Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
I. 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@acgAgency Contact (name and title)Amy Shrago, Policy Analyst			☐ Amendment <i>(Must</i> ex Date of Original Filing: _	
2. Event For Which Tickets Were Distribute Date(s) of Event: 09 11 Descr Face ^Face ^	ription of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u>	ets below.) akland A's	38.00	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	se a continuation Number of Tickets	State Whet	tional names) her the Distribution is Inc be the Public Purpose fo	
Brooks, Rodney	2		County employee	
A. Individual or Organization Receiving Tick Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization:			Numbe	er of Tickets:
Address of Organization:		City		State Zip Code
5. Verification I have determined that the distribution of tickets set for Amy Shrago			h the provisions of FPPC y Analyst	Regulation 18944.1. 08/31/2011
	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	n an de la construction de la const	Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Regio	on (if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
	E-mail		
(510) 272-6685	Amy.Shrago@acgov.org	Amendment (Must e	explain in Part 5.)
Agency Contact (name and title)	,	Date of Original Filing:	(month, day, year)
Amy Shrago, Policy Analyst			(monin, day, year)
2. Event For Which Tickets	Were Distributed		
		. Oakland A's	
Date(s) of Event:	<u>5 / 11</u> Description of Eve	nt: 38.00	
/	/ Face Value of Tick	et: \$	
Agency Event 🛛 Yes	No (Identify source of ticke		
Name of Outside Source of T	Ticket(s) Provided to Agency: O	akland A's	
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency:	Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (use a continuati	on sheet for additional names)	
Name of Offici (Last, First)	al Number of Tickets	State Whether the Distribution is In Describe the Public Purpose f	
4. Individual or Organizatio	n Receiving Ticket(s) (Provi	ded at the behest of an agency official.)	i yan ya di dangin panyan yang menerika kana dagi sebagan kana kana kana kana kana kana kana
Name of Behesting Agency C	Official: Keith Carson, Supervis	or Fifth District	
Name of Individual or Organi	zation: <u>Scott Spencer</u>	Numb	per of Tickets:2
Description of Organization:			
Address of Organization:	ber and Street	City	State Zip Code
Purpose for Distribution: (De	scribe the public purpose for the d	istribution to the organization.)	
To promote attendance at a	County facility in order to maxir	nize potential County revenue from p	parking and concession
5. Verification			ann ann a fha bha air a bha ann an
I have determined that the distri	bution of tickets set forth above is i	n accordance with the provisions of FPP	C Regulation 18944.1.
Andrago	Amy Shrago	Policy Analyst	08/31/2011
Signature of Agency Head or Designe Comment: (Use this space or an	e Print Name attachment for any additional informati	Title ion including amendment explanation.)	(month, day, year)

Fickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED B AGENCY REPOR
. Agency Name	n an	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 (M	lust explain in Part 5.)
	my.Shrago@acgov.org		•
Agency Contact (name and title)		Date of Original Fil	ing:(month, day, year)
Amy Shrago, Policy Analyst			
. Event For Which Tickets W			
Date(s) of Event:09 /_07	<u>11</u> Description of Eve	nt: <u>Oakland A's</u>	
/	J Face Value of Tick	et: \$ 38.00	
Agency Event 🛛 Yes	No (Identify source of ticke	ets below.)	
Name of Outside Course of Tiel	kat/a) Dravidad ta Aranayu O	akland A's	
Name of Outside Source of Tick			
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency: ☐ Gratuitous	y I Pursuant to Contrac
Agency Official(s) Receivir	ıg Ticket(s) (use a continuati	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution Describe the Public Purpo	
. Individual or Organization	Receiving Ticket(s) (Provi	ded at the behest of an agency officia	al.)
Name of Behesting Agency Offi	icial: Keith Carson, Supervise	or Fifth District	· ·
			umber of Tickets: <u>2</u>
Name of Individual or Organiza	uon:'		
Description of Organization:			
Address of Organization:	r and Street	City	State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di		
		nize potential County revenue fro	m parking and concession
		hize potential County revenue no	
. Verification			
	tion of tickets set forth above is i	n accordance with the provisions of F	PPC Regulation 18944.1.
In Smann	Amy Shrago	Policy Analyst	08/31/2011

