting Agency Off	icial: <u>Supervisor</u>	wiima Chan	, District 3			
Name of Individual or Organiza	tion:	· · · · · · · · · · · · · · · · · · ·		Numb	er of Tickets:2	
Description of Organization:						
Address of Organization:	and Street		City		State Zip Code	
Purpose for Distribution: (Desc To promote attendance at an e					v revenue from sales	
5. Verification	tion of tiplicity act f	orth observations in the		h the providing of CDD		
I have determined that the distribut	Alexandra B			h the provisions of FPPC rvisor's Assistant	C Regulation 18944.1. 7/15/11	
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)	
Signature of Agency Head or Désignee Comment: (Use this space or an att			on including amena		(month, day, ye	
GODCY REDOLL		A Public I	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT	
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gency Report Agency Name				Date Stamp	California 802	
COUNTY OF ALAMEDA					For Official Use Only	
Division, Department, or Regi	ion (if applicable)					
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must expla	in in Part 5.)	
(510) 272-3882	crystal.hishida@ac	gov.org		Date of Original Filing:	to all device and	
Agency Contact (name and title	9)		Office		(month, day, year)	
Crystal Hishida Graff, Princ	cipal Analyst, County	y Administrator	s Office			
	<u>みみ」  </u> Descr 10」   Face	iption of Event: Value of Ticket:	\$			
Agency Event ☐ Yes Name of Outside Source o Number of Tickets Receive	□ No (Identify s of Ticket(s) Provided t ed: <b>4</b>	to Agency:	41ame	Da County cy: Gratuitously	Fair Bard	
3. Agency Official(s) Rec		use a continuation	n sheet for ad	ditional names)		
		Number	Ctate Wh	ether the Distribution is inc	come to the Official or	
Name of C (Last, Fir	rst)	of Tickets	Des	cribe the Public Purpose fo	or the Distribution	
			ided at the be	hest of an agency official.)		
4. Individual or Organiz Name of Behesting Age Name of Individual or O Description of Organiza	ncy Official:A12	meda Co	ounty:	Supervisor occ	ber of Tickets: 9	
Address of Organization				City	State Zip Co	
	n: (Describe the public	purpose for the	distribution to	the organization.) ers communit	y service tothe	
	2 à volunte	cer for	1113/11		DHL	
	2 à volunte		11371	(	J P4611	

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         E-mail         (510) 272-6685         Amy Shrago, Policy Analyst         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / Description of Event:		AG	PROVIDED B ENCY REPOR
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6685       Amy.Shrago@acgov.org         Agency Contact (name and title)         Amy Shrago, Policy Analyst         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / 0. / 11 / 0. / 11 / 0. / 0. / 11 / 0. / 0.	e Stamp	California Form	802
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6885       Amy.Shrago@acgov.org         Agency Contact (name and title)       Amy.Shrago@acgov.org         Amy Shrago, Policy Analyst       Date of Ord         2. Event For Which Tickets Were Distributed       Date (s) of Event:       06 / 22 / 11 / 12 Face Value of Ticket: \$ 5.00         Agency Event       Yes       No (Identify source of tickets below.)       Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       Name of Official       Number         Name of Official       Number       State Whether the Distr       Describe the Public         Image:       07 / 10./       Image:       Image:       Describe the Public         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       Name of Official       Number       State Whether the Distr         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agenc       Name of Behesting Agency Off			
Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         Agency Contact (name and title)         Amy.Shrago@acgov.org         Agency Contact (name and title)         Amy.Shrago, Policy Analyst         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / 10 / 10 / 10 / 10 / 10 / 10		For Official	Use Only
OAKLAND, CA 94612       Image: Area Code/Phone Number       E-mail       Army.Shrago@acgov.org       Image: Armondation Army.Shrago@acgov.org       Image: Armondation Armondatis Armondatis Armondatis Armondation Armondation Armondatis Armonda			
Area Code/Phone Number       E-mail       Amy.Shrago@acgov.org       Image: Amy.Shrago@acgov.org         Agency Contact (name and title)       Amy.Shrago@acgov.org       Date of Org         Amy Shrago, Policy Analyst       Date of Org         2. Event For Which Tickets Were Distributed       Date(s) of Event: <u>Alameda County Fair</u>			
(510) 272-6685       Amy.Shrago@acgov.org       □ Amende         Agency Contact (name and tille)       Date of Ork         Amy Shrago, Policy Analyst       □ Description of Event:       Alameda County Fair         0.7       0.7       10       11       Face Value of Tickets below.)         Agency Event       □ Yes       ⊠ No (Identify source of tickets below.)       Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       □ Grat         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       ○       ○         Name of Official       Number       State Whether the Distr       Describe the Public			
Agency Contact (name and title)       Date of Orig         Amy Shrago, Policy Analyst       Date of Orig         2. Event For Which Tickets Were Distributed       Description of Event: Alameda County Fair         07       10       11       Face Value of Ticket: \$	dment (Mustex	explain in Part 5.)	
Amy Shrago, Policy Analyst         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / 1       Description of Event:       Alameda County Fair			
2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / 12 / 12 / 14 / 14 / 14 / 14	iginal Filing: _	:(month, day, ye	ar)
Date(s) of Event:       06 / 22 / 11 / 07 / 10 / 11       Description of Event:       Alameda County Fair         Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       Name of Official       Number of Tickets       Describe the Public         Name of Organization Receiving Ticket(s) (use a continuation sheet for additional names       State Whether the Distr       Describe the Public         Alameda or Organization Receiving Ticket(s) (Provided at the behest of an agency       Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation       Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.       To promote attendance at a County facility in order to maximize potential County rever         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisi			
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names         Name of Official       Number       State Whether the Distr         (Last, First)       of Tickets       Describe the Public         Image: Comparization Receiving Ticket(s)       (Provided at the behest of an agence)         Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County reversion         5. Verification			
Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       Name of Official       Number       State Whether the Distr         Image: State View of Ticket (s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distr         Image: State View of Ticket (s) (use a continuation sheet for additional names)       Image: State View of Ticket (s)       Describe the Public         Image: State View of Ticket (s) (Last, First)       of Tickets       Describe the Public         Image: State View of Ticket (s) (Provided at the behest of an agence of Ticket (s) (Provided at the behest of an agence of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Behesting Agency Official:       Lend-a-Hand Foundation       Description of Organization:         Description of Organization:       Senior Services       Address of Organization:       805 Capwell Drive       Oakland         Address of Organization:       805 Capwell Drive       Oakland       City       Purpose for Distribution: (Describe the public purpose for the distribution to the organization. To promote attendance at a County facility in order to maximize potential County rever       5. Verification         I have determined that the distribut			
Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       Name of Official       Number       State Whether the Distr         (Last, First)       of Tickets       Describe the Public         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agence       Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation       Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.       To promote attendance at a County facility in order to maximize potential County revertion         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisition			
Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Grat         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names       Name of Official       Number       State Whether the Distr         (Last, First)       of Tickets       Describe the Public         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agence       Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation       Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.       To promote attendance at a County facility in order to maximize potential County revertion         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisition			
Name of Official (Last, First)       Number of Tickets       State Whether the Distr Describe the Public         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agend Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive Number and Street       Oakland City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization. To promote attendance at a County facility in order to maximize potential County revention         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisition	atuitously	🛛 Pursuant	to Contrac
(Last, First)       of Tickets       Describe the Public         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agend Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Behesting Agency Official:       Lend-a-Hand Foundation         Description of Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization. To promote attendance at a County facility in order to maximize potential County revention         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provision	es)		<u>ne na seden de la constante de</u>
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision	ncy official )		
Name of Individual or Organization:       Lend-a-Hand Foundation         Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County revention         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision	, . , , , , , , , , . , . , . , . , . , . , . , . , . , . , . , . , . , . ,		
Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County rever         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Description of Organization:       Senior Services         Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County rever         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision	Numb	ber of Tickets:	10
Address of Organization:       805 Capwell Drive       Oakland         Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County reven         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision			
Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization. To promote attendance at a County facility in order to maximize potential County rever 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provision			
Address of Organization.       Number and Street       City         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.         To promote attendance at a County facility in order to maximize potential County rever         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provision		CA	94621
To promote attendance at a County facility in order to maximize potential County rever <b>5. Verification</b> I have determined that the distribution of tickets set forth above is in accordance with the provision		State	Zip Code
To promote attendance at a County facility in order to maximize potential County rever <b>5. Verification</b> I have determined that the distribution of tickets set forth above is in accordance with the provision	1.)		
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provision	•	narking and co	ncession
I have determined that the distribution of tickets set forth above is in accordance with the provision			
I have determined that the distribution of tickets set forth above is in accordance with the provision			Roman San San San San San San San San San S
	sions of FPP(	PC Regulation 19	3944 1
Amy Shrago Policy Analyst	ītle		7/11/11 hth, day, year)

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

Tickets Provided by	A Public D	ocument		TICKETS PROVIDED BY AGENCY REPORT
Agency Report		D	ate Stamp C	Form 802
1. Agency Name		0000	The second s	Form OUZ
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region (if applicable)				
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			nendment (Must explain	n in Part 5.)
(510) 272-3882 crystal.hishida	@acgov.org		of Original Filing:	
Agency Contact (name and title)			( Original r milg	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Co	ounty Administrator's	Office		
2. Event For Which Tickets Were Distril Date(s) of Event: <u>しょみ」</u> <u>フォノロ」</u> F	outed	Noned	a County	Fair
Details) of Event: 6, 22, 11 D	escription of Event: -	Mana	- 1	
Date(s) of Event	ace Value of Ticket	5.00		
	ace value of fisher	•		
Agency Event Yes No (Iden	tify source of tickets	Iameda	County, F.	air Board
Name of Outside Source of Ticket(s) Provi	ded to Agency:		2	
Number of Tickets Received:	Ticket(s) Provid	ied to Agency.	,	Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuation	sheet for additional	names)	to the Official or
Name of Official	Number	Cloto Mbother I	he Distribution is Inc ne Public Purpose for	ome to the Official or
(Last, First)	of Tickets	Describe th	le Public Fulpose loi	
			an anoncy official )	
4. Individual or Organization Received	ing Ticket(s) (Provid	led at the benest of	an agency official.)	11 112 and
A. Individual of Organization Recent	Tame Da Cou	nty Supe	rvisor Sco	H Huggerig
Name of Behesting Agency Official:	1011100	4		15
	Karina Del	RID	Num	ber of Tickets:
Name of Individual or Organization:				
Description of Organization:				
Description of Organization.				
Address of Organization:				State Zip Code
Address of Organization:	et.	City		CRADULE NUMBER OF
Purpose for Distribution: (Describe the	public purpose for the	distribution to the or	ganization.)	service to the
Purpose for Distribution: (Describe the To remark a County em	Dloyee for	his or her	exemplary	
public or to encour	age statt	developme	24(1)	
7	0			
5. Verification	140.00 - 217	ון (נ. 1915) - הייד ההתקור ההיידה בין בין איז הקריכינית הייד הייד הייד הייד הייד הייד הייד הי	the environment of E	PPC Regulation 18944.1
5. Verification	lickets set forth above is	s in accordance with	the provisions of Pr	- Onoguation toorthi
Jack Marta	Lee Ann	Fergerson – Tick	et Administrator	JUI 1 0 2011
	Print Name		Title	(month, day, year
Signature of Agency Head or Designee Comment: (Use this space or an attachme		nation including amend	dment explanation.)	
Comment: (Use this space or an attachme	netor ony adomonal mon			

		A Public Docu	ment	TICKETS PROVIDED BY AGENCY REPORT
gency Report Agency Name			Date Stamp	California 802
				Form OUZ
COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)			For Official Use Only
	on (il applicable)			
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612	IT mail			relain in Part 5.)
Area Code/Phone Number	E-mail		Amendment (Must e	(prain in Farco.)
(510) 272-3882	crystal.hishida@ac	gov.org	Date of Original Filing:	(month day year)
Agency Contact (name and title	)	A La la la la la coffici		(month, out, year)
Crystal Hishida Graff, Princ	cipal Analyst, County	Administrator's Onic		
Event For Which Ticket	s Were Distributed		Dome da Cour	ty Fair
Date(s) of Event:	22/11 Descri	otion of Event:	(Cirico-1	9
7	10,11 Face V	alue of Ticket: \$	5.00	
Agency Event Yes	🗌 No (Identify so	urce of tickets below	) a countr	Fair Board
Contration Contration	FTicket(s) Provided to	Adency: AIG	media count	
Name of Outside Source of	T HCKC((3) T TOTILOG (			Pursuant to Contract
Number of Tickets Receive	ed: _20	Ticket(s) Provided to	Agency: 🗌 Gratuitously	A I diodant to a set
			(or additional names)	
3. Agency Official(s) Rec	eiving Ticket(s) (us	se a continuation sheet	te Whether the Distribution is	locome to the Official or
Name of O		i dan da anti-	Describe the Public Purpose	for the Distribution
(Last, Fir	st)	of Tickets	Describe the ratio	
	ation Receiving Ti	cket(s) (Provided at	the behest of an agency officia	ii.)
4. Individual or Organiz	ation Receiving Ti	icket(s) (Provided at	the behest of an agency officia	cott Haggerty
4. Individual or Organiz	ration Receiving Ti ncy Official: トロ	neoz Coun	the behest of an agency official ty Supervisor 3	cott Haggerty
Name of Behesting Age	ncy Official:入口	meda Coun	ty Supervisor D	con maggerig
Name of Behesting Age	ncy Official:入口	meda Coun	ty Supervisor D	umber of Tickets: 20
Name of Behesting Age Name of Individual or O	ncy Official: rganization:	meda Count	ty Supervisor D	con maggerig
Name of Behesting Age	ncy Official: rganization:	meda Count	ty Supervisor D	con maggerig
Name of Behesting Age Name of Individual or O Description of Organiza	ncy Official: rganization: tion:	meda Count	ty Supervisor D	umber of Tickets: 20
Name of Behesting Age Name of Individual or O Description of Organiza	ncy Official: rganization: tion:	meda Count	ty Supervisor D	con maggerig
Name of Behesting Age Name of Individual or O Description of Organiza Address of Organization	ncy Official: rganization: tion: tion:	meda Count	City	umber of Tickets: 20
Name of Behesting Age Name of Individual or O Description of Organiza Address of Organization	ncy Official: rganization: tion: tion: n: Number and Street	meda Count	City	umber of Tickets: 20 State Zip Cod
Name of Behesting Age Name of Individual or O Description of Organiza Address of Organization	ncy Official: rganization: tion: tion: n: Number and Street	meda Count	City	umber of Tickets: 20 State Zip Cod
Name of Behesting Age Name of Individual or O Description of Organiza Address of Organization	ncy Official: rganization: tion: tion: n: Number and Street	meda Count	City	umber of Tickets: 20 State Zip Coc
Name of Behesting Ager Name of Individual or O Description of Organiza Address of Organization Purpose for Distribution To reway	ncy Official: AR rganization: M tion: M Number and Street Number and Street (Describe the public) Q & Volunte	meda Count el Luna purpose for the distribut er for his	City tion to the organization.)	State Zip Cod
Name of Behesting Age Name of Individual or O Description of Organiza Address of Organization Purpose for Distribution To reway	ncy Official: AR rganization: M tion: M Number and Street Number and Street (Describe the public) Q & Volunte	meda Count el Luna purpose for the distribut er for his	City tion to the organization.)	State Zip Coo
Name of Behesting Ager Name of Individual or O Description of Organiza Address of Organization Purpose for Distribution To reway	ncy Official: AR rganization: M tion: M Number and Street Number and Street (Describe the public) Q & Volunte	meda Count el Luna purpose for the distribut er for his	City tion to the organization.) /hers commun ordance with the provisions of	State Zip Cool State Zip Cool State John FPPC Regulation 18944.1.
Name of Behesting Ager Name of Individual or O Description of Organiza Address of Organization Purpose for Distribution <u>To rewar</u> 5. Verification	ncy Official: Ala rganization: M tion: M Number and Street n: (Describe the public) Q & Volunte e distribution of tickets s	meda Count el Luna ourpose for the distribut er for his set forth above is in acc Lee Ann Ferg	City tion to the organization.) /hers commun ordance with the provisions of person – Ticket Administrato	State Zip Cod ity service toth Publi FPPC Regulation 18944.1.
Name of Behesting Ager Name of Individual or O Description of Organiza Address of Organization Purpose for Distribution To rewar 5. Verification I have determined that th Signature of Agency Head of	rganization: rganization: tion: Number and Street i: (Describe the public) Q & volunte e distribution of tickets s r Designee	meda Count el Luna ourpose for the distribut er for his set forth above is in acc Lee Ann Ferg Print Name	City tion to the organization.) /her3 C0 mmun ordance with the provisions of person – Ticket Administrato Title	State Zip Cod State Zip Cod ity service toth PUBLI FPPC Regulation 18944.1. IUL 102
Name of Behesting Ager Name of Individual or O Description of Organiza Address of Organization Purpose for Distribution <u>To rewar</u> 5. Verification I have determined that th Signature of Agepcy Head of	rganization: rganization: tion: Number and Street i: (Describe the public) Q & volunte e distribution of tickets s r Designee	meda Count el Luna ourpose for the distribut er for his set forth above is in acc Lee Ann Ferg Print Name	City tion to the organization.) /hers commun ordance with the provisions of person – Ticket Administrato	State Zip Coc ity service toth FPPC Regulation 18944.1. ILL 102

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by Agency Report	A Publi	c Docume	nt	TICKETS PROVIDED B
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Street Address	<u>,</u>			
1221 OAK STREET, #555, OAKLAND, CA 9	94612			
Area Code/Phone Number E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-3882 crystal.hishida@	Dacgov.org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	•	's Office		
2. Event For Which Tickets Were Distribut Date(s) of Event: <u>09 / 14 / 11</u> Des		. Oakland A's	game	
/ Fac			\$38	
Agency Event 🛛 Yes 🗵 No (Identify	v source of tickets	s below.)		
Name of Outside Source of Ticket(s) Provide	d to Agency: Oal	kland Athletics		
Number of Tickets Received:2			y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatior	n sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		ner the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization Receiving T	• • •		of an agency official.)	
Name of Behesting Agency Official: <u>Supervis</u>	or Wilma Chan, I	District 3		
Name of Individual or Organization: <u>Ron Silv</u>	a		Numbe	er of Tickets:2
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public p	ourpose for the dist	ribution to the o	rganization.)	
To promote attendance at an event held at a	County facility in	order to maxi	mize potential County	revenue from sales
5. Verification I have determined that the distribution of tickets se	at forth above is in a	accordance with	the provisions of FPPC	Regulation 18944 1
$/// \wedge \wedge$	Boskovich		rvisor's Assistant	7/15/11
Signature of Agency Head or Designee	Print Name	······································	Títle	(month, day, year)
Comment: (Use this space or an attachment for any a	additional information	including amend	ment explanation.)	

Status       California       Solution         Agency Name       Country OF ALAMEDA       Date Stamp       California       Solution         COUNTY OF ALAMEDA       Division, Opanitament, or Region (# applicable)       For Otical Use Orly         1221 OAK STREET, #555       Street Address       OAKLAND, CA 94612         Area Codif/Phone Number       E-mail       Image: Contract Grame and With Street Distributed         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Image: Contract Grame and With Street Distributed         Date (s) of Event:       (-) 23/-11       Face Value of Ticket's       26.5         Agency Othical Source of Ticket(s) Provided to Agency:       All Time & Country Fair       Image: Country Fair         Number of Ticket's Received:       Image: Country Fair       Date Official for Deard         Number of Ticket's Received:       Image: Country Fair       Describe the Public Purpose for the Official or Ticket's Provided to Agency:       Image: Country Fair         Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official)       Number of Ticket's Country Supervisor       Soct H Hacgeert Country Supervisor         Name of Official:       Number and Supert       Dup Revisor       Soct H Hacgeert Country Supervisor       Soct H Hacgeert Country Supervisor         Number of Ticket's of Organization:       Mame of Official:       Nu	ckets Provided by jency Report	A Public	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
COUNTY OF ALAMEDA       For Ordeal Use Only         Division, Department, or Region (#applicable)       121 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       ernail         (S10) 272-3882       crystal hishida@acgov.org         Agency Contact (name and titio)       crystal hishida@acgov.org         Agency Contact (name and titio)       crystal hishida@acgov.org         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:				Date Stamp	
Division, Department, or Region of applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area GodePhone Number         Email         (510) 272-3882         Crystal Hishida@acgov.org         Agency Contact (name and ble)         Crystal Hishida@acgov.org         Agency Contact (name and ble)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date (s) of Event:					
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 the)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:					For Onicial Ose Only
Street Address         OAKLAND, CA. 94612         Area Code/Phone Number         [G10) 272-3882         Crystal.hishida@acgov.org         Agency Contact (name and title)         Crystal.hishida@acgov.org         Date of Original Filing::					
OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (S10) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and 80e)       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         Date(s) of Event:       (J - J - J - J - L)       Face Value of Ticket's         Agency Contact (name and 80e)       Description of Event:       All Time & Gounty Fair Board         Agency Event       Yes       No (Identify source of ticket's below.)         Name of Outside Source of Ticket(s) Provided to Agency:       All Ticket(s) Provided to Agency:       Gratuitously         Number of Tickets Received:       C       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 or Describe the Public Purpose for the Distribution         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Individual or Organization:       Mark / Dun 120       Number of Ticket's:       Gence / Dun / Du					
Area Code/Phone Number       E-mail       Image: Amendment (Musl explain in Part 5)         (510) 272-3882       crystal.hishida@acgov.org       Date of Original Filing:			ъč.		
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and blo)       Date of Original Filing:				Amendment (Muste	explain in Part 5.)
Agency Contact (name and title)       Date of Orginial Plints.         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Orginial Plints.         2. Event For Which Tickets Were Distributed       Alamcela County Fair         Date(s) of Event:       (a) 23/11       Pace Value of Ticket \$	Little Or	icaov.ora		1740 C.	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       (g. 2,3),11         Principal Analyst, County Administrator's Office         Agency Event       (g. 2,3),11         Principal Analyst, County Face Value of Ticket:       26.5         Agency Event       Yes       No (identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       A) Ame Q County Fair Board         Number of Tickets Received:       (e)       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         (Last, Free)       01 Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       NameQQ County Supervisor Scott Hacquerty         Name of Individual or Organization:       Mark Duniag       Number of Tickets:         Description of Organization:       Mark Duniag       Number of Tickets:       Ticket Supervisor Scott Hacquerty         Name of Individual or Organization:       Number and Street       Cry       State       Zp Code         Purpose for Distribution:       Describe the public pu				Date of Original Filing:	(month, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event:	Agency contact (name one time)	tv Administrator	's Office		
Date(s) of Event:       6 J 22/11       Description of Event:       Alamed/a County File         Agency Event       Yes       No (identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alamed/a County File       Parce         Number of Tickets Received:       C       Ticket(s) Provided to Agency:       Carned/a County File         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Agency Official or Ticket (s) (use a continuation sheet for additional names)         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:       Alamed/a County Supervisor Scott Haggert         Name of Individual or Organization:       Mark Dunlap         Name of Individual or Organization:       Mark Dunlap         Address of Organization:       Number and Street         City       State         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)         To       reward a Volunteer for his community Service to the public purpose for his determined that the distribution of tickets set forth above is in	I Distribute	he			
Agency Event       Yes       No (identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       A A A A A A A A A A A A A A A A A A A	Event For Which Tickets were Distribute		Alan	neda Coun	ty FAIr
Agency Event       Yes       No (identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       A A A A A A A A A A A A A A A A A A A	Date(s) of Event: みみ」」 Desc	ription of Event:		55	9
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       A media County Fair Board         Number of Tickets Received:       C       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: County State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: County State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution       Image: County State Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       NameQQ County Supervisor Scott Haggerter         Name of Individual or Organization:       Mark Dun IQP       Number of Tickets:       State         Description of Organization:       Mark Dun IQP       Number of Tickets:       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volumeer for his community Service to the public purpose for the distribution to the organization.)         To reward a volumeer for his community Service to the public purpose for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator </td <td><u>7,10,11</u> Face</td> <td>Value of Ticket:</td> <td>\$</td> <td></td> <td></td>	<u>7,10,11</u> Face	Value of Ticket:	\$		
Name of Outside Source of Ticket(s) Provided to Agency:       A media County Hit Board         Number of Tickets Received: <ul> <li>Ticket(s) Provided to Agency:</li> <li>Gratuitously</li> <li>Pursuant to Contract</li> </ul> 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) <ul> <li>Mame of Official</li> <li>Name of Official</li> <li>Name of Official</li> <li>Name of Official</li> <li>Name of Official</li> <li>Number</li> <li>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</li> </ul> 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)             Name of Behesting Agency Official: <ul> <li>Mamedia County Supervisor Scott Hacgert(S)</li> <li>Number of Tickets:</li> <li>Number of Tickets:</li> <li>Number of Tickets:</li> <li>Number of Organization:</li> <li>Madress of Organization:</li> <li>Mumber and Street</li> <li>City</li> <li>State</li> <li>Zip Code</li> </ul> Purpose for Distribution:         (Describe the public purpose for the distribution to the organization.)           To         reward a volunteer for his             To         reward a volunteer for his             State               <					
Name of Outside Source of Ticket(s) Provided to Agency:       If	Agency Event Tres Tho (identity of	304100 01 11-11-1	Alana	on County	Fair Board
Number of Tickets Received:       Indext(s)       Ticket(s) Provided to Agency:       Individual of Official of Official of Tickets         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official of Tickets       Number of Tickets       State Whether the Distribution is Income to the Official of 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 Hacgerto         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:       Number of Tickets:         Address of Organization:       Mark Dunlap       Number of Tickets:       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his Community Service to the public purpose for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 10 2011         Graduation of degrady Head of Ordiphee       Print Name       Title       Title	Name of Outside Source of Ticket(s) Provided	to Agency:	1 - 1 - 1 Me	d	
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: Alameda County Supervisor Scott Haggerto Name of Behesting Agency Official: Mameda County Supervisor Scott Haggerto Name of Individual or Organization: Mark Dunlap         Name of Individual or Organization:       Mark Dunlap         Name of Individual or Organization:       Mark Dunlap         Name of Individual or Organization:       Mark Dunlap         Name of Individual or Organization:       Mark Dunlap         Number of Tickets:       6         Description of Organization:       Mark Dunlap         Number and Street       City         Number and Street       Community Service to the public purpose for the distribution to the organization.)         To reward a volunteer for his community Service to the public purpose for his community Service to the public purpose for his community Service to the public purpose is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 10 2011 (month, day, year)	the second traces and the	Ticket(s) Prov	ided to Agen	cy: 🔲 Gratuitously	Pursuant to Contract
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is income to the Ontone of the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       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 Haggerto         Name of Individual or Organization:       Mark Dunlap       Number of Tickets: County Supervisor Scott Haggerto         Name of Individual or Organization:       Mark Dunlap       Number of Tickets: County State       Zp Code         Description of Organization:       Mumber and Street       City       State       Zp Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)         Gendurg (Agency Head of Designee       Print Name       Tite       Tite       IUL 1 0 2011		Contraction of the Contract of Contract			
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is income to the Ontone of the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       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 Haggerto         Name of Individual or Organization:       Mark Dunlap       Number of Tickets: County Supervisor Scott Haggerto         Name of Individual or Organization:       Mark Dunlap       Number of Tickets: County State       Zp Code         Description of Organization:       Mumber and Street       City       State       Zp Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)         Gendurg (Agency Head of Designee       Print Name       Tite       Tite       IUL 1 0 2011	Agency Official(s) Receiving Ticket(s)	use a continuation	n sheet for add	ditional names)	
Name of Behesting Agency Official:       Alame@a       County       Supervisor       Scott Haggert         A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Alame@a       County       Supervisor       Scott Haggert         Name of Behesting Agency Official:       Alame@a       County       Supervisor       Scott Haggert         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:       State       State       Zlp Code         Description of Organization:       Mumber and Street       City       State       Zlp Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Lee Ann Fergerson – Ticket Administrator       JUL 10 2011         Stondurg (Agency Head of Designee       Print Name       Title       Title       State       State			Ctate M/h	ether the Distribution is	Income to the Official or
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community Service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)	(Last, First)		Desc	cribe the Public Purpose	e for the Distribution
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)			un de la constant de		
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)					
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)					
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)					
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community Service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)					
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggerty         Name of Individual or Organization:       Mark Dunlap       Number of Tickets:         Description of Organization:       Mumber and Street       Number of Tickets:         Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)			ded at the hot	pest of an agency officia	al.)
Name of Individual or Organization:       Mark Dunlap       Number of Tickets:       Description of Organization:         Address of Organization:       Mumber and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a volunteer for his community service to the public purpose         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator       JUL 1 0 2011 (month, day, year)	4. Individual or Organization Receiving	IICKet(S) (Provi	ded at the bet		Scatt 12 - contr
Name of Individual or Organization:       Mark Dunlap       Number of Tickets:       Description of Organization:         Address of Organization:	Name of Beheeting Agency Official: Alex	nela Ci	ounty	Supervisor	Scott Haggevin
Name of Individual or Organization:	Name of Deneating Agency official			, S.	umber of Tickets'
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a volunteer for his community service to the public <b>5. Verification</b> I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Lee Ann Fergerson – Ticket Administrator Signature of Agency Head or Designee Print Name Title Title	Name of Individual or Organization:	irk Dur	1ap	N	umber of fickets.
Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       Image: Community Service to the public purpose         To reward a volunteer for his community Service to the public purpose       State       Zip Code         To reward a volunteer for his community Service to the public purpose       State       Zip Code         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Lee Ann Fergerson – Ticket Administrator       JUL 10 2011         State       Tille       Image: Community of Agency Head or Designee       Print Name       Tille       Image: Community of Agency Head or Designee			3		
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)         To reward a volunteer for his community service to the public purpose         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator         JUL 1 0 2011         Signature of Agency Head or Designee	Description of Organization:				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)         To reward a volunteer for his community service to the public purpose         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator         JUL 1 0 2011         Signature of Agency Head or Designee	83 0.1 2. 20				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)         To reward a volunteer for his community 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.         Lee Ann Fergerson – Ticket Administrator         JUL 10 2011         Signature of Agency Head or Designee	Address of Organization:			City	State Zip Code
To reward a volunteer for his community Service to the part         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Lee Ann Fergerson – Ticket Administrator         JUL 1 0 2011         Signature of Agency Head or Designee		and the state of t	distribution to t	the organization.)	
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Lee Ann Fergerson – Ticket Administrator JUL 1 0 2011 (month, day, year)	Purpose for Distribution: (Describe the public	purpose for the c		ine organization)	envice to the Dul
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Lee Ann Fergerson – Ticket Administrator JUL 1 0 2011 (month, day, year)	To reward & volunte	er-for 1	nis co	mmunityo	evolue in the part
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944. r.  Lee Ann Fergerson – Ticket Administrator JUL 1 0 2011 (month, day, year)				7	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.r.  Lee Ann Fergerson – Ticket Administrator JUL 1 0 2011 (month, day, year)	5. Verification			200 NS 10 10 10 10 10	CODO De sublica 100141
Signature of Agency Head or Designee         Lee Ann Fergerson – Ticket Administrator         JUL 1 0 2011 (month, day, year)	I have determined that the distribution of tickets	set forth above is	s in accordanc	e with the provisions of	FPPC Regulation 18944.1.
Signature of Agency Head or Designee Print Name Title (month, day, year)	Carly har of	Lee Anr	n Fergerson	<ul> <li>Ticket Administrator</li> </ul>	JUL 1 0 2011
Signature of Agency Head of Designed	Jun mars				
	Signature of Agency Head or Designee		ation including :	amendment explanation.)	

gency Report       Arubic         Agency Name       COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)       1221 OAK STREET, #555         1221 OAK STREET, #555       Street Address         OAKLAND, CA 94612       E-mail         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         2. Event For Which Tickets Were Distributed       Date(s) of Event: $(\omega_{j}, a \gg_{j}, 11)$ Description of Event $(\overline{\gamma}, 10, 11)$ Face Value of Ticket       Face Value of Ticket	r's Office	California 802 Form 802 For Official Use Only st explain in Part 5.)
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 E-mail (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Date of Original Filin	For Official Use Only st explain in Part 5.)
Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address 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	Date of Original Filin	st explain in Part 5.)
1221 OAK STREET, #555         Street Address         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	Date of Original Filin	
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 Administration	Date of Original Filin	
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	Date of Original Filin	
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	Date of Original Filin	
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Crystal Hishida Graff, Principal Analyst, County Administrator	r's Office	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrato 2. Event For Which Tickets Were Distributed Date(s) of Event: るみ」 11 Description of Event フォノロット	r's Office	
Bate(s) of Event:       し		
Date(s) of Event: $(0, a)$ II Description of Event 7, 10, 11 Eace Value of Ticke	NID - D> ( DU)	ty Fair
Date(s) of Event:	t: Alamedia Court	
T / IV / Face Value of Licke	5.00	0
	ι. φ	
Agency Event Yes No (Identify source of ticket	ts below.)	$ \rightarrow $
Agency Event Yes No (Identify source of ticket Name of Outside Source of Ticket(s) Provided to Agency:	Alameda County	Fair Board
Name of Outside Source of Ticket(s) Provided to Agency.	<	
Nymber of Tickets Received: Ticket(s) Pro	vided to Agency: 🛛 Gratuitous	ly 🛛 Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation	on sheet for additional names)	
	Ctate Whether the Distribution	is Income to the Official or
Name of Official Number (Last, First) of Tickets	Describe the Public Purp	ose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Pro	ovided at the behest of an agency of	ficial.)
A. Individual of Organization Receiving Hereda, Co Name of Behesting Agency Official: <u>A Tame &amp; Co</u>	unto Sudervisor	Scott Hacgert
Name of Behesting Agency Official:	and a	0, <
	alock	Number of Tickets:
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6 16 17 Pro 16 18 19		
Description of Organization:		
		State Zio C
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	e distribution to the organization.)	
Purpose for Distribution: (Describe the public purpose for the To reward a County employee for public or to encourage state	his or her exempl	ary service to the
public or to encourage state	development	
5. Verification	n - 191 - 1920 - estado e a latigo e de la deservación de la de	- of EDDC Regulation 18044.1
5. Verification	e is in accordance with the provisior	IUL 1
	n Fergerson – Ticket Administrat	Contraction of the second seco
		(month, day,
Signature of Agency Head of Designee Print Name Comment: (Use this space of an attachment for any additional info	emotion including amendment explanati	ion.)