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 of Ori Date(s) of Event:	Stamp California 80
Division, Department, or Region (if applicable) 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612 Vrea Code/Phone Number [510] 272-6694 Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 09 / 18 / 11 Description of Event: Baseball Game	
1221 OAK STREET, #536 Street Address OAKLAND, CA 94612 View Code/Phone Number (510) 272-6694 gency Contact (name and tille) Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date of Ori Date(s) of Event: 09 / 18 / 11 Description of Event: Baseball Game	
Street Address OAKLAND, CA 94612 Virea Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Qency Contact (name and title) Date of Ori Anna Gee, Operations Manager Date of Ori Event For Which Tickets Were Distributed Date of Ori Date(s) of Event: 09 / 18 / 11 Description of Event: Baseball Game	For Official Use Only
OAKLAND, CA 94612 Image: Code/Phone Number E-mail Image: Code/Phone Number Image: Code/Phone Number	
Arrea Code/Phone Number E-mail anna.gee@acgov.org Amend (510) 272-6694 anna.gee@acgov.org Date of Ori Argency Contact (name and tille) Date of Ori Anna Gee, Operations Manager Date of Ori Event For Which Tickets Were Distributed Date of Ori Date(s) of Event: 09 / 18 / 11	
(510) 272-6694 anna.gee@acgov.org Immed Agency Contact (name and title) Date of Orl Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 09 / 18 / 11	
(510) 272-6694 anna.gee@acgov.org Agency Contact (name and title) Date of Ori Anna Gee, Operations Manager Date of Ori Event For Which Tickets Were Distributed Date of Ori Date(s) of Event: 09 / 18 / 11 Description of Event: Baseball Game	mont (Must surfain in Dart 5.)
Agency Contact (name and title) Date of Ori Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 09 / 18 / 11 / 2000 Description of Event: Baseball Game	nent (Must explain in Part 5.)
Event For Which Tickets Were Distributed Date(s) of Event: 09 / 18 / 11	jinal Filing:
Event For Which Tickets Were Distributed Date(s) of Event: 09 / 18 / 11	(month, day, year)
Date(s) of Event: 09 18 11 Description of Event: Baseball Game	
Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 24 Ticket(s) Provided to Agency: Grat Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names Name of Official Number of Tickets Describe the District (Last, First) Of Tickets Describe the Public Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Henry C. Levy and Associates Description of Organization: Certified Public Accountants Certified Public Accountants Certified Public Accountants City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names Name of Official Number Vame of Official Number State Whether the Distr Of Tickets Describe the Public Image of Official Number State Whether the Distr Of Tickets Describe the Public Image of Official Number State Whether the Distr Describe the Public Image of Organization Receiving Ticket(s) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Henry C. Levy and Associates Description of Organization: Certified Public Accountants Obscription of Organization: State Output and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization)	_
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Name of Official (Last, First) Number of Tickets State Whether the Distr Describe the Public ndividual or Organization Receiving Ticket(s) (Provided at the behest of an agend Address of Organization: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Henry C. Levy and Associates Description of Organization: Description of Organization: Certified Public Accountants Oakland, CA 94618 Address of Organization: 5940 College Avenue Oakland, CA 94618 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization)	uitously 🛛 🗵 Pursuant to Cont
(Last, First) of Tickets Describe the Public Individual or Organization Receiving Ticket(s) (Provided at the behest of an agend vame of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Henry C. Levy and Associates Description of Organization: Certified Public Accountants Oescription of Organization: 5940 College Avenue Oakland, CA 94618 Address of Organization: 5940 College Avenue Oakland, CA 94618 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization))
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Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, District 4</u> Name of Individual or Organization: <u>Henry C. Levy and Associates</u> Description of Organization: <u>Certified Public Accountants</u> Address of Organization: <u>5940 College Avenue</u> Oakland, CA 94618 <u>Number and Street</u> City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.	Purpose for the Distribution
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, District 4</u> Name of Individual or Organization: <u>Henry C. Levy and Associates</u> Description of Organization: <u>Certified Public Accountants</u> Address of Organization: <u>5940 College Avenue</u> Oakland, CA 94618 <u>Number and Street</u> City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.	
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Name of Individual or Organization: <u>Henry C. Levy and Associates</u> Description of Organization: <u>Certified Public Accountants</u> Address of Organization: <u>5940 College Avenue</u> Oakland, CA 94618 <u>Number and Street</u> City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.	
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Description of Organization: Certified Public Accountants Address of Organization: 5940 College Avenue Oakland, CA 94618 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	24
Address of Organization: 5940 College Avenue Oakland, CA 94618 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	Number of Tickets:
Address of Organization: 5940 College Avenue Oakland, CA 94618 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.	
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.	
•	State Zip (
To promote attendance at an event held at a County facility in order to maximize poter)
Verification	
	ons of EPPC Regulation 1801/ 1
have determined that the distribution of tickets set forth above is in accordance with the provisi	
Anna Gee Operations Man	ager 08/30/11
Signature of Agency Head or Designee Print Name Tit	

Tickets Provided by		Δ Publ	ic Docume	nt	TICKETS PROVIDED BY
Agency Report Agency Name COUNTY OF ALAMEDA Division, Department, or Region	(if applicable)			Date Stamp	AGENCY REPORT California Form 802 For Official Use Only
1221 OAK STREET, #536 Street Address OAKLAND, CA 94612					
(510) 272-6694 ar Agency Contact (name and title) Anna Gee, Operations Manage		·9		Amendment (Must e	
2. Event For Which Tickets W Date(s) of Event:///////_				ame 38.00	
Agency Event ☐ Yes Name of Outside Source of Tick Number of Tickets Received:		agency: Oa	akland Athletics	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a	a continuatio	on sheet for addi	ional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Ir be the Public Purpose f	
4. Individual or Organization	-				
Name of Behesting Agency Offi Name of Individual or Organiza Description of Organization: <u>Pr</u>		a Historica	Society		per of Tickets:2
Address of Organization:	and Street	se for the di	City stribution to the c	organization.)	State Zip Code
To reward a nonprofit organiza					
5. Verification	ion of tickets set fort	h above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Designee	Anna Gee	nt Name		ations Manager _{Title}	08/30/11 (month, day, year)
Comment: (Use this space or an att	achment for any addition	onal informatio	on including amend	lment explanation.)	

COUNTY OF ALAMEDIA For Official Use Only Division, Department, or Region (if applicablo) 1221 DAK 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) Amendment (Must explain in Part 8) Date of Original Filing:	Agency Name 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: 09 / 23 / 11 Description of Event: Mark Anthony	Amendment (Must Pate of Original Filing 2.05 Orrs Gratuitously nal names)	Form OU2 For Official Use Only explain in Part 5.) (month, day, year) Pursuant to Contra Income to the Official or
COUNTY OF ALAMEDIA For Official Use Only Division, Department, or Region (if applicable) 121 OAK STREET, #536 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail anna.geo@acgov.org Agency Contact (name and tille) 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@acgov.org Agency Contact (name and title) p Anna Gee - operations manager p Event For Which Tickets Were Distributed p Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	Pate of Original Filing 2.05 ors Gratuitously nal names) r the Distribution is I	For Official Use Only explain in Part 5.) (month, day, year) Pursuant to Contra ncome to the Official or
Division, Department, or Region (//application) 1221 OAK STREET, #536 Street Address OAKLAND, CA. 94612 Area Code/Phone Number E-mail [G10) 272-6694 anna.gee@acgov.org Agency Contact (name and fille) Anna Gee - operations manager Event For Which Tickets Were Distributed Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony Face Value of Ticket: \$	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 Anna Gee - operations manager Description of Event: Mark Anthony	Pate of Original Filing 2.05 ors Gratuitously nal names) r the Distribution is I	explain in Part 5.) (month, day, year) (month, day, year) Pursuant to Contra Norme to the Official or
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@acgov.org Anna Gee - operations manager bate of Original Filing:	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: Mark Anthony	Pate of Original Filing 2.05 ors Gratuitously nal names) r the Distribution is I	: <u>(month, day, year)</u> ⊠ Pursuant to Contra Income to the Official or
OAKLAND, CA 94612 Area Code/Phone Number [510] 272-6694 Anna Gee - operations manager Anna Gee - operations manager Event For Which Tickets Were Distributed Date(s) of Event: 09 / 23 / 11 Description of Event: 09 / 23 / 11 Description of Event: 09 / 23 / 11 Description of Event: 72.05 Agency Contact (name and the)	OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-6694 anna.gee@acgov.org Agency Contact (name and title) anna.gee@acgov.org Agency Contact (name and title) p Anna Gee - operations manager p Event For Which Tickets Were Distributed p Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	Pate of Original Filing 2.05 ors Gratuitously nal names) r the Distribution is I	: <u>(month, day, year)</u> ⊠ Pursuant to Contra Income to the Official or
Area Code/Phone Number E-mail anna.gee@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and title) Date of Orginal Filling:	Area Code/Phone Number E-mail anna.gee@acgov.org E-mail anna.gee@acgov.org Agency Contact (name and title) Anna Gee - operations manager D Anna Gee - operations manager Event For Which Tickets Were Distributed D Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	Pate of Original Filing 2.05 ors Gratuitously nal names) r the Distribution is I	: <u>(month, day, year)</u> ⊠ Pursuant to Contra Income to the Official or
(510) 272-6694 anna.gee@acgov.org Agency Contact (name and Nile) bate of Original Filing:	(510) 272-6694 anna.gee@acgov.org L Agency Contact (name and title) Anna Gee - operations manager D Anna Gee - operations manager . Event For Which Tickets Were Distributed Mark Anthony Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	Pate of Original Filing 2.05 ors Gratuitously nal names) r the Distribution is I	: <u>(month, day, year)</u> ⊠ Pursuant to Contra Income to the Official or
Agency Contact (name and tille) Date of Original Filing:(month, day, year) Anna Gee - operations manager Event For Which Tickets Were Distributed Date(s) of Event: 0 / 23 / 11	Agency Contact (name and title) D Anna Gee - operations manager Anna Gee - operations manager Event For Which Tickets Were Distributed Date(s) of Event: Mark Anthony Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	2.05 Fors Gratuitously nal names) r the Distribution is I	(month, day, year)
Anna Gee - operations manager (mome, aay year) Event For Which Tickets Were Distributed Date(s) of Event:	Anna Gee - operations manager . Event For Which Tickets Were Distributed Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony / Face Value of Ticket: \$7 Agency Event Yes Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warring Number of Tickets Received: 2 Ticket(s) Provided to Agency: Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number	2.05 Fors Gratuitously nal names) r the Distribution is I	(month, day, year)
Event For Which Tickets Were Distributed Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	2.05 Fors Gratuitously nal names) r the Distribution is I	Income to the Official or
Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony	2.05 Fors Gratuitously nal names) r the Distribution is I	Income to the Official or
		2.05 Fors Gratuitously nal names) r the Distribution is I	Income to the Official or
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Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant 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: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of Tickets: 2 Address of Organization: Maria & Ricardo Haro Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from City State Operations Manager 08/30/11 <td>Agency Event ☐ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warring Number of Tickets Received: 2 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number State Whether</td> <td>Gratuitously nal names) r the Distribution is I</td> <td>Income to the Official or</td>	Agency Event ☐ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warring Number of Tickets Received: 2 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number State Whether	Gratuitously nal names) r the Distribution is I	Income to the Official or
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from Verification Inave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warring Number of Tickets Received: 2 Ticket(s) Provided to Agency: Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number State Whether	Gratuitously nal names) r the Distribution is I	Income to the Official or
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Number of Tickets Received: 2 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number State Whether	Gratuitously nal names) r the Distribution is I	Income to the Official or
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Number of Tickets Received: 2 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number State Whether	Gratuitously nal names) r the Distribution is I	Income to the Official or
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 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: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: Description of Organization: Maria & Ricardo Haro Address of Organization: Individual or Organization: Address of Organization: Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition Name of Official Number State Whether	nal names) r the Distribution is I	Income to the Official or
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.) Image: Comparison Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Name of Organization: Maria & Ricardo Haro Address of Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of 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 State City State City Verification Inawe datermined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Name of Official Number State Whether	r the Distribution is I	
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co Purpose for Distribution: Description of tickets at an event held at a County facility in order to maximize potential County revenue from Verification I have datermined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11			
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Address of Organization: Address of Organization: City State Zip Co 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 Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager	(Last, First) of Tickets Describe	the Public Purpose	for the Distribution
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co 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 Steef Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mana Gee Operations Manager 08/30/11			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co 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 State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mana Gee Operations Manager 08/30/11			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co 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 State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mana Gee Operations Manager 08/30/11			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co 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 State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mana Gee Operations Manager 08/30/11			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co 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 State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mana Gee Operations Manager 08/30/11			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Co 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 State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mana Gee Operations Manager 08/30/11			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization:	Individual or Organization Passiving Tickot(s) (Bravided at the behast of	f an aganay official)	\ \
Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization:	· · · · · · · · · · · · · · · · · · ·		1
Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2 Description of Organization:	Name of Behesting Agency Official: Alameda County Supervisor Nate Miley,	District 4	
Description of Organization:			2
Description of Organization:	Name of Individual or Organization: Maria & Ricardo Haro	Num	ber of Tickets:2
Address of Organization: Number and Street City State Zip Co 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 Image: City organization.) Image: City organization.) State Zip Co Zip Co City organization.) Image: City organ			
Number and Street City State Zip col 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 Image: City State Zip col 6. Verification Image: City Image: City Image: City State Zip col 6. Verification Image: City Image: City <td< td=""><td>Description of Organization:</td><td></td><td></td></td<>	Description of Organization:		
Number and Street City State Zip col 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 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11			
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Address of Organization:		State Zip Co
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	Burnage for Distribution: (Describe the public purpose for the distribution to the org	anization)	
i. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	•		atu rovonuo from
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11	To promote attendance at an event held at a County facility in order to maxim	lize potential Coul	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Anna Gee Operations Manager 08/30/11		negative the state of the state	
Anna Gee Operations Manager 08/30/11			
	I have determined that the distribution of tickets set forth above is in accordance with t	he provisions of FP	PC Regulation 18944.1.
	Anna Gee Operati	ions Manager	08/30/11
		_	(month, day, yea