ckets Provided by	A Public Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
gency Report Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Ponni .
Division, Department, or Region (if applicable)		1	For Official Use Only
1221 OAK STREET, #555			
Street Address		-	
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Muste	xplain in Part 5.)
	ja@acgov.org		
(510) 272-3882 crystal.hishic Agency Contact (name and title)	all and a second s	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, (	County Administrator's Office		
Dist.	dia seto d		
. Event For Which Tickets Were Distr	AID	meda Cour	ty Fair
. Event For Which Tickets Were Distr Date(s) of Event: スみノ い	Description of Event:		0
7,10,11	Face Value of Ticket: \$0	2,	
	-		0
Agency Event Yes No (Ide Name of Outside Source of Ticket(s) Prov	ntify source of tickets below.)	Da count	, Fair Board
Name of Outside Source of Ticket(s) Prov	vided to Agency:	Card Card	
		ncv: Gratuitously	Pursuant to Contract
Number of Tickets Received: 20, )	Ticket(s) Provided to Age	лоў: Ц	~
3. Agency Official(s) Receiving Ticke	t(s) (use a continuation sheet for a	dditional names)	
	Al at Land State M	hether the Distribution is	Income to the Official or
Name of Official (Last, First)	Number State V of Tickets De	scribe the Public Purpos	e for the Distribution
(Lest, 1 104)			
3			
		the second se	
4 Individual or Organization Receiv	ving Ticket(s) (Provided at the b	ehest of an agency officia	al.)
4. Individual or Organization Receiv	ring Ticket(s) (Provided at the b	ehest of an agency officia Supervisor S	al.) cott Haggerty
4. Individual or Organization Receiv	ving Ticket(s) (Provided at the b Algmeda County	Supervisor D	cott Itagger 19
Name of Behesting Agency Official:	Alameda County	Supervisor D	cott Itagger 19
4. Individual or Organization Receiv Name of Behesting Agency Official: Name of Individual or Organization:	Alameda County	Supervisor D	umber of Tickets: 20, 1
Name of Behesting Agency Official: Name of Individual or Organization:	Alameda County Joe Davis	Supervisor D	cott Itagger 19
Name of Behesting Agency Official:	Alameda County Joe Davis	Supervisor D	cott Itagger 19
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Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Alameda County Joe Davis	City	umber of Tickets: 20, 1
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Alameda County Joe Davis	City	umber of Tickets: 20, 1
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Alameda County Joe Davis	City	umber of Tickets: 20, 1
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the TO reward & volu	Alameda County Joe Davis	City	umber of Tickets: 20, 1
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the 	Alameda County Joe Davis public purpose for the distribution t unteer for his /r	City o the organization.)	State Zip Cod
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the TO reward & volu	Alameda County Joe Davis public purpose for the distribution t unteer for his /r lickets set forth above is in accorda	City o the organization.) Ner3 COMMUN nce with the provisions of	State Zip Cod
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the 	Alameda County Joe Davis public purpose for the distribution t unteer for his /r	City o the organization.) Ner3 COMMUN nce with the provisions of	state Zip Cod ity service toth PH611 FPPC Regulation 18944.1. JUL 10 201
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the 	Alameda County Joe Davis public purpose for the distribution t unteer for his /r lickets set forth above is in accorda	City o the organization.) Ner3 COMMUN nce with the provisions of	State Zip Cod

Agency Keport       Date Stamp       California 802         I. Agency Name       COUNTY OF ALAMEDA       Date Stamp       California 802         Division, Department, or Region (if applicable)       To Oread Use Only       For mail         1221 OAK STREET, #555       Street Address       Amendment (Must exterin Part S)         Street Address       California 802         OAKLAND, CA 94612       Amendment (Must exterin Part S)         Are Code/Phone Number       E-mail         (510) 272-3882       crystal hishida@acgov.org         Agency Contact (mere and tMo)       Date of Original Filling:	ickets Provided by		A Public I	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
COUNTY OF ALAMEDA       Percendenation         Division, Department, or Region (# applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hiehida@acgov.org         Agency Contact (name and Mo)       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         2. Event For Which Tickets Were Distributed       Description of Event:         Agency Event       Yes       No (identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Allemedia County Fair Board         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       Derusuant to Contrai         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       Derusuant to Contrai         3. Agency Official (s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official or Organization       Number         Name of Individual or Organization:       Market A County Supervisor Scott Hacceert       Number of Tickets:       Supervisor Scott Hacceert         Address of Organization:       Market and Steet       Organization.)       Number of Tickets:       Supervisor Scott Hacceert	Agency Report			1		California 802
Division, Department, or Region (# applicable)         1221 OAK STREET, #555         Street Addresse         OAKLAND, CA 94612         Area Code/Phone Number         Crystal.Hishida Graft, Principal Analyst, County Administrator's Office         Crystal Hishida Graft, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date (s) of Event:						
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         Area Code/Phone Number         Agency Contact (name and Me)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office         Date of Original Filing:         (510) 272-3882         Crystal Hishida Graft, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       (2,3,3,-11)         Page 2 Vent       (4,3,3,-11)         Page 2 Vent       (4,3,3,-11)         Page 2 Vent       (4,3,3,-11)         Prince 3 County Fair       Board         Agency Event       (4,7,3,3,-11)         Prince 3 County Fair       Board         Name of Outside Source of Ticket(s) Provided to Agency:       (1,3,4,7,4,3,4,3,4,4,4,4,4,4,4,4,4,4,4,4,4		In a diferentiachte)				For Official Use Only
Street Address         OAKLAND, CA 94612         Area Code/Phone Number         Citystal Hishida@acgov.org         Date of Original Filing:         Crystal Hishida@acgov.org         Date of Original Filing:         (morth.day, year)         Crystal Hishida@acgov.org         Agency Contact (name and the)         Crystal Hishida@acgov.org         Agency Event         Yes         No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:         Number of Tickets Received:         State Whether the Distribution is Income to the Official of Ticket(s) Provided to Agency:         Number of Tickets Receiving Ticket(s) (Provided at the behast of an agency official.)         Name of Official         Name of Origanization:         Mame of Origanization:         Mame of Origanization:         Mame of Origanization:         Mame of Individual or Organization:         Mame of Organization:         Mather and Street         Organization:<						
OAKLAND, CA 94612       Area Code/Phone Number       E-mail         (510) 272-3882       Crystal hishida@acgov.org       Date of Original Filling:						
Area Code/Phone Number       E-mail       Immediate in Part 5.)         (510) 272-3882       crystal.hishida@acgov.org       Date of Orginal Filing:	Street Address					
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:						
Agency Contact (name and title)       Date of Originial Analyst, County Administrator's Office         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Originial Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed       Description of Event:       Alamedia County Fair	Area Code/Phone Number				Amendment (Muste:	cplain în Part 5.)
Agency Official (Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       (a)	(510) 272-3882	crystal.hishida@acg	lov.org		Date of Original Filing:	
2. Event For Which Tickets Were Distributed       Alameda County Fair         Date(s) of Event:       (), (), (), ()         Agency Event       Yes         Agency Event       Yes         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair Board         Number of Tickets Received:       15         Ticket(s) Provided to Agency:       Alameda County Fair Board         Number of Tickets Received:       15         Ticket(s) Provided to Agency:       Gratuitously         Barned       Number of Tickets Received:         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official (user, First)       Number         State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Name of Behesting Agency Official:       NIAmeda County Supervisor Scott Hacceer         Name of Individual or Organization:       Markeda County Supervisor Scott Hacceer         Name of Individual or Organization:       Markeda County Supervisor Scott Hacceer         Name of Individual or Organization:       Markeda County Supervisor Scott Hacceer         Name of Individual or Organization:       Markeda County Supervisor Scott Hacceer         Description of Organization:       Markeda County Supervisor Scott Hacceer         To reverard by Coun	Agency Contact (name and tit	le)			Date of original times	(month, day, year)
Agency Event       Yes       INO (identity source of nickets beach,)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County, Fair Bard         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       Brursuant to Contrar         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Incention       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:       Nameda County Supervisor Scott Hacgert         Name of Individual or Organization:       Martel breen       Number of Tickets:       Is         Description of Organization:       Martel breen       Number of Tickets:       Is         Address of Organization:       Martel breen       Number of Tickets:       Is         Purpose for Distribution:       (Description of Organization:       State       Zp         Purpose for Distribution:       (Description of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1       Is account accoun	Crystal Hishida Graff, Prir	icipal Analyst, County	Administrator	s Office		
Agency Event       Yes       INO (identity source of nockets book).         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County, Fair Bard         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       By Pursuant to Contrar         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Incention       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:       Nameda County Supervisor Scott Hacgert         Name of Individual or Organization:       Martel breen       Number of Tickets:       Is         Description of Organization:       Martel breen       Number of Tickets:       Is         Address of Organization:       Martel breen       Number of Tickets:       Is         Purpose for Distribution:       (Description of Organization:       Martel breen       Number of Tickets:       Is         To reward & County Official:       Number and Street       City       State       Zp         Purpose for Distribution:       (Description bride distribution to the organization.)       To reward & County Omp lowee for his or her exemp lary service to the public for row encourses of the distribution to the organization.)       Image 2p <t< td=""><td>2. Event For Which Ticke</td><td>ts Were Distributed</td><td></td><td>ALA</td><td>neda Lount</td><td>ry Fair</td></t<>	2. Event For Which Ticke	ts Were Distributed		ALA	neda Lount	ry Fair
Agency Event       Yes       INO (identity source of tickets book).         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County, Fair Bard         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       Brursuant to Contrar         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Incention of Official       Number       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:       NIAmeda County Supervisor Scott Hacgert         Name of Individual or Organization:       Martel breen       Number of Tickets:       Image: Scott	Data(s) of Event: 0	ab 11 Descrip	otion of Event:	1214	neorg	2
Agency Event       Yes       INO (identity source of tickets book).         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County, Fair Bard         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       Brursuant to Contrar         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Incention of Official       Number       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:       NIAmeda County Supervisor Scott Hacgert         Name of Individual or Organization:       Martel breen       Number of Tickets:       Image: Scott	Date(s) of Event	10 ,11 Eace V	alue of Ticket	\$ 5.0	0	2000 A
Agency Event       Yes       INO (identity source of tickets book).         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County, Fair Bard         Number of Tickets Received:       15       Ticket(s) Provided to Agency:       Gratuitously       Brursuant to Contrar         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Incention of Official       Number       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:       NIAmeda County Supervisor Scott Hacgert         Name of Individual or Organization:       Martel breen       Number of Tickets:       Image: Scott						
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Number of Tickets Received:       13       Ticket(s) Provided to Agency.       Clear the second se		(Tisket(a) Drovided to	Agency I	+lame	Da County.	Fair Dogra
Number of Tickets Received:       13       Ticket(s) Provided to Agency.       Clear the second se	Name of Outside Source	of ficket(s) Plovided to	Ageno):	ana ang a		Non-
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is income of the output Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Amount of the public Purpose for the Distribution         Name of Behesting Agency Official:       A Tame Da County Supervisor Scott Hoggert         Name of Individual or Organization:       Marked County Supervisor Scott Hoggert         Name of Individual or Organization:       Marked County Supervisor Scott Hoggert         Name of Organization:       Marked County Supervisor Scott Hoggert         Address of Organization:       Mumber and Street         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.) To reward a County employee for his or her exemplary service to for public or to encourage state development         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1         Lee Ann Fergerson – Ticket Administrator       JUI 10 (month, day	Number of Tickets Receiv	ved:	Ticket(s) Prov	nded to Agei		
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is income of the output Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Amount of the public Purpose for the Distribution         Name of Behesting Agency Official:       Name Dartel       Supervisor         Name of Individual or Organization:       Marked County Supervisor       Scott Haccert         Name of Individual or Organization:       Marked County Supervisor       Number of Tickets:       IS         Description of Organization:       Marked County Supervisor       Number of Tickets:       IS         Description of Organization:       Number and Street       City       State       Zp         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a County Service to H         To reward a County Service for his or her exemplary service to H       Public or to encourd of State Generation       Image: State Generation         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1       Image: State Generation       Image: State Generation         State of Agency Head of Debignee       Print Name       Tite       Image: State Generation       Image: State Generation	3 Agency Official(s) Re	ceiving Ticket(s) (us	se a continuatio	n sheet for a	dditional names)	
(Last, First)       of Tickets       Describe the Fubbrio Press         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Name Diamedia County Supervisor Scott Hoggert         Name of Individual or Organization:       Martel       Breen         Name of Individual or Organization:       Martel       Breen         Description of Organization:       Martel       Breen         Address of Organization:       Mumber and Street       City       State       Zp         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward the County employee for this or her exemplary service to the public or the encourtage state development         5. Verification       Inave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1         Use Ann Fergerson – Ticket Administrator       JUL 10         Standauge of Agency Head or Debagnee       Print Name       Tite				Ctate M	bother the Distribution is	Income to the Official or
Name of Behesting Agency Official:       Alameda County Supervisor Scott Hagger,         Name of Individual or Organization:				Des	scribe the Public Purpos	e for the Distribution
Name of Behesting Agency Official:       Alameda County Supervisor Scott Hagger,         Name of Individual or Organization:						
Name of Behesting Agency Official:       Name Qa County Supervisor Scott Hagger,         Name of Individual or Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Scott Hagger,         Name of Individual or Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Scott Hagger,         Name of Individual or Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Scott Hagger,         Name of Individual or Organization:	-					*
Name of Behesting Agency Official:       Name Qa County Supervisor Scott Hagger,         Name of Individual or Organization:					t set official	
Name of Behesting Agency Official:       Alameda County Supervisor Scott Hagger,         Name of Individual or Organization:	4. Individual or Organ	ization Receiving Ti	icket(s) (Prov	vided at the be	ehest of an agency offici	
Name of Individual or Organization:		Alan	102 EQAN	unty S	upervisor S	scott Huggerry
Name of Individual or Organization:	Name of Behesting Ag	ency Official:		9	1	
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for his or her exemplary service to f public or to encourage state development I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 Lee Ann Fergerson – Ticket Administrator Signature of Agency Heat or Designee Print Name Title		Organization: m7	artel	breen	N	lumber of Tickets:
Address of Organization:       Number and Street       City       State       Zip         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a County employee for his or her exemplary service to for his or her exemplary service for her exemp	Name of Individual or	Organization.				
Address of Organization:       Number and Street       City       State       Zip         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a County employee for his or her exemplary service to for his or her exemplary service for her exemp	Description of Organiz	zation'				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County Employee for his or her exemplary service to the public or to encourage staff development 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 Lee Ann Fergerson – Ticket Administrator	Description of Organiz	2001.				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County Employee for his or her exemplary service to the public or to encourage staff development 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 Lee Ann Fergerson – Ticket Administrator	Address of Organizati	ion'			011	State Zip Code
To remark a county imployee state development         public or to encourage state development         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1         Lee Ann Fergerson – Ticket Administrator         JUL 1 0         Signature of Agency Head or Designee	Address of Organizad	Number and Street			City	
To remark a country employee state development         public or to encourage state development         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1         Lee Ann Fergerson – Ticket Administrator         JUL 1 0         Signature of Agency Head or Designee         Print Name	Durpose for Distributi	on: (Describe the public	purpose for the	e distribution t	o the organization.)	a service to the
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 Lee Ann Fergerson – Ticket Administrator JUL 10 Signature of Agency Healt or Designee Print Name Title	To reward a	County emplo	yee for	his or	her exempla	ry service to the
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 Lee Ann Fergerson – Ticket Administrator JUL 1 0 (month, day	public or +	o encouraige	e statt	devel	opmon	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 Lee Ann Fergerson – Ticket Administrator	,	0				
Signature of Agency Heat or Designee Print Name Title (month, day	5. Verification		We had a second	1. 1	non with the provisions i	of FPPC Regulation 18944.1.
Signature of Agency Heat or Designee Print Name Title (month, day	I have determined that	the distribution of tickets .				
Signature of Agency Heat or Designee Print Name Hite	Jeeli X	6-	Le	e Ann Ferge	erson – Ticket Adminis	the second s
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Signature of Agency Heal	t or Designee				(month, day, year
Comment. Tose this spore of an anternative set and	Commont: //lee this e	apace or an attachment for ar	ny additional info	mation includir	ng amendment explanation.	)
	Contritent. 1030 mis a	Page 21 21 21 21 21 21 21 21 21 21 21 21 21	999999 (CARABINATION CONTRACTOR) (CARABINATION)			

	A Dublis Degumo	int	TICKETS PROVIDED BY
Agency Report	A Public Docume		California 002
1. Agency Name		Date Stamp	Form 802
COUNTY OF ALAMEDA	1		For Official Use Only
Division, Department, or Region (if applicab	ble)		
1221 OAK STREET, #555		-	
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must e	xplain in Part 5.)
(010)	shida@acgov.org	Date of Original Filing:	(month, day, year)
Agency Contact (name and title)	L. C		(monut, day, year)
Crystal Hishida Graff, Principal Analys	st, County Administrator's Office		
2. Event For Which Tickets Were Di Date(s) of Event: <u>しょみ」</u> 11 子」10」11	istributed Ala	meda Loun	ty Fair
Date(s) of Event: a>	_ Description of Event:	20	0
7,10,11	_ Face Value of Ticket: \$		
	(1) tit ourse of tickets below )		
Agency Event Yes No	(Identify source of tickets below.)	as county	Fair Board
Name of Outside Source of Ticket(s)	Provided to Agency:A) ame	and county	<u></u>
	Ticket(s) Provided to Age	ency: 🔲 Gratuitously	Pursuant to Contract
Number of Tickets Received:		ALINE BUILD IN	
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation sheet for	additional names)	
Name of Official	Ctata )	Mhether the Distribution I	s Income to the Official or
(Last, First)	of Tickets D	escribe the Public Purpos	se for the Distribution
1			
	1 1		
	- ining Tipkot(c) (Provided at the	henest of an agency offic	sial.)
4. Individual or Organization Re	ceiving Ticket(s) (Provided at the	behest of an agency offic	ial.)
4. Individual or Organization Re	ceiving Ticket(s) (Provided at the al: Alameda County 3	behest of an agency offic Supervisor S	scott Haggerty
4. Individual or Organization Re Name of Behesting Agency Officia	Alameda County :	Supervisor :	scott Hadden of
Name of Behesting Agency Officia	Alameda County :	Supervisor :	Number of Tickets: 9
Name of Behesting Agency Officia Name of Individual or Organization	Alameda County :	Supervisor :	scott Hadden of
Name of Behesting Agency Officia	Alameda County :	Supervisor :	scott Hadden of
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization:	Alameda County :	Supervisor :	Number of Tickets: 9
Name of Behesting Agency Officia Name of Individual or Organization	n: Josh Thurma	Supervisor :	scott Hadden of
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization:	n: <u>Josh Thurma</u>	City	Number of Tickets: 9
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization:	n: <u>Josh Hurma</u> n: <u>Josh Hurma</u> nd Street be the public purpose for the distribution	City City City City City City City City	Number of Tickets: 9
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization:	n: Josh Hurma hd Street be the public purpose for the distribution - Employee for his or	City City City City City City City City	Number of Tickets: 9
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Address for Distribution: (Describ To reward a County Public or to enco	n: Josh Hurma hd Street be the public purpose for the distribution - Employee for his or	City City City City City City City City	Number of Tickets: 9
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describ To reward a County Public or to enco	n: <u>Josh Hurma</u> n: <u>Josh Hurma</u> nd Street be the public purpose for the distribution employee for his or ourdige staff deve	City n to the organization.) her exempla lopment	State Zip Cook
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Number an Purpose for Distribution: (Describ To reward a County Public or to enco	n: <u>Josh Hurma</u> n: <u>Josh Hurma</u> nd Street be the public purpose for the distribution employee for his or ourdge staff deve	City City n to the organization.) her exempla lopment dance with the provisions	State Zip Cod state Zip Cod ary service to flic of FPPC Regulation 18944, 1. JUL 10 2011
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Number an Purpose for Distribution: (Describ To reward a County Public or to enco	n: <u>Josh Hurma</u> n: <u>Josh Hurma</u> nd Street be the public purpose for the distribution employee for his or ourdge staff deve	City n to the organization.) her exempla lopment	State Zip Cod State Zip Cod ary service to floc of FPPC Regulation 18944 1. JUL 10 2011 or
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Number an Purpose for Distribution: (Describ To reward a County Public or to enco 5. Verification I have determined that the distribution	n: <u>Josh Hurma</u> n: <u>Josh Hurma</u> nd Street be the public purpose for the distribution employee for his or ourdge staff deve	City n to the organization.) her exemple lopment dance with the provisions on - Ticket Administrate Title	State Zip Cod state Zip Cod ary service to fluc of FPPC Regulation 18944 1 JUL. 1 0 2011 or (month, day, year

Street Address         1221 OAK STREET, #555, OAKLAND, CA 94612         Area 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:       08 / 12 / 11         Description of Event:       0akland A's game	
COUNTY OF ALAMEDA       For C         Division, Department, or Region (if applicable)       For C         Street Address       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@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:	
Division, Department, or Region ( <i>if applicable</i> )       For C         Street Address       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@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:	
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(s) of Event:       08 / 12 / 11         Description of Event:       Oakland A's game	fficial 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)       Date of Original Filing:	
Area Code/Phone Number       E-mail       Image: Agency Contact (name and tille)       Image: Agency Contact (name and tille)       Image: Date of Original Filing:       Image: Date of	
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         2. Event For Which Tickets Were Distributed       Date(s) of Event:       08 / 12 / 11       Description of Event:       Oakland A's game         Agency Event       08 / 12 / 11       Description of Event:       Oakland A's game         Agency Event       Yes       Xon (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Oakland Athletics         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number	
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:	5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       08 / 12 / 11       Description of Event:       Oakland A's game	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       08 / 12 / 11       Description of Event:       Oakland A's game	iy, year)
Date(s) of Event:       08       12       11       Description of Event:       Oakland A's game	······································
Agency Event       Yes       Image: No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Oakland Athletics         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Image: Gratuitously       Image: Pursu         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)       Image: Number       State Whether the Distribution is Income to the	
Name of Outside Source of Ticket(s) Provided to Agency:       Oakland Athletics         Number of Tickets Received:       2         Ticket(s) Provided to Agency:       Gratuitously         Xeroid State Whether the Distribution is Income to the	
Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Pursu         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribution is Income to the	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)           Name of Official         Number         State Whether the Distribution is Income to the	
Name of Official Number State Whether the Distribution is Income to the	ant to Contract
(Last, First) of Tickets Describe the Public Purpose for the Distri	
	oution
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor Wilma Chan, District 3</u>	
	0
Name of Individual or Organization: Debborah Taylor Number of Ticke	ets:2
Description of Organization:	
Address of Organization:	
Number and Street City Sta	e Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	
To promote attendance at an event held at a County facility in order to maximize potential County revenue	from sales
5. Verification	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulatio	n 18944.1.
Alexandra Boskovich Supervisor's Assistant	7/28/11
Signature of Agency Head or Designee Print Name Title	(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	,

Tickets Provided by		A Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	ion (if applicable)			Date Stamp	AGENCY REPORT California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, Area Code/Phone Number	OAKLAND, CA 946	612		Amendment (Muste	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			or's Office	Date of Original Filing:	(month, day, year)
2. Event For Which Tickets Date(s) of Event:		ription of Ever		s game \$43.75	
Agency Event  Yes Name of Outside Source of Number of Tickets Received	1000	to Agency: <u>Oa</u>	akland Athletics		⊠ Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose fo	방법 이상에는 영향 영화에 집을 가지 않으려면 전체에 가지?
M -					
4. Individual or Organization		N. 201		t of an agency official.)	
Name of Individual or Organ	ization: <u>Robert Ch</u>	en			er of Tickets: 2
Description of Organization:				ũ.	
Address of Organization: Purpose for Distribution: (D To promote attendance at a	escribe the public pur	in m a sao		• • • • • • • • • • • • • • • • • • •	State Zip Code
5. Verification	ess secondaria	11 May 1947 - 1117			nette se anna anna 191
I have determined that the distr	Alexandra E			h the provisions of FPP0 rvisor's Assistant Title	C Regulation 18944.1. 7/25/11 (month, day, year)
Comment: (Use this space or a			on including amend	100000	(

Tickets Provided by	A Public Docum	oont	TICKETS PROVIDED BY AGENCY REPORT
Agency Report	A Public Docum		A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER
1. Agency Name		Date Stamp	California Form
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable	le)		22 TOPACIDAE ICAT
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.his	hida@acgov.org	- Codeleal Filing	
Agency Contact (name and title)		Date of Original Filing: -	(month, day, year)
Crystal Hishida Graff, Principal Analyst	, County Administrator's Office		
and the second se			L. Dir
2. Event For Which Tickets Were Dis Date(s) of Event: みみ い	Description of Event: A	ameda Loun	19 rail
Date(s) of Event:	Second and the Second s	0 8.00	0
<u>+, 10, 11</u>	Face Value of Ticket: \$	)	
Agency Event TYes No (I	dentify source of tickets below.)		Cin Bard
Agency Event 11 100 11 1	Alan	neda Countu	Fair para
Agency Event Yes No (I Name of Outside Source of Ticket(s) P	rovided to Agency:		
Number of Tickets Received:	Ticket(s) Provided to A	gency: 📋 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Tic	ket(s) (use a continuation sheet fo	r additional names)	the Official of
Name of Official	Ciale	Whether the Distribution is Describe the Public Purpose	for the Distribution
(Last, First)	of Tickets	Describe the Public Pulpose	
	ining Ticket(c) (Provided at the	behest of an agency officia	l.)
4. Individual or Organization Reco	eiving Ticket(s) (Provided at the	Superclister St	att Haggerty
Name of Behesting Agency Official:	Alameda Counti	1 34per 1501 0	P. B.
Name of Benesting Agenes Smolan	· · C		the of Tickots: 2
Name of Individual or Organization:	Laura Winter	N	imber of Tickets: 2, )
Description of Organization:			
Description of Organization:			
		City	State Zip Code
Address of Organization:	Street	City	State Zip Code
Address of Organization:	Street	City	
Address of Organization:	Street	City	ty service to the
Address of Organization:	Street	City	ty service to the
Address of Organization: Number and S Purpose for Distribution: (Describe TO reward & vo	street the public purpose for the distributio Munteer for his /	city n to the organization.) И NEVIS COMMUN	ty service to the public
Address of Organization: Number and S Purpose for Distribution: (Describe TO reward & vo	street the public purpose for the distributio Munteer for his /	city n to the organization.) И NEVIS COMMUN	FPPC Regulation 18944.1.
Address of Organization: Number and S Purpose for Distribution: (Describe To reward & vo	Street the public purpose for the distributio of unteer for his / of tickets set forth above is in accor	City n to the organization.) <b>กษาว Commun</b> dance with the provisions of	FPPC Regulation 18944.1.
Address of Organization: Number and S Purpose for Distribution: (Describe To reward & vo 5. Verification I have determined that the distribution	Street the public purpose for the distributio of unteer for his / of tickets set forth above is in accor Lee Ann Ferger	city n to the organization.) И NEVIS COMMUN	FPPC Regulation 18944.1.
Address of Organization: <u>Number and S</u> Purpose for Distribution: (Describe <u>TO rewars</u> & vo	Street the public purpose for the distributio of unteer for his / of tickets set forth above is in accor Lee Ann Ferger Print Name	City n to the organization.) hev3 Commun dance with the provisions of son – Ticket Administrator	FPPC Regulation 18944.1.

A Dubl	ic Document		TICKETS PROVIDED BY
APUDI	ic Document		AGENCY REPORT
	Date	Stamp Ca	Form 802
			For Official Use Only
04612			
1 34012			
	Amenda	ment (Must explain in	Part 5.)
a@acgov.org			
	15	jinal Filing:	nth, day, year)
ounty Administrato	r's Office		
buted	M0-		
Description of Even	t. Oakland A's game		
	¢12 75		
ace Value of Ticke	t: \$	-	
tify source of ticket	s helow)		
	SANGAR (1991) 1993		
ded to Agency: Oa	kland Athletics		
licket(s) Prov	lided to Agency: Grat	uitously 🖾 Pt	ursuant to Contract
s) (use a continuatio	n sheet for additional names	)	2
Number			
of Tickets	Describe the Public	Purpose for the D	Distribution
J Ticket(s) (Provid	ed at the behest of an agend	cy official.)	
visor Wilma Chan	District 3		
visor vviina onari,	District 5		
			Selector 20
		Number of T	ickets: 20
	City		State Zip Code
	לים. מייהוגנה יציע-יניים בינגר בינגרי הנדייננים	2	147
a Product as the state of the			
t a County facility in	n order to maximize poter	ntial County reven	nue from sales
set forth above is in	accordance with the provisi	ons of FPPC Requ	lation 18944 1
		annan anns an an anna <del>a</del> nn an 11 - 113	
dra Boskovich Print Name	Supervisor's Ass	and Shake Land Addition	7/21/11 (month, day, year)
	A 94612 a@acgov.org ounty Administrato <b>buted</b> Description of Even Face Value of Ticket ded to Agency: Oa Ticket(s) Prov <b>5)</b> (use a continuatio Number of Tickets <b>5)</b> (use a continuation <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b> <b>1</b>	A 94612  a@acgov.org ounty Administrator's Office buted Description of Event: Oakland A's game Face Value of Ticket: \$	Date Stamp       Ca         A 94612       Image: Amendment (Must explain in the second of the s

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA	Agency Name			Date Stamp	AGENCY REPORT California Form 802 For Official Use Only
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612					
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title, Crystal Hishida Graff, Princ			or's Office	☐ Amendment <i>(Must ex</i> Date of Original Filing: _	· · ·
2. Event For Which Tickets Date(s) of Event:06_/_2	<b>Were Distribute</b>	e <b>d</b> ription of Ever			
Agency Event		to Agency: Ala	ameda County		☑ 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)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization	-	• • •		t of an agency official.)	
Name of Individual or Organ				Numbe	er of Tickets: <u>5</u>
	nber and Street		City		State Zip Code
Purpose for Distribution: (D To reward a County employ 5. Verification					
I have determined that the distr	CRYSTAL I	HISHIDA GRA		ICIPAL ANALYST	07/11/11
Signature of Agency Heat or Design Comment: (Use this space or a		Print Name ditional informatio	on including amen	Title dment explanation.)	(month, day, year)

Tickets Provided by		A Public I	Documei	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report				Date Stamp	California 802
1. Agency Name			1		Form OUZ
COUNTY OF ALAMEDA	· · · · · · · ·			For Official Use Only	
Division, Department, or Reg					
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	1				Lie in Ded E1
Area Code/Phone Number	E-mail			Amendment (Must e	xprain in Fait 3.7
(510) 272-3882	crystal.hishida@a	icgov.org		Date of Original Filing:	(month, day, year)
Agency Contact (name and tit	e)	. Administrator	office		function and for a second
Crystal Hishida Graff, Prin	cipal Analyst, Coun	ty Administrator	SOLICE		
2. Event For Which Ticke Date(s) of Event:	ts Were Distribut	ed	AID	meda Cour	ty Fair
Date(s) of Event:	22/11 Desc	cription of Event:		0.00	0
71	10,11 Face	Value of Ticket:	\$ 5.00	, 8.00	
		12 C 1 H 1 C 1 H 1 C 1 H 1 C 1	1000		•
Agency Event Yes	No (Identify	source of tickets	Lime	Da count	, Fair Board
Name of Outside Source	of Ticket(s) Provided	to Agency:	riance	and control of	5
		Ticket(s) Provi	ded to Ager	ncy: 🔲 Gratuitously	Pursuant to Contract
Number of Tickets Receiv	red:	HCKEL(S) FION	ded to rige.		
3. Agency Official(s) Re	ceiving Ticket(s)	(use a continuation	h sheet for ac	iditional names)	
	and the second se	Number	Ciato MA	hathar the Distribution is	Income to the Official or
Name of ( (Last, F		of Tickets	Des	scribe the Public Purpose	e for the Distribution
					21 - 1 - 1 - 1 - 1 - 1
			1	heat of an approx offici	al.)
4. Individual or Organi	zation Receiving	Ticket(s) (Provi	ded at the be	anest of an agency officing	at Harcerty
	Ala	ameda C	ounty	Supervisor 5	con naggorig
Name of Behesting Age					BI
Name of Individual or C	Organization:	rry La	uigan	N	umber of Tickets: 8
Name of manadar of s		0	0		
Description of Organiz	ation:				
Address of Organization	n:			City	State Zip Code
Purpose for Distributio	n: (Describe the publi	ic purpose for the	distribution to	The organization.	the sensice toth.
To reway	-Qà volunt	eer for	his/h	ers commun	ity service tothe Public
					C pablic
5. Verification					
I have determined that t	he distribution of ticket	s set forth above i	s in accordan	ice with the provisions o	f FPPC Regulation 18944.1. 
	nanotrono no contrato de la contrato	Lee A	nn Feraers	on – Ticket Administra	tor JUL 1 0 2011
Julin	the _	Print Name		Title	(month, day, year)
Signature of Agency Head	or Designee		aation includier	amendment explanation 1	
Comment: (Use this sp	ace or an attachment for	any additional inform	เล่าอย่า แต่เมื่อแก่รู	g amendment explanation.)	

	FPPC Form 802 (Feb/09)
FPPC Toll-Free	Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report		A Publi	c Documer	It	TICKETS PROVIDED AGENCY REPO
I. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form <b>OU</b>
Division, Department, or Re	gion (if applicable)				For Official Use Only
1221 OAK STREET, #555	5				
Street Address		an a			
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			A	
(510) 272-6685	Amy.Shrago@ac	aov ora		Amendment (Must e	kpiain in Part 5.)
Agency Contact (name and til				Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analy					(month, day, year)
. Event For Which Ticke			Alameda Coi	untv Fair	
Date(s) of Event: <u>06</u> /_					a ta an
07/	<u>10 / 11</u> Face	Value of Ticke	t: \$	5.00	
			- h - l - · · · · · ·		
Agency Event	🗙 No (Identify :				
Name of Outside Source of	f Ticket(s) Provided	to Agency: Ala	meda County F	air	
Number of Tickets Receive				: Gratuitously	☑ Pursuant to Contra
A way official/a) Dea	niving Ticket(a)				
. Agency Official(s) Rec					the official as
Name of Of (Last, Firs		Number of Tickets		er the Distribution is In e the Public Purpose for	
(	,	UTTOROLO			
			and the strength of the streng		
				w	
. Individual or Organiza	tion Receiving Ti	cket(s) (Provid	ed at the behest	of an agency official.)	
-	-				
Name of Behesting Agenc	y Official: Keith Car	son, Supervisoi	r Finn District		
					25
Name of Individual or Orga	anization: <u>Mary Ann</u>	Wight Founde			er of lickets:
Description of Organizatio	provide direct sur	oport to families	s and individual	s experiencing hung	er and homelessness
Description of Organizatio	n:	•	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	3120 San Pablo		Oakla	nd	CA 94608
Address of Organization:	lumber and Street		City		State Zip Co
Dunn er e fan Distributions	Describes the sould be as		tribution to the or	manipotion )	
Purpose for Distribution: (					
To promote attendance at	a County facility in	order to maxim	ize potential Co	ounty revenue from p	arking and concessior
i. Verification	ann an the second s				
I have determined that the di	stribution of tickets set	forth above is in	accordance with	the provisions of FPP	C Regulation 18944.1.
	· -·				
Signature of Agency bad or Des	Amy Shrag	JO Print Name	Policy	Title	07/11/11 (month, day, yea

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Regi	on (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-6685	Amy.Shrago@ac	gov.org		Data of Original Filing:	
Agency Contact (name and title,				Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analys		unan adalah kata manganan sa sa sa			
2. Event For Which Tickets			Alemeda C	ountu Foir	
Date(s) of Event: <u>06</u> / <u>2</u>	<u>2 / 11</u> Desc	ription of Eve	nt: <u>Alameda Co</u>		
	10 <u>/ 11</u> Face				
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(a) Drovided (	to Agonovi Al	ameda County	Fair	
					· · · ·
Number of Tickets Received	l: <u>20</u>	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	i <b>ving Ticket(s)</b> (u	se a continuatio			
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is In be the Public Purpose for	
				1	
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provi	l ded at the behes	t of an agency official.)	anî a şeya ye.
Name of Behesting Agency	Official: Keith Cars	son, Superviso	or Fifth District		
Name of Individual or Orgar				Numb	per of Tickets:20
Description of Organization:	Senior Services				
Address of Organization:	901 Heart Street		Berkel <sub>City</sub>	еу	CA 94709 State Zip Code
Purpose for Distribution: (D					
To promote attendance at a	a County facility in c	order to maxin	nize potential C	County revenue from p	parking and concession
5. Verification				zeren er gefallte anne an en en er gefallte er en er	
I have determined that the dist	ribution of tickets set	forth above is i	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
hthap	Amy Shrag	0		y Analyst	07/11/11
Signature of Agency yead or Design Comment: (Use this space or a		Print Name dditional informati	ion including amen	Title dment explanation.)	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form For Official	002
Street Address OAKLAND, CA 94612						
Area Code/Phone Number (510) 272-6685 Agency Contact (name and title	<b>E-mail</b> Amy.Shrago@acç )	gov.org		Amendment (Must		r)
Amy Shrago, Policy Analys						
2. Event For Which Tickets Date(s) of Event:06 /2 07 /_1		ription of Ever				<u></u>
Agency Event	No (Identify s			Fair		
Number of Tickets Received					⊠ Pursuant t	o Contract
3. Agency Official(s) Recei	i <b>ving Ticket(s)</b> (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	jal (	Number of Tickets		her the Distribution is In be the Public Purpose to		
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Orgar	nization: <u>Bonita Hou</u>	use		Num	ber of Tickets: _	10
Description of Organization:	Alcohol and Other	Drug Treatm	ent Services	ishrainn		
Address of Organization:	410 Bonita House		Berkel <sup>City</sup>	ey	CA State	94709 Zip Code
Purpose for Distribution: (D To promote attendance at a					parking and cor	cession
5. Verification				erner Control Alda Stor puppingen understanderen som under		kanadarah pada kata kata kata kata kata kata kata k
I have determined that the dist	Amy Shrago	D		y Analyst	07	7/11/11
Signature of Agency (Pad or Design Comment: (Use this space or a		Print Name ditional informatio	on including amen	Title dment explanation.)	(mont	h, day, year)

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Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California 002
COUNTY OF ALAMEDA					Form OUZ
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	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 Analyst					
2. Event For Which Tickets	Were Distribute	ed	***************************************		
Date(s) of Event: <u>06 / 2</u>	2 / 11 Desc	ription of Eve	nt: Alameda Co	ounty Fair	
	~		et: \$	E 00	
Agency Event 🛛 Yes	🔀 No (Identify s		-		
Name of Outside Source of T	Ficket(s) Provided f	to Agency: <u>Al</u>	ameda County	Fair	······
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	Energina and a start of the second
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
4. Individual or Organizatio	-			t of an agency official.)	
Name of Behesting Agency (	Official: Keith Cars	son, Superviso	or Fifth District		
Name of Individual or Organ	ization: BOSS			Num!	ber of Tickets:10
Description of Organization:	Homeless Service	S		an an the state of	
Address of Organization.	65 Kittredge, Suite	E	Berkele	у	CA 94704 State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the di	stribution to the c	organization.)	
To promote attendance at a	County facility in c	order to maxin	nize potential C	ounty revenue from p	parking and concession
5. Verification					
I have determined that the distri	bution of tickets set i	forth above is i	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
6 Smaad	Amy Shrage	0	Polic	y Analyst	07/11/11
Signature of Agency Head or Design Comment: (Use this space or ar		Print Name Iditional informati	on including amend	Title dment explanation.)	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent		ROVIDED E
1. Agency Name	r manda da d		nyan kendarangkan provinsi dari kendalah kanan	Date Stamp	California	002
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	ion (if applicable)				For Official L	lse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5 )	
(510) 272-3882	crystal.hishida@a	acgov.org			Apiani ni Fait 0.7	
Agency Contact (name and title	)			Date of Original Filing:	(month, day, year	·)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office			,
. Event For Which Ticket	s Were Distribute	ed	2014-1-1-1-2-1-1-2-1-1-2-1-1-2-1-2-1-2-1-2	nama kalente aktiv Destante den kalente titi (2018 naturation), etter 1997		
Date(s) of Event:2	22 <u>/ 11</u> Desc	ription of Eve	nt: <u>Alameda C</u>	ounty Fair		
	10 <u>11</u> Face					
montaneous deservations of the second			σι. ψ			
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided I	to Agency: Al	ameda County	Fair		
						_
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to	o Contrad
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic	cial	Number		her the Distribution is In		
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distributior	) 
				an a	edite contactor of and second gives a contribution of the	
. Individual or Organizati	on Receiving Tic	<b>:ket(s)</b> (Provid	ded at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Orgar	vization. BOSS			Numh	er of Tickets:	15
Description of Organization:	helping homeless,	, poor and dis	abled people ir	our community of Al	ameda County	
					CA	94704
Audress of Organization,	065 Kittredge Street	I, SUILE E	Berkele	y,	State	Zip Code
					Otale	
Purpose for Distribution: (D	escribe the public pur	rpose for the dis	stribution to the o	organization.)		
To reward a school or nonp	rofit organization fo	or its contribut	ions to the com	imunity.		
. Verification			un producer de la companya de la com	ayanan bergan yana yan kasa maka punyayan mutakan ya		
I have determined that the dist	ribution of tickets set t	forth above is in	n accordance wit	h the provisions of EPD	C Regulation 190	44 1
My mag		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST		/11/11
Signature of Agency Head or Design	166	Print Name		Title	(month	n, 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
. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form For Official	802 Use Only	
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys		gov.org		☐ Amendment <i>(Must o</i> Date of Original Filing:		ir)
2. Event For Which Ticket Date(s) of Event: 06 / 2 07 / 07 Agency Event Yes Name of Outside Source of Number of Tickets Received	22 / 11 Descu 10 / 11 Face ⊠ No (Identify s Ticket(s) Provided t	ription of Even Value of Ticke cource of ticke to Agency: <u>Al</u>	et: \$ ets below.) ameda County	5.00 Fair	⊠ Pursuant t	o Contract
3. Agency Official(s) Rece Name of Offi (Last, First)	cial	se a continuatio Number of Tickets <sup>,</sup>	State Whe	tional names) ther the Distribution is Ir ibe the Public Purpose f		
<b>4. Individual or Organizati</b> Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Keith Cars</u>	on, Superviso n Community	or Fifth District		ber of Tickets: _	10
Address of Organization: Nu Purpose for Distribution: (D To promote attendance at a	900 Fruitvale Ave., mber and Street Describe the public pur	Ste. 3B pose for the di		organization.)	CA State Darking and cor	94601 Zip Code
5. Verification I have determined that the dist Signature of Agency Head of Desig Comment: (Use this space or a	Amy Shrago	D Print Name	Polic	y Analyst <sub>Title</sub>	07	944.1. 7/11/11 th, 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) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form 802 For Official Use Only	
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys		gov.org		Amendment (Mus	•
Agency Event	22_/_11Descr 10_/_11Face <sup>™</sup> ⊠ No (Identify so Ticket(s) Provided to d:10	iption of Even Value of Ticke ource of ticket o Agency: <u>Ala</u> Ticket(s) Prov	et: \$ ts below.) ameda County vided to Agenc	5.00 Fair y: Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece Name of Offi (Last, First)	_	Number of Tickets	State Whet		Income to the Official or e for the Distribution
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Keith Cars</u>	on, Superviso harities	led at the behes or Fifth District		.) nber of Tickets:10
Address of Organization: _	33 Jefferson Street mber and Street bescribe the public pur	pose for the dis		organization.)	CA 94612 State Zip Code
5. Verification I have determined that the dist Signature of Agency Heat or Desig Comment: (Use this space or a	Amy Shrago	) Print Name	Polic	y Analyst <sub>Title</sub>	PPC Regulation 18944.1. 07/11/11 (month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form 802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys	t			Amendment <i>(Must e</i> Date of Original Filing:	
	22 <u>/ 11</u> Desc 10 <u>/ 11</u> Face ⊠ No (Identify s Ticket(s) Provided t	ription of Eve Value of Tick source of ticke to Agency: <u>Al</u>	et: \$ ets below.) ameda County	5.00 Fair	☑ Pursuant to Contract
3. Agency Official(s) Received and the second secon		se a continuation Number of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose fo	
4. Individual or Organization	-			t of an agency official.)	
Name of Individual or Orgar Description of Organization:	nization: Celeste Ag			Numb	er of Tickets:4
Address of Organization: Purpose for Distribution: (D To promote attendance at a					State Zip Code
5. Verification I have determined that the distr	Amy Shrago	5		y Analyst	07/11/11
Signature of Agency Head of Design Comment: (Use this space or a		Print Name ditional informati	on including amend	Title dment explanation.)	(month, day, year)

Dement	A Public Do	cument	AGENCY REPORT
gency Report		Date Stamp	California 802
Agency Name			Form OUZ
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612		Amendment (Must ex	olain in Part 5.)
Alea obden none	Concept of		
(510) 272-3882 crystal.hishida	(Bacgov.org	Date of Original Filing:	(month, day, year)
Agency Contact (name and title)	ounty Administrator's O	ffice	
Crystal Hishida Graff, Principal Analyst, Co			
. Event For Which Tickets Were Distrib Date(s) of Event: <u>6 みみ 11</u> D	outea	Aldmeda Cour	ty Fair
Date(s) of Event: 6 22 11 D	escription of Event:	/	0
	ace Value of Ticket: \$ _	5.00	
			•
Agency Event Yes No (Ident Name of Outside Source of Ticket(s) Provid	tify source of tickets be	ameda Count	Fair Board
Name of Outside Source of Ticket(s) Provid	ded to Agency:	anday - C	]
	Tieket(s) Provider	i to Agency: 🔲 Gratuitously	Pursuant to Contract
Number of Tickets Received:	HCKEI(S) FIOVILLE		
3. Agency Official(s) Receiving Ticket	(s) (use a continuation sh	eet for additional names)	
			Income to the Official or
Name of Official (Last, First)	Number of Tickets	Describe the Public Purpose	e for the Distribution
(Last, From			
		(offici	
4. Individual or Organization Receivi	ing Ticket(s) (Provided	at the behest of an agency offici	al.)
4. Individual or Organization Receivi	ing Ticket(s) (Provided	tat the behest of an agency offici Inty Supervisor 3	al.)
Name of Behesting Agency Official:	+lameda Cou	inty Supervisor 3	al.) cott Harggerty
Name of Behesting Agency Official:	+lameda Cou	inty Supervisor 3	al.)
Name of Behesting Agency Official:	+lameda Cou	inty Supervisor 3	al.) cott Harggerty
Name of Behesting Agency Official:	Angie C	inty Supervisor 3	al.) cott Harggerty
Name of Behesting Agency Official:	Angie C	inty Supervisor 3	al.) cott Harggerty
Name of Behesting Agency Official:	Angie C	inty Supervisor 3	al.) cott Harggerty
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Angie C	city	al.) cott Haggerty lumber of Tickets: 15
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Angie C	City	al.) cott Haggerty umber of Tickets: 15 State Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Angie C	City	al.) cott Haggerty umber of Tickets: 15 State Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Angie C	City	al.) cott Haggerty umber of Tickets: 15 State Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the 	Angie Cou Angie C public purpose for the dis	city city tribution to the organization.) is/hers commun	al.) cott Haggerty sumber of Tickets: 15 State Zip Co State John Dubli
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the 	Angie Cou Angie C public purpose for the dis	city city tribution to the organization.) is/hers commun	al.) cott Haggerty sumber of Tickets: 15 State Zip Co State John Dubli
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the ての reward み volu	Alameda Cou Angie C public purpose for the dis inteer for h	City tribution to the organization.) TS / hers commun accordance with the provisions of	al.) cott Haggerty umber of Tickets: 15 State Zip Co State Zip Co State Job Co public of FPPC Regulation 18944.1.
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Address of Organization: Purpose for Distribution: (Describe the Volu 5. Verification I have determined that the distribution of the	Angie Cou Angie C public purpose for the dis inteer for h ickets set forth above is in Lee Ann F	City City tribution to the organization.) TS / hers COMMUN accordance with the provisions of rergerson - Ticket Administrate	al.) cott Haggerty umber of Tickets: 15 State Zip Co State Zip Co State Job Co public of FPPC Regulation 18944.1.
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the 	Angie Cou Angie C public purpose for the dis inteer for h ickets set forth above is in Lee Ann F Print Name	City City tribution to the organization.) TS / hers CO mmun accordance with the provisions of regerson – Ticket Administrate Title	al.) cott Haggerty humber of Tickets: <u>15</u> State Zip Co State Juckets: public of FPPC Regulation 18944.1. or JUL <u>10 2011</u> (month, day, you

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by Agency Report	A Publ	ic Documer	nt	TICKETS PROVIDED B
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) 272-3882 crystal.hishida Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, C 2. Event For Which Tickets Were Distril	ounty Administrat	, , , , , , , , , , , , , , , , ,	Amendment <i>(Must</i> Date of Original Filing	
Date(s) of Event: <u>06 / 23 / 10</u> <u>07 / 11 / 10</u> F	Description of Ever face Value of Ticke tify source of ticke ded to Agency: <u>Ala</u>	et: \$ ts below.) ameda County F	10.00 	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	Number of Tickets	State Wheth		ncome to the Official or for the Distribution
4. Individual or Organization Receiving Name of Behesting Agency Official: <u>Keith of</u> Name of Individual or Organization: <u>Chare</u> Description of Organization:	Carson, Supervisc Istina Vann	or Fifth District		ber of Tickets:4
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the publi To reward a community volunteer for his o			ganization.)	State Zip Code
5. Verification I have determined that the distribution of tickets Signature of Agency Hear of Designee Comment: (Use this space or an attachment for a	AL HISHIDA GRA	AFF PRINC	CIPAL ANALYST	PC Regulation 18944.1. 07/11/11 (month, day, year)

Tickets Provided by Agency Report	A Publ	lic Documer	nt	TICKETS PRO	VIDED BY
1. Agency Name	n na an an Anna		Date Stamp	California	
COUNTY OF ALAMEDA				Form <b>Ö</b>	<b>JUZ</b>
Division, Department, or Region (if app	licable)			For Official Use C	Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612			,		
Area Code/Phone Number E-mail			Amendment (Must ex	volain in Part 5 )	
(510) 272-6685 Amy.S	hrago@acgov.org			plain in Fart 5.)	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	-
Amy Shrago, Policy Analyst				(	
2. Event For Which Tickets Were	Distributed	en en anna an an an Arthur an anna anna anna anna anna anna anna			
Date(s) of Event: <u>06 / 22 / 11</u>	Description of Ever	nt: Alameda Cou	unty Fair		
	Face Value of Ticke		5.00		
Agency Event 🔲 Yes 🗵 No	o (Identify source of ticke	ets below.)			
Name of Outside Source of Ticket(s)	Provided to Agency: <u>Ala</u>	ameda County F	air		
Number of Tickets Received:10	Ticket(s) Pro	vided to Agency:	Gratuitously	☑ Pursuant to C	ontrac
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation	on sheet for addition	onal names)		
Name of Official (Last, First)	Number of Tickets	1	er the Distribution is Inc e the Public Purpose fo		or
4. Individual or Organization Reco			of an agency official.)		
Name of Behesting Agency Official:	Keith Carson, Superviso	or Fifth District			
Name of Individual or Organization:		r	Numbe	er of Tickets:	10
Description of Organization: <u>Homele</u>	ess Services				
Address of Organization: 3126 Shat		Berkele <sub>City</sub>	у		4705 Zip Code
Purpose for Distribution: (Describe th	e public purpose for the di	stribution to the or	ganization.)		
To promote attendance at a County	facility in order to maxim	nize potential Co	unty revenue from pa	arking and conces	ssion
5. Verification I have determined that the distribution of	f tickets set forth above is ir	n accordance with	the provisions of FPPC	CRegulation 18944.	.1.
A CA	Amy Shrago		Analyst	07/11	
Signature of Agency Head of Designee	Print Name		Title	(month, da	iy, year)
Comment: (Use this pace or an attachme	ent for any additional information	on including amendn	nent explanation.)		

gency Report	AT upile B	ocument		TICKETS P AGE	ROVIDED
. Agency Name		Date St	amp	California	802
COUNTY OF ALAMEDA				Form	002
Division, Department, or Region (if applicable)				For Official U	se Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail		Amendme	ent (Must explai	n in Part 5.)	
(510) 272-6685 Amy.Shrago@a	cgov.org			,	
Agency Contact (name and title)		Date of Origin	nal Filing:	(month, day, year,	)
Amy Shrago, Policy Analyst					
<b>Event For Which Tickets Were Distribut</b>	ted				
Date(s) of Event:06 /22 /11 Des	cription of Event: Ala	meda County Fair			
<u>07 , 10 , 11</u> Face					
	e value of ποκεί. φ				
Agency Event Yes No (Identify	source of tickets belo	ow.)			
Name of Outside Source of Ticket(s) Provided	to Agency: Alameda	County Fair			
					_
Number of Tickets Received:05	Ticket(s) Provided	o Agency: 🔲 Gratui	tously <u>I×</u>	Pursuant to	o Contra
Agency Official(s) Receiving Ticket(s) (	use a continuation shee	t for additional names)			
Name of Official (Last, First)		tate Whether the Distribution			
	of Tickets	Describe the Public F	upose loi u		
				ngan an sing sing sing sing sing sing sing sin	- Mart - Samara - Colomba
Individual or Organization Receiving Ti	cket(s) (Provided at t	he behest of an agency	official.)		
Name of Behesting Agency Official: Keith Car	rson, Supervisor Fifth	District			
Name of Benesting Agency Official:	· · ·	and the second			
Name of Individual or Organization: Progrssiv	e Baptist Church		Number o	of Tickets:	05
-					
Description of Organization: Church					
Description of Organization: Church		Borkolov		CA	9470
Address of Organization: 3301 King Street		Berkeley		CA	
Address of Organization: 3301 King Street		City		CA State	
Address of Organization: 3301 King Street	urpose for the distribution	City			
Address of Organization: 3301 King Street	-	City on to the organization.)	e from park	State	Zip Co
Address of Organization: <u>Sumber and Street</u> Purpose for Distribution: (Describe the public purpose for Distribution: To promote attendance at a County facility in	-	City on to the organization.)	le from park	State	Zip Coo
Address of Organization: <u> 3301 King Street</u> <u> Number and Street</u> Purpose for Distribution: (Describe the public public)	order to maximize po	City on to the organization.) otential County revenu		State	Zip Coo
Address of Organization: 3301 King Street Number and Street Purpose for Distribution: (Describe the public purpose the public purpose attendance at a County facility in Verification	order to maximize po t forth above is in accor	City on to the organization.) otential County revenu		State ing and cond egulation 189	

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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 002
Division, Department, or Regio	n (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, C	AKLAND, CA 940	612			
Area Code/Phone Number E	E-mail			Amendment (Must e	undein in Derd E )
(510) 272-3882	crystal.hishida@a	acaov.ora			xpiain in Part 5.)
Agency Contact (name and title)		<u> </u>		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	y Administrate	or's Office		(monin, day, year)
2. Event For Which Tickets					
Date(s) of Event:/28				sgame	
				\$38	
/	_/ Face	Value of Tick	et: \$	Ψ <b>Ο</b> Ο	x
Agency Event	⊠ No (Identify s	ource of ticke	ets below.)		
	· -				
Name of Outside Source of Ti	cket(s) Provided t	to Agency:		2	
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	an a
Name of Officia (Last, First)	3	Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
···					· ·
4. Individual or Organization	-	• • •		t of an agency official.)	
Name of Behesting Agency O	fficial: <u>Supervisor</u>	r Wilma Chan	, District 3		
Name of Individual or Organiz	ation: <u>Richard Ho</u>	ousman		Numb	er of Tickets:2
Description of Organization: _					
Address of Organization:	per and Street		City		State Zip Code
Purpose for Distribution: (Des		rpose for the di		organization.)	
To promote attendance at an					y revenue from sales
5. Verification				annanan an anna an <mark>agunan</mark> anan	
I have determined that the distrib	ution of tickets set i	forth above is ir	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
(lh)	Alexandra E			rvisor's Assistant	7/15/11
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.)	

ickets Provided by	A Public Docume	nt	KETS PROVIDED BY AGENCY REPORT
gency Report	A l'ablie Bocalle	0.176	
Agency Name			m 802
COUNTY OF ALAMEDA		For	Official Use Only
Division, Department, or Region (if applicabl	(e)		
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must explain in Par	et 5.)
<ul> <li>Second State and State</li></ul>	hida@acgov.org		
(510) 272-3882 crystal.his Agency Contact (name and title)		Date of Original Filing:	, day, year)
Crystal Hishida Graff, Principal Analysi	County Administrator's Office		
Crystal Hishida Graff, Principal Analysi	t ibuted		<b>N</b>
2. Event For Which Tickets Were Dis Date(s) of Event: <u>し」 み」 ハ</u> <u>フ」10 」11</u>	stributed	meda County Fa	Air
Date(s) of Event: a>	Description of Event:	22 2 22 0	
7,10,11	Face Value of Ticket: \$	6.00	
		•	
Agency Event 🔲 Yes 🗌 No (	Identify source of tickets below.)	ma L. EN	- Rodica
Control Course of Ticket(s) F	Provided to Agency: Alame	eda county rain	poqra
Agency Event □ Yes □ No ( Name of Outside Source of Ticket(s) F			Irsuant to Contrac
Number of Tickets Received:	Ticket(s) Provided to Ag	ency: Gratuitously Gratuitously	a suant to contract
3. Agency Official(s) Receiving Tic	:ket(s) (use a continuation sheet for	additional names)	the Official or
Name of Official	Clate	Abothor the Distribution is moone	o the Official of
(Last, First)	of Tickets D	escribe the Public Purpose for the	Distribution
		201 July	
4 Individual or Organization Rec	eiving Ticket(s) (Provided at the	behest of an agency official.)	
4. Individual or Organization Rec	eiving Ticket(s) (Provided at the	behest of an agency official.) SUDENVISON SCOTT	Hacgert
Name of Behesting Agency Official:	Alameda County?	Supervisor Scott	Hagert
Name of Behesting Agency Official:	Alameda County?	Supervisor Scott	Hacgert
Name of Behesting Agency Official:	Alameda County?	Supervisor Scott	Higgerin of Tickets: 10
Name of Behesting Agency Official: Name of Individual or Organization	Joseph Echevar	Supervisor Scott	Higgertu of Tickets: 10
Name of Behesting Agency Official:	Joseph Echevar	Supervisor Scott	Higgerti of Tickets: 10
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization:	Alameda County? Joseph Echevar	Supervisor Scott	
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization:	Alameda County? Joseph Echevar	Supervisor Scott	
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: <sub>Number and</sub>	Street	City	State Zip (
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe	Street	city to the organization.) her exemplary se	State Zip (
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe	Street	city to the organization.) her exemplary se	State Zip (
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization:	Street	city to the organization.) her exemplary se	State Zip (
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Address for Distribution: (Describe To reward a County Public or to enco	Street Street Street The public purpose for the distribution Employee for his or Staff Reve	city to the organization.) her exemplary se lopment	State Zip ( WVTCE to H
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Address for Distribution: (Describe To reward a County Public or to enco	Street Street Street The public purpose for the distribution Employee for his or Staff Reve	city to the organization.) her exemplary se lopment	State Zip ( WVR Le to H Regulation 18944.1.
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Address for Distribution: (Describe To reward a County Public or to enco	Street Street a the public purpose for the distribution employee for his or a urage state deve n of tickets set forth above is in accord	City City to the organization.) her exemplary se lopment Hance with the provisions of FPPC	State Zip ( WVT CE to H
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Address for Distribution: (Describe To reward a County Public or to enco	Street Street Street The public purpose for the distribution Employee for his or State Reve h of tickets set forth above is in accord Lee Ann Fergerson -	City City	State Zip C WVRCE to H Regulation 18944.1.
Name of Behesting Agency Official: Name of Individual or Organization Description of Organization: Address of Organization: Address of Organization: Number and Purpose for Distribution: (Describe To remark a County Public or to enco 5. Verification I have determined that the distribution Singlure of Agency Head or Designee	Street Street a the public purpose for the distribution employee for his or a urage state deve n of tickets set forth above is in accord	City City to the organization.) her exemplary se lopment Jance with the provisions of FPPC Ticket Administrator Tille	State Zip C WVRCE to H Regulation 18944.1. JUL 102

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Tickets Provided by	A Dublic Desument	TICKETS PROVIDED BY
Agency Report	A Public Document	Oulifornia 000
1. Agency Name		Date Stamp California 802
COUNTY OF ALAMEDA		For Official Use Only
Division, Department, or Region (if application	able)	
1221 OAK STREET, #555		X
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail		Amendment (Must explain in Part 5.)
(0,0) = = = = =	nishida@acgov.org	Date of Original Filing:
Agency Contact (name and title)		Date of Original Filing:(month, day, year)
Crystal Hishida Graff, Principal Anal	yst, County Administrator's Office	
2. Event For Which Tickets Were	Distributed Description of Event: Alam Face Value of Ticket: \$ 5.00	eda Lounty Fair
Date(s) of Event: 6, 22, 11	Description of Event:	
7,10,11	Face Value of Ticket: \$	
Agency Event 🗌 Yes 🗌 Ni	o (Identify source of tickets below.)	a County, Fair Board
Name of Outside Source of Ticket(s	) Provided to Agency: A amed	a county, rall bours
	The Way Drawided to Agenc	cy: Gratuitously 🔀 Pursuant to Contract
Number of Tickets Received:	I Ticket(s) Provided to Agence	, Louis,
official(a) Bassiving	Ficket(s) (use a continuation sheet for add	iitional names)
	Ctoto M/bc	ather the Distribution is income to the official of
Name of Official (Last, First)	of Tickets Desc	ribe the Public Purpose for the Distribution
	The first of the bell	best of an agency official.)
4. Individual or Organization F	eceiving Ticket(s) (Provided at the beh	Description Scott Harrierty
Name of Behesting Agency Offic	ial: Alameda County SI	upervisar scott nager d
Name of Beneating Agono) end	1 Pales	Number of Tickets:
Name of Individual or Organizat	ion: Vener Dates	
Description of Organization:		
		Cirty Zie Code
Address of Organization:	r and Street	City State Zip Code
Description: (Desc	tribe the public purpose for the distribution to	o the organization.)
To reward a count	y employee it.	
public or to en	courage statt develo	ppmenti
	0	
5. Verification	the secondary and forth above is in accordance	nce with the provisions of FPPC Regulation 18944.1.
I have determined that the distrib	ution of tickets set forth above is in accorda.	a _ Ticket Administrator JUL 1 0 2011
Julati	Lee Ann Fergersor	
Signature of Agency Head or Designe	e Print Name	
Comment: (Use this space or an	attachment for any additional information includin	ng amendment explanation.)

Tickets Provided by	A Public	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report		1	Date Stamp	California 802
1. Agency Name				
COUNTY OF ALAMEDA	10)			For Official Use Only
Division, Department, or Region (if applicat	ole)			
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Muste	xplain in Part 5.)
(010) = = =	shida@acgov.org		Date of Original Filing:	(month, day, year)
Agency Contact (name and title)		011		(month, day, year)
Crystal Hishida Graff, Principal Analys	st, County Administrator	's Office		
2. Event For Which Tickets Were Di Date(s) of Event: <u>しょみょい</u> フォレーフィー	istributed	NID	Lound Lound	ry Fair
Date(s) of Event: 6, 22, 11	_ Description of Event	1219	neorg	2
7,10,11	Face Value of Ticket	:\$_5.0	0	
		n a currenta		
Agency Event 🗌 Yes 🗌 No 🛛	(Identify source of ticket	s below.)		Call Raine
t a trib Course of Ticket(s)	Provided to Agency:	21ame	Da County.	Fair Doarde
Agency Event Yes No				Dersuant to Contract
Number of Tickets Received:	Ticket(s) Prov	ided to Ager	ncy: 🔲 Gratuitously	A Fursuant to contract
3. Agency Official(s) Receiving Tid	cket(s) (use a continuation	on sheet for a	ditional names)	Income to the Official or
Name of Official	Number	Ctoto M	hether the Distribution is scribe the Public Purpos	Income to the Official or e for the Distribution
(Last, First)	of Tickets	Des	scribe the Public Public Public	
	titus Tisket(a) (Dee)	ided at the bi	abest of an agency offici	al.)
4. Individual or Organization Rec	ceiving licket(s) (Pro	Video at the be		att Harrierty
Name of Behesting Agency Official	Alameda Co	unty 5	upervisor -	con nager d
Name of Benesting Agency Ometal		0	1	in the last
Name of Individual or Organization	Ken beez	_A	N	lumber of Tickets:
Description of Organization:				
Address of Organization:	d Classel		City	State Zip Code
Purpose for Distribution: (Describ To remark a County	e the public purpose for the	e distribution t	ber exempla	ry service to the
To reward a county public or to enco	employee tot	devel	opment	8
public or to ence	d place		1	
5. Verification				
J have determined that the distribution	on of tickets set forth above	is in accorda	nce with the provisions of	of FPPC Regulation 18944.1.
I have determined that the distributio			- Ticket Administrator	11.11
July Mych		- ergerson -	Title	(month, day, year)
Signature of Agency Head of Designee	Print Name			1817 - 2001 - 9 HUGHER
Comment: (Use this space or an atta	chment for any additional info	rmation includir	ng amendment explanation.	

ickets Provided by	A Public Do	cument	TICKETS PROVIDED BY AGENCY REPORT
gency Report		Date Stamp	California 802
Agency Name			Form OUZ
COUNTY OF ALAMEDA	antianta)		For Official Use Only
Division, Department, or Region (if a	ppiicabley		
1221 OAK STREET, #555			
Street Address			1
OAKLAND, CA 94612	1		Jain In Part 51
Area Code/Phone Number E-ma		Amendment (Must ex	plan in Part 3.7
	tal.hishida@acgov.org	Date of Original Filing:	Imonth day year)
Agency Contact (name and title)	en en traisietertorio C		(monta soy) yy
Crystal Hishida Graff, Principal A 2. Event For Which Tickets We	nalyst, County Administrators C	Mille	
2. Event For Which Tickets We Date(s) of Event: <u>6, 22,</u> <u>7, 10,</u> Agency Event Pes Name of Outside Source of Ticket Number of Tickets Received: <u>3. Agency Official(s) Receivin</u> Name of Official	No (Identify source of tickets be et(s) Provided to Agency:	d to Agency: Gratuitously	Fair Bard Pursuant to Contract
Description of Organization: Address of Organization: Num Purpose for Distribution: (Dr To reward 2	official: <u>Nat Pizzz</u> zation: <u>Nat Pizzz</u> noter and Street escribe the public purpose for the dis a volunteer for h	City City Stribution to the organization.) City Ci	State Zip Code State Zip Code State John State State Toth Public of FPPC Regulation 18944.1.
Signature of Agency Healt of Designature of Agency Healt of Designation of the space of the spac		ergerson – Ticket Administrato Tille	(month, day, yea

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by	A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Report		Date Stamp	California Form 802
1. Agency Name			Form OUZ
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applic	table)		
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			Ded 61
Area Code/Phone Number E-mail		Amendment (Must e)	xplain in Part 5.)
	hishida@acgov.org	Date of Original Filing:	(month, day, year)
Agency Contact (name and title)	- A La Statedarda Office		(11010), 083, 9089
Crystal Hishida Graff, Principal Anal			
2. Event For Which Tickets Were I Date(s) of Event: <u>6」 みみ」</u>	Distributed	Long Da Cour	ty Fair
Data(s) of Event: 6 , 22, 1)	Description of Event:	Imeag or	9
7,10,11	Face Value of Ticket: \$	00	
Agency Event ☐ Yes ☐ No Name of Outside Source of Ticket(s	(Identify source of tickets below.)	- 02 County	Fair Board
	Provided to Agency:	eag count	
		anow Gratuitously	DePursuant to Contract
Number of Tickets Received:			
3. Agency Official(s) Receiving T	icket(s) (use a continuation sheet for	additional names)	
Name of Official	Ctate	Mhether the Distribution is	Income to the Official or
(Last, First)	of Tickets D	escribe the Public Purpose	e for the Distribution
4. Individual or Organization Re	ceiving Ticket(s) (Provided at the	behest of an agency officia	al.)
4. Individual of Organization A	al: Alameda County	Supervisor S.	cott Haggerty
Name of Behesting Agency Officia	al: Kigmesg wanty	1-1	0 10
	COLORER HALMA	n Ni	umber of Tickets:
Name of Individual or Organization	Coloria Halma		
Description of Organization:			
			State Zip Code
Address of Organization:	nd Street	City	State Dr Sode
Durnana for Distribution: (Descrit	be the public purpose for the distribution	to the organization.)	.0
Purpose for Distribution. (Decen	olunteer for his/	hers commun	ity service to the
lo reward a v	elance. Is his		O Public
5. Verification	on of tickets set forth above is in accord	ance with the provisions of	FPPC Regulation 18944.1.
I have determined that the distributi	on of tickets set forth above is in accord	Tisket Administrat	
flethand	the supervision of the second states of the second	son – Ticket Administrat	
Signature of Agency/Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an att	achment for any additional information includ	ing amendment explanation.)	

	FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-3772)

Tickets Provided by		A Dublic I	Jeauma	nt	TICKETS PROVIDED BY
Agency Report	(	A Public I	Jocumen		AGENCY REPORT
1. Agency Name		Date Stamp		California Form 802	
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	jion (if applicable)				30° 21022 1944 29 20 20 19 10 10 10
1221 OAK STREET, #555					
Street Address					1 V
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	(plain in Part 5.)
(510) 272-3882	) 272-3882 crystal.hishida@acgov.org			Date of Original Filing:	
Agency Contact (name and title)				Date of Original Filing.	(month, day, year)
Crystal Hishida Graff, Prir	ncipal Analyst, Cou	nty Administrator'	s Office		
2. Event For Which Ticke	ets Were Distribu	ted		m Cours	tu Fair
2. Event For Which Ticke Date(s) of Event:	22/11 Des	cription of Event:	Ala	media coun	
Date(s) of Event:	10/11 Fac	- Value of Ticket	\$ 5.0	0	0
<u> </u>	Fac	e value of ficket.	φ		
Agency Event Yes	🗌 No (Identify	source of tickets	below.)	· · · · · ·	Cain Board
Agency Event Yes		d to Agency:	+1Gme	da counto	Full praise
Name of Outside Source	of licket(s) Provide	a to Agency			D Durquant to Contract
Number of Tickets Receiv	ved:	Ticket(s) Provi	ded to Ager	ncy: Gratuitously	Pursuant to Contract
3. Agency Official(s) Re		(use a continuation	h sheet for ad	iditional names)	
	the second se	Number	Cipio M/	hather the Distribution is moone to the	
Name of (Last, F		of Tickets	Des	scribe the Public Purpose	for the Distribution
			1		1)
4. Individual or Organ	ization Receiving	<b>j Ticket(s)</b> (Provi	ded at the be	ehest of an agency officia	(1)
	A	ameda Co	ounty	Supervisor 3	cott Haggerty
Name of Behesting Ag	ency Official:		0		
Name of Individual or (	B	ill Harr	ison	N	umber of Tickets:
Name of Individual or 0	Jrganization.				
Description of Organiz					
Description of organiz					
Address of Organization	on:			City	State Zip Code
				11.00	
Purpose for Distributio	on: (Describe the put	lic purpose for the o	distribution to	the organization.)	1 tothe
To reus	Da volun	teer for	his/h	ers commun	ity service to the Public
10 read	02 -1 0 - 1 0 - 1				O Public
5. Verification			)	-	
5. Vernication	he distribution of licks	ets set forth above is	s in accordan	nce with the provisions of	FPPC Regulation 18944.1. JUL 1 0 2011
Fhave determined that		to out to the second is		Ticket Administrator	JUL 1 0 2011
pelinge	h		rergerson	- Ticket Administrator	(month, day, year)
Signature of Agency Head	orgesignee	Print Name			fine and a still a still
Comment: (Use this st	ace or an attachment fo	r any additional inform	nation including	g amendment explanation.)	

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Tickets Provided by A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT			
Agency Report	Date Stamp C	alifornia 802			
1. Agency Name	Dure change	Form OUZ			
COUNTY OF ALAMEDA	-	For Official Use Only			
Division, Department, or Region (if applicable)					
1221 OAK STREET, #555	-				
Street Address					
OAKLAND, CA 94612		Sector Contractor			
Area Code/Phone Number E-mail	Amendment (Must explain	Amendment (Must explain in Part 5.)			
(510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing:	Date of Original Filing:			
Agency Contact (name and title)	(	(month, day, year)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	1	-			
2. Event For Which Tickets Were Distributed	meda County	Fair			
Date(s) of Event: a> 11 Description of Event:	American d	)			
2. Event For Which Tickets Were Distributed Date(s) of Event: みょう 11 Description of Event: 日 フォリン 11 Face Value of Ticket: \$	.00				
(it is a set tisk at helpw)					
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:	Do countre F	Dir Board			
Name of Outside Source of Ticket(s) Provided to Agency:A	ead county.	un pouro			
Name of Sublide Concerns 1	gency: 🔲 Gratuitously	Pursuant to Contract			
Number of Tickets Received:9 Ticket(s) Provided to A	gency. Douteneory				
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for	r additional names)				
L L Ctoto	Whather the Distribution is inc	come to the Official or			
Name of Official Number State (Last, First) of Tickets	escribe the Public Purpose for the Distribution				
(Lasi, Filia) Of Holese					
4. Individual or Organization Receiving Ticket(s) (Provided at th	e behest of an agency official.)	X			
Name of Behesting Agency Official: <u>Alameda County</u>	Sudervisor Sci	ott Hacgerty			
Name of Behesting Agency Official:	T	00 0			
Joe bordm	Num	nber of Tickets:9			
Name of Individual or Organization:					
Description of Organization:					
Address of Organization:		State Zip Code			
Address of Organization:	City				
Purpose for Distribution: (Describe the public purpose for the distribution)	on to the organization.)	service to the			
Purpose for Distribution: (Describe the public purpose for the distribution) To reward a County employee for his a	r her exemplary	for the lot the			
public or to encourage state dev.	elopmenti				
5. Verification	ordance with the provisions of F	PPC Regulation 18944.1.			
I have determined that the distribution of tickets set forth above is in acco	Tisket Administrator	JUL 1 0 2011			
All Lee Ann Fergerso	on – Ticket Administrator	(month, day, year			
Signature of Agency Head of Designee Print Name	Title	(month, day, year,			
Comment: Use this space or an attachment for any additional information inc	luding amendment explanation.)				
Fickets Provided by Agency Report		A Public De	ocument		TICKETS PROVIDED E
---	---	---	---	------------------------	--
I. Agency Name	alan manan kana kana kana kana kana kana k		Date St	amp Cal	ifornia 802
COUNTY OF ALAMEDA	COUNTY OF ALAMEDA				orm 002
Division, Department, or Region (if applicable)				F	or Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			ent (Must explain in P	Part 5.)
(510) 272-6685	Amy.Shrago@acgov	.org			
Agency Contact (name and title	)	, 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Date of Origi	nal Filing:	h, day, year)
Amy Shrago, Policy Analys	1				
. Event For Which Tickets	Were Distributed				
Date(s) of Event:06 _/_2	2 <u>11</u> Descript	ion of Event. Ale	ameda County Fair		
	<b>•</b> • • •		E 00		" - toth an line constraint
	<u> </u>	lue of Ticket: \$ _	0.00		
Agency Event	🗵 No (Identify sou	rce of tickets belo	ow.)		
• •			•		
Name of Outside Source of	licket(s) Provided to A	Igency:			
Number of Tickets Received	: <u>20</u> Tio	cket(s) Provided	to Agency: 🔲 Gratui	itously 🛛 🗵 Pui	rsuant to Contrac
. Agency Official(s) Recei	ving Ticket(s) (use a	a continuation shee	et for additional names)		
Name of Offic (Last, First)			tate Whether the Distrib Describe the Public I		
		of Tickets	Describe the Public I	-urpose for the Di	STIDUTION
				:	
. Individual or Organization	on Receiving Ticke	t(s) (Provided at f	the behest of an agency	official.)	<ul> <li>Meno of our state and only any NV of or other states of the state of t</li></ul>
-	Keith Carson	Supervisor Fifth	District		
Name of Behesting Agency	Official:				
Name of Individual or Organ	ization. Family Suppo	ort Services		Number of Ti	ckots: 10
Ū				Number of fi	CKets
Description of Organization:	social services org.				
Address of Organization.	)1 Grand Ave., Ste. 20	)0	Oakland		CA 94610
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public purpos	se for the distribution	on to the organization.)		
To promote attendance at a	County facility in orde	er to maximize po	otential County reven	ue from parking	and concession
· - F · · · · · · · · · · ·		<b>-</b>			
Verification	ани на констанции на собрати на констанции на констанции на констанции на констанции на констанции на констанци				
5. Verification	ibution of tickets set for	h ahove is in accor	rdance with the provisio	ns of EPPC Regul	ation 18944 1
5. Verification I have determined that the distr		h above is in accor		ns of FPPC Regul	
	Amy Shrago	h above is in accor	rdance with the provision Policy Analyst		ation 18944.1. 07/11/11 (month, day, year)

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California
COUNTY OF ALAMEDA			Form <b>OUZ</b>
Division, Department, or Region (if	f applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-m	ail	Amendment (Must	explain in Part 5.)
(510) 272-3882 crys	stal.hishida@acgov.org		
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal A	Analyst, County Administrat	tor's Office	
2. Event For Which Tickets We			
Date(s) of Event:06 /23 /_	10 Description of Ever	nt: <u>Alameda County Fair</u>	
0711		40.00	
Agency Event 🔲 Yes 🗵	No (Identify source of ticke	ets below.)	
Name of Outside Source of Ticke	at(s) Provided to Agency: Al	ameda County Fair	
Number of Tickets Received:	Ticket(s) Pro	vided to Agency: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	J Ticket(s) (use a continuation	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is In Describe the Public Purpose	
4. Individual or Organization R	eceiving Ticket(s) (Provid	ded at the behest of an agency official.)	
Name of Behesting Agency Offici	ial: <u>Keith Carson, Supervisc</u>	or Fifth District	
Name of Individual or Organization	on:	Num	ber of Tickets:4
Description of Organization:			
Address of Organization:		Cit.	State Zie Code
Purpose for Distribution: (Describ		City stribution to the organization )	State Zip Code
To reward a community voluntee		<b>u</b> ,	
5. Verification	an a	na an ann an an an an ann an ann an an a	da ar se með ferð skilde földi þá þæði hvir se skareð skilg spærar ar se samar se sem
	on of tickets set forth above is in	n accordance with the provisions of FPF	C Regulation 18944 1
			-
Signature of Agency Heat or Designee	CRYSTAL HISHIDA GRA	AFF PRINCIPAL ANALYST	07/11/11 (month, day, year)

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Agency Report		A Publi	c Docume	nt	TICKETS PROV AGENCY	
1. Agency Name	2.C230070730029700790070707070707070707070707070707		700107474007298108510000000888459800529501863109588	Date Stamp	California O	06
COUNTY OF ALAMEDA				F	Form <b>8</b>	UZ
Division, Department, or Reg	jion (if applicable)				For Official Use O	nly
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-6685	Amy.Shrago@aco	lov.org		Amendment (Must e	explain in Part 5.)	
Agency Contact (name and title		,		Date of Original Filing:	(month, day, year)	
Amy Shrago, Policy Analys	st				(monun, day, year)	
2. Event For Which Ticket		d		an a	**************************************	
Date(s) of Event:06_/		iption of Event	, Alameda Co	ounty Fair		
	10 11			5.00		
	Face Face	Value of Ticket	t: \$	0.00		
Agency Event 🛛 Yes	🔀 No (Identify s		-			
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Alai</u>	meda County	Fair		
Number of Tickets Receive	d:15	Ticket(s) Provi	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Co	ontrad
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuatior	n sheet for addi	lional names)		
Name of Off (Last, First)		Number of Ticketo		her the Distribution is In		r
		of Tickets	Desch	be the Public Purpose f		
						<u>Viattaineen (</u>
. Individual or Organizat	on Receiving Tic	<b>ket(s)</b> (Provide	ed at the behes	t of an agency official.)		
I. Individual or Organizat	Kaith Cara	<b>ket(s)</b> (Provide on, Supervisor		t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Supervisor	Fifth District		per of Tickets:1	5
Name of Behesting Agency Name of Individual or Orga	Official: <u>Keith Carse</u> nization: Filipino Ad	on, Supervisor vocates for Jus	Fifth District		per of Tickets:1	5
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>-</u>	Official: <u>Keith Carse</u> nization: <u>Filipino Ad</u> : <u>social services org</u> 10 8th Street, Suite	on, Supervisor	Fifth District stice Oaklan	Numb	CA 94	4607
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{3}{Nc}$	Official: <u>Keith Carse</u> nization: <u>Filipino Adm</u> social services org 10 8th Street, Suite	on, Supervisor vocates for Jus 308	Fifth District stice Oaklan <sup>City</sup>	Numb	CA 94	4607
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{3}{NC}$ Purpose for Distribution: (E	Official: <u>Keith Carse</u> nization: <u>Filipino Ad-</u> social services org 10 8th Street, Suite mber and Street	on, Supervisor vocates for Jus 308 pose for the dist	Fifth District stice Oaklan <sup>City</sup> ribution to the c	Numb	CA 94 State Zi	4607 ip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{3}{Nc}$	Official: <u>Keith Carse</u> nization: <u>Filipino Ad-</u> social services org 10 8th Street, Suite mber and Street	on, Supervisor vocates for Jus 308 pose for the dist	Fifth District stice Oaklan <sup>City</sup> ribution to the c	Numb	CA 94 State Zi	4607 ip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{3}{NL}$ Purpose for Distribution: (E To promote attendance at a	Official: <u>Keith Carse</u> nization: <u>Filipino Ad-</u> social services org 10 8th Street, Suite mber and Street	on, Supervisor vocates for Jus 308 pose for the dist	Fifth District stice Oaklan <sup>City</sup> ribution to the c	Numb	CA 94 State Zi	4607 ip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{3}{NL}$ Purpose for Distribution: (E To promote attendance at a	Official: <u>Keith Carse</u> nization: <u>Filipino Adv</u> social services org 10 8th Street, Suite mber and Street Describe the public pur a County facility in o	on, Supervisor vocates for Jus 308 pose for the dist rder to maximi:	Fifth District stice Oaklan <sup>City</sup> ribution to the c ze potential C	Numb d organization.) ounty revenue from p	CA 94 State Zi	1607 Ip Code
Name of Individual or Orga Description of Organization Address of Organization: $\frac{3}{NL}$ Purpose for Distribution: (E To promote attendance at 5 5. Verification	Official: <u>Keith Carse</u> nization: <u>Filipino Adv</u> social services org 10 8th Street, Suite mber and Street Describe the public pur a County facility in o	on, Supervisor vocates for Jus 308 pose for the dist rder to maximiz	Fifth District stice Oaklan <sup>City</sup> ribution to the o ze potential C accordance wit	Numb d organization.) ounty revenue from p	CA 94 State Zi	1607 ip Code sion

Tickets Provided by Agency Report	A Pub	olic Document	TICKETS PROVIDED B AGENCY REPOR
I. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region (i	f applicable)		Tor Onicial Ose Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-m		Amendment (Muster	explain in Part 5.)
	iy.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_/_22_/.	11 Description of Eve	ent: <u>Alameda County Fair</u>	
	11 Face Value of Tick		
	No (Identify source of tick	•	
Name of Outside Source of Ticke	et(s) Provided to Agency: <u>A</u>	lameda County Fair	
		ovided to Agency: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Receiving	<b>g Ticket(s)</b> (use a continuat	ion sheet for additional names)	na da na fili da cita da cita da da canada da da canada da
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Ir Describe the Public Purpose f	
		· ·	
•	• • • • •	ided at the behest of an agency official.)	
Name of Behesting Agency Offic	ial: <u>Keith Carson, Supervis</u>	or Fifth District	
Name of Individual or Organizati		Numb	per of Tickets:10
Description of Organization: <u>soc</u>	ial services		
Address of Organization: $\frac{675 \text{ He}}{\text{Number a}}$	egenberger Rd., Suite 100	Oakland <sup>City</sup>	CA 94621 State Zip Code
Purpose for Distribution: (Descril	be the public purpose for the d	listribution to the organization.)	
To promote attendance at a Cou	unty facility in order to maxin	mize potential County revenue from p	parking and concession
5. Verification			
I have determined that the distribution	on of tickets set forth above is	in accordance with the provisions of FPP	C Regulation 18944.1.
I have determined that the distribution	on of tickets set forth above is Amy Shrago	in accordance with the provisions of FPP Policy Analyst	C Regulation 18944.1. 07/11/11

Tickets Provided by			lic Docume	nt	TICKETS PROVIDED BY
Agency Report		Arub			AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 0002 For Official Use Only
Division, Department, or Regio	n (if applicable)				
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)			adaranta delativitati a	Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analyst					
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:		ription of Eve	nt. Oakland A's	3	
				43.75	· · · · · · · · · · · · · · · · · · ·
	/ Face	Value of Tick	et: \$		
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ets below.)		
	· · ·		,		
Name of Outside Source of Ti	cket(s) Provided t	o Agency:			
Number of Tickets Received:	4	Ticket(s) Pro	wided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia (Last, First)	١	Number of Tickets		her the Distribution is In be the Public Purpose	ncome to the Official or for the Distribution
4. Individual or Organization	n Receiving Tic	ket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency O	fficial: Keith Cars	on, Superviso	or Fifth District	•	
Name of Individual or Organiz				Num	ber of Tickets: <u>4</u>
Numb of manuau of organiz		· · ·			
Description of Organization: _				e and Million -	
Address of Organization:	per and Street		City		State Zip Code
Dumasa fan Distributions (Da				·	
Purpose for Distribution: (Des		•			
To promote attendance at a C	County facility in o	order to maxin	nize potential C	county revenue from	parking and concession
5. Verification					
I have determined that the distrib	ution of tickets set f	forth above is i	n accordance wil	th the provisions of FPF	<sup>2</sup> C Regulation 18944.1.
48mas	Amy Shrago		Polic	y Analyst	7/19/11
Signature of Agency Head or Designed	3	Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informati	on including amen	dment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applica	ble)			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.)
· · ·	shida@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analys	-	or's Office		
2. Event For Which Tickets Were Dis			· - ·	
Date(s) of Event: <u>06 / 23 / 10</u>	Description of Ever	nt: <u>Alameda Co</u>	ounty Fair	
	Face Value of Ticke			
Agency Event 🔲 Yes 🗵 No (Ie	dentify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Pr	ovided to Agency: Al	ameda County	Fair	
Number of Tickets Received:4				Pursuant to Contract
3. Agency Official(s) Receiving Tick	<b>et(s)</b> (use a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
		Deser		
4. Individual or Organization Receiv	ring Ticket(s) (Provid	ded at the behes	t of an agency official.)	
L Ka	ith Carson, Superviso			
Name of Behesting Agency Official: <u>Ke</u>				
Name of Individual or Organization: En	non Sherous		Numl	ber of Tickets:4
Description of Organization:			MANY CONTRACTOR OF	
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the p	oublic purpose for the di	stribution to the c	proanization.)	
To reward a community volunteer for h				
			<u>, 1999, 1999, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997</u> , 19977, 1997, 1997, 1997, 1997, 1997, 1997, 1	
5. Verification	aan ka aan ka		nganganaking indang kompanisati da zamanananan na carananan indanan	
I have determined that the distribution of tic	kets set forth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
1 CR	YSTAL HISHIDA GRA		ICIPAL ANALYST	み/い/い
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional informati	on including amend	dment explanation.)	
· · · · · · · · · · · · · · · · · · ·		0	. ,	

			it	AGENCY REPO
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form <b>OU</b>
Division, Department, or Reg	<b>jion</b> (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must ex	plain in Part 5.)
(510) 272-6685	Amy.Shrago@acgov.or			
Agency Contact (name and title			Date of Original Filing: .	(month, day, year)
Amy Shrago, Policy Analys				and the second
Event For Which Ticket		Alesse de Oes		
Date(s) of Event:	22 / 11 Description	of Event: Alameda Col		
07/	10 / 11 Face Value	of Ticket: \$	5.00	
Agency Event 🛛 Yes	🗵 No (Identify source			
		-	air	
Name of Outside Source of	Ticket(s) Provided to Age			
Number of Tickets Received	d: <u>10</u> Ticket	(s) Provided to Agency	Gratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (use a co	ntinuation sheet for addition	onal names)	
Name of Offi	cial Nu	nber State Wheth	er the Distribution is Inc	come to the Official or
(Last, First)	of Ti	ckets Describe	e the Public Purpose fo	r the Distribution
·····				
Individual or Organizati	on Receiving Ticket(s)	(Provided at the behest of	of an agency official.)	
-	Koith Carson Su	(Provided at the behest of pervisor Fifth District	of an agency official.)	
Name of Behesting Agency	Official: Keith Carson, Su		of an agency official.)	
Name of Behesting Agency	Official: Keith Carson, Su			er of Tickets:10
Name of Behesting Agency	Official: <u>Keith Carson, Su</u> nization: <u>Healthy Oakland</u>			er of Tickets:10
Name of Behesting Agency	Official: <u>Keith Carson, Su</u> nization: <u>Healthy Oakland</u>			er of Tickets:10
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <u>2</u>	Official: <u>Keith Carson, Su</u> nization: <u>Healthy Oakland</u>		Numb	CA 94612
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nu}$	Official: <u>Keith Carson, Su</u> nization: <u>Healthy Oakland</u> health services 580 San Pablo Ave.	pervisor Fifth District Oaklar <sup>City</sup>	Numbo	CA 94612
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nu}$ Purpose for Distribution: (D	Official: <u>Keith Carson, Su</u> hization: <u>Healthy Oakland</u> health services S80 San Pablo Ave. The and Street	pervisor Fifth District Oaklar <sup>City</sup> r the distribution to the or	Numbo	CA 94612 State Zip Coc
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nu}$	Official: <u>Keith Carson, Su</u> hization: <u>Healthy Oakland</u> health services S80 San Pablo Ave. The and Street	pervisor Fifth District Oaklar <sup>City</sup> r the distribution to the or	Numbo	CA 94612 State Zip Cod
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nu}$ Purpose for Distribution: (D	Official: <u>Keith Carson, Su</u> hization: <u>Healthy Oakland</u> health services S80 San Pablo Ave. The and Street	pervisor Fifth District Oaklar <sup>City</sup> r the distribution to the or	Numbo	CA 94612 State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nu}$ Purpose for Distribution: (D To promote attendance at a	Official: <u>Keith Carson, Su</u> nization: <u>Healthy Oakland</u> <u>health services</u> 580 San Pablo Ave. <u>Secribe the public purpose for</u> a County facility in order to	pervisor Fifth District Oaklar <sup>City</sup> r the distribution to the or maximize potential Co	Number	CA 94612 State Zip Coo
Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nu}$ Purpose for Distribution: (D To promote attendance at a	Official: <u>Keith Carson, Su</u> nization: <u>Healthy Oakland</u> <u>health services</u> 580 San Pablo Ave. <u>Secribe the public purpose for</u> a County facility in order to	pervisor Fifth District Oaklar <sup>City</sup> r the distribution to the or maximize potential Co	Number	CA 94612 CA 94612 State Zip Coc

					AGEI	NCY REPO
1. Agency Name		nen sie werden der eine Berner von eine Berner der Berner von der Berner von der Berner von der Berner von der		Date Stamp	California	202
COUNTY OF ALAMEDA					Form	002
Division, Department, or Region (if applicable)					For Official U	lse 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 titl				Date of Original Filing:	(month, day, year	)
Amy Shrago, Policy Analy	والمحادية ويربعه الإلالة الربيسة المتركة وستناط فتناويه فالمستحول بيرموسه مراسبين فالمتواسف مت					
2. Event For Which Ticket						
Date(s) of Event: <u>06</u> /	<u>22 / 11</u> Desc	ription of Event: 🖞	Alameda Co	unty Fair		
	10 11	Value of Ticket: \$		5.00		
Agency Event 🛛 Yes		ource of tickets b				
Name of Outside Source of	Ticket(s) Provided	o Agency: <u>Alame</u>	eda County I	-air		
Number of Tickets Receive				v: 🔲 Gratuitously	🗵 Pursuant to	Contra
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation s	heet for addit	onal names)		
Name of Off		Number		er the Distribution is Ir	come to the Offic	ial or
(Last, First)		of Tickets		be the Public Purpose f		
· ·						
••••••••••••••••••••••••••••••••••••••						
					<u>,</u>	
4. Individual or Organizat	ion Receiving Tic	ket(s) (Provided	at the behest	of an agency official.)		
_	Kaith Cara			of an agency official.)		
4. Individual or Organizat Name of Behesting Agency	Kaith Cara	<b>ket(s)</b> (Provided on, Supervisor Fi		of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Supervisor Fi	fth District			10
Name of Behesting Agency Name of Individual or Orga	official: <u>Keith Cars</u> nization: <u>Alameda (</u>	on, Supervisor Fi County Refugee H	fth District		per of Tickets:	10
Name of Behesting Agency Name of Individual or Orga	official: <u>Keith Cars</u> nization: <u>Alameda (</u>	on, Supervisor Fi County Refugee H	fth District		per of Tickets:	10
Name of Behesting Agency Name of Individual or Orga Description of Organization	official: <u>Keith Cars</u> nization: <u>Alameda C</u> .: <u>Health services or</u>	on, Supervisor Fi County Refugee H	fth District lealth	Numł		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>Health services or</u> 411 E. 31st Street	on, Supervisor Fi County Refugee H	fth District lealth Oaklar	Numł	CA	94602
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	official: <u>Keith Cars</u> nization: <u>Alameda C</u> .: <u>Health services or</u>	on, Supervisor Fi County Refugee H	fth District lealth	Numł		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>Health services or</u> 411 E. 31st Street	on, Supervisor Fi County Refugee F ganization	fth District lealth Oaklar <sup>City</sup>	Numb	CA	94602
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{Nt}$	Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>Health services or</u> <u>411 E. 31st Street</u> <u>Umber and Street</u> Describe the public pur	on, Supervisor Fi County Refugee H ganization	fth District lealth Oaklar <sup>City</sup> ution to the o	nd rganization.)	CA State	94602 Zip Cod
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{NC}$ Purpose for Distribution: (I To promote attendance at	Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>Health services or</u> <u>411 E. 31st Street</u> <u>Umber and Street</u> Describe the public pur	on, Supervisor Fi County Refugee H ganization	fth District lealth Oaklar <sup>City</sup> ution to the o	nd rganization.)	CA State	94602 Zip Cod
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{Nt}$ Purpose for Distribution: (I To promote attendance at	P Official: Keith Cars nization: Alameda C Health services or 411 E. 31st Street Unber and Street Describe the public pur a County facility in c	on, Supervisor Fi County Refugee F ganization pose for the distrib	fth District lealth Oaklar <sup>City</sup> ution to the o potential Co	nd rganization.) punty revenue from p	CA State Darking and cond	94602 Zip Cod
Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{Nc}$ Purpose for Distribution: (E	P Official: Keith Cars nization: Alameda C Health services or 411 E. 31st Street Unber and Street Describe the public pur a County facility in c	on, Supervisor Fi County Refugee H ganization pose for the distrib rder to maximize	fth District lealth Oaklar <sup>City</sup> ution to the o potential Co	nd rganization.) punty revenue from p	CA State Darking and cond C Regulation 189	94602 Zip Cod

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Tickets Provided by Agency Report		A Public Docun	nent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form <b>OUZ</b>
Division, Department, or Regior	ı (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
	-mail			
(510) 272-3882	rystal.hishida@acgov	ora	Amendment (Must e)	xplain in Part 5.)
Agency Contact (name and title)	, yotalimonida@dogov		Date of Original Filing: .	
Crystal Hishida Graff, Principa	al Analyst, County Ad	ninistrator's Office		(month, day, year)
. Event For Which Tickets				
		of Event: Alameda	County Fair	
Date(s) of Event:06 /23	40		40.00	
	_/ Face Value	of Ticket: \$	10.00	
Agency Event	No (Identify source	of tickets below )		
			ty Foir	
Name of Outside Source of Tic	ket(s) Provided to Age	ncy: <u>Alameda Coun</u>	ity Fall	
Number of Tickets Received: _	4 Ticke	t(s) Provided to Age	ncy: 🔲 Gratuitously	Pursuant to Contrac
. Agency Official(s) Receivi	<b>ng Ticket(s)</b> (use a c	ontinuation sheet for a	dditional names)	
Name of Official (Last, First)			hether the Distribution is Inc scribe the Public Purpose fo	
Individual or Organization	Receiving Ticket(	) (Provided at the beh	est of an agency official.)	
Name of Behesting Agency Of	ficial: <u>Keith Carson, S</u>	upervisor Fifth Distri	ct	
Name of Individual or Organiza				er of Tickets:4
Description of Organization:				
Address of Organization:	r and Street		iity	State Zip Code
Purpose for Distribution: (Des				
To reward a community volunt			o organization)	
. Verification				
I have determined that the distribution	ition of tickets set forth a	hove is in accordance	with the provisions of FDD(	Regulation 18044 1
				-
In Magan	CRYSTAL HISHI	DA GRAFF PF	RINCIPAL ANALYST	07/11/11

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					Form OUZ
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@a	icgov.org		Date of Original Filing:	
Crystal Hishida Graff, Princip	al Analyst. Count	tv Administrat	or's Office	Date of original rining.	(month, day, year)
2. Event For Which Tickets					
Date(s) of Event: $\frac{06}{23}$			nt: <u>Alameda C</u>	ounty Fair	
	10		ət: \$	E 00	
Agency Event 🛛 Yes	🗙 No (Identify s				
Name of Outside Source of Ti	cket(s) Provided t	o Agency: <u>Al</u>	ameda County	Fair	
Number of Tickets Received:	50	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Rursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia (Last, First)	al	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
4. Individual or Organization	n Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency O	fficial: <u>Keith Cars</u>	on, Superviso	or Fifth District		<u>,</u>
Name of Individual or Organiz	ation: <u>Alternative</u>	s in Action		Numł	per of Tickets: <u>50</u>
Description of Organization: _					
Address of Organization:	per and Street		City		State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a school or nonpro	ofit organization fo	r its contributi	ons to the com	nmunity.	
			20000000000000000000000000000000000000		
5. Verification I have determined that the distrib	oution of tickets set f	orth above is ir	accordance wit	h the provisions of FPP	C Regulation 18944.1.
A Smage		HISHIDA GRA		ICIPAL ANALYST	07/11/11
Signature of Agency Head or Designed		Print Name	and the advantage of the second	Title	(month, day, year)
Comment: (Use this space or an a	attachment for any add	aitional informatio	on including amen	ament explanation.)	