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED E AGENCY REPOR
Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			
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	evolain in Part 5)
(510) 272-6694 a	nna.gee@acgov.org		
Agency Contact (name and title)		Date of Original Filing	:(month, day, year)
Anna Gee - operations manag	jer		
. Event For Which Tickets V	Vere Distributed		
Date(s) of Event:09 / _23		nt. Mark Anthony	
		70.05	
	_/ Face Value of Tick	et: \$	
Agency Event 🛛 Yes	No (Identify source of ticke	ets below.)	
	hat (a) Descripted to Assessor G	olden State Warrirors	
Name of Outside Source of Tic	cket(s) Provided to Agency:		
Number of Tickets Received: _	Ticket(s) Pro	ovided to Agency:	☑ Pursuant to Contra
		and a second a second as a	
. Agency Official(s) Receivi	ng Ticket(s) (use a continuati	on sheet for additional names)	
Name of Official	Number	State Whether the Distribution is I	
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution
Individual or Organization	Receiving Ticket(s) (Prov	ded at the behest of an agency official.)	
Name of Behesting Agency Of	ficial: Alameda County Super	visor Nate Miley, District 4	· · · · · · · · · · · · · · · · · · ·
			her of Tickoto, 2
Name of Individual or Organiz	ation:	Num	ber of Tickets:2
Description of Organization: _	<u> </u>	allen anderen anderen der anderen der	
Address of Organization:			
Address of Organization:	er and Street	City	State Zip Coo
Purpose for Distribution: (Des	cribe the public purpose for the d	istribution to the organization.)	
		in order to maximize potential Cour	ntv revenue from
	event held at a county facility		
		a a second a	
5. Verification		in a second and with the provisions of CD	DC Pagulation 18044 1
I have determined that the distribution	ution of tickets set forth above is	in accordance with the provisions of FP	
HARK.	Anna Gee	Operations Manager	08/30/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, yea
Comment: (Use this space or an a	attachment for any additional informa	ion including amendment explanation.)	
parking and concession sales			