		A Public D	ocumei	nt	TICKETS PROVIDED
I. Agency Name	<u> </u>	NATO ANN'NY MANTALANA GALANTANA AMIN'NY TANÀNA MANAGAMMANA AMIN'NY TANÀNA MANGKANA.		Date Stamp	California
COUNTY OF ALAMEDA					Form OU
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 e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			. ,
Agency Contact (name and title	э)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst, Coun	ty Administrator's O	ffice		
. Event For Which Ticket					
Date(s) of Event:06_/	23 <u>/ 10</u> Desc	ription of Event: Ala	imeda Co	unty Fair	
	11 <u>/ 10</u> Face			10.00	
/		value of ficket. a _			
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets belo	ow.)		
Name of Outside Source of	Ticket(s) Provided f	o Agency: Alameda	a County F	air	
	_				
Number of Tickets Receive	1:	Ticket(s) Provided	to Agency	: Gratuitously	Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation shee	et for additi	onal names)	
Name of Offi (Last, First)				er the Distribution is In	
		of Tickets	Describ	e the Public Purpose fo	
. Individual or Organizati	on Receiving Tic	ket(s) (Provided at I	he behest	of an agency official.)	
Name of Behesting Agency		on Supervisor Fifth	District		
Name of Behesting Agency	Official:		District		an ann an an an an bhailte an airtean imire de <b>Me</b> da
					4
	aization. Donneisha	u Udo-Okon		Numb	or of Ticketer 4
Name of Individual or Orga	nization: <u>Donneisha</u>	Udo-Okon		Numb	er of Tickets: <u>4</u>
Name of Individual or Orga		u Udo-Okon		Numb	er of Tickets:4
Name of Individual or Organization	:	Udo-Okon		Numb	er of Tickets:4
Name of Individual or Organ Description of Organization	:	I Udo-Okon		Numb	
Name of Individual or Orga	:	I Udo-Okon	City	Numb	
Name of Individual or Organ Description of Organization	imber and Street				
Name of Individual or Organ Description of Organization Address of Organization:	: Imber and Street Describe the public pur	pose for the distribution	on to the or		
Name of Individual or Organization Description of Organization Address of Organization: Purpose for Distribution: (E To reward a community vol	: Imber and Street Describe the public pur	pose for the distribution	on to the or		
Name of Individual or Organization Description of Organization Address of Organization: Purpose for Distribution: (E To reward a community vol	: Imber and Street Describe the public pur lunteer for his or her	pose for the distributions for the distribution of the public service to the public public service to the publ	on to the or	ganization.)	State Zip Cod
Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E To reward a community vol 5. Verification	: Imber and Street Describe the public pur lunteer for his or her tribution of tickets set f	pose for the distributions for the distribution of the public service to the public public service to the publ	on to the or ic. dance with	ganization.)	State Zip Cod

Tickets Provided by Agency Report		A Pub	lic Docume	nt	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region	n (if applicable)			Date Stamp	AGENCY REPOR California Form 802
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612					
(510) 272-6685	- <b>mail</b> Amy.Shrago@ac(	gov.org		Amendment (Must e	
Agency Contact (name and title) Amy Shrago, Policy Analyst				Date of Original Filing:	(month, day, year)
2. Event For Which Tickets Date(s) of Event:06 /22			nt: <u>Alameda Co</u>	ounty Fair	
	/ <u>11</u> Face				
Agency Event	No (Identify s			Fair	
Number of Tickets Received:					Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addit	ional names)	n na an
Name of Officia (Last, First)	.1	Number of Tickets		her the Distribution is In be the Public Purpose fo	
4. Individual or Organizatior	-			of an agency official.)	
Name of Behesting Agency O	fficial: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organiz	ation: <u>Terreen Sa</u>	anford		Numb	er of Tickets:7
Description of Organization: _					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des To promote attendance at a C		•		0 ,	arking and concession
5. Verification	4844 X X X X X X X X X X X X X X X X X X				ne fin en konden die einen der der feit bei keinen Konstantion sonsten.
I have determined that the distribution	ution of tickets set f Amy Shrago			h the provisions of FPP( y Analyst	C Regulation 18944.1. 07/11/11
Signature or Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	attachment for any add	ditional informati	on including amend	Iment explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent		PROVIDED B
1. Agency Name	tana antin'ny tanàna 2011–2014. Ilay kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaom			Date Stamp	California	
COUNTY OF ALAMEDA				' 	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	explain in Part 5.)	
(510) 272-6685	Amy.Shrago@ac	gov.org			onpiani in an onj	
Agency Contact (name and title	)			Date of Original Filing	:(month, day, yea	ir)
Amy Shrago, Policy Analys	t					
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event: <u>06</u> / <u>2</u>	2 <u>3 / 11</u> Desc	ription of Ever	nt: Alameda C	ounty Fair		
	0 <u>/ 11</u> Face					
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Ala</u>	ameda County	Fair		
Number of Tickets Received	25	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant t	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	bial	Number of Tickets		ther the Distribution is I be the Public Purpose		
<b></b>	<u></u>					
				χ.		
4. Individual or Organization	-			t of an agency official.)		
Name of Behesting Agency	Official: <u>Keith Cars</u>	on, Supervisc	or Fifth District			
Name of Individual or Organ	ization: <u>100 Black</u>	Men of the Ba	ay Area	Num	ber of Tickets: _	25
Description of Organization:				<u></u>		
Address of Organization:	338 12th Street	University of the second s	Oakland <sub>City</sub>		CA State	94607 Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the o	organization.)		
To promote attendance at a	County facility in c	order to maxim	nize potential C	County revenue from	parking and cor	cession
5. Verification				an a	ามหรือไม่มากการทรงมูลกร้องใหญ่งการกระบบการการกระบบการ	
I have determined that the distr	ibution of tickets set	forth above is ir	n accordance wit	th the provisions of FPI	PC Regulation 18	944.1.
Afstrano	Amy Shrage		Polic	y Analyst		7/11/11
Signature of Agency Heador Design Comment: (Use this space or a		Print Name	on including amen	Title dment explanation.)	(mont	h, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form For Official U	802	
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612						
Area Code/Phone Number     E-mail       (510) 272-6685     Amy.Shrago@acgov.org       Agency Contact (name and title)       Amy Shrago, Policy Analyst				☐ Amendment <i>(M</i> Date of Original Fili		<u>)</u>
2. Event For Which Tickets Date(s) of Event:06 /_ 2 07 / 1	<u>3 / 11</u> Desc	ription of Ever	nt: <u>Alameda C</u>	F 00		
Agency Event  Yes Name of Outside Source of Number of Tickets Received	☑ No (Identify s Γicket(s) Provided t	source of ticke to Agency: <u>Ala</u>	ts below.) ameda County		y 🗵 Pursuant to	
3. Agency Official(s) Recei		se a continuatio			is Income to the Offic	
(Last, First)		of Tickets	Descri	be the Public Purpo	se for the Distributior	
4. Individual or Organizatio	-			t of an agency officia	al.)	
Name of Behesting Agency of Name of Individual or Organ Description of Organization:	ization: <u>Albany Se</u>			Nu	umber of Tickets:	20
Address of Organization: <u>12</u>	47 Marin Ave.		Albany <sub>City</sub>		CA State	94706 Zip Code
Purpose for Distribution: (De To promote attendance at a					m parking and con	cession
5. Verification I have determined that the distri	bution of tickets set t	forth above is in	accordance wif	h the provisions of F	PPC Regulation 189	44.1
Signature of Agency read or Design	Amy Shrago			y Analyst Title		/11/11 , day, year)
Comment: (Use this space or a			on including amend	dment explanation.)	,	

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED B
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
	<b>mail</b> rystal.hishida@acgov.org I Analyst, County Administra	tor's Office	Amendment (Must e	
	<u>J 10</u> Description of Eve <u>J 10</u> Face Value of Tick ⊠ No (Identify source of tick ket(s) Provided to Agency: <u>A</u>	et: \$ ets below.) lameda County	5.00 Fair	⊠ Pursuant to Contrac
3. Agency Official(s) Receivir Name of Official (Last, First)	ng Ticket(s) (use a continuation of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose f	
<ol> <li>Individual or Organization</li> <li>Name of Behesting Agency Off</li> <li>Name of Individual or Organization</li> <li>Description of Organization:</li> </ol>	icial: <u>Keith Carson, Supervis</u> tion: <u>Alice Oliver</u>	or Fifth District	Numb	per of Tickets:7
Address of Organization:	ribe the public purpose for the d			State Zip Code
Signature of Agency Hear or Designee Comment: (Use this space or an at	CRYSTAL HISHIDA GR	AFF PRIN	ICIPAL ANALYST	C Regulation 18944.1. 07/11/11 (month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PI	ROVIDED B
1. Agency Name         COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address			Date Stamp	California Form For Official Us	802	
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title, Amy Shrago, Policy Analys		jov.org		Amendment (Must of Date of Original Filing:	•	
	2 / 11 Descr 0 / 11 Face <sup>™</sup> ⊠ No (Identify so Ticket(s) Provided to	iption of Ever Value of Ticke ource of ticke o Agency: <u>Al</u>	et: \$ ts below.) ameda County	5.00 Fair	⊠ Pursuant to	Contrac
3. Agency Official(s) Receins Name of Official (Last, First)		e a continuation Number of Tickets	State Whet	tional names) her the Distribution is Ir be the Public Purpose f		
4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carso</u> ization: <u>True Vine I</u>	on, Superviso	or Fifth District		ber of Tickets:	5
Address of Organization:	I25 West Street nber and Street escribe the public pur			organization.)	CA <sub>State</sub> parking and cond	94607 Zip Code
5. Verification I have determined that the distribution Signature of Agency Held or Design Comment: (Use this space or a	Amy Shrago	) Print Name	Polic	y Analyst <sup>Title</sup>	07/	44.1.  11/11 , day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	jion (if applicable)	· · · · ·			For Official	Use Only
1221 OAK STREET, #555						
Street Address	······					
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	olain in Part 5.)	
(510) 272-6685	Amy.Shrago@aco	gov.org			,,	
Agency Contact (name and title	3)			Date of Original Filing: .	(month, day, yea	ir)
Amy Shrago, Policy Analys	st					
2. Event For Which Ticket						
Date(s) of Event:2	24 <u>/ 11</u> Desc	ription of Ever	nt: <u>Atif Aslam a</u>	& Sunidhi Chaudan		
	/ Face			~~ ~~		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Go</u>	olden State Wa	arriors		
Number of Tickets Received				:y: 🔲 Gratuitously	⊠ Pursuant te	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	itional names)		
Name of Offi	cial	Number	State Whe	ther the Distribution is Inc	come to the Offic	cial or
(Last, First)		of Tickets	Descr	ibe the Public Purpose fo	r the Distribution	<u>n</u>
			ф. Т			
	······································				ter an	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ					er of Tickets: _	4
Description of Organization						
	065 Kittredge Street		Berkele	ey.	СА	94704
	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dis	stribution to the o	organization.)		
To reward a school or nonp	orofit organization fo	or its contributi	ons to the com	nmunity		
5. Verification						
I have determined that the dist	ribution of tickets set f	forth above is ir	n accordance wil	th the provisions of FPPC	CRegulation 18	944.1.
1 (mag)	Amy Shrago	D	Polic	y Analyst	07	7/19/11
Signature of Agency Head or Desig		Print Name		Title		th, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informatio	on including amen	dment explanation.)		

Tickets Provided by Agency Report		A Publ	ic Docume	ent	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			Amendment (Must e	explain in Part 5.)
(510) 272-6685 Agency Contact (name and title	Amy.Shrago@ac	ogov.org		Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analys	t				
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:	30 <u>/ 11</u> Desc	cription of Ever	nt: Oakland A's	3	
/				43.75	
	/ Face	e value of ficke	ει. φ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	Ikland A's		
Number of Tickets Received	l: <u>10</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (ເ	use a continuatio	n sheet for addi	tional names)	
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose f	
		OF TICKETS	Desen		
· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organizati	-	• •		t of an agency official.)	
Name of Behesting Agency	Official: Keith Car	son, Superviso	r Fifth District		
Name of Individual or Organ	nization: <u>North Ber</u>	keley Senior C	enter	Numb	per of Tickets: <u>10</u>
Description of Organization:	Senior Services C	Center			
Address of Organization:	901 Hearst St.		Berkel	ey	CA State Zip Code
Purpose for Distribution: (D	escribe the public pu	irnoso for the die		ragnization )	·
To reward a nonprofit organ	• •	,		Jiganization.)	
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
14mins	Amy Shrag	0	Polic	y Analyst	7/19/11
Signature of Agency Heart or Design	1ee	Print Name		Title	(month, day year)

Agency Report A Public Doc	ument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	Date Stamp	California
COUNTY OF ALAMEDA		Form <b>OUZ</b>
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must	explain in Part 5.)
(510) 272-6685 Amy.Shrago@acgov.org		
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analyst		
2. Event For Which Tickets Were Distributed	O	
Date(s) of Event:06 /22 /11 Description of Event: Asian		
<u>07 / 10 / 11</u> Face Value of Ticket: \$	5.00	
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Alameda Co	ounty Fair	
Number of Tickets Received: <u>30</u> 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 Ir Describe the Public Purpose f	
4. Individual or Organization Receiving Ticket(s) (Provided at the b		
Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth Dis</u>	strict	
Name of Individual or Organization: Asian Community Mental Health	Numł	ber of Tickets:30
Description of Organization: <u>Mental Health Services Provider</u>	x-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address of Organization: 310 8th Street, Suite 201 Oak	cland City	CA 94607 State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to	o the organization.)	
To promote attendance at a County facility in order to maximize poten		parking and concession
5. Verification		and the first of the state of the
I have determined that the distribution of tickets set forth above is in accordan	ce with the provisions of FPP	C Regulation 18944.1.
	Policy Analyst	07/11/11
Signature of Agency what or Designee Print Name Comment: (Use whis space or an attachment for any additional information including	Title amendment explanation.)	(month, day, year)

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         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Asian Pacific Environment Network         Number of Organization:       Environmental Justice advocates         Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mamber       Amy Shrago       Policy Analyst       07/11/11	gency Report	A Pub	lic Document	TICKETS PROVIDED E AGENCY REPOR
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         Exect Address         Agency Contact (name and the)         Any, Shrago@acgov.org         Agency Contact (name and the)         Any, Shrago, Policy Analyst         Event For Which Tickets Were Distributed         Date(s) of Event: <u>66 / 22 / 11</u> Description of Event: <u>5.00</u> Agency Contact (name and the) <u>70 / 10 / 11</u> Face Value of Ticket: <u>5.00</u> Agency Official (so Received: <u>10</u> Number of Tickets Received: <u>10</u> Number of Tickets Received: <u>10</u> Number of Tickets Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official (so Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Behesting Agency Official:         Last First) <u>81an Pacific Environment Network</u> Number of Organization: <u>Asian Pacific Environment Network</u> Number of Individual or Organization: <u>Asian Pacific Environment Network</u> Name of Individual or Organization: <u>Asian Pacific Environment Net</u>	. Agency Name	dananah listonak di biblik dikada dina dan menangkan munakan seri manan menjapangkan menjada panjapana	Date Stamp	California 002
Division, Department, Or Region (respinatione)         1221 OAS STREET, #655         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         Agency Contact (mare and file)         Amy Shrago, Policy Analyst         Event For Which Tickets Were Distributed         Date of Original Filing:         07_/ 10_/ 11       Face Value of Ticket \$ 5.00         Agency Event       Yes         Number of Ticket Secoived:       10         Ticket(s) Provided to Agency:       Gratuitously         Number of Ticket Secoived:       10         Name of Official       Number         Name of Official       Number         Name of Official       Number         Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Orga	COUNTY OF ALAMEDA			
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6685       Amy.Shrago@acgov.org         Agency Contact (nume and title)       Amy.Shrago@acgov.org         Any Shrago, Policy Analyst       Date of Original Filing:	Division, Department, or Region (if	applicable)		For Official Use Only
OAKLAND, CA 94612       E-mail         Area Code/Phone Number       E-mail         (510) 272-6685       Amy.Shrago@acgov.org         Agency Contact (name and Blo)       Amy.Shrago@acgov.org         Agency Contact (name and Blo)       Date of Orginal Filing:         Amy Shrago, Policy Analyst       Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / 0         OT / _ 10 / 11       Face Value of Ticket: \$	1221 OAK STREET, #555			
Area Code/Phone Number (S10) 272-6685       E-mail Amy.Shrago@acgov.org       Immedment (Must explain in Part 6.)         Agency Contact (name and title)       Date of Original Filing:	Street Address	<b></b>		
(510) 272-6685       Amy.Shrago@acgov.org       Date of Original Filing:	OAKLAND, CA 94612			
(510) 272-6685       Amy.Shrago@acgov.org         Agency Contact (name and title)       Date of Original Filing:	Area Code/Phone Number E-ma	ùl	Amondment (A)	t ovalain in Dart 5 )
Amy Shrago, Policy Analyst         Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / Description of Event:       Alameda County Fair         07 / 10 / 11       Face Value of Ticket: \$	(510) 272-6685 Amy	/.Shrago@acgov.org		
Amy Shrago, Policy Analyst         Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 / Pace Value of Ticket: \$	Agency Contact (name and title)		Date of Original Filin	g:(month_day_year)
Date(s) of Event:       06       22       1       Description of Event:       Alameda County Fair         07       10       1       Face Value of Ticket: \$       5.00         Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number of Tickets       Description of Tickets         Name of Official       Name of Official       Number of Tickets       Description of Tickets       Description of Tickets         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Individual or Organization:       Asian Pacific Environment Network       Number of Tickets:       10         Description of Organization:       Environmental Justice advocates       Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Number of Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       Inwere determined	Amy Shrago, Policy Analyst			
	Event For Which Tickets We	re Distributed	n na harden er en	nin den ferfolgen van en
_07_10_711       Face Value of Ticket: \$	Data(s) of Event: 06 / 22 /	11 Description of Eve	Alameda County Fair	
Agency Event       Yes       No. (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Gratuitously       Image: Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Pursuant to Contract         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:         Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Organization:       Asian Pacific Environment Network       Number of Tickets:       10         Description of Organization:       Bits Pursuand Street       Oty       State       2p Code         Address of Organization:       State 209       Oakland       CA       94607         Number and Street       Oty       State       Zp Code         Purpose for Distribution:		4.4	E 00	
Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Contract of Ticket(s)       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Image: Contract of C		Face Value of Tick	(et: \$	
Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribution is Income to the Official or Of Tickets         Name of Official       Number       of Tickets       Describe the Public Purpose for the Distribution         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Asian Pacific Environment Network       Number of Tickets:       10         Description of Organization:       Environmental Justice advocates       Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mamber       Amy Shrago       Policy Analyst       07/11/11	Agency Event 🔲 Yes 🗵	No (Identify source of tick)	ets below.)	
Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribution is Income to the Official or Of Tickets         Name of Official       Number       State Whether the Distribution is Income to the Official or Of Tickets         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:       Asian Pacific Environment Network       Number of Tickets:         Name of Individual or Organization:       Asian Pacific Environment Network       Number of Tickets:       10         Description of Organization:       Environmental Justice advocates       Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11	News of Ostable Ostable of Table		lameda County Fair	
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         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:         Asian Pacific Environment Network         Number of Organization:         Asian Pacific Environment Network         Number of Organization:         Environmental Justice advocates         Address of Organization:       State         Number and Street       City         State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)         To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Margo       Policy Analyst       07/11/11	Name of Outside Source of Ticke	(s) Provided to Agency:		
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Asian Pacific Environment Network       Number of Tickets:         Description of Organization:       Environmental Justice advocates       Individual or Organization:         Address of Organization:       State       City       State         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	Number of Tickets Received:	10 Ticket(s) Pro	ovided to Agency: Gratuitously	Pursuant to Contrac
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:       Asian Pacific Environment Network       Number of Tickets:         Name of Individual or Organization:       Environmental Justice advocates       Number of Tickets:       10         Description of Organization:       Environmental Justice advocates       State       2/p Code         Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         May Shrago       Policy Analyst       07/11/11	Agency Official(s) Receiving	Ticket(s) (use a continuati	ion sheet for additional names)	-
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Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       Asian Pacific Environment Network       Number of Tickets:         Description of Organization:       Environmental Justice advocates         Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11				
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Name of Individual or Organization:       Asian Pacific Environment Network       Number of Tickets:       10         Description of Organization:       Environmental Justice advocates       10         Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11		. Keith Carson, Supervis	or Fifth District	
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Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11				
Address of Organization:       310 8th Street, Suite 309       Oakland       CA       94607         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11	Description of Organization: Envi	ronmental Justice advocate	es	
Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at a County facility in order to maximize potential County revenue from parking and concession       Image: City of the organization.)         Verification       Image: City of the organization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       O7/11/11				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)         To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         . Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	Address of Organization.			
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession         Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	Number an	J Street	City	State Zip Code
Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	Purpose for Distribution: (Describ	e the public purpose for the d	istribution to the organization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	To promote attendance at a Cour	nty facility in order to maxir	nize potential County revenue from	parking and concession
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11		<u></u>		
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	. Verification			na por felo en Altera da Santa da Unidade da Canada da Antonio e de Antonio e a conserva da por porte da Canad
Amy Shrago Policy Analyst 07/11/11		of tickets set forth above is i	in accordance with the provisions of FF	PC Regulation 18944.1.
				-
Signature of Agency Head or Designee Print Name Title (month, day, year)	ALA.			

Tickets Provided by Agency Report		A Publ	lic Docume	ent		ROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form For Official U	802 Jse Only
1221 OAK STREET, #555						
Street Address OAKLAND, CA 94612						
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@ac	aov ora		Amendment (Must e)	xplain in Part 5.)	
Agency Contact (name and title Amy Shrago, Policy Analys	)	9011019		Date of Original Filing: .	(month, day, year	)
2. Event For Which Ticket		ed				
Date(s) of Event:2			nt: Alameda C	ounty Fair		
	10 <u>11</u> Face					
	🗙 No (Identify s					
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Ala</u>	ameda County	Fair		
Number of Tickets Received					I Pursuant to	o Contrac
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 Ind be the Public Purpose fo		
4. Individual or Organizati	-			t of an agency official.)		
Name of Behesting Agency	Official: <u>Keith Cars</u>	on, Supervisc	or Fifth District			
Name of Individual or Orgar			Living	Numb	er of Tickets: _	10
Description of Organization:	Disability Right Or	g.				
Address of Organization.	539 Telegraph Ave.		Berkele	ey	CA State	94704 Zip Code
Purpose for Distribution: (D		-				
To promote attendance at a	a County facility in c	order to maxim	nize potential C	county revenue from pa	arking and con	cession
5. Verification				anasanasha acada a sa annan marana an annan an an an an an an an an an	sandadankaskaski akomeranenanen en en en e	9723.000 yr 2000, mae 2000, ar
I have determined that the dist	ribution of tickets set i	forth above is ir	n accordance wit	h the provisions of FPPC	C Regulation 189	44.1.
ASMago	Amy Shrago		Polic	y Analyst		/11/11
Signature of Agency fread or Design Comment: (Use this space or a		Print Name ditional informatio	on including amen	Title dment explanation.)	(month	n, day, year)

1. Agency Name       Date Stamp       California       802         COUNTY OF ALAMEDA       Division, Department, or Region (if applicable)       For Official Use Only         1221 OAK STREET, #555       Street Address       OAKLAND, CA 94612       Amendment (Must explain in Per 5)         Area Code/Phone Number       E-mail       Image: Amendment (Must explain in Per 5)       Date of Original Filing:	Tickets Provided by Agency Report	Ļ	A Public Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
CONNYO ALAMEDA       Por Oficial Use Cell         Division, Department, or Region (# applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-5685       Amy,Shrago@acgov.org         Agency Contact (imme and the)       Description of Event:         Area Code/Phone Number       E-mail         (510) 272-5685       Amy,Shrago@acgov.org         Agency Contact (imme and the)       Description of Event:         Area Code/Phone Number       E-mail         Arrow Shrago, Policy Analyst       Date of Original Filing:         2. Event For Which Tickets Were Distributed       Date of Original Filing:         Mary Shrago, Policy Analyst       1         2. Event For Which Tickets Were Distributed       Date of Original Filing:         Mary Of Ticket(s) Provided to Agency:       Oakland A's         Number of Tickets Received:       10         Ticket(s) Provided to Agency:       Gatuitously         Number of Tickets Received:       10         Name of Official       Net (Mettify Surger Street Veelew the Distribution is income to the Official or Tickets)         10       Itele Where the Distribution is none to the Official or Tickets; Presion         11       Itele Where the Distribution is none tore the Oistribut				Date Stamp	California 802
Division, Department, or Region (in Applicable)         1221 OAK STREET, #555         Streat Address         OAKLAND, CA 94612         Area Code/Phone Number         F-mail         (510) 272-6685         Amy, Shrago@acgov.org         Agency Contact (name and tile)         Amy Shrago, Policy Analyst         Date of Original Filing:	COUNTY OF ALAMEDA				
Street Address       OAKLAND, CA. 94612         Area God/Rhone Number       E-mail         (510) 272-6685       Amy.Shrago@acgov.org         Agency Contact (name and tifle)       Amy.Shrago@acgov.org         Amy Shrago, Policy Analyst       Date of Orginal Filing:	Division, Department, or Region (ii	f applicable)			For Official Use Only
OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6685       Amy.Shrago@acgov.org         Agency Contact (none and title)       Amy.Shrago@acgov.org         Agency Contact (none and title)       Date of Original Filing:	1221 OAK STREET, #555				
Area Code/Phone Number (S10) 272-6685       E-mail Amy.Shrago.@acgov.org       Date of Original Filing:	Street Address				
(510) 272-6685       Amy.Shrago@acgov.org       Date of Original Filing:	-				
Agency Contact (norme and title)       Date of Original Filing:	Area Code/Phone Number E-m	ail		Amendment (Must exp	plain in Part 5.)
Amy Shrago, Policy Analyst       (mails, day, year)         2. Event For Which Tickets Were Distributed       Date(s) of Event:       07 / 30 / 11 Description of Event:       Oakland A's	· · ·	y.Shrago@acgov.or	ſġ		
2. Event For Which Tickets Were Distributed       Date(s) of Event:       07 / 30 / 11 / Description of Event:       Oakland A's	Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Date(s) of Event:       07       30       11       Description of Event:       0akland A's	Amy Shrago, Policy Analyst				
	Date(s) of Event:/	<u>11</u> Descriptior	of Event: <u>Oakland A</u>	S	
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:       10       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 (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:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center       Number and Street       City       State       2/p Code         Purpose for Distribution:       Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       State       2/p 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.       MmShrago       Policy Analyst       07/11/11					
Name of Outside Source of Ticket(s) Provided to Agency:       Oakland A's         Number of Tickets Received:       10       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       State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution         Image: Contract of Contract of Tickets       Number of Tickets       State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution         Image: Contract of Contract of Tickets       Name of Official (S) 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:       North Oakland Senior Center         Name of Organization:       Senior Services Center         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       State       2/p.Code         5. Verification       I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Mary Shrago       Policy Analyst       <					
Number of Tickets Received:       10       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 (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:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center       Number of State       2ip Code         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       State       Zip Code         State       Individual or of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Mare of tickets set forth above	<b>o ,</b>				
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:       North Oakland Senior Center       Number of Tickets:         Description of Organization:       Senior Services Center         Address of Organization:       Senior Services Center         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       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.         Mumber       Amy Shrago       Policy Analyst       07/11/11	Name of Outside Source of Ticke	et(s) Provided to Age	ency: Oakland A's		
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 Behesting Agency Official:       Keith Carson, Supervisor Fifth District       Number of Tickets:       10         Description of Organization:       Senior Services Center       Number of Tickets:       10         Address of Organization:       State       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       MamShrago       Policy Analyst       07/11/11	Number of Tickets Received:	_10 Ticke	et(s) Provided to Agend	cy: 🔲 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:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       North Oakland Senior Center         Name of Individual or Organization:       North Oakland Senior Center         Name of Organization:       Senior Services Center         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       State       Zip Code         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Maxman       Amy Shrago       Policy Analyst       07/11/11	3. Agency Official(s) Receiving	J Ticket(s) (use a co	ontinuation sheet for add	itional names)	
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center       Number of Organization:       10         Address of Organization:       Senior Services Center       Value       0akland       CA       94609         Mumber and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11					
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center       Image: Senior Services Center       Image: Senior Services Center         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11					
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center       Image: Senior Services Center       Image: Senior Services Center         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11					
Name of Behesting Agency Official:       Keith Carson, Supervisor Fifth District         Name of Individual or Organization:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center       Image: Senior Services Center       Image: Senior Services Center         Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11	4 Individual or Organization R	Receiving Ticket(s	(Provided at the behas	st of an agency official )	
Name of Individual or Organization:       North Oakland Senior Center       Number of Tickets:       10         Description of Organization:       Senior Services Center           Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mumber       Amy Shrago       Policy Analyst       07/11/11	-	÷ ,			
Description of Organization:       Senior Services Center         Address of Organization: $             5714 \text{ Martin Luther King Jr. Way Note and Street Number and Stree$	Name of Behesting Agency Offic	ial:			·····
Address of Organization:       5714 Martin Luther King Jr. Way       Oakland       CA       94609         Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       O7/11/11				Numbe	er of Tickets:10
Address of Organization.       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a nonprofit organization for its contributions to the community       Image: Co	Description of Organization:	ior Services Center		una a se de la companya de la compa	
To reward a nonprofit organization for its contributions to the community         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	Address of Organization.				
To reward a nonprofit organization for its contributions to the community         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	Purpose for Distribution: (Describ	be the public purpose f	for the distribution to the	organization.)	
5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Amy Shrago       Policy Analyst       07/11/11	•			J	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.           Amy Shrago         Policy Analyst         07/11/11					
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.           Amy Shrago         Policy Analyst         07/11/11	5. Verification		I E I E DI MATTI E E E DI MERI E VIZZENTO DA VITI DE L'UNEDITATI L'UNEDITATI	annan kanan ana ana ana ang kanan na kanan ng kanan na kanan kanan kanan kanan kanan kanan kanan kanan kanan ka	
Amy Shrago Policy Analyst 07/11/11		n of tickets set forth a	hove is in accordance wi	ith the provisions of FPPC	Regulation 18944 1
				·	-
	Signature of Agency Hard or Designee				

Tickets Provided by Agency Report	AP	ublic Document	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name	алариалариалариалариалариалариалариалар	Date Stamp	California 000
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	Amendment (M	ust explain in Part 5.)
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title	)	Date of Original Fili	ng:(month, day, year)
Amy Shrago, Policy Analys	t		
2. Event For Which Ticket	s Were Distributed		
Date(s) of Event. 06 / 2	22 / 11 Description of I	-vent: Alameda County Fair	
	10 / 11 Face Value of T		
······································	/ Face value of	IICKet: \$	
Agency Event 🛛 Yes	No (Identify source of t	ickets below.)	
Name of Outside Source of	Ticket(s) Provided to Agency	Alameda County Fair	
		Provided to Agency:	y 🗵 Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a contin	uation sheet for additional names)	
Name of Offi (Last, First)	cial Numbe of Ticke		
4. Individual or Organizati	on Receiving Ticket(s) (P	rovided at the behest of an agency officia	al.)
Name of Behesting Agency	Official: Keith Carson, Super	visor Fifth District	
Name of Individual or Orga	nization: <u>City of Emeryville Ro</u>	ec. Dept. Teen Division Nu	umber of Tickets:10
Description of Organization	Youth Services		
Address of Ordanization.	300 San Pablo Ave.	Emeryville	CA 94608 State Zip Code
Durnogo for Distributions (D	posibo the public surgers for the	-	
, , ,		e distribution to the organization.)	
To promote attendance at a	a County facility in order to ma	aximize potential County revenue from	m parking and concession
5. Verification		an curan an a	an a
I have determined that the dist	ribution of tickets set forth above	is in accordance with the provisions of F	PPC Regulation 18944.1.
Alman	Amy Shrago	Policy Analyst	07/11/11
Signature of Agency Head or Design		Title	(month, day, year)

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 applica 1221 OAK STREET, #555 Street Address	Date Stamp	AGENCY REPORT	
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-6685 Amy.Shra Agency Contact (name and title) Amy Shrago, Policy Analyst	ago@acgov.org	Date of Original F	(Must explain in Part 5.) Filing:(month, day, year)
	Description of Ever Face Value of Ticke dentify source of ticke rovided to Agency: <u>Ala</u>	et: \$5.00 ts below.) ameda County Fair	sly 🗵 Pursuant to Contract
3. Agency Official(s) Receiving Tick	<b>et(s)</b> (use a continuatio	n sheet for additional names)	
(Last, First)	of Tickets	Describe the Public Purp	
4. Individual or Organization Receiven Name of Behesting Agency Official:	•	• •	cial.)
Name of Individual or Organization:	exter Vizinau		Number of Tickets:6
Address of Organization:	public purpose for the dis	<b>•</b> , , , , , , , , , , , , , , , , , , ,	State Zip Code
5. Verification I have determined that the distribution of tic	kets set forth above is in	accordance with the provisions of	f FPPC Regulation 18944.1.
A ZI	y Shrago Print Name	Policy Analyst	17/11/11 (month, day, year)
Comment: (Use this space or an attachment			(monur, day, year)

,

Tickets Provided by Agency Report		A Public	c Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	nen se en sen en e			Date Stamp	California
COUNTY OF ALAMEDA					Form <b>OUZ</b>
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@acg	ov.org			
Agency Contact (name and title	)			Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analys	t				
2. Event For Which Tickets					
Date(s) of Event:	2 <u>/_11</u> Descri	ption of Event	Alameda Co	ounty Fair	
	0 44	/alue of Ticket:		5.00	
Agency Event 🛛 Yes	🔀 No (Identify so				
Name of Outside Source of	Ticket(s) Provided to	Agency: Alan	neda County	Fair	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use	e a continuation	sheet for addit	ional names)	
Name of Offic	cial	Number	State Whet	ner the Distribution is Ir	ncome to the Official or
(Last, First)		of Tickets	Descrit	be the Public Purpose f	or the Distribution
4. Individual or Organizati	on Receiving Tick	(et(s) (Provide	d at the behest	of an agency official.)	de analolishi siyadi ta anganik sining na mangan sana sa sakirib sa sa sa saka
-	-			<b>.</b> . ,	
Name of Behesting Agency	Official: Keith Carso	n, Supervisor			
Name of Individual or Orgar	bization. Disability R	ights Educatio	n & Defense I	Fund Num	per of Tickets:10
Description of Organization:	Disability Rights				
			Porkolo		CA 94703
Address of Organization:	075 Adeline Street, S		Berkeley City	/	State Zip Code
Purpose for Distribution: (D					
To promote attendance at a	County facility in or	der to maximiz	ze potential C	ounty revenue from p	parking and concession
5. Verification		anna agus anna anna an Agus ann an Agus ann agus			
I have determined that the dist	ribution of tickets set fo	orth above is in a	accordance witl	h the provisions of FPP	C Regulation 18944.1.
ALL					07/11/11
Signature of Agency Head a Design	Amy Shrago	Print Name		y Analyst Title	(month, day, year)
- orginatio of rigorioy field a Design				They are a second secon	(month, day, year)

Fickets Provided by Agency Report A Public Docum		lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT	
1221 OAK STREET, #555 Street Address	COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form 802 For Official Use Only
	Amy.Shrago@aco	gov.org		Amendment <i>(Must e,</i> Date of Original Filing: .	
	22 / 11 Descr 10 / 11 Face ⊠ No (Identify s Ticket(s) Provided t	ription of Even Value of Ticke ource of ticke o Agency: <u>Al</u>	et: \$ its below.) ameda County	5.00	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offic (Last, First)		se a continuation Number of Tickets	State Whet	tional names) her the Distribution is Ind be the Public Purpose fo	
Address of Organization:	Official: <u>Keith Cars</u> nization: <u>Downtown</u> Senior Services O 00 Grand Ave. mber and Street escribe the public pur	on, Superviso Oakland Ser rg. pose for the di	or Fifth District nior Center Oaklan <sup>City</sup> stribution to the o	Numb	er of Tickets: 20 CA 94610 State Zip Code
5. Verification I have determined that the dist Signature of Agency Heat or Design Comment: (Use this space or a	ribution of tickets set fAmy Shrago	forth above is in D Print Name	n accordance wit Polic	th the provisions of FPP0 y Analyst Title	