and the second			c Docume	n l	AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU
Division, Department, or Re	gion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555	, OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		-	
Agency Contact (name and tit	le)			Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Prir		•	's Office		· · · · · · · · · · · · · · · · · · ·
2. Event For Which Ticke			Oakland A's	dame	
Date(s) of Event: <u>08</u>	ZT TT Desc	ription of Event			
/	/ Face	Value of Ticket	:: \$	\$38.00	
Agency Event D Yes	🗵 No (Identify s	ource of tickets	s below.)		
Name of Outside Source o	f Ticket(s) Provided t	to Agency: Oak	and Athletics		
Number of Tickets Receive	d:2	Ticket(s) Provi	ded to Agency	r: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Rec	eiving Ticket(s) (u	se a continuation	sheet for additi	onal names)	
Name of Of		Number			ncome to the Official or
(Last, First)	of Tickets	Describ	e the Public Purpose	for the Distribution
4. Individual or Organizat	ion Receiving Tic	ket(s) (Provide	d at the behest	of an agency official.)	and the second
Name of Behesting Agency	Official Supervisor	Wilma Chan, I	District 3		
Name of Individual or Orga	nization:			Numl	ber of Tickets:2
Description of Organizatior	1:				
Address of Organization:	umber and Street		City		State Zip Cod
	Describe the public pur	pose for the dist	ribution to the or	ganization.)	
Purpose for Distribution: (tv revenue from sales
Purpose for Distribution: (I To promote attendance at	an event held at a C	ounty facility in	order to maxin		ty revenue norn sales
To promote attendance at	an event held at a C	ounty facility in			
To promote attendance at 5. Verification				······································	-
				······································	-
To promote attendance at 5. Verification	tribution of tickets set f	orth above is in a	accordance with	······································	-

Tickets Provided by			
Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	anna ann an ann an Anna an Anna an Anna ann ann	Date Stam	
COUNTY OF ALAMEDA			
Division, Department, or Region (ii	f applicable)		For Official Use Only
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612 Area Code/Phone Number E-m	-11		
		Amendment	(Must explain in Part 5.)
(510) 272-6694 anr Agency Contact (name and title)	na.gee@acgov.org	Date of Original	Filing
Anna Gee - operations manager		Date of original	(month, day, year)
2. Event For Which Tickets We			
		Eootball game	
Date(s) of Event:08 /28 /_	Description of Eve	nt:	
	Face Value of Tick	et: \$	
Agency Event 🛛 Yes 🛛 🗵	No (Identify source of ticke	ets below.)	
Name of Outside Source of Ticke	t(s) Provided to Agency:		
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency: 🔲 Gratuitor	usly IX Pursuant to Contract
3. Agency Official(s) Receiving	J Ticket(s) (use a continuati	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets		on is Income to the Official or pose for the Distribution
<u></u>			
4. Individual or Organization R	eceiving Ticket(s) (Provi	ded at the behest of an agency off	ficial.)
Name of Behesting Agency Offici	al: Alameda County Super	visor Nate Miley, District 4	
Name of Individual or Organization			Number of Tickets:2
Description of Organization:			
Address of Organization: 7200 B	ancroft Ave, Ste 251 - Oak		
Number ar Purpose for Distribution: (Describ		City stribution to the organization)	State Zip Code
To promote attendance at an eve			County revenue from
		an a	
5. Verification			
I have determined that the distributio	n of tickets set forth above is i	n accordance with the provisions o	of FPPC Regulation 18944.1.
-to the	Anna Gee	Operations Manager	08/30/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attac	hment for any additional informati	on including amendment explanation.)	1
parking and concession sales			

Agency Report	A Publ	ic Document	TICKETS PROVIDED AGENCY REPO
Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #536	(if applicable)	Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612			
Area Code/Phone Number E-	nail	Amendment (Musi	explain in Part 5.)
Agency Contact (name and title)	nna.gee@acgov.org	Date of Original Filing	:(month, day, year)
Anna Gee - operations manag			
Event For Which Tickets V Date(s) of Event:08 /28 /			
	X No (Identify source of ticker		
Name of Outside Source of Tic	et(s) Provided to Agency: Or	akland Raiders	
		vided to Agency: 🔲 Gratuitously	⊠ Pursuant to Contra
. Agency Official(s) Receivi			
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is I Describe the Public Purpose	
. Individual or Organization Name of Behesting Agency Off		led at the behest of an agency official.) risor Nate Miley, District 4	
Name of Individual or Organiza	ion:ionathan Winters, Amir	Ajami Num	ber of Tickets:2
Description of Organization:			
Address of Organization:	and Street	City	State Zip Co
Purpose for Distribution: (Desc To promote attendance at an e		stribution to the organization.) In order to maximize potential Cour	nty revenue from
. Verification	an a		
I have determined that the distribut	ion of tickets set forth above is in	accordance with the provisions of FPI	PC Regulation 18944.1.
Signature of Agency Head or Designee	Anna Gee Print Name	Operations Manager	08/30/11 (month, day, year

Tickets Provided by		A Dub	lic Docume	int	TICKETS PROVIDED BY
Agency Report	1	APub	ne Docume	int	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	•				Form OUZ For Official Use Only
Division, Department, or Reg	jion (if applicable)				For Onicial Use Only
Street Address					
1221 OAK STREET, #555,		612			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		EN STOLEN	
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Ticket					
Date(s) of Event: <u>10</u>	<u>16 / 11</u> Desc	ription of Eve	nt: Oakland Ra		
/	/ Face	Value of Tick	et: \$	\$150	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	Agency. Or	akland Raiders		
Number of Tickets Received	1:	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	cial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
	o <i>m</i> : 1				
Name of Behesting Agency	Official:				
Name of Individual or Orgar	nization: Billie Sher	wood		Numb	per of Tickets: <u>3</u>
Description of Organization					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the c	proapization)	
To promote attendance at a					v revenue from sales
To promote attendance at a	in event heid at a c	ounty facility	in order to max	imize potential Count	y revenue from sales
5. Verification					
I have determined that the dist	ribution of tickets set f	orth above is ir	accordance with	h the provisions of FPP	C Regulation 18944.1.
M	Alexandra B			rvisor's Assistant	8/30/11
Signature of Agency Head or Design		Print Name	Oupe	Title	(month, day, year)
Comment: (Use this space or a	in attachment for any ad	ditional informatio	on including amend	lment explanation.)	
/					

Tickets Provided by	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report A Public Docume 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 Number E-mail (510) 272-6685 Amy.Shrago@a Agency Contact (name and title) Amy Shrago, Policy Analyst Z. Event For Which Tickets Were Distribution			Amendment (Must	
Date(s) of Event: <u>07 / 16 / 11</u> Det / Fac Agency Event 1 Yes X No (Identify Name of Outside Source of Ticket(s) Provide Number of Tickets Received: <u>4</u> 3. Agency Official(s) Receiving Ticket(s)	ce Value of Ticke y source of ticke d to Agency: <u>Oa</u> Ticket(s) Pro	et: \$ ts below.) akland A's vided to Agenc	43.75 y: □Gratuitously	⊠ Pursuant to Contract
Name of Official (Last, First)	Number of Tickets	State Whet		ncome to the Official or for the Distribution
A. Individual or Organization Receiving T Name of Behesting Agency Official: Keith Ca Name of Individual or Organization: Chris Le Description of Organization: Address of Organization:	arson, Supervisc	or Fifth District		ber of Tickets:4
Purpose for Distribution: (Describe the public p To promote attendance at a County facility in 5. Verification I have determined that the distribution of tickets so	n order to maxin	stribution to the o	County revenue from	parking and concession
Amy Shra Signature of Agency Head or Designee Comment: (Use this space or an attachment for any	ago Print Name	Polic	y Analyst _{Title}	08/01/11 (month, day, year)

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Fickets Provided by Agency Report A Public Docum				nt	TICKETS PROVIDED E AGENCY REPOR	
. Agency Name	References and a second state of the second s		na ana amin'ny faritr'o	Date Stamp	California Form 802	
COUNTY OF ALAMEDA	and the second second				For Official Use Only	
Division, Department, or Regio	n (if applicable)					
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
	E-mail			Amendment (Must e	explain in Part 5.)	
(510) 272-6685 Amy.Shrago@acgov.org Agency Contact (name and title)			Date of Original Filing			
				Date of Original Filing:	(month, day, year)	
Amy Shrago, Policy Analyst					n na sana ana ana ana ana ana ana ana an	
2. Event For Which Tickets			Ookland Ala			
Date(s) of Event:/ 25	/_11 Descr	iption of Ever	nt: <u>Oakland A's</u>			
//	/ Face '	Value of Ticke	ət: \$	43.75		
Agency Event	🗵 No (Identify s					
Name of Outside Source of Ti	icket(s) Provided to	o Agency: 02				
Number of Tickets Received:	20	Ticket(s) Prov	vided to Agency	y: 🔲 Gratuitously	☑ Pursuant to Contrac	
Agency Official(s) Receiv	′ ing Ticket(s) (นะ	e a continuatio	on sheet for addit	ional names)		
Name of Officia	al	Number		ther the Distribution is Income to the Official or ribe the Public Purpose for the Distribution		
(Last, First)		of Tickets	Deschi	be the Public Purpose i		
<u> </u>						
			1			
I. Individual or Organization	•			t of an agency official.)		
Name of Behesting Agency C	official: Keith Cars	on, Supervisc	or Fifth District			
					4	
Name of Individual or Organiz	zation: <u>MEDICC</u>			Numt	per of Tickets:4	
Description of Organization:	supports educatior	n and develop	oment of humar	n resources in health		
Address of Organization, 181	14 Franklin Street,	Suite 500	Oakla	and	CA 94612	
Address of Organization:	ber and Street		City		State Zip Code	
Purpose for Distribution: (De	scribe the public pur	pose for the dis	stribution to the c	proanization.)		
To reward a nonprofit organiz						
5. Verification						
I have determined that the distrib	oution of tickets set f	orth above is ir	n accordance witi	h the provisions of FPP	C Regulation 18944.1.	
				A	00/04/0011	
1 2/10	Amy Shrado)	Polio	v Analyst	08/01/2011	
Signature of Agency Head of Designer	Amy Shrago) Print Name	Policy	y Analyst _{Title}	08/01/2011 (month, day, year)	