Agency Report       Andress       California       802         1. Agency Name       COUNTY OF ALAMEDA       Date Stamp       California       802         Division, Department, or Region (#applicable)       121 OAK STREET, #555       Fordia Use Oriv         1221 OAK STREET, #555       games       games       Product Vision         Area code/Phone Number       E-mail       games       games       Product Vision         (510) 272-3892       crystal hishida@acgov.org       Date of Organization # Part 5)       Date of Organization       Product Vision         2. Event For Which Tickets Were Distributed       Date of Tickets (% Provided In Agency)       Date of Organization       Product Vision       Product Vision         2. Event For Which Tickets Were Distributed       Date(s) of Event:	Tickets Provided by		ant	TICKETS PROVIDED BY
COUNTY OF ALAMEDA       For Others Use Only         Division, Department, or Region (#applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Ares Code/Phone Number       E-mail         Ares Code/Phone Number       Crystal hishida@acgov.org         Agency Contact (rune and tells)       Crystal hishida@acgov.org         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Orginal Filing: (mooth, day, year)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Agency Contact (rune and tells)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Mamedia County Fair         Jona of Orginal Filing:       (mooth, day, year)         Agency Event       Trace Value of Ticket: 5         Ticket(s) Provided to Agency:       I amedia County Fair         Number of Tickets Received:       Ticket(s) Provided to Agency:       I Gratuitously         Mumber of Tickets Received:       Ticket(s) Provided to Agency:       I Gratuitously         Number of Tickets Received:       Ticket(s) Provided to Agency:       I Gratuitously         Number of Tickets Received:       Number       State Whether the Distribution         Number of Tickets Received:       Number       State Whether the Distribution         Number of Tickets Received:	Agency Report	A Public Docume	1	
COUNTY OF ALAMEDA       For Others Use Only         Division, Department, or Region (#applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Ares Code/Phone Number       E-mail         Ares Code/Phone Number       Crystal hishida@acgov.org         Agency Contact (rune and tells)       Crystal hishida@acgov.org         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Orginal Filing: (mooth, day, year)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Agency Contact (rune and tells)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Mamedia County Fair         Jona of Orginal Filing:       (mooth, day, year)         Agency Event       Trace Value of Ticket: 5         Ticket(s) Provided to Agency:       I amedia County Fair         Number of Tickets Received:       Ticket(s) Provided to Agency:       I Gratuitously         Mumber of Tickets Received:       Ticket(s) Provided to Agency:       I Gratuitously         Number of Tickets Received:       Ticket(s) Provided to Agency:       I Gratuitously         Number of Tickets Received:       Number       State Whether the Distribution         Number of Tickets Received:       Number       State Whether the Distribution         Number of Tickets Received:	1. Agency Name		Date Stamp	Form 802
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         Area Code/Phone Number         Agency Contact (name and tile)         Crystal Hishida Graft, Frincipal Analyst, County Administrator's Office         Date of Original Filing:         (510) 272-3882         Crystal Hishida Graft, Frincipal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       (D _ 3.b 11)         Type       Description of Event:         Agency Event       (Yes)         Name of Outside Source of Ticket(s) Provided to Agency:       (D ratuitously         Number of Tickets Received:       Ticket(s) Provided to Agency:         Official (s) Receiving Ticket(s) (use a continuation sheet for additional names)         Number of Tickets Received:       Number         Number of Tickets Receiving Ticket(s) (Provided to Agency:       Describe the Public Purpose for the Distribution         Name of Official (use, Feet)       Number of Ticket(s) (Provided to Agency is a continuation sheet for additional names)         Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Official (count by Supervisor Scott Hacquervisor Scott Hacquervi			1	A THE STANDARD STANDARD
Street Address         OAKLAND, CA. 94612         Ares coad/Phone Number       E-mail         I Amendment (Must explain in Part 5)         Date of Original Filling:         Crystal Hishida@acgov.org         Date of Original Filling:         (crystal Hishida@acgov.org)         Agency Contact (name and tile)         Crystal Hishida@acgov.org         Date of Original Filling:         (crystal Hishida@acgov.org)         Agency Contact (name and tile)         Crystal Hishida@acgov.org         Agency Event         [Yes]         No (Identify source of tickets below)         Name of Outside Source of Ticket(s) Provided to Agency:         Individual or Organization Ticket(s) (use a continuation sheet for additional names)         Number of Tickets Receiving Ticket(s) (Provided to Agency is a continuation is Income to the Official or Ticket(s) Provided to Agency is a continuation is Income to the Official or Ticket(s) Provided to Agency is a continuation is the other the Distribution         Name of Official       Number of Ticket(s) Provided to Agency is a continuation of Ticket(s) Provided to Agency is a con	Division, Department, or Region (if applicab	ole)		
OAKLAND, CA 94612         Area Gode/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 Filling:	1221 OAK STREET, #555			
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and the)       Crystal.hishida@raft.Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed       Date of Original Filing:	Street Address			
(510) 272-3882       crystal hishida@acgov.org         Agency Contact (name and title)       crystal hishida @raft, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed       Date of Orginal Filing:	OAKLAND, CA 94612			
Agency Contact (name and tile)       Date of Original Filing:       (month, day, year)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:       (month, day, year)         2. Event For Which Tickets Were Distributed       Description of Event:       Alamedia County Fair	Area Code/Phone Number E-mail		Amendment (Must ex)	plain in Part 5.)
Agency Contact (name and tills)       Crystal Hishida Craft, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       () () () () () () () () () () () () () (	(510) 272-3882 crystal.his	shida@acgov.org	Data of Original Filing	
2. Event For Which Tickets Were Distributed       Date(s) of Event:       Organization       Alamedia County Fair         3. Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alamedia County Fair Board         Number of Tickets Received:       1       Ticket(s) Provided to Agency:       Gratuitously         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Number of Tickets Received:       1       Ticket(s) Provided to Agency:       Gratuitously         Mame of Official (Last, First)       0       Number       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.)       Number of Tickets:       9         Name of Individual or Organization:       Chris       Chris       Number of Tickets:       9         Description of Organization:       Chris       Chris       Number of Tickets:       9         Description of Organization:       Description the distribution:       Description the organization:       1         Address of Organization:       Description of Organization:       Description to the organization:       1         To reward Discourt withe mails rear the exeempliary Service for his er here exeempliary S	Agency Contact (name and title)		Date of Original rining	(month, day, year)
2. Event For Which Tickets Were Distributed       Date(s) of Event:       Organization       Alamedia County Fair         3. Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alamedia County Fair Board         Number of Tickets Received:       1       Ticket(s) Provided to Agency:       Gratuitously         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Number of Tickets Received:       1       Ticket(s) Provided to Agency:       Gratuitously         Mame of Official       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Name of Behesting Agency Official:       NIAmedia County Supervisor Scott Hacceerty         Name of Individual or Organization:       Chris 6nag         Name of Individual or Organization:       Chris 6nag         Address of Organization:       Chris 6nag         Number of Tickets       Number of Tickets:         Purpose for Distribution:       Description of Organization:         To reward D County Purpose for his er her exemplary service to 400         To reward D County Purpose for his er her exemplary service to 400         To reward D County Purpose for his er her exemplary service to 400         To reward D County Purpose for his er her exemplary service to	Crystal Hishida Graff, Principal Analys	st, County Administrator's Office		
Agency Event       Yes       No (Identify source of tickets below).         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair Bard         Number of Tickets Received:	2. Event For Which Tickets Were D	istributed	Do Count	y Fair
Agency Event       Yes       No (Identify source of tickets below).         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair Bard         Number of Tickets Received:	Date(s) of Event: <u>し」 み」 11</u> 子」10 」11	_ Description of Event: _ Face Value of Ticket: \$	00	2
Number of Tickets Received:       1       Ticket(s) Provided to Agency:       Graduitudity       Gradui	Agency Event Yes No Name of Outside Source of Ticket(s)	(Identify source of tickets below.) Provided to Agency:A [ 2000	eda county.	Fair Board
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is motive of the Outpotter of the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Address of a agency official:       Name of a agency official.)         Name of Behesting Agency Official:       Name Of County Supervisor Scott Hacquerty         Name of Individual or Organization:       Chris 6ray       Number of Tickets: 9         Name of Individual or Organization:       Chris 6ray       Number of Tickets: 9         Description of Organization:       Mumber and Street       City       State         Address of Organization:       Number and Street       City       State       Zp Co         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a County employee for this or her exempliary service to 40         June 11 C or to encourded state development       Lee Ann Fergerson – Ticket Administrator       Lee Ann Fergerson – Ticket Administrator         Bignature of Agefor Held of Organize       Print Name       Tite       (month, day print)	Number of Tickets Received:9_	Ticket(s) Provided to Ag	gency: 🗌 Gratuitously	Pursuant to Contract
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is monite of the Outpotter of the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official: <u>NTAme DA</u> County Supervisor Scott Hacquerty         Name of Behesting Agency Official: <u>NTAme DA</u> County Supervisor Scott Hacquerty         Name of Individual or Organization: <u>Chris 6nay</u> Number of Tickets: <u>9</u> Description of Organization: <u>Number and Street</u> City       State         Address of Organization: <u>Number and Street</u> City       State       Zp Co         Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for this or her exemptany service to the public or the encourted of state dewelopment       State       Zp Co         State Organization: <u>Number and Street</u> City       State       Zp Co         Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for his or her exemptany service to the public or the encourted of state dewelopment       State Zp Co         5. Verification       I have determined that the distribution of lickets set forth above is in accordance with the ornusions of EPPC Regultion fis94201         Lee Ann Fergerson – Ticket Administrator       Encourted of Gengoes       Tite       (month, day p	3 Agency Official(s) Receiving Ti	cket(s) (use a continuation sheet for	additional names)	
(Last, First)       of Tickets       Describe the House of Appeler of the second and the provided at the behast of an agency official.)         4. Individual or Organization Receiving Ticket(s) (Provided at the behast of an agency official.)         Name of Behasting Agency Official:       Name@Description of Scott Hocgerty         Name of Individual or Organization:       Chris       Chris         Description of Organization:       Chris       Chris         Address of Organization:       Number and Street       City       State         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a County employee for his or her exemplary service to the public or to encourage state development         5. Verification       Individual of tickets set forth above is in accordance with the provisions of EPPC Regulture its age 201         Lee Ann Fergerson – Ticket Administrator       City       Tite		State	Whather the Distribution IS	Income to the Official or
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggery         Name of Individual or Organization:       Chris 6ray       Number of Tickets:         Description of Organization:		of Tickets	Describe the Public Purpose	s for the Distribution
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggery         Name of Individual or Organization:       Chris bray       Number of Tickets:         Description of Organization:				
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggery         Name of Individual or Organization:       Chris 6ray       Number of Tickets:         Description of Organization:				
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggery         Name of Individual or Organization:       Chris bray       Number of Tickets:         Description of Organization:				
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggery         Name of Individual or Organization:       Chris 6ray       Number of Tickets:         Description of Organization:				
Name of Behesting Agency Official:       Alameda County Supervisor Scott Haggery         Name of Individual or Organization:       Chris 6ray       Number of Tickets:         Description of Organization:				
Name of Individual or Organization:	4. Individual or Organization Re	ceiving Ticket(s) (Provided at the	e behest of an agency officia	al.)
Name of Individual or Organization:	Name of Behesting Agency Officia	Alameda County	Supervisor 3	111 1190 J
Name of Individual or Organization:	Name of Benesting Agency Stroke	D	1	har of Tickets: 9
Address of Organization:       Number and Street       City       State       Zip Color         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To reward a County employee for his or her exemplary service to flar         To reward a County employee for his or her exemplary service to flar       Jublic or to encourage state development         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18994201         Lee Ann Fergerson – Ticket Administrator       Tille       (month, day, yee)			N	lumber of fickets.
Address of Organization. Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for his or her exemplary service to the public or to encourage state development 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of EPPC Regulation 1899420 Lee Ann Fergerson – Ticket Administrator Signature of Agency Head or Perignee Print Name Title (month, day, ye	Description of Organization:			
To reward a Country Employee the clevelopment         Public or to encourage state development         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 1890420         Lee Ann Fergerson – Ticket Administrator         Signature of Agency Head or Designee         Print Name	Address of Organization:	nd Street	City	State Zip Coo
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18994 20 Lee Ann Fergerson – Ticket Administrator Signature of Agency Head or Designee Print Name Title (month, day, ye	To reward a county	Employee		ry service to the
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18994 20 Lee Ann Fergerson – Ticket Administrator Signature of Agency Head or Designee Print Name Title (month, day, ye	E Vorification			2000 St 18. 41 19
Lee Ann Fergerson – Ticket Administrator           Signature of Agency Head or Designee         Print Name         Title         (month, day, yet)	5. vernication	on of tickets set forth above is in acco	rdance with the nrovisions (	of FPPC Regulation 18904201
Signature of Agency Head or Designee Print Name Title (month, day, ye	I have determined that the distribution	Lee Ann Ferrerso	on – Ticket Administrator	
Comment: (Use this space of an attachment for any additional information including amendment explanation.)	Signature of Agency Head or Designee			(month, day, ye
Comment, tose this space of the distance of the	Comment: // les this share of an att	achment for any additional information incl	uding amendment explanation.	)
	Continient, tose this space of an all			

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> ) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org	Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail		For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail	_	
1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail	-	
Area Code/Phone Number E-mail		
(510) 272-3882 crvstal.hishida@acgov.org	Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title)	Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		
Event For Which Tickets Were Distributed		
Date(s) of Event:08 /_18 /_11 Description of Event: Oakland	A's game	
/ Face Value of Ticket: \$	¢00 00	
Agapay Event 🔍 Van 🛛 Na (Identify source of tigkets balayy)		
Agency Event Yes No (Identify source of tickets below.)	tion	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athle	tics	
Number of Tickets Received: Ticket(s) Provided to Age	ency: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a	dditional names)	
	hether the Distribution is Inc	
(Last, First) of Tickets De	scribe the Public Purpose fo	r the Distribution
Individual or Organization Receiving Ticket(s) (Provided at the be	nest of an agency official.)	
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3		
		1
Name of Individual or Organization: Jim Oddie	Numbe	er of Tickets:4
Description of Organization:		
Address of Organization:	<b>5</b> 11.00	
Number and Street	Dity	State Zip Coo
Purpose for Distribution: (Describe the public purpose for the distribution to t	ne organization.)	
To promote attendance at an event held at a County facility in order to r	naximize potential County	/ revenue from sales
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 Si	upervisor's Assistant	7/26/11

Tickets Provided by			2	<b>.</b> +	TICKETS PROVIDED BY
Agency Report		A Public I	Jocumer		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	ion (if applicable)				and a distance for the second s
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		Date of Original Filing:	
Agency Contact (name and titl		N 38 7 M 10-40 P. 14		Date of ongine, may	(month, day, year)
Crystal Hishida Graff, Prin					
2. Event For Which Ticke Date(s) of Event:	ts Were Distribut	ted	A 12.	D COUR	tu Fair
Data(a) of Event: 6/	22/11 Des	cription of Event:	Ala	media cour	2
Date(s) of Event.	10,11 Fac	- Value of Ticket:	\$ 5.00	8.00	0
	Fact	e value of fiolote.		5	
Agency Event 🛛 Yes	□ No (Identify	source of tickets	below.)	0 ( a unt	EDin Board
Agency Event Yes Name of Outside Source of	of Ticket(s) Provider	to Agency:	+ ame	Da Counto	
Name of Outside Source of	B 1 Hered			Crotuitously	Pursuant to Contract
Number of Tickets Receiv	ed:, ~	Ticket(s) Provid	ded to Agen	cy: 🔲 Gratuitously	
		t	chool for ad	ditional names)	
3. Agency Official(s) Red	ceiving Ticket(s)	the second s	Sheet for au	ather the Distribution is	Income to the Official or
Name of C		Number of Tickets	State Wn Des	cribe the Public Purpose	e for the Distribution
(Last, Fi	rst)	OFFICKETS			
4. Individual or Organi:	zation Receiving	Ticket(s) (Provid	ied at the be	hest of an agency officia	al.)
	Ps 1	ameda Le	unty:	Supervisor S	cott Haggerty
Name of Behesting Age	ncy Official:		9		
	)	tarvey 1	Luias	+ N	umber of Tickets: 🙆 🔔
Name of Individual or C	rganization.	3	0		
Description of Organiza	ation:				
Description of Organize					
Address of Organizatio	n:			CIE	State Zip Code
				City	
Purpose for Distribution	n: (Describe the publ	ic purpose for the d	istribution to	the organization.)	1
To reun	Da volunt	teer for 1	nis/h	ers commun	ity service tothe Public
10 rewar	a2 -1 / -1 (11)	•			O Public
r Marification				í.	
5. Verification	a distribution of linkal	ts set forth above is	in accordant	ce with the provisions of	FPPC Regulation 18944.1.
I have determined that th	le alstribution of ticket	a adi 10/01 above la	ni accoración		
Juliter	in		erson – Tic	ket Administrator	JUL 1 0 2011
Signature of Agency Head of	or Designee	Print Name		Title	(monin, day, year)
Comment: (Use this spa	ace or an attachment for	any additional inform	ation including	amendment explanation.)	

	FPPC Form 802 (Feb/09)
FPPC Toll-Free	Helpline: 866/ASK-FPPC (866/275-3772)

	A Public Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
gency Report	A Public Docume		California 002
Agency Name		Date Stamp	Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must exp	lain in Part 5.)
	a@acgov.org		
(510) 272-3882 crystal.hishid Agency Contact (name and title)		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	County Administrator's Office		
Crystal Hisnida Grall, Filicipal Analyst, C	ibuted		
2. Event For Which Tickets Were Distributed Strain Date(s) of Event:	ibuted Ala	meda Count	y Fair
Date(s) of Event: みみ」	Description of Event:	00 0	3
7,10,11	Face Value of Ticket: \$ > •	00	
	(if the higher)		
Agency Event ☐ Yes ☐ No (Ide Name of Outside Source of Ticket(s) Prov	ntify source of tickets below.)	m canto F	=Dir Roord
Non- of Outside Source of Ticket(s) Prov	vided to Agency: Alame	Da County	an pource
Name of Outside Source of Hokel(e) 110		Gratuitously	Pursuant to Contract
Number of Tickets Received:	Ticket(s) Provided to Age		
	and the state of t	dditional names)	
3. Agency Official(s) Receiving Ticke	t(s) (use a continuation sheet for a	Whether the Distribution is I	acome to the Official or
Name of Official	Number State V	Whether the Distribution is i escribe the Public Purpose	for the Distribution
(Last, First)	of Tickets De	Scribe the rubile rupper	
	1 1		
		school of an agency official	.)
4. Individual or Organization Receiv	ving Ticket(s) (Provided at the b	behest of an agency officia	.)
4. Individual or Organization Receiv	ving Ticket(s) (Provided at the t	behest of an agency official	i) cott Hacgerty
4. Individual or Organization Receiv Name of Behesting Agency Official:	Alameda County 5	upervisor Si	DIT HUGGON
Name of Behesting Agency Official:	Alameda County 5	upervisor Si	) Lott Higgerly Imber of Tickets: 8
4. Individual or Organization Receiv Name of Behesting Agency Official: Name of Individual or Organization:	ving Ticket(s) (Provided at the t Alameda County 3 Rosalyn Colen	upervisor Si	DIT HUGGON
Name of Behesting Agency Official:	Alameda County 5	upervisor Si	DIT HUGGON
Name of Behesting Agency Official:	Alameda County 5	upervisor Si	DIT HUGGON
Name of Behesting Agency Official:	Rosalyn Colen	nza Nu	Imber of Tickets: 8
Name of Behesting Agency Official:	Rosalyn Colen	upervisor Si	Imber of Tickets: 8
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Rosalyn Colen	city	State Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the To reward of County Ey	Posalyn Colen Posalyn Colen e public purpose for the distribution mployee for his or	City to the organization.)	state Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Posalyn Colen Posalyn Colen e public purpose for the distribution mployee for his or	City to the organization.)	state Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the To reward of County Ey	Posalyn Colen Posalyn Colen e public purpose for the distribution mployee for his or	City to the organization.)	state Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the To reward a County ex Public or to encourt	Posalyn Colen Posalyn Colen e public purpose for the distribution mployee for his or raige statt devel	City to the organization.) her exemplar	State Zip Co y service to the
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the To reward a County ex Public or to encourt	Posalyn Colen Posalyn Colen e public purpose for the distribution mployee for his or raige statt devel	City to the organization.) her exemplar	State Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Address of Organization: Purpose for Distribution: (Describe the To reward a County ev Public or to encour	Posalyn Colem Posalyn Colem e public purpose for the distribution mployee for his or raige state devel	City to the organization.) her exemplar	State Zip Co
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Stree Purpose for Distribution: (Describe the To reward a County ex Public or to encourt	Posalyn Colem Posalyn Colem e public purpose for the distribution mployee for his or raige state devel	City to the organization.) her exemplar ance with the provisions of	State Zip Co

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by Agency Report	A Dublie Desuge		TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (i 1221 OAK STREET, #536 Street Address	f applicable)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Anna Gee - Operations Manage	na.gee@acgov.org er	Date of Original F	Must explain in Part 5.) iling:(month, day, year)
2. Event For Which Tickets We Date(s) of Event:// // Agency Event □ Yes ☑ Name of Outside Source of Ticke Number of Tickets Received:	11 Description of Ev Face Value of Tic No (Identify source of ticket) No Provided to Agency: 4	ket: \$5.00 rets below.)	sly □ Pursuant to Contrac
3. Agency Official(s) Receiving Name of Official (Last, First)	g Ticket(s) (use a continua Number of Tickets	tion sheet for additional names) State Whether the Distributior Describe the Public Purp	
4. Individual or Organization F Name of Behesting Agency Offic Name of Individual or Organization	cial: <u>Alameda County Supe</u>	ervisor Nate Miley, District 4	vumber of Tickets:10
Description of Organization: Address of Organization: Number of Purpose for Distribution: (Description) To promote attendance at an ev	and Street be the public purpose for the	City	State Zip Cod County revenue from parking
Signature of Agency, Head or Designee	ANNA GEE Print Name	in accordance with the provisions of OPERATIONS MANA Title ation including amendment explanation.)	7/10/11

Tickets Provided by Agency Report				TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612	if applicable)		Date Stamp	California 802 Form 802
Area Code/Phone NumberE-n(510) 272-6694anAgency Contact (name and title)Anna Gee - Operations Manage	na.gee@acgov.org er		☐ Amendment (Must e) Date of Original Filing: .	
2. Event For Which Tickets We Date(s) of Event://// Agency Event □ Yes □ Name of Outside Source of Ticket	Description of E Face Value of T I No (Identify source of ti	icket: \$ ckets below.)	5.00	
Number of Tickets Received:			y: 🗵 Gratuitously	□ Pursuant to Contra
B. Agency Official(s) Receiving Name of Official (Last, First)	y Ticket(s) (use a continu Number of Ticket	State Whet	her the Distribution is Ind be the Public Purpose fo	
<ol> <li>Individual or Organization F</li> <li>Name of Behesting Agency Office</li> </ol>			Q 6 0	
Name of Individual or Organizati			Numb	er of Tickets: <u>8</u>
Address of Organization: Number of Purpose for Distribution: (Description: To promote attendance at an experience)	be the public purpose for the			State Zip Code
5. Verification I have determined that the distributi Signature of Agency Head or Designee Comment: (Use this space or an atte	ANNA GEE Print Name	OPE	RATIONS MANAGER Title	7/10/11

Tickets Provided by Agency Report			TICKETS PROVIDED I AGENCY REPOI
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable 1221 OAK STREET, #536 Street Address	9)	Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail			
(510) 272-6694 anna.gee@ Agency Contact (name and title)	acgov.org	Date of Original Filing	10 150
Anna Gee - Operations Manager			
2. Event For Which Tickets Were Dist Date(s) of Event: 06 / 22 / 11			
//	Face Value of Ticke	et: \$5.00	
Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Prov Number of Tickets Received:4			□ Pursuant to Contra
3. Agency Official(s) Receiving Ticket			
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is I Describe the Public Purpose	
			3
<b>4. Individual or Organization Receivin</b> Name of Behesting Agency Official: <u>Alam</u>	성적 전 이상에 지하는 것이 가려가 넣었다. 것이 가지 않는 것이 같이 다.		
Name of Individual or Organization: LaRa			ber of Tickets:4
Description of Organization:			
Address of Organization:		City	State Zip Cod
Purpose for Distribution: (Describe the pub To promote attendance at an event held a			nty revenue from parking
5. Verification			
I have determined that the distribution of tickel		accordance with the provisions of FPI OPERATIONS MANAGE	7/10/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachment for			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Tickets Provided by		A Pub	lic Docume	ant	TICKETS PROVIDED B
Agency Report		Arub	ne Docume	1	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA Division, Department, or Region	(if applicable)			-	For Official Use Only
	(іг арріісаріе)				
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number E-	1				
	mail			Amendment (Must ex	xplain in Part 5.)
	nna.gee@acgov	/.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Anna Gee - Operations Manag					
2. Event For Which Tickets W					
Date(s) of Event: <u>07</u> / 02	<u>11</u> Desc	ription of Eve	nt: Alameda C	ounty Fair	
/	/ Face	Value of Tick	et: \$	10.00	
2017-75-76-76-76-76-76-76-76-76-76-76-76-76-76-	🗵 No (Identify s		near ann eo réine.		
Name of Outside Source of Ticl	(et(s) Provided	to Agency: Al	ameda County	Fair Association	
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	cy: 🗵 Gratuitously	Pursuant to Contract
. Agency Official(s) Receivir	a Ticket(s) (u	se a continuati	on sheet for addi	itional names)	
	ig ficket(s) (u			an an ann a bha an	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo	
Miley, Christopher		1	To promote	attendance at an even	t held at a County
			facility in ord	er to maximize potenti	al County revenue
			from parking	and concession sales	í
. Individual or Organization	Receiving Tic	ket(s) (Provid			
en e server e construir de la construir de la construir (2006) en construir de la construir de la construir de	en 2017년 - 이상이 2012년 2017년 - 1월 20				
Name of Behesting Agency Offi	cial: Alameda C	Jounty Super	visor nate wile	y, District 4	
Name of Individual or Organiza	tion: <u>Angelina</u> F	Rodriguez		Numb	er of Tickets: <u>3</u>
Description of Organization:					
1					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Desc		mose for the di	stribution to the	organization )	
					rovonuo from parking
To promote attendance at an e	vent neid at a C	ounty facility	in order to may	amize potential County	revenue nom parking
Varification					
. Verification					
I have determined that the distribut	ion of tickets set f	onth above is il	n accordance wil	in the provisions of FPPC	
JAB HE	ANNA GEE		OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an att	achment for any ad	ditional informati	on including amen	dment explanation.)	
and concession sales					

Tickets Provided by				
Agency Report	A Pu	ublic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	1
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if	applicable)			For Official Use Only
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-ma	ail			
(510) 272-6694 ann	a.gee@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	a.goo@acgor.org		Date of Original Filing: _	
Anna Gee - Operations Manager	,			(month, day, year)
2. Event For Which Tickets We	NAMES AND ADDRESS OF ADDRESS			
		. Alameda C	ountv Fair	
Date(s) of Event: <u>06 / 22 /</u>	Description of E	vent: <u>manification</u>		
///////	Face Value of T	icket: \$	5.00	
Agency Event 🛛 Yes 🖂	No (Identify source of ti	ckets helow)		
			Eain Association	
Name of Outside Source of Ticke	t(s) Provided to Agency:	Alameda County	Fair Association	
Number of Tickets Received:				Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continu	ation sheet for addi	tional names)	
Name of Official	Number		ther the Distribution is Inc	ome to the Official or
(Last, First)	of Ticket		be the Public Purpose for	
•				
N				
-				
4. Individual or Organization R	eceiving Ticket(s) (Pr	ovided at the behes	t of an agency official.)	
			ana ny seorana manifika manandri para marene sa sa ma	
Name of Behesting Agency Officia	al:	ervisor Nate Mile	y, District 4	
				ar of Tickoto, 3
Name of Individual or Organizatio	n:		Numbe	er of Tickets:3
Description of Organization:				
Description of Organization.				
Address of Organization:				
Address of Organization:	d Street	City		State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the	distribution to the	organization.)	
To promote attendance at an eve				revenue from parking
To promote attendance at an eve	The full at a county facil	ity in order to max	anize potential county	Tevende nom parking
E Marifiantian				
5. Verification		n e verskeret e		D
I have determined that the distribution	1 of lickets set forth above	is in accordance wit	n the provisions of FPPC	
DAC	ANNA GEE	OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attac	hment for any additional inform	nation including amene	dment explanation.)	
and concession sales				

ickets Provided by A Public Docume				ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612	(if applicable)			Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)         Anna Gee - Operations Manager			☐ Amendment <i>(Must e</i> Date of Original Filing:		
2. Event For Which Tickets W Date(s) of Event: <u>06 / 22</u> / Agency Event □ Yes Name of Outside Source of Tick	/ <u>11</u> Descr / Face ⊠ No (Identify s ket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>Al</u>	et: \$ ts below.) ameda County	8.00	□ Pursuant to Contra
3. Agency Official(s) Receivin			on sheet for addi		
<ol> <li>Individual or Organization</li> <li>Name of Behesting Agency Offi</li> </ol>					
Name of Individual or Organization:	tion: <u>Russell Ch</u>	iun		Numb	er of Tickets: <u>1</u>
Address of Organization:	ribe the public pur	P			State Zip Cod y revenue from
5. Verification I have determined that the distribut	ion of tickets set f	forth above is in	n accordance wit	h the provisions of FPPO	C Regulation 18944.1. 7/10/11
Signature of Agency Head or Designee Comment: (Use this space or an att concession sales		Print Name ditional informatio	on including amen	Title dment explanation.)	(month, day, year)
Fickets Provided by Agency Report	А	Public Docum	ent	TICKETS PROVIDED	
---	--	--------------------------	--	------------------------	
. Agency Name			Date Stamp	AGENCY REPO	
COUNTY OF ALAMEDA				California Form 802	
Division, Department, or Region (	if applicable)		-	For Official Use Only	
1221 OAK STREET, #536					
Street Address			-		
OAKLAND, CA 94612					
Area Code/Phone Number E-m	nail				
(510) 272-6694 and	na.gee@acgov.org		Amendment (Must ex	plain in Part 5.)	
Agency Contact (name and title)	in goo gaogo noig		Date of Original Filing: _	(month, day, year)	
Anna Gee - Operations Manage	ər		26 221	(month, day, year)	
2. Event For Which Tickets We	and the second s				
Date(s) of Event:0622 _/.		Alameda C	County Fair		
			8.00		
//.	Face Value of	f Ticket: \$	8.00		
Agency Event 🔲 Yes 🗵	No (Identify source of	f tickets below.)			
			Fair Association		
Name of Outside Source of Ticke	et(s) Provided to Agen	y: <u>Alameda County</u>			
Number of Tickets Received:	Ticket(	s) Provided to Agene	cy: 🗵 Gratuitously	Pursuant to Contra	
. Agency Official(s) Receiving	g Ticket(s) (use a con	inuation sheet for add	litional names)		
Name of Official (Last, First)	Num of Tic		ther the Distribution is Inc ribe the Public Purpose fo		
(100)	orne	Kets Desci	the the Fublic Fulpose to	The Distribution	
•					
. Individual or Organization F	Receiving Ticket(s)	(Provided at the behes	st of an agency official.)		
Name of Behesting Agency Offic	Alameda County !	Supervisor Nate Mile	ey, District 4		
Name of Benesting Agency Offic	lai:				
Name of Individual or Organizati	on. Katie Kong		Numbe	er of Tickets:1	
Hame of mathadal of organizati					
Description of Organization:					
Address of Organization:	10	01		State Zip Co	
Number a	ind Street	City		51ate 210 00	
Purpose for Distribution: (Descri	be the public purpose for	the distribution to the	organization.)		
To promote attendance at an ev	ent held at a County f	cility in order to ma	ximize potential County	revenue from	
(					
. Verification					
I have determined that the distribution	on of tickets set forth abo	ve is in accordance wi	ith the provisions of FPPC	Regulation 18944.1.	
a standard and a second strand the second strand second strands and the				7/10/11	
A set	ANNA CEE	OPE	RATIONS MANAGED		
Signature of Agency Head or Designee	ANNA GEE		ERATIONS MANAGER		
Signature of Agency Read or Designee Comment: (Use this space or an atta	Print Nam		Title	(month, day, yea	

Tickets Provided by			10 - 10-11	- 01	
Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDE AGENCY REF
1. Agency Name				Date Stamp	California Form 80
COUNTY OF ALAMEDA					
Division, Department, or Regior	ı (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	-mail			Amendment (Muste	volain in Part 5 )
(510) 272-6694 a	anna.gee@acgov.or	g			Aphant in Part 0.7
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Anna Gee - Operations Mana	ger				(month, day, your)
2. Event For Which Tickets V	Nere Distributed				
Date(s) of Event:0622	, 11 Descript	ion of Ever	. Alameda Co	ounty Fair	
Date(s) of Event.				5.00	
/	_/ Face Va	lue of Ticke	et: \$		
Agency Event	🗵 No (Identify sour	rce of ticke	ts below.)		
Nerve of Outside Downey of Ti	-hatta) Duardalata (	Ala	ameda County	Fair Association	
Name of Outside Source of Tic	Ket(s) Provided to A	(gency:			
Number of Tickets Received: _	Tic	cket(s) Prov	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Contr
. Agency Official(s) Receivi	ng Ticket(s) (use a	a continuatio	n sheet for addi	tional names)	
Name of Official (Last, First)		Number		her the Distribution is In	
(Edol, Filol)		of Tickets	Descri	be the Public Purpose for	or the Distribution
-					
		B			
. Individual or Organization	<b>Receiving Ticke</b>	t(s) (Provid	led at the behes	t of an agency official.)	
	Alameda Cou	inty Superv	isor Nate Miley	/ District 4	
Name of Behesting Agency Of	ficial: Alameda Cou	inty Superv	Isor Nate Mile	y, District 4	
Name of Individual or Organiza	tion. Wendy Brown	1		Numb	er of Tickets:4
Name of Individual of Organiza	ation				
Description of Organization:					
Address of Organization:					
Numbe	er and Street		City		State Zip C
Purpose for Distribution: (Desc	cribe the public purpos	se for the dis	tribution to the c	organization.)	
To promote attendance at an	event held at a Cou	nty facility i	n order to max	imize potential Count	y revenue from parkin
. Verification					
I have determined that the distribut	ition of tickets set fortl	h above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
A dec					7/10/11
Clanating (Magnet)	ANNA GEE	1 Name	OPEI	RATIONS MANAGER	(month, day, yet
Signature 6 Agency Head of Designee		t Name	- 1 L U		(month, day, ye
Comment: (Use this space or an a	ttachment for any additio	nal informatio	n including amend	iment explanation.)	
and concession sales					

. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				Date etamp	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			Amendment (Mustex	rolain in Part 5 \
(510) 272-3882	crystal.hishida@a	acgov.org			plan in l'art 0.)
Agency Contact (name and title)			Date	of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrator's O	ffice		
. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:	0 <u>/ 11</u> Desc	ription of Event: <u>A's</u>	S TICKETS		
	0 44	Value of Ticket: \$	0 0 C D	0	
Agency Event	🗙 No (Identify s	source of tickets belo	ow.)		
Name of Outside Source of T	Ficket(s) Provided	to Agency: OAKLAN	ND ATHLETHI	CS	
	4				
Number of Tickets Received:	, t	Ticket(s) Provided	to Agency:	Gratuitously	Pursuant to Contra
Agency Official(s) Recei	ving Ticket(s) (u	se a continuation she	et for additional	names)	
Name of Offic					ome to the Official or
(Last, First)	101	of Tickets			
			Describe the	Public Pulpose lo	r the Distribution
			Describe the	Public Purpose to	r the Distribution
			Describe the	Public Purpose to	r the Distribution
			Describe the		r the Distribution
			Describe the		r the Distribution
			Describe the		r the Distribution
				·····	r the Distribution
Individual or Organizatio	•	ket(s) (Provided at t	he behest of an	agency official.)	r the Distribution
	•	ket(s) (Provided at t	he behest of an	agency official.)	r the Distribution
Name of Behesting Agency (	Official: <u>Alameda C</u>	: <b>ket(s)</b> (Provided at t County Supervisor S	he behest of an	agency official.) District 1	
	Official: <u>Alameda C</u>	: <b>ket(s)</b> (Provided at t County Supervisor S	he behest of an	agency official.) District 1	er of Tickets: <u>4</u>
Name of Behesting Agency ( Name of Individual or Organi	Official: <u>Alameda C</u> ization: <u>JOE FREI</u>	: <b>ket(s)</b> (Provided at t County Supervisor S	he behest of an	agency official.) District 1	
Name of Behesting Agency (	Official: <u>Alameda C</u> ization: <u>JOE FREI</u>	: <b>ket(s)</b> (Provided at t County Supervisor S	he behest of an	agency official.) District 1	
Name of Behesting Agency ( Name of Individual or Organi Description of Organization:	Official: <u>Alameda C</u> ization: <u>JOE FREI</u>	: <b>ket(s)</b> (Provided at t County Supervisor S	he behest of an cott Haggerty,	agency official.) District 1	er of Tickets: <u>4</u>
Name of Behesting Agency ( Name of Individual or Organi Description of Organization:	Official: <u>Alameda C</u> ization: <u>JOE FREI</u>	: <b>ket(s)</b> (Provided at t County Supervisor S	he behest of an	agency official.) District 1	er of Tickets:4
Name of Behesting Agency ( Name of Individual or Organi Description of Organization:	Official: <u>Alameda C</u> ization: <u>JOE FREI</u>	<b>:ket(s)</b> (Provided at t County Supervisor S	the behest of an acott Haggerty,	agency official.) District 1 Numbe	er of Tickets:4
Name of Behesting Agency O Name of Individual or Organi Description of Organization: Address of Organization:	Dfficial: Alameda C ization: JOE FREI aber and Street escribe the public pur	<b>ket(s)</b> (Provided at the County Supervisor States TAS	the behest of an scott Haggerty, City	agency official.) District 1 Numbe	er of Tickets: <u>4</u> State Zip Code
Name of Behesting Agency ( Name of Individual or Organi Description of Organization: Address of Organization: <u>Num</u> Purpose for Distribution: (De	Dfficial: Alameda C ization: JOE FREI aber and Street escribe the public pur	<b>ket(s)</b> (Provided at the County Supervisor States TAS	the behest of an scott Haggerty, City	agency official.) District 1 Numbe	er of Tickets: <u>4</u> State Zip Code
Name of Behesting Agency ( Name of Individual or Organi Description of Organization: Address of Organization: Purpose for Distribution: (De To promote attendance at a	Dfficial: Alameda C ization: JOE FREI aber and Street escribe the public pur	<b>ket(s)</b> (Provided at the County Supervisor States TAS	the behest of an scott Haggerty, City	agency official.) District 1 Numbe	er of Tickets: <u>4</u> State Zip Cod
Name of Behesting Agency O Name of Individual or Organi Description of Organization: Address of Organization: Purpose for Distribution: (De To promote attendance at a	Dfficial: <u>Alameda C</u> ization: <u>JOE FREI</u> aber and Street escribe the public pur county sponsored	<b>Exet(s)</b> (Provided at the County Supervisor S TAS	city City Don to the organiz	agency official.) District 1 Numbe	er of Tickets: <u>4</u> State Zip Code
Name of Behesting Agency ( Name of Individual or Organi Description of Organization: Address of Organization: Purpose for Distribution: (De To promote attendance at a	Dfficial: <u>Alameda C</u> ization: <u>JOE FREI</u> aber and Street escribe the public pur county sponsored	Exet(s) (Provided at the County Supervisor S TAS	city City Don to the organiz	agency official.) District 1 Number ation.) nize potential cou	er of Tickets: <u>4</u> State Zip Code

Agency Report		A Public Do	ocume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			ſ	Date Stamp	California 802
COUNTY OF ALAMEDA					Form <b>OUZ</b>
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	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	pal Analyst, Coun	ty Administrator's Of	fice		
2. Event For Which Tickets					
Date(s) of Event: <u>09</u> / <u>0</u>	<u>3 / 11</u> Desc	ription of Event: <u>A'S</u>	GAME		
/		Value of Ticket: \$		1500	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets belo	w.)		
Name of Outside Source of	Ticket(s) Provided	o Agency: OAKLAN	D ATHLE	ETICS	
	20				
Number of Tickets Received	:20	Ticket(s) Provided to	o Agency	r: ☐ Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation shee	t for additi	onal names)	······································
Name of Offic	ial	Number St	ate Wheth	er the Distribution is In	come to the Official or
(Last, First)		of Tickets	Describ	e the Public Purpose for	or the Distribution
4. Individual or Organizatio	on Receiving Tic	<b>ket(s)</b> (Provided at th	ne behest	of an agency official.)	
Name of Behesting Agency	Official. Alameda (	County Supervisor So	cott Hagg	gerty, District 1	
Name of Benesting Agency					
Name of Individual or Organ	ization: JOE DAVI	S		Numb	er of Tickets: <u>20</u>
5					
Description of Organization:					N_111111111111111111111111111111111111
Address of Organization:					
Nun	nber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the distributio	n to the or	ganization.)	
TO REWARD A COMMUNI	TY VOLUNTEER F	OR HIS SERVICE T	TO THE F	PUBLIC	
5 Verification					
5. Verification	bution of tickets set t	forth above is in accord	ance with	the provisions of FPP(	C Regulation 18944.1.
5. Verification					
	Lee Ann Fe			the provisions of FPPC administrator Title	C Regulation 18944.1. 7/20/11 (month, day, year)

ickets Provided by gency Report A Public Docume				nt	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA	gency Name COUNTY OF ALAMEDA ivision, Department, or Region (if applicable)		Date Stamp	California Form 802		
1221 OAK STREET, #536, Area Code/Phone Number (510) 272-6692 Agency Contact (name and title Michelle Dianda, Ticket Adu	E-mail District2@acgov.org			Amendment (Must		
2. Event For Which Tickets Date(s) of Event:	2 <u>11</u> Descript / Face Va ⊠ No (Identify sou Ticket(s) Provided to A	llue of Ticke Irce of ticke Agency: <u>Oa</u>	et: \$ ets below.) akland A's	22.00	⊠ Pursuant to Contract	
3. Agency Official(s) Rece Name of Official	iving Ticket(s) (use a	a continuatio	on sheet for addi	tional names) her the Distribution is Ir	ncome to the Official or	
(Last, First)		of Tickets		be the Public Purpose		
<b>4. Individual or Organizati</b> Name of Behesting Agency	Official: Supervisor N	adia Locky		t of an agency official.)		
Name of Individual or Orgar Description of Organization:					ber of Tickets:2	
Address of Organization: Purpose for Distribution: (D To promote attendance at a	escribe the public purpo				State Zip Code	
5. Verification have determined that the dist Signature of Agency Head or Design Comment: (Use this space or a	mee MICHELLE DI	ANDA nt Name		ET ADMINISTRATO	aball	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		297. Internet and a second		Date Stamp	California
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			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		-	or's Office		
2. Event For Which Tickets					
Date(s) of Event:/_2	<u>24 / 11</u> Desc	ription of Ever	nt: <u>ATIF ASLA</u>	M	
/	/ Face	Value of Ticke	ət: \$	60.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	to Agency: GS	SW		
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatic	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (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	
Name of Individual or Organ	ization: <u>INDIO-AM</u>	ERICAN FED	ERATION	Numb	er of Tickets:4
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 c	organization.)	
To reward a community volu	inteer for his servic	e to the public	C		
5. Verification					
(I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	CRegulation 18944.1.
Signature of Agency Head or Design	Lee Ann Fer	rgerson Print Name	ticket	administrator	7/14/11 (month, day, year)
Comment: (Use this space or al			on including amend		· · · · · · · · · · · · · · · · · · ·

			ALCOND. DO MARKAN STRATE		AGENCY REPOR
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
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	unlain in Part 5 )
(510) 272-6694	anna.gee@acgov	v.org			xpiain in Part 5.)
Agency Contact (name and title		3		Date of Original Filing:	(month, day, year)
Anna Gee - Operations Ma	nager			-	(monur, day, year)
. Event For Which Ticket	Contraction of the local data and the local data an	ed			
Date(s) of Event:2			Alameda C	ounty Fair	
Date(s) of Event:				E 00	
//	/ Face	Value of Ticke	et: \$	5.00	
Agency Event	🗵 No (Identify s	source of ticke	ts below )		
				Eair Association	
Name of Outside Source of	Ticket(s) Provided	to Agency: All	ameda County		
Number of Tickets Received				cy: 🗵 Gratuitously	Pursuant to Contrac
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio			
Name of Offic (Last, First)	cial	Number of Tickets	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ther the Distribution is Ind ibe the Public Purpose for	
. Individual or Organizati					
Name of Behesting Agency	Official: Alameda	County Superv	visor Nate Mile	ey, District 4	
					10
Name of Individual or Orgar	nization: <u>Jublice Ot</u>	utreach		Numb	er of Tickets: <u>10</u>
Description of Organization:	Community Outre	ach to East O	akland resider	nts	
	004 38th Avenue -	Oakland, CA	94619		
Address of Organization:	mber and Street	anna ann an Airtean Airtean	City		State Zip Code
Purpose for Distribution: (D	enerike the sublic	rooss for the di	atribution to the	organization \	
다. 이번 전에 가지 않는 것 같은 것 같아. 아이는 것 같아.	사람이 사람이 잘 맞는지 않는 것이 많을 것 같다.			and the second sec	6
To promote attendance at a	an event held at a C	County facility	in order to ma	ximize potential Count	y revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ii	n accordance wi	ith the provisions of FPP0	
DAD DE	ANNA GEE		OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
Signature of Agency Head or Design Comment: (Use this space or a			on including amer		(month, day, year)

Tickets Provided by					TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address		1800			
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	   crystal.hishida@a	acdov ord		Amendment (Must exp	olain in Part 5.)
Agency Contact (name and title		legev.org		Date of Original Filing: _	
Crystal Hishida Graff, Princ		ty Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets					
			A'S GAME		
Date(s) of Event: <u>07</u> / <u>1</u>	<u>5                                    </u>	ription of Eve	nt:		
/	/ Face	Value of Tick	et: \$	38.00	
Agency Event 🛛 Yes	No (Identify s	source of ticke	ats below )		
			•	ETION	
Name of Outside Source of	Ticket(s) Provided	to Agency:		EIICS	
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	<b>ving Ticket(s)</b> (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)	
	Alameda (	County Super	visor Scott Had	gerty District 1	
Name of Behesting Agency	Official:	Sounty Super-			
Name of Individual or Organ	ization: TODD HO	UCHNS		Numbe	er of Tickets:2
Description of Opposizations					
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pu	rnose for the di	stribution to the c	pragnization )	
· ·		•		- ,	
To promote attendance at a	county sponsored	event at a Co	bunty facility to	maximize potential cou	nty revenue
5. Verification					
have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
MILLINA	Lee Ann Fe	rgerson	Ticke	t Administrator	7/14/11
Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
Comment: (Use this space or an	า attachment for any add	ditional 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					
Division, Department, or Region	on (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex)	plain in Part 5.)
	anna.gee@acgov	/.org			1442944311.19599324444444299
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Man	THE REAL PROPERTY AND ADDRESS OF THE PARTY				
2. Event For Which Tickets					
Date(s) of Event: <u>06</u> / <u>2</u> 2	2_/ <u>11</u> Desc	ription of Eve	nt: Alameda C		
/	/ Face	Value of Tick	et: \$	5.00	
Agency Event	⊠ No (Identify s	ouroo of ticks	to bolow)		
	And the second of the second sec		Contract of Concerns and States and States	Foir Apposition	
Name of Outside Source of T	icket(s) Provided t	to Agency: A	ameda County	Fair Association	
Number of Tickets Received:	6	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (u:	se a continuatio	on sheet for addi	tional names)	
Name of Offici	al	Number	(1) Control (1) Control (1) Control (2)	her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	' the Distribution
	×				
4. Individual or Organizatio	n Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency C	official. Alameda C	County Super	visor Nate Mile	y, District 4	
Name of Individual or Organi	zation: <u>Myrtis Butt</u>	tram		Numbe	er of Tickets: <u>6</u>
Description of Organization: .					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	mose for the di	stribution to the d	organization.)	
To promote attendance at an	Anne Sant	<u>.</u>			revenue from parking
	event neiu at a C	ounty facility	in order to max	anize potential county	Tevenue nom parking
5. Verification					
I have determined that the distrik	ution of tickets set i	forth above is i	accordance wit	h the provisions of EPPC	Regulation 18944 1
				<i>a</i>	7/10/11
- 1 AL	ANNA GEE		OPE	RATIONS MANAGER	
Signature of Agency Head or Designe		Print Name	an lankallan	Title	(month, day, year)
Comment: (Use this space or an	attachment for any ade	allional informati	on including amen	ament explanation.)	
and concession sales					

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Agency Report		A Publ	lic Docume	ent	TICKETS PROVID
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #536 Street Address	<b>ion</b> (if applicable)			Date Stamp	California Form 80
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-6694 Agency Contact (name and title	anna.gee@acgo	v.org		Date of Original Filing:	
Anna Gee - Operations Ma					(month, day, year)
2. Event For Which Tickets					
Date(s) of Event: <u>06</u> /_2	22 <u>/ 11</u> Desc	ription of Ever	nt: Alameda C	ounty Fair	
/			ət: \$	5.00	
Agency Event 🛛 Yes	区 No (Identify :	source of ticke	ts below.)		
				Fair Association	
Name of Outside Source of		to Agency: <u>And</u>	amoda obanty		
Number of Tickets Received	l:2	Ticket(s) Prov	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Con
. Agency Official(s) Recei	iving Ticket(s) (	ise a continuatio	on sheet for addi	tional names)	
Name of Offic	-	Number			ncome to the Official or
(Last, First)	Ciai	of Tickets		be the Public Purpose	
I. Individual or Organizati					
Name of Behesting Agency	Official: Alameda	County Superv	isor Nate Mile	y, District 4	
					her of Ticketa 2
	Alissa rei	ICSIK			
Name of Individual or Organ	hization: Alissa Per	ICSIK		Num	ber of Tickets:2
Name of Individual or Organ Description of Organization:					ber of Tickets:
Description of Organization:					ber of fickets:
Description of Organization:			City		State Zip
Description of Organization: Address of Organization: <sub>Nu</sub>	mber and Street		City		ber of fickets.
Description of Organization: Address of Organization: <sub>Nu</sub> Purpose for Distribution: (D	mber and Street escribe the public pu	rpose for the dis	City stribution to the d	organization.)	State Zip
Description of Organization: Address of Organization: <sub>Nu</sub>	mber and Street escribe the public pu	rpose for the dis	City stribution to the d	organization.)	State Zip
Description of Organization: Address of Organization: <sub>Nu</sub> Purpose for Distribution: (D To promote attendance at a	mber and Street escribe the public pu	rpose for the dis	City stribution to the d	organization.)	State Zip
Description of Organization: Address of Organization: <sub>Nu</sub> Purpose for Distribution: (D To promote attendance at a	mber and Street escribe the public pu an event held at a (	rpose for the dis County facility	City stribution to the o in order to max	organization.) iimize potential Coun	State Zip
Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a 5. Verification	mber and Street escribe the public pu an event held at a (	rpose for the dis County facility i forth above is ir	City stribution to the o in order to max a accordance with	organization.) iimize potential Coun	State Zip Ity revenue from parki

Tickets Provided byAgency ReportA Public Docum	nent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612           Area Code/Phone Number         E-mail		
	Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Dute er enginar i migra	(month, day, year)
2. Event For Which Tickets Were Distributed		
	/S MORELIA	
	05.00	
/Face Value of Ticket: \$	95.60	
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: <u>GSW</u>		
Number of Tickets Received:4 Ticket(s) Provided to Ager	ncy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ad	lditional names)	
	nether the Distribution is Inc cribe the Public Purpose fo	
	······	******
4. Individual or Organization Receiving Ticket(s) (Provided at the beha	est of an agency official.)	
Name of Behesting Agency Official: _Alameda County Supervisor Scott Ha	aggerty, District 1	
Name of Individual or Organization:		er of Tickets:4
Description of Organization:		
Address of Organization:	ty	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	e organization.)	
To promote attendance at a county sponsored event at a County facility to	o maximize potential cou	Inty revenue
5. Verification		
5. Verification	vith the provisions of FPPC	Regulation 18944.1.
	ket Administrator	7/8/11
Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including ame	Title andment explanation.)	(month, day, year)

Tickets Provided by					
Agency Report		A Publ	lic Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form <b>802</b>
Division, Department, or Region (if	<sup>r</sup> applicable)			1	For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-ma	ail				25.7.2.12
(510) 272-6694 ann	na.gee@acgov.o	ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	algoo Gaogorio			Date of Original Filing: .	<i>d</i>
Anna Gee - Operations Manager	r				(month, day, year)
2. Event For Which Tickets We		1			
Date(s) of Event:06 /22 /_			., Alameda C	ounty Fair	
				5 00	
//_	Face Va	alue of Ticke	ət: \$	0.00	
Agency Event 🔲 Yes 🗵	No (Identify sou	urce of ticke	ts below.)		
	이 같아요즘 전 문화가 많은 것으로 집에서 가지 않는 것이다. 가지 않는 것이다.		NAME AND ADDRESS OF TAXABLE	Fair Association	
Name of Outside Source of Ticke	t(s) Provided to	Agency:			
Number of Tickets Received:	<u>2</u> T	icket(s) Pro	vided to Agend	cy: 🗵 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use	a continuatio	on sheet for add	itional names)	
Name of Official	· · · · · · · · ·	Number	State Whe	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets		ibe the Public Purpose fo	
	a a si da a Ti a la				
4. Individual or Organization R	그는 그는 것은 것을 많은 것을 많은 것을 했다. 것은 것을 많은 것을 것 같이 없다.			성영 드웨이지 않은 이렇게 해당을 것 같아? 이 모양을 이 것을 알 줄 같아.	
Name of Behesting Agency Offici	al: Alameda Co	unty Superv	visor Nate Mile	ey, District 4	
					0
Name of Individual or Organization	on: Lean Comila	ing		Numbe	er of Tickets: 2
Description of Organization:					
Address of Organization:	nd Street		City		State Zip Code
Purpose for Distribution: (Describ		see for the dis	stribution to the	organization )	
				-	
To promote attendance at an eve	ent held at a Cou	unty facility i	n order to max	ximize potential County	revenue from parking
5. Verification					
I have determined that the distribution	n of tickets set for	th above is in	n accordance wi	th the provisions of FPPC	
The sh	ANNA GEE		OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Designee	Pri	int Name		Title	(month, day, year)
Comment: (Use this space or an attac	hment for any additi	ional informatio	on including amen	dment explanation.)	
and concession sales					

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED AGENCY REPO
1. Agency Name		100 000 000 (015), 100 000		Date Stamp	
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			i i i i i i i i i i i i i i i i i i i	
(510) 272-6694	02233			Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title	anna.gee@acgov	v.org		Date of Original Filing:	
Anna Gee - Operations Ma				Duto of original rining.	(month, day, year)
2. Event For Which Ticket			Alemede C	oustu Foir	
Date(s) of Event: <u>06</u> / <u>2</u>	2 <u>11</u> Desc	ription of Eve	nt: Alameda C	ounty Pair	
/	/ Face	Value of Tick	et: \$	5.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Al	ameda County	Fair Association	
Number of Tickets Received	i:	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	i <b>ving Ticket(s)</b> (u	ise a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
·		- of Honord			
			ŝ.		
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behas	t of an agency official )	
Name of Behesting Agency	· 안 물 등 이 이가 물 중 약 한 것 같이 가 있다. 것 같아요. · · · · · · · · · · · · · · · · · · ·				
Name of Behesting Agency	Official:	oouny ouper	Noor Hate Mile	y, blothot 4	
Name of Individual or Orgar	ization: Mary Cool	ks		Numbe	er of Tickets:7
Description of Organization:					
Address of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the o	organization.)	
To promote attendance at a	n event held at a C	County facility	in order to max	imize potential County	revenue from parking
5. Verification					
I have determined that the distr	ibution of tickets set	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
NON'	ANNA GEE		OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Design	THE REPORT OF THE PROPERTY OF	Print Name		Title	(month, day, year)
Comment: (Use this space or a			on including amon		(month, day, your)
	accomment for any au	anona mornali	on molocung anient	anon orpianation.)	
and concession sales					

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Agency Report			Data Stamp	AGENCY REPO
COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612 Area Code/Phone Number   E-mail				
1 203-001-0 000-000-000-000-000-000-000-000-0			Amendment (Must expla	ain in Part 5.)
(510) 272-6694 anna.gee@ac	gov.org		Date of Original Fillings	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Anna Gee - Operations Manager				
2. Event For Which Tickets Were Distrik				
Date(s) of Event:06 /22 /11 D	escription of Eve	nt: Alameda Co	ounty Fair	
	ace Value of Tick		F 00	
F	ace value of fick	ει. φ		
Agency Event 🛛 Yes 🖾 No (Identi	ify source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provid	Ind to Agenow, Al	ameda County	Fair Association	
Number of Tickets Received:7	Ticket(s) Pro	vided to Agency	/: 🗵 Gratuitously 🛛 🗌	Pursuant to Contra
	94 14 19 10 10 10 10 10			
. Agency Official(s) Receiving Ticket(s	) (use a continuatio	on sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is Incor	
(Last, First)	of Tickets	Descrit	be the Public Purpose for t	he Distribution
In dividual an Operation from Department	Tisket(s) (D			
. Individual or Organization Receiving	TICKet(S) (Provid	ded at the benest	of an agency official.)	
Name of Behesting Agency Official: Alamee	da County Superv	visor Nate Miley	, District 4	
Name of Individual or Organization: Ronnie	e Oliver		Number	of Tickets: 7
Description of Organization:				
Address of Organization:		City		State Zip Cod
				citito Elpoo
Purpose for Distribution: (Describe the public	c purpose for the di	stribution to the o	rganization.)	
To promote attendance at an event held at	a County facility	in order to maxi	mize potential County r	evenue from parking
. Verification			-	
I have determined that the distribution of tickets	set forth above is ir	n accordance with	n the provisions of FPPC F	Regulation 18944.1.
I have determined that the distribution of tickets				
76 1			ATIONO MANAGES	//10/11
Signature of Agency Head or Designee	BEE Print Name	OPER	RATIONS MANAGER	7/10/11 (month, day, yea

Fickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	on (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				a har ann sean
(510) 272-6694	anna.gee@acgov	ora		Amendment (Must e	explain in Part 5.)
Agency Contact (name and title)		loig		Date of Original Filing:	
Anna Gee - Operations Mar					(month, day, year)
Event For Which Tickets		ed			
Date(s) of Event:06 /_ 2			Alameda C	ounty Fair	
				F 00	
/	/ Face	Value of Ticke	et: \$	0.00	
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)		
	이 그 가슴 소생한 아는 것은 방법에서 가슴을 가슴을 다 갔다.			Fair Association	
Name of Outside Source of		o Agency:			
Number of Tickets Received	:10	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Contrac
Agency Official(s) Recei		se a continuatio		and the second se	
Name of Offic (Last, First)	ial	Number of Tickets	1. 12/10/06/2013 (2010) 0.000 (2010)	her the Distribution is In be the Public Purpose for	
		Of HERets	00001	be the rabiter alpose it	
		D			
. Individual or Organization	승규는 것은 것이 아무가 가지 않는 것이 많이 많이 많다.	and a standard and share and share			
Name of Behesting Agency	Official. Alameda C	County Superv	isor Nate Mile	y, District 4	
					MR 2040
Name of Individual or Organ	ization: <u>Willie L. Br</u>	rown		Numb	er of Tickets: <u>10</u>
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De		noco for the di	stribution to the	organization )	
To promote attendance at a	n event held at a C	ounty facility	in order to may	cimize potential Count	y revenue from parking
. Verification			15 - 1621 (17) (17) (17) (17) (17) (17) (17) (17		
I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wi	h the provisions of FPP	
A B 4	ANNA GEE		OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informatio	on including amen	dment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address					
1221 OAK STREET, #536, Area Code/Phone Number	OAKLAND, CA 946	512			
				Amendment (Must	explain in Part 5.)
(510) 272-6692 Agency Contact (name and title	District2@acgov.c	ng		Date of Original Filing	:(month, day, year)
Michelle Dianda, Ticket Ad					(month, day, year)
2. Event For Which Ticket		d			
Date(s) of Event:09 /	14 / 11 Descr	ription of Ever	nt: Oakland A's	5	
/	/ Face				
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
- ·					
Name of Outside Source of					
Number of Tickets Received	d:2	Ticket(s) Pro	vided to Agenc	sy: ☐ Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offi		Number			ncome to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose	
Married Contraction Contraction					
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provid	l 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				Num	ber of Tickets: <u>2</u>
Description of Organization	•				
Address of Organization:	imber and Street		City		State Zip Code
Purpose for Distribution: (D	Describe the public pur	pose for the di	stribution to the	organization.)	
To reward a community vo	lunteer for her servio	ce to the publ	ic.		
5. Verification	hitudian afdirkata arti	farth above is i	- coordonoo wi	th the provisions of EDI	PC Pagulation 18044 1
I have determined that the dist	MICHELLE			KET ADMINISTRATC	-1,01,1
Signature of Agency Head or Desig	inee	Print Name		Title	(mpnth, daf, year)
Comment: (Use this space or a	an attachment for any ad	ditional informati	on including amen	dment explanation.)	
				1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1.0.500 - 1	NR-101101

Tickets Provided by		A Pub	lic Docume	ant	TICKETS PROVIDED
Agency Report		Arub	no bocume		AGENCY REPO
L Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Region	(if appliaghla)				For Official Use Only
and a subscription of the state	(ir applicable)				n de la de la mandra
1221 OAK STREET, #536 Street Address					
					. 2
OAKLAND, CA 94612					
	-mail			Amendment (Must e	explain in Part 5.)
	nna.gee@acgov	/.org		Data of Oxfolgel Filling	
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Anna Gee - Operations Manag	Amount and a second				
2. Event For Which Tickets V					
Date(s) of Event:/ 22	<u>11</u> Desc	ription of Eve	nt: <u>Alameda C</u>	ounty Fair	
/			et: \$	E 00	
Comparison of the state of t	⊠ No (Identify s		and the second contraction		
Name of Outside Source of Tic	ket(s) Provided f	to Agency: Al	ameda County	Fair Association	
Number of Tickets Received: _		Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Contra
3. Agency Official(s) Receivin	ng Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
				1	
4. Individual or Organization	Pacaiving Tic		l	t of an agency official )	
Name of Behesting Agency Off	iicial: <u>Alameda C</u>	County Super-	visor Nate Mile	y, District 4	
					2
Name of Individual or Organiza	ation: <u>Jodi Dame</u>	eral		Numb	per of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	r and Street		City		State Zip Cod
Purpose for Distribution: (Desc		mose for the di	etribution to the	organization )	
		5			hu rovonuo from porking
To promote attendance at an e	event held at a C	county facility	in order to max	timize potential Count	y revenue from parking
5. Verification			in 111 i Barran (an ing ing ing ing ing ing ing ing ing in		
I have determined that the distribu	tion of tickets set i	forth above is ii	n accordance wil	h the provisions of FPP	
1 Mape	ANNA GEE		OPE	RATIONS MANAGEF	R 7/10/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year
Comment: (Use this space or an at	ltachment for any ad	ditional informati	on including amen	dment explanation.)	
and concession sales	analoria versi de l'Alfredia.		50 F	na 17	

Tickets Provided by			lic Docume		TICKETS PROVIDED BY
Agency Report		A Pub	ne Docume		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, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	evelain in Part 5 \
(510) 272-6694	anna.gee@acgov	/.org			sxplain in Part 5.)
Agency Contact (name and title		0		Date of Original Filing:	(month, day, year)
Anna Gee - Operations Ma	nager				(monin, day, year)
2. Event For Which Ticket	and the second s	ed			
Date(s) of Event:2			nt. Alameda C	ounty Fair	
Date(s) of Event.				5.00	
/	/ Face	Value of Tick	et: \$	0.000	
Agency Event 🛛 Yes	X No (Identify s	source of ticke	ets below.)		
ALL A THE PROPERTY AND A THE PRO				Fair Association	
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received	1:6	Ticket(s) Pro	vided to Agenc	:y: 🗵 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio			
Name of Offi		Number		ther the Distribution is In ibe the Public Purpose	ncome to the Official or
(Last, First)		of Tickets	Descr	be the Public Pulpose	
· · · · · · · · · · · · · · · · · · ·					
4. Individual or Organizati	on Receiving Tic	cket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official:	Sounty Super	visor ivate ivine	y, District 4	
		long		Num	ber of Tickets: <u>6</u>
Name of Individual or Organ	hization:			Num	Del Of fickets.
Description of Organization	,				
Description of organization					
Address of Organization:					
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	istribution to the	organization.)	
To promote attendance at a	an event held at a C	County facility	in order to max	kimize potential Coun	ity revenue from parking
5. Verification					
I have determined that the dist	tribution of tickets set	forth above is i	n accordance wi	th the provisions of FPF	PC Regulation 18944.1.
					7/10/11
· he l	ANNA GEE		OPE	RATIONS MANAGE	IN
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
Comment: (Use this space or a	an attachment for any ac	dditional informati	ion including amen	dment explanation.)	
and concession sales					

5

Tickets Provided by	A Dub	lic Document	TICKETS PROVIDED B
Agency Report	Arub		AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California 802
Division, Department, or Region (	if applicable)		For Official Use Only
mound a harable second and the	іт арріїсаріе)		, or online one only
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612	- 11		
Area Code/Phone Number E-n	n anns. Na Anns an 11 11 11 11 11 11 11 11 11 11 11 11 11	Amendment (Mu	st explain in Part 5.)
	na.gee@acgov.org	Data de la cultura de la	
Agency Contact (name and title)		Date of Original Filir	ig:(month, day, year)
Anna Gee - Operations Manage			
2. Event For Which Tickets W		57 St. 6	
Date(s) of Event:06 _/22 _/	Description of Eve	ent: Alameda County Fair	
//	Face Value of Tick	5.00	
	No (Identify source of ticked)	승규가 사망한 것은 방송하는 것은 가슴을 다니 것이다. 이번 것이 있는 것이다. 이번 것이 이다. 이번 것이다. 이번 것이 이다. 이번 것이다. 이번 것이 이다. 이번 것이다. 이번 것이다. 이번 것이 이다. 이번 것이다. 이번 것이 이다.	
Name of Outside Source of Tick	et(s) Provided to Agency: A	lameda County Fair Association	
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency: 🛛 Gratuitously	Pursuant to Contra
. Agency Official(s) Receiving	g Ticket(s) (use a continuati	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 Purpos	e for the Distribution
	Deservices The best/s \umput		
I. Individual or Organization F	· 전기 ·· 전에 제품 : 전기 전자 ·· 이 · 가지는 것이 작품 전 화 ·· 가락 : 것이 좋기		.)
Name of Behesting Agency Offic	ial: Alameda County Super	visor Nate Miley, District 4	
			045 860
Name of Individual or Organizati	on: Shaunte Smith	Nu	mber of Tickets:10
Description of Organization:			
Address of Organization:	and Street	City	State Zip Cod
			Sec. 64,00 € (2,2) (2,0) (2,0)
Purpose for Distribution: (Descri			
To promote attendance at an ev	ent held at a County facility	in order to maximize potential Cou	inty revenue from parking
5. Verification			
I have determined that the distribution	on of tickets set forth above is i	in accordance with the provisions of FF	
MAK	ANNA GEE	OPERATIONS MANAG	ER 7/10/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an atta			second to a mark from the
and the second	entren for any additional information		
and concession sales			

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region Street Address	(if applicable)	Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #536, OA	KLAND, CA 94612 nail		at surfair in Orad 5.)
(510) 272-6692 Di Agency Contact (name and title) Michelle Dianda, Ticket Admini	strict2@acgov.org strator, BOS	Date of Original Filir	
Agency Event	/ <u>11</u> Description of Eve / Face Value of Tick ⊠ No (Identify source of ticke ret(s) Provided to Agency: <u>O</u>	et: \$22.00 ets below.)	☑ Pursuant to Contract
. Agency Official(s) Receivin	<b>g Ticket(s)</b> (use a continuati		1 N D D D D D D D D D D D D D D D D D D
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpos	
			. *
Individual or Organization Name of Behesting Agency Offi Name of Individual or Organization	cial: Supervisor Nadia Locky		l.) mber of Tickets:2
Description of Organization:			
Purpose for Distribution: (Desc		<sup>City</sup> stribution to the organization.) in order to maximize potential Cou	State Zip Code
5. Verification I have determined that the distribut Signature of Vigence Head of Designee Comment: (Use this space or an att	MICHELLE DIANDA	n accordance with the provisions of Fl TICKET ADMINISTRAT Title	71701

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				T CHIII
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-6694 anna.gee@acg	ov.org		Date of Original Filing: .	
			Date of Original Filling.	(month, day, year)
Anna Gee - Operations Manager				
2. Event For Which Tickets Were Distribu		Alamada C	ounty Enir	
Date(s) of Event: <u>06 / 22 / 11</u> Des	scription of Eve	nt: Alameda Co		
// Fac	e Value of Tick	et: \$	5.00	
Agency Event 🛛 Yes 🗵 No (Identify	source of ticke	ets below.)		
		1. ADA - 2011 (2416) O 1940 (04106)	Fair Association	
Name of Outside Source of Ticket(s) Provided	d to Agency:	ameda oounty		
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 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
4. Individual or Organization Receiving T			것을 감독하는 것 같아요. 같아. 가지 않는 데 말을 다 아니는 것을 잘 하지 않았다.	
Name of Behesting Agency Official: Alameda	County Super	visor Nate Mile	y, District 4	
				10
Name of Individual or Organization: Malinda	Brooks		Numb	er of Tickets: <u>10</u>
Description of Organization:				
Description of Organization.				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public p	ourpose for the di	stribution to the c	organization.)	
To promote attendance at an event held at a	County facility	in order to max	imize potential County	revenue from parking
5. Verification				
I have determined that the distribution of tickets se	et forth above is i	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
ANNA GE	E	OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any	additional informati	on including amend	dment explanation.)	
and concession sales				