Tickets Provided by Agency Report	A Pu	blic Docume	nt	TICKETS PROVIDED B
1. Agency Name			Data Stamp	
COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Regio	n (if applicable)			For Official Use Only
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612 Area Code/Phone Number	-mail			
			Amendment (Must exp	lain in Part 5.)
(510) 272-6694 and title)	anna.gee@acgov.org		Date of Original Filing:	
			bate of original range _	(month, day, year)
Anna Gee - operations mana				
2. Event For Which Tickets		Sada		
Date(s) of Event: <u>08</u> / <u>26</u>	_/ <u>11</u> Description of Ev			
/	_/ Face Value of Tic	ket: \$1	79.00	
Agency Event 🛛 Yes	No (Identify source of tic	kets below.)		
Name of Outside Source of Ti	eket(a) Dravided to Anonovu	Golden State War	rirors	
Name of Outside Source of Tie				
Number of Tickets Received:	Ticket(s) P	rovided to Agency	:: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiv	i ng Ticket(s) (use a continua	ation sheet for additi	onal names)	
Name of Officia (Last, First)	I Number of Tickets		er the Distribution is Inco the Public Purpose for	
4. Individual or Organization	•			
Name of Behesting Agency O	fficial: <u>Alameda County Supe</u>	ervisor Nate Miley	, District 4	
Name of Individual or Organiz	ation:Zetha Nobles and Nk	em Amamgbo	Numbe	r of Tickets:2
Description of Organization:				
Address of Organization:	er and Street	City		State Zip Code
Purpose for Distribution: (Des	cribe the public purpose for the	distribution to the or	raanization)	
•				in in the second
To promote attendance at an	event held at a County facilit	y in order to maxi	mize potential county i	evenue from
	en en de la bernanna anna an anna an an an an an an an			an a
5. Verification	an and a second second			D
I have determined that the distrib	ution of tickets set forth above is	s in accordance with	the provisions of FPPC	Regulation 18944.1.
13 A.	Anna Gee	Opera	itions Manager	08/30/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an a	attachment for any additional informa	ation including amend	ment explanation.)	
parking and concession sales				

Tickets Provided by Agency Report	A Public Doc	cument	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)acgov.org	Date of Original Filing: .	
	escription of Event: <u>Oakla</u> ace Value of Ticket: \$ ify source of tickets below ed to Agency: <u>Oakland A</u>	38.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)		for additional names) te Whether the Distribution is Ind Describe the Public Purpose fo	
 Individual or Organization Receiving Name of Behesting Agency Official: Keith C Name of Individual or Organization: Alamed Description of Organization: support the mi 	Carson, Supervisor Fifth D da County Health Care Fo	District	er of Tickets:2
Address of Organization: 2001 Broadway, S Number and Street Purpose for Distribution: (Describe the public To reward a school or nonprofit organizatio	Suite M C		CA 94612 State Zip Code
5. Verification I have determined that the distribution of tickets Signature of Agency Hard or Designee Amy Shi		nce with the provisions of FPP0 Policy Analyst Title	C Regulation 18944.1. 08/08/11 (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.)

Tickets Provided by			TICKETS BROWDED B
Agency Report	A Puk	olic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Tonini
Division, Department, or Region (i	f applicable)		For Official Use Only
Street Address			
1221 OAK STREET, #555, OAK	(LAND, CA 94612		
Area Code/Phone Number E-m			
(510) 272-3882 cry	stal.hishida@acgov.org	Amendment (Mu	ist explain in Part 5.)
Agency Contact (name and title)	oldi.inionidu@dogov.org	Date of Original Filir	ıg:
Crystal Hishida Graff, Principal	Analyst, County Administra	tor's Office	(month, day, year)
2. Event For Which Tickets We			
Date(s) of Event:0828		ent. Oakland Raiders' game	
		¢450	
//.	——— Face Value of Ticl	Ket: \$	
Agency Event 🗌 Yes 🛛	No (Identify source of tick	(ets below.)	
Name of Outside Source of Ticke	at(s) Provided to Agenov	Dakland Raiders	
			30.90 ···
Number of Tickets Received:	Ticket(s) Pr	ovided to Agency:	Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continue	tion shoot for additional names)	-k
			1
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpos	
1			
4. Individual or Organization R	Receiving Ticket(s) (Prov	vided at the behast of an agency official	
. marriada or organization is		nded at the benest of all agency official	
Name of Behesting Agency Offic	ial:		
	Alex Best		mbor of Tickoto: 3
Name of Individual or Organization	on: <u>Allow Book</u>	Nu	mber of Tickets:3
Description of Organization:			
Address of Organization:			
Number a	nd Street	City	State Zip Code
Purpose for Distribution: (Descrit	be the public purpose for the c	distribution to the organization.)	
To promote attendance at an ev	ent held at a County facility	in order to maximize potential Cou	inty revenue from sales
5. Verification			
I have determined that the distribution	on of tickets set forth above is	in accordance with the provisions of Fl	PPC Regulation 18944.1.
	Alexandra Boskovich	Supervisor's Assistant	8/26/11

Tickets Provided by	A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94	612			
Area Code/Phone NumberE-mail(510) 272-3882crystal.hishida@	acgov.org		Amendment (Must e	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed			Date of Original Filing:	(month, day, year)
Date(s) of Event: <u>08 19 11</u> Desc	cription of Eve		s game \$38.00	
/ Face		et. ə	φ <u>30.00</u>	
Agency Event		,	-	
Name of Outside Source of Ticket(s) Provided Number of Tickets Received:2			y: □Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is In be the Public Purpose f	
4. Individual or Organization Receiving Ti	cket(s) (Provid	ded at the behes	t of an agency official.)	·····
Name of Behesting Agency Official: <u>Superviso</u>	or Wilma Chan	, District 3		
Name of Individual or Organization: Danny Gu	ialco		Numb	per of Tickets:2
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu To promote attendance at an event held at a (- ,	y revenue from sales
5. Verification				
I have determined that the distribution of tickets set Alexandra			h the provisions of FPP rvisor's Assistant	C Regulation 18944.1. 8/9/11
Signature of Agency Head or Designee Comment: (Use this space or an attachment for any ad	Print Name dditional informatio	on including amend	Title dment explanation.)	(month, day, year)