C

					AGENCY REP
. Agency Name				Date Stamp	California 80
COUNTY OF ALAMEDA					Form OU For Official Use Only
Division, Department, or Reg	<b>ion</b> (if applicable)				For Onicial Ose Only
1221 OAK STREET, #555				-	
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	<i>;)</i>			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ity Administrator	s Office		
. Event For Which Ticket					
Date(s) of Event:	27 <u>/ 11</u> Desc	ription of Event:	A'S GAME		
	0 44	Value of Ticket:		\$38.00	
		value of Hokel.	Ψ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency. Oakl	and Athletic	S	
Number of Tickets Received	l:4	Ticket(s) Provid	ed to Agend	cy: 🔲 Gratuitously	Pursuant to Contra
. Agency Official(s) Rece	iving licket(s) (u	se a continuation	sheet for add	tional names)	
Name of Offic (Last, First)	cial	Number		ther the Distribution is Ir	
(Last, 1157)		of Tickets	Desci	ibe the Public Purpose f	
		1 1			
		1			
. Individual or Organizatio	on Receiving Tic	ket(s) (Provideo	at the behes	t of an agency official.)	
-	-	• • •			
-	-	• • •			
Name of Behesting Agency	Official: <u>Alameda (</u>	County Supervise	or Scott Hag	gerty, District 1	4
-	Official: <u>Alameda (</u>	County Supervise	or Scott Hag	gerty, District 1	per of Tickets:4
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda (</u> ization: <u>CORNER</u>	County Supervise	or Scott Hag	gerty, District 1	per of Tickets:4
Name of Behesting Agency	Official: <u>Alameda (</u> ization: <u>CORNER</u>	County Supervise	or Scott Hag	gerty, District 1	per of Tickets: <u>4</u>
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda (</u> ization: <u>CORNER</u>	County Supervise	or Scott Hag	gerty, District 1	per of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda (</u> ization: <u>CORNER</u>	County Supervise	or Scott Hag	gerty, District 1	per of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda (</u> nization: <u>CORNER</u> CHRUCH	County Supervise	or Scott Hag	igerty, District 1 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Nur Purpose for Distribution: (D	Official: <u>Alameda (</u> nization: <u>CORNERS</u> <u>CHRUCH</u> nber and Street escribe the public pub	County Supervise STONE CHURC	City	gerty, District 1 Numb Drganization.)	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda (</u> nization: <u>CORNERS</u> <u>CHRUCH</u> nber and Street escribe the public pub	County Supervise STONE CHURC	City	gerty, District 1 Numb Drganization.)	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nur</u> Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda (</u> nization: <u>CORNERS</u> <u>CHRUCH</u> nber and Street escribe the public pub	County Supervise STONE CHURC	City	gerty, District 1 Numb Drganization.)	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda (</u> nization: <u>CORNERS</u> <u>CHRUCH</u> mber and Street escribe the public pure county sponsored	County Supervise STONE CHURC rpose for the distri event at a Coun	City Dution to the oty facility to	gerty, District 1 Numb organization.) maximize potential co	State Zip Co punty revenue
Name of Individual or Organ Description of Organization: Address of Organization: Nur Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda (</u> nization: <u>CORNERS</u> <u>CHRUCH</u> mber and Street escribe the public pure county sponsored	County Supervise STONE CHURC rpose for the distri event at a Coun	City Dution to the oty facility to	gerty, District 1 Numb organization.) maximize potential co	State Zip Co punty revenue
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda (</u> nization: <u>CORNERS</u> <u>CHRUCH</u> mber and Street escribe the public pure county sponsored	County Supervise STONE CHURC rpose for the distri event at a Coun forth above is in ac	City City Dution to the ty facility to	gerty, District 1 Numb organization.) maximize potential co	State Zip Co punty revenue

(510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Da         Anna Gee - Operations Manager       Da         • Event For Which Tickets Were Distributed       Date(s) of Event:       06 / 22 / 11 Description of Event:       Alameda Count	i.00 r Association ⊠ Gratuitously al names)	(month, day, year) □ Pursuant to Contract
COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)         1221 OAK STREET, #536         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-6694         anna.gee@acgov.org         Agency Contact (name and title)         Anna Gee - Operations Manager         . Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11         Description of Event:       5         Agency Event       Yes         Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         . Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official       Number	Amendment <i>(Must e</i> ate of Original Filing: ty Fair 5.00 r Association I Gratuitously al names) the Distribution is Ir	Form OU2 For Official Use Only explain in Part 5.) (month, day, year) Pursuant to Contract
Division, Department, or Region (if applicable)         1221 OAK STREET, #536         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-6694         Anna Gee - Operations Manager         Anna Gee - Operations Manager         Date(s) of Event:       06 / 22 / 11 Description of Event:         Agency Event       Yes         Agency Event       Yes         Name of Outside Source of Ticket(s) Provided to Agency:         Alameda County Fair         Number of Tickets Received:         8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	For Official Use Only explain in Part 5.) (month, day, year) Pursuant to Contract
1221 OAK STREET, #536         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Da         Anna Gee - Operations Manager       Da         . Event For Which Tickets Were Distributed       Da         Date(s) of Event:       06 / 22 / 11 _ Description of Event:       Alameda Count	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	explain in Part 5.) (month, day, year)
Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Da         Anna Gee - Operations Manager       Da         • Event For Which Tickets Were Distributed       Da         Date(s) of Event:       06 / 22 / 11       Description of Event:         Agency Event       1 Yes       Xo (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official       Number	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	(month, day, year) □ Pursuant to Contract
OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Da         Anna Gee - Operations Manager       Da         • Event For Which Tickets Were Distributed       Date(s) of Event:       06 / 22 / 11 _ Description of Event:       Alameda Count	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	(month, day, year) □ Pursuant to Contract
Area Code/Phone Number       E-mail       Image: Contact (name and title)       Image: Contact (name and title)         Agency Contact (name and title)       Anna Gee - Operations Manager       Image: Contact (name and title)       Image: Contact (name and title)         Anna Gee - Operations Manager       Anna Gee - Operations Manager       Image: Contact (name and title)	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	(month, day, year) □ Pursuant to Contract
(510) 272-6694       anna.gee@acgov.org         Agency Contact (name and tille)       Da         Anna Gee - Operations Manager       Da         • Event For Which Tickets Were Distributed       Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda Count         Date(s) of Event: 06 / 22 / 11 Face Value of Ticket: \$       5         Agency Event       Yes       Xoo (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received: 8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional Name of Official	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	(month, day, year) □ Pursuant to Contract
(510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Da         Anna Gee - Operations Manager       Da         • Event For Which Tickets Were Distributed       Date(s) of Event:       06 / 22 / 11 Description of Event:       Alameda Count	te of Original Filing: ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	(month, day, year) □ Pursuant to Contract
Anna Gee - Operations Manager         . Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 Description of Event:         Alameda Count         //       Face Value of Ticket: \$5         Agency Event       Yes         Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official	ty Fair 5.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	( <i>month, day, year</i> )
. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11       Description of Event:       Alameda Count        /       Face Value of Ticket: \$5         Agency Event       Yes       X No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional Name of Official         Name of Official       Number       State Whether to the state weet for additional state week for addition state week for additional state week for ad	i.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	□ Pursuant to Contract
Date(s) of Event:       06 / 22 / 11       Description of Event:       Alameda Count         //       Face Value of Ticket:       5         Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional Name of Official	i.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
Date(s) of Event:       06 / 22 / 11       Description of Event:       Alameda Count         //       Face Value of Ticket:       5         Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional Name of Official	i.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number State Whether t	i.00 r Association ⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda County Fair</u> Number of Tickets Received: <u>8</u> Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additionation and the state Whether	r Association ⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional Name of Official         Name of Official       Number       State Whether to the term	⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair         Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional Name of Official         Name of Official       Number       State Whether to the term	⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
Number of Tickets Received:       8       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official       Number       State Whether is	⊠ Gratuitously al names) the Distribution is Ir	ncome to the Official or
. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additiona Name of Official Number State Whether t	al names) the Distribution is Ir	ncome to the Official or
Name of Official Number State Whether	the Distribution is Ir	
(Last, First) of Tickets Describe ti	he Public Purpose f	for the Distribution
. Individual or Organization Receiving Ticket(s) (Provided at the behest of a	an agency official )	
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, D	istrict 4	
		0
Name of Individual or Organization: Geneva McDaniel	Numl	ber of Tickets:8
Description of Organization:		
Address of Oscarization		
Address of Organization:		State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organ	nization )	
		tu rovonuo from porking
To promote attendance at an event held at a County facility in order to maximiz	ze potential Coun	ty revenue from parking
. Verification	and the second s	
I have determined that the distribution of tickets set forth above is in accordance with the	e provisions of FPF	PC Regulation 18944.1.
ANNA GEE OPERAT	TIONS MANAGE	R 7/10/11
Signature of Agency Head or Designee Print Name	Title	(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment	nt explanation.)	

A A		A Public Do	cument	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name	Na Charles and a state of the second s		Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Reg	j <b>ion</b> (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (M	lust explain in Part 5.)
(510) 272-3882	crystal.hishida@ac	gov.org		
Agency Contact (name and title			Date of Original Fil	ng:(month, day, year)
Crystal Hishida Graff, Princ			ce	
2. Event For Which Ticket				
Date(s) of Event://	<u>)8 / 11</u> Descrip	otion of Event: ALA		
///////	/ Face Va	alue of Ticket: \$	5.00	
Agency Event	VINe (Identify ac)	waa aftiakata balay	()	
· · ·		urce of tickets below	,	
Name of Outside Source of	Ticket(s) Provided to	Agency: <u>ALAMEDA</u>	COUNTY FAIR ASSOC	IATION
Number of Tickets Received	<i>i</i> : <u>10</u> T	icket(s) Provided to	Agency: 🔲 Gratuitously	/ X Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use	a continuation sheet f	or additional names)	
Name of Offi	cial		e Whether the Distribution i	
(Last, First)		of Tickets	Describe the Public Purpo	se for the Distribution
	······································			
4. Individual or Organizati	on Receiving Tick	et(s) (Provided at the	behest of an agency officia	al.)
	Alamada Car		0.1	ıl.)
<b>4. Individual or Organizati</b> Name of Behesting Agency	Alamada Car		behest of an agency officia ott Haggerty, District 1	il.)
Name of Behesting Agency	Official: <u>Alameda Co</u>		ott Haggerty, District 1	
	Official: <u>Alameda Co</u>		ott Haggerty, District 1	, 
Name of Behesting Agency	Official: <u>Alameda Co</u> n Nization: <u>Jerry Grace</u>		ott Haggerty, District 1	
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda Co</u> n Nization: <u>Jerry Grace</u>		ott Haggerty, District 1	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: _	Official: <u>Alameda Co</u> nization: <u>Jerry Grace</u>		ott Haggerty, District 1	mber of Tickets:10
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u>	unty Supervisor Sco	Ott Haggerty, District 1	mber of Tickets:10
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (D	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u> mber and Street escribe the public purpo	unty Supervisor Sco	City	mber of Tickets:10 
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u> mber and Street escribe the public purpo	unty Supervisor Sco	City	mber of Tickets:10 
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <u>Nu</u> Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u> mber and Street escribe the public purpo	unty Supervisor Sco	City	mber of Tickets:10 
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <u></u> Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u> mber and Street escribe the public purpo	unty Supervisor Sco se for the distribution vent at a County fac	City to the organization.)	mber of Tickets:10 
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <u>Nu</u> Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u> mber and Street escribe the public purpo a county sponsored ex <i>ribution of tickets set fort</i>	unty Supervisor Sco ose for the distribution vent at a County fac th above is in accorda	City to the organization.)	mber of Tickets:10
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <u></u> Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda Con</u> nization: <u>Jerry Grace</u> mber and Street escribe the public purpo a county sponsored ev ribution of tickets set for	unty Supervisor Sco ose for the distribution vent at a County fac th above is in accorda	City to the organization.)	mber of Tickets:10 

Agency Report       A Public Document       Ticket's PROVIDE         1. Agency Name       Date Stamp       California       80         COUNTY OF ALAMEDA       Date Stamp       For 0fficial Use Only         1221 OAK STREET, #536       Street Address       OAKLAND, CA 94612       Image: Counce of the stamp       For Official Use Only         Agency Contact (name and title)       anna.gee@acgov.org       Image: Amendment (Must explain in Part 5.)       Date of Original Filing:
COUNTY OF ALAMEDA       Form OU         Division, Department, or Region (if applicable)       For Official Use Only         1221 OAK STREET, #536       For Official Use Only         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Anna Gee - Operations Manager         Anna Gee - Operations Manager       Description of Event:         Alameda County Fair       (month, day, year)         Agency Event       Yes         Agency Event       Yes         No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:
COUNTY OF ALAMEDA       For Official Use Only         Division, Department, or Region (if applicable)       1221 OAK STREET, #536         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Date of Original Filing:
1221 OAK STREET, #536         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-6694         anna.gee@acgov.org         Agency Contact (name and title)         Anna Gee - Operations Manager         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11         Description of Event:       Alameda County Fair
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Date of Original Filing:
OAKLAND, CA 94612       Image: Context (name and title)       Image: Context (name and title)       Image: Context (name and title)         Anna Gee - Operations Manager       Image: Context (name and title)       Image: Context (name and title)       Image: Context (name and title)         Anna Gee - Operations Manager       Image: Context (name and title)       Image: Context (name and title)       Image: Context (name and title)         Anna Gee - Operations Manager       Image: Context (name and title)       Image: Context (name and title)       Image: Context (name and title)         Anna Gee - Operations Manager       Image: Context (name and title)       Image: Context (name and title)       Image: Context (name and title)         Anna Gee - Operations Manager       Image: Context (name and title)       Image: Context (n
Area Code/Phone Number       E-mail       Image: Amendment (Must explain in Part 5.)         Agency Contact (name and title)       anna.gee@acgov.org       Date of Original Filing:
(510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Date of Original Filing:
Agency Contact (name and title)       Date of Original Filing:
Anna Gee - Operations Manager       Imonth, day, year)         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 Description of Event:         Alameda County Fair        /
2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 Description of Event:         Alameda County Fair         //       Face Value of Ticket: \$
Date(s) of Event:       06       22       11       Description of Event:       Alameda County Fair        /       Face Value of Ticket:       \$
Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda County Fair Association</u>
Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda County Fair Association</u>
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
Number of Tickete Descinde 3 Ticket/o) Brouided to Agenous VI Crotuitously Durguent to Cont
Number of Tickets Received:3 Ticket(s) Provided to Agency: I Gratuitously Pursuant to Cont
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
Name of Official (Last, First)         Number         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
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley</u> , District 4
Name of Individual or Organization: Patricia Olsen Number of Tickets: 3
Description of Organization:
Address of Organization:
Address of Organization
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parkir
5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
7/10/11
Signature of Agency Head or Designee         ANNA GEE         OPERATIONS MANAGER         1/10/11           Print Name         Title         (month, day, yet)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales

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Agency Report	A Pu	blic Docume	nt	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #536 Street Address	(if applicable)		Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612				
	nail		Amendment (Must e)	xplain in Part 5.)
	na.gee@acgov.org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Anna Gee - Operations Manag				
2. Event For Which Tickets W		, Alameda Co	untv Fair	
Date(s) of Event:06 /22			5.00	
/	/ Face Value of Tio	cket: \$		
Agency Event 🛛 Yes 🛛	☑ No (Identify source of tic	kets below.)		
Name of Outside Source of Tick	et(s) Provided to Agency:	Alameda County I	air Association	
Number of Tickets Received:			r: 🗵 Gratuitously	Pursuant to Contrac
B. Agency Official(s) Receivin	g Ticket(s) (use a continua	ation sheet for additi	onal names)	
Name of Official (Last, First)	Number of Tickets		er the Distribution is Inc e the Public Purpose fo	
4. Individual or Organization				
Name of Individual or Organizat	ion: Rayna McGrew		Numb	er of Tickets:10
Description of Organization:				
Address of Organization	and Street	City		State Zip Code
Address of Organization			rganization.)	State Zip Code
Address of Organization:	ibe the public purpose for the	distribution to the o		25 H M
Address of Organization: Purpose for Distribution: (Descr To promote attendance at an e	ibe the public purpose for the	distribution to the o		20 X M
Address of Organization: Number Purpose for Distribution: (Descr To promote attendance at an er 5. Verification	ibe the public purpose for the vent held at a County facilit	distribution to the o ty in order to maxi	mize potential County	y revenue from parking
Address of Organization: Number Purpose for Distribution: (Descr To promote attendance at an ev 5. Verification I have determined that the distribut	ibe the public purpose for the vent held at a County facilit ion of tickets set forth above is	distribution to the o ty in order to maxi s in accordance with	mize potential County	y revenue from parking C Regulation 18944.1.
Address of Organization: Number Purpose for Distribution: (Descr To promote attendance at an er <b>5. Verification</b> I have determined that the distribut	ibe the public purpose for the vent held at a County facilit ion of tickets set forth above is ANNA GEE	distribution to the o ty in order to maxi s in accordance with	mize potential County	y revenue from parking C Regulation 18944.1.
Address of Organization: Number Purpose for Distribution: (Descr To promote attendance at an ev 5. Verification I have determined that the distribut	ibe the public purpose for the vent held at a County facilit ion of tickets set forth above is ANNA GEE Print Name	distribution to the o ty in order to maxi s in accordance with OPEF	the provisions of FPPC	y revenue from parking C <i>Regulation 18944.1.</i> 7/10/11

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612	5)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@a         Agency Contact (name and title)         Anna Gee - Operations Manager		1	Amendment <i>(Must e:</i>	
Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Prov	Description of Ever Face Value of Ticke ntify source of ticke rided to Agency: <u>Al</u>	et: \$ ts below.) ameda County	5.00 Fair Association	
Number of Tickets Received:6 3. Agency Official(s) Receiving Ticket Name of Official (Last, First)		on sheet for addit	y: ⊠ Gratuitously ional names) her the Distribution is Ind	
4. Individual or Organization Receivin	a Tickot(c) (Provi	led at the behavior	of an agency official )	
Name of Behesting Agency Official: <u>Alam</u> Name of Individual or Organization: <u>Mich</u>	eda County Super		/, District 4	er of Tickets:6
Description of Organization: Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the pub To promote attendance at an event held	2017년 201	second second second		y revenue from parking
5. Verification	GEE		RATIONS MANAGER	7/10/11
Signature of Agency Head or Designee Comment: (Use this space or an attachment for and concession sales	Print Name any additional information	on including amend	Title Iment explanation.)	(month, day, year)

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Tickets Provided by Agency Report		A Public Docu	ment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg Street Address	· · · ·		Date Stamp	California Form 802
1221 OAK STREET, #536, Area Code/Phone Number (510) 272-6692 Agency Contact (name and title Michelle Dianda, Ticket Adi 2. Event For Which Ticket	E-mail District2@acgov.org ) ministrator, BOS		Date of Original Filing:	
	──_/ Face Value ⊠ No (Identify source Ticket(s) Provided to Age	e of Ticket: \$ e of tickets below.) ency: <u>Oakland A's</u>	22.00	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Official(s) Rece	cial N	umber State V	additional names) Whether the Distribution is Ir escribe the Public Purpose f	
<ul> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organ</li> <li>Description of Organization:</li> <li>Address of Organization:</li> <li>Purpose for Distribution: (D</li> <li>To promote attendance at a</li> </ul>	Official: <u>Supervisor Nad</u> nization: <u>Jon Dunckel</u> mber and Street escribe the public purpose	for the distribution to	2Numb	per of Tickets:2 
5. Verification	MICHELLE DIAN	IDA T	ICKET ADMINISTRATO	ahalli

Tickets Provided by	Δ Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report  1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> )  Street Address 1221 OAK STREET, #536, OAKLAND, CA 946			Date Stamp	AGENCY REPORT California 802 For Official Use Only
Area Code/Phone Number       E-mail         (510) 272-6692       District2@acgov.         Agency Contact (name and title)       Michelle Dianda, Ticket Administrator, BOS         2. Event For Which Tickets Were Distribute	org		☐ Amendment <i>(Must e</i> Date of Original Filing:	
Date(s) of Event: <u>07 / 17 / 11</u> Desc / Face Agency Event	Value of Tick cource of ticke to Agency: <u>O</u>	et: \$ ets below.) akland A's		⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First) Lockyer, Nadia	se a continuation Number of Tickets 2	State Whet Descri To promote a	her the Distribution is In be the Public Purpose fo	or the Distribution
<ul> <li>Individual or Organization Receiving Tick</li> <li>Name of Behesting Agency Official: Supervisor</li> <li>Name of Individual or Organization:</li> <li>Description of Organization:</li> <li>Address of Organization:</li> <li>Number and Street</li> <li>Purpose for Distribution: (Describe the public pur</li> <li>To promote attendance at an event held at a C</li> </ul>	Nadia Locky	rer, District 2	Numb	er of Tickets:2 
5. Verification I have determined that the distribution of tickets set if Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional set of the space of the structure of the struct	DIANDA Print Name		ET ADMINISTRATOF	-4014

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED BY
1. Agency Nepolt 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg Street Address		Date Stamp	For Official Use Only
1221 OAK STREET, #536 Area Code/Phone Number (510) 272-6692 Agency Contact (name and titl Michelle Dianda, Ticket Ac 2. Event For Which Ticket	E-mail District2@acgov.org <sup>a)</sup> ministrator, BOS	Date of Original Fili	
Agency Event ☐ Yes Name of Outside Source of	24 <u>11</u> Description of Eve Face Value of Tick No (Identify source of ticket Ticket(s) Provided to Agency: Generation d: <u>4</u> Ticket(s) Provided	et: \$60.00 ets below.)	v ⊠ Pursuant to Contract
Name of Off (Last, First)	of Tickets	State Whether the Distribution is Describe the Public Purpos	e for the Distribution
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Supervisor Nadia Locky</u> nization: <u>Dr. Raj Salwan</u>	Nu	mber of Tickets:4
Purpose for Distribution: (I To reward a community vo 5. Verification	Imber and Street Describe the public purpose for the di lunteer for his service to the public tribution of tickets set forth above is in MICHELLE DIANDA		- 10- 1

Tickets Provided by				
Agency Report	A Publ	lic Documen	t	TICKETS PROVIDED BY AGENCY REPORT
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, C	A 94612			
Area Code/Phone Number E-mail		[	Amendment (Must	explain in Part 5.)
(510) 272-6692 District2@ac	gov.org	r	oto of Original Filing	
Agency Contact (name and title)		Ľ	Date of Original Filing	(month, day, year)
Michelle Dianda, Ticket Administrator, BC				10
2. Event For Which Tickets Were Distr		Oakland A's		
Date(s) of Event:07_/_29_/_11	Description of Ever		2.00	
//	Face Value of Ticke	et: \$2	.2.00	
Agency Event 🔲 Yes 🗵 No (Ider	ntify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provi	ided to Ageney: Oa	akland A's		
Number of Tickets Received: <u>2</u>	Ticket(s) Pro	ovided to Agency:	🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(	s) (use a continuation	on sheet for additio	nal names)	
Name of Official	Number			ncome to the Official or
(Last, First)	of Tickets		the Public Purpose	
4. Individual or Organization Receiving	g Ticket(s) (Provid	ded at the behest o	f an agency official.)	
Name of Behesting Agency Official:	rvisor Nadia Locky	ver, District 2		
Name of Individual or Organization: <u>Ange</u>	lina Rodriquez		Num	ber of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the pub	lic purpose for the di	stribution to the org	anization.)	
To promote attendance at an event held a	at a County facility	in order to maxim	ize potential Cour	ty revenue.
	·····			
5. Verification				
I have determined that the distribution of ticket	s set forth above is ii	n accordance with t	he provisions of FPF	PC Regulation 18944.1.
MICHE	ELLE DIANDA	TICKE	ADMINISTRATC	$\frac{1}{2}$
Signature of Agency Head or Designee	Print Name		Title	(rhonth, da <b>y</b> , year)
Comment: (Use this space or an attachment for a	any additional informati	ion including amendm	ent 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 ( <i>if applicable</i> ) Street Address 1221 OAK STREET, #536, OAKLAND, CA 9	24612		Date Stamp	California Form 802
Area Code/Phone Number       E-mail         (510) 272-6692       District2@acgo         Agency Contact (name and title)         Michelle Dianda, Ticket Administrator, BOS         2. Event For Which Tickets Were Distribution	v.org		Amendment (Must	
Date(s) of Event: <u>07 / 27 / 11</u> Des // Fac	scription of Even ce Value of Ticko v source of ticke	et: \$ ets below.)	~~ ~~	
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc		⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) Name of Official (Last, First)	(use a continuation of Tickets	State Whet	tional names) her the Distribution is li be the Public Purpose t	
4. Individual or Organization Receiving T Name of Behesting Agency Official: Supervise Name of Individual or Organization: <u>Tia How</u> Description of Organization:	sor Nadia Locky ard	er, District 2	Num	ber of Tickets:2
Address of Organization:	·		organization.)	State Zip Code
5. Verification I have determined that the distribution of tickets set Signature of Agency Head or Designee Comment: (Use this space or an attachment for any	E DIANDA Print Name		ET ADMINISTRATO Title	SIDEIII

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	gion (if applicable)			Date Stamp	California Form 802 For Official Use Only
		640			
1221 OAK STREET, #536 Area Code/Phone Number	E-mail	012		-	
(510) 272-6692	District2@acgov.	ora		Amendment (Muste	əxplain in Part 5.)
Agency Contact (name and titl		org		Date of Original Filing:	(month, day, year)
Michelle Dianda, Ticket Ac	lministrator, BOS				(monin, uay, year)
2. Event For Which Ticket	ts Were Distribut	ed			
Date(s) of Event:/_	<u>26 / 11</u> Desc	ription of Eve	nt: <u>Oakland A's</u>	8	·····
	/ Face			22.00	
Agency Event	🗵 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 Receive				y: 🔲 Gratuitously	E 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	icial	Number of Tickets	State Whet	her the Distribution is Ir be the Public Purpose f	
<b></b>	,				
·					
n an					
4. Individual or Organizat	ion Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Superviso	r Nadia Locky	er, District 2	namena mana mana kana katika mini katika katika katika ma	
Name of Individual or Orga				Num	per of Tickets:2
Description of Organization				·.	
Address of Organization:	umber and Street		City		State Zin Code
			-		State Zip Code
Purpose for Distribution: (				organization.)	
To reward a community vo	lunteer for his servic	ce to the publi	C.		
5. Verification				<ul> <li>A projekti stati di mani</li> </ul>	e se anna an a
I have determined that the dis	tribution of tickets set	forth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
IN NA	MICHELLE	DIANDA	TICK	ET ADMINISTRATO	r 7/2/0/11
V Signature of Agency Head or Desig	inee	Print Name		Title	(month, day, year)
Comment: (Use this space or	an attachment for any ad	ditional informatio	on including amend	dment explanation.)	
<u></u>					
					FPPC Form 802 (Feb/09

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E
1. Agency Name				Date Stamp	AGENCY REPOR
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612				2	
	nail				
REPARTOR FOR PROVIDE OVER 11	na.gee@acgov	ora		Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title)	ina.gee@acgov	loig		Date of Original Filing: _	
Anna Gee - Operations Manage	er				(month, day, year)
2. Event For Which Tickets W	AND INCOMENTATION OF A DESCRIPTION OF A	ad			
			. Alameda C	ountv Fair	
Date(s) of Event: <u>06</u> / <u>22</u>	Desc	ription of Ever	nt: <u></u>		
//	/ Face	Value of Tick	et: \$	5.00	
Agency Event 🗌 Yes	⊠ No (Identify s	ource of ticke	ts below)		
and the second			and setting and se	Eair Association	
Name of Outside Source of Tick	et(s) Provided t	o Agency:	ameda County	Fail Association	
Number of Tickets Received:	5	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	Pursuant to Contrac
. Agency Official(s) Receivin	g Ticket(s) (u	se 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 fo	
4. Individual or Organization I Name of Behesting Agency Offic					
Name of Individual or Organizat	ion: Gregory R	eed		Numbe	er of Tickets:5
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Dumage for Distributions (Deser	ika tha sublis su		÷.		
Purpose for Distribution: (Descri					
To promote attendance at an ev	vent held at a C	ounty facility	in order to max	imize potential County	revenue from parking
5. Verification			- or og besterete som som er som		
I have determined that the distributi	ion of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	
Marti	ANNA GEE		OPE	RATIONS MANAGER	7/10/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an atta	achment for any ad	ditional informatio	on including amen	dment explanation.)	

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				2	Form 802
Division, Department, or Region (i	f applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-m	ail			Amendment (Muste	volain in Part 5 )
(510) 272-6694 anr	na.gee@acgov	.org			(plain in Fait 5.)
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Anna Gee - Operations Manage	r				(
2. Event For Which Tickets We	ere Distribute	ed			
Date(s) of Event:06 /22 /_	11 Descr	ription of Ever	nt: Alameda Co	ounty Fair	
	Face			E 00	
	No (Identify se		2005/07/07/00/00/07/07/07/07/07/07/07/07/07/		
Name of Outside Source of Ticke	et(s) Provided to	o Agency: Al	ameda County	Fair Association	
Number of Tickets Received:	0			y: 🗵 Gratuitously	Pursuant to Contract
Number of fickets Received.		ficket(s) FIO	vided to Agenic	y. A Gratuitousiy	
3. Agency Official(s) Receiving	J Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official		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
					1
4. Individual or Organization R	eceiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offici	al:	ounty oupon	Not Ivate Mile	y, District 4	
Name of Individual or Organization	Deola Nare	ed		Numb	er of Tickets: <u>6</u>
Name of Individual of Organizatio					
Description of Organization:					
Address of Organization:	nd Street		City		State Zip Code
				· · · · ·	
Purpose for Distribution: (Describ					
To promote attendance at an eve	ent held at a Co	ounty facility	in order to max	imize potential County	revenue from parking
5. Verification					Demisition (00 ( ) )
I have determined that the distributio	n of tickets set fo	orth above is ir	n accordance wit	h the provisions of FPPC	; Regulation 18944.1.
- P ( D ).	ANNA GEE		OPE	RATIONS MANAGER	
Signature of Agency Head or Designee	F	Print Name		Title	(month, day, year)
Comment: (Use this space or an attac	chment for any add	litional informatio	on including amend	dment explanation.)	
and concession sales					

Agency Report       A Public Document       Tickers provides of the provided to Agency: Alameda County Fair         1. Agency Name
COUNTY OF ALAMEDA       Form 8U2         Division, Department, or Region (if applicable)       For Official Use Only         1221 OAK STREET, #536       For Official Use Only         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Date of Original Filing:
Division, Department, or Region (if applicable)         1221 OAK STREET, #536         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         E-mail         (510) 272-6694         anna.gee@acgov.org         Agency Contact (name and title)         Anna Gee - Operations Manager         2. Event For Which Tickets Were Distributed         Date(s) of Event:       06 / 22 / 11 Description of Event: Alameda County Fair
1221 OAK STREET, #536         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-6694         anna.gee@acgov.org         Agency Contact (name and title)         Anna Gee - Operations Manager         2. Event For Which Tickets Were Distributed         Date (s) of Event:       06 / 22 / 11 _ Description of Event: Alameda County Fair        /       Face Value of Ticket: \$         Agency Event       Yes         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair Association         Number of Tickets Received:       10
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Date of Original Filing:
OAKLAND, CA 94612       Image: Code/Phone Number       E-mail       Image: Code/Phone Number       E-mail         (510) 272-6694       anna.gee@acgov.org       Image: Code/Phone Number       Image: Code/Pho
Area Code/Phone Number       E-mail       Image: Amendment (Must explain in Part 5.)         Agency Contact (name and tille)       Image: Amendment (Must explain in Part 5.)         Agency Contact (name and tille)       Date of Original Filing:
(510) 272-6694       anna.gee@acgov.org         Agency Contact (name and title)       Date of Original Filing:
(510) 272-6694       anna.gee@acgov.org         Agency Contact (name and tille)       Date of Original Filing:
Anna Gee - Operations Manager       (month, day, year)         2. Event For Which Tickets Were Distributed       Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
Date(s) of Event:       06       22       11       Description of Event:       Alameda County Fair
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract <b>3. Agency Official(s) Receiving Ticket(s)</b> (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair Association         Number of Tickets Received:       10       Ticket(s) Provided to Agency:         State Whether the Distribution is Income to the Official or
Name of Outside Source of Ticket(s) Provided to Agency:       Alameda County Fair Association         Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Image: Gratuitously       Image: Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)       Image: Name of Official       Number       State Whether the Distribution is Income to the Official or
Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Image: Gratuitously       Image: Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)       Image: Name of Official       Number       State Whether the Distribution is Income to the Official or
Number of Tickets Received:       10       Ticket(s) Provided to Agency:       Image: Gratuitously       Image: Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional names)         Name of Official       Number       State Whether the Distribution is Income to the Official or
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)     Name of Official     Number State Whether the Distribution is Income to the Official or
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
<ol> <li>Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)</li> </ol>
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Linda Adams Number of Tickets:10
Description of Organization:
Address of Organization:
Address of Organization:
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking
5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944,1.
3 2/10/14
Signature of Agency Head or Designee Print Name OPERATIONS MANAGER (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
e entitiente (e e en a opace or an attachment for any acational montanent montanent explanation)

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Tickets Provided by				
Agency Report A Public Docume		lic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if applied	cable)			For Official Use Only
1221 OAK STREET, #536				N
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				
(510) 272-6694 anna.gee@acgov.org			Amendment (Must explain in Part 5.)	
Agency Contact (name and title)		Date o	Date of Original Filing:	
Anna Gee - Operations Manager			(110111), 009, 9007	
2. Event For Which Tickets Were D	istributed			
Date(s) of Event: <u>07 / 09 / 11</u>	Description of Ever	nt. Alameda County F	air	
		10.00		
//	<ul> <li>Face Value of Ticket</li> </ul>	et: \$		
Agency Event 🗌 Yes 🖾 No	(Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) F	Provided to Agency: Al	ameda County Fair As	sociation	
Number of Tickets Received: <u>8</u>	Ticket(s) Pro	vided to Agency: 🗵	Gratuitously	Pursuant to Contract
2 Ageney Official(a) Bassiving Tis				
3. Agency Official(s) Receiving Tic			and the second second	
			ther the Distribution is Income to the Official or ibe the Public Purpose for the Distribution	
	OF HEReta	Describe the f	ublic i dipose ioi	
				•
Martin and a state of the state				
4. Individual or Organization Recei	지방 같은 것은 것은 것은 것을 위해 가장 감독하는 것은 아들이 많다.		소프 왜 사망가 철거에 집사가 병기가 많다. 것이라.	
Name of Behesting Agency Official: _	lameda County Superv	visor Nate Miley, Distr	ict 4	
Name of Individual or Organization: _	stella Ma		Numbe	r of Tickets: <u>8</u>
Description of Organization:				
Address of Organization:	et	City		State Zip Code
Purpose for Distribution: (Describe the		stribution to the organize	tion )	
				rouonus from porking
To promote attendance at an event h	eld at a County facility	in order to maximize p	otential County	revenue from parking
E. Marifination				
5. Verification				-
I have determined that the distribution of the	ickets set forth above is ir	n accordance with the pr	ovisions of FPPC	Ameri(19340)(255934+-554)
AN AN	INA GEE	OPERATIO	NS MANAGER	7/10/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachmen	t for any additional informatio	on including amendment ex	planation.)	
and concession sales				