Agency Report A Fublic Document Agen	ROVIDED BY
1. Agency Name Date Stamp California COUNTY OF ALAMEDA Division, Department, or Region (if applicable) For Official L 1221 OAK STREET, #536 Street Address For Official L OAKLAND, CA 94612 E-mail Inna.gee@acgov.org Agency Contact (name and title) anna.gee@acgov.org Date of Original Filing:	
COUNTY OF ALAMEDA For Official L Division, Department, or Region (if applicable) For Official L 1221 OAK STREET, #536 For Official L 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:	002
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	802
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:	lse Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail Image: Context (Must explain in Part 5.) Agency Contact (name and title) anna.gee@acgov.org Date of Original Filing: Image: Context (month, day, year) Anna Gee - operations manager (month, day, year)	
Area Code/Phone Number E-mail Image: Amendment (Must explain in Part 5.) (510) 272-6694 anna.gee@acgov.org Image: Amendment (Must explain in Part 5.) Agency Contact (name and title) Date of Original Filing: (month, day, year) Anna Gee - operations manager (month, day, year)	
(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 title) Date of Original Filing:	
Anna Gee - operations manager	
Anna Gee - operations manager)
2. Event For Which Tickets Were Distributed	, ,
Date(s) of Event: <u>08 / 26 / 11</u> Description of Event: <u>Sade</u>	
170.00	•
/ Face Value of Ticket: \$179.00	
Agency Event 🔲 Yes 🗵 No (Identify source of tickets below.)	
Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden State Warrirors</u>	
Number of Tickets Received:2 Ticket(s) Provided to Agency:	o 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 Offic (Last, First) of Tickets Describe the Public Purpose for the Distribution	
(Last, First) of Tickets Describe the Public Purpose for the Distribution	
3	
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: <u>Andrea Aranda, Vince Grewal</u> Number of Tickets:	2
Description of Organization:	
Address of Organization:	Zip Code
	E.p 0000
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	
5. Verification	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 189	44.1.
Anna Gee Operations Manager 08/	/30/11
	n, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	
parking and concession sales	

ickets Provided by gency Report A Public Docum				nt	TICKETS PROVIDED B AGENCY REPOR
I. Agency Name				Date Stamp	California 202
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 e	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	Ė				
. Event For Which Tickets					
Date(s) of Event:/_3	<u>0 / 11</u> Desc	ription of Eve	nt: Oakland A's		
·/		Value of Tick		43.75	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Oa</u>	akland A's		
Number of Tickets Received	:10	Ticket(s) Pro	ovided to Agency	r: 🔲 Gratuitously	I Pursuant to Contra
Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for additi	ional names)	
Name of Offic (Last, First)	ial	Number of Tickets		ner the Distribution is In be the Public Purpose f	
					·
. Individual or Organization	on Receiving Tid	:ket(s) (Provi	ded at the behest	of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	son, Superviso	or Fifth District		
Name of Individual or Organ	ization: <u>North Berl</u>	keley Senior (Center	Numb	per of Tickets:10
Description of Organization:	Senior Services C	Senter	·····		· · · · · · · · · · · · · · · · · · ·
Address of Organization:Berke		Berkele	ЭУ	CA State Zip Cod	
		6 - 11 - 11			
Purpose for Distribution: (D				rganization.)	
To reward a nonprofit organ	ization for its contr	ibutions to the	e community		
. Verification		Beauting and the state of the second states	n an		
I have determined that the distr	ribution of tickata sat	forth shows is i	n accordance with	the provisions of EDD	C. Regulation 18044-1
	induori or lickets set		n accoruanc e witi		
	Amy Shrag	0	Policy	/ Analyst	8/1/11

Tickets Provided by Agency Report	A Publ	lic Document	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA	Cy Name Date Stamp NTY OF ALAMEDA Date Stamp on, Department, or Region (if applicable) Date Stamp OAK STREET, #555 Date Stamp		California Form 802
Street Address OAKLAND, CA 94612			
	nail my.Shrago@acgov.org	Date of Original Filin	
2. Event For Which Tickets W Date(s) of Event:09_/16		, Oakland A's	
Agency Event	✓ Face Value of Ticke ☑ No (Identify source of ticke	et: \$43.75 	
Name of Outside Source of Tick		akland A's vided to Agency:	⊠ Pursuant to Contrac
3. Agency Official(s) Receivin	ig Ticket(s) (use a continuation		
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
 Individual or Organization Name of Behesting Agency Offi 	• • • • • •)
Name of Individual or Organizat			nber of Tickets:4
Description of Organization:		· · · · · · · · · · · · · · · · · · ·	
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Descr To promote attendance at a Co			
5. Verification		an a	
I have determined that the distribut	ion of tickets set forth above is ir Amy Shrago	n accordance with the provisions of FF Policy Analyst	08/31/2011
Signature StAgency Head of Designee Comment: (Use this space or an att	Print Name achment for any additional information	Title on including amendment explanation.)	(month, day, year)

/

Tickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED B
1. Agency Name		1	Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region	(if applicable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OA	KLAND, CA 94612			
	nail	r	Amendment (Must exp	nlein in Red 5)
(510) 272-3882 cr	ystal.hishida@acgov.org	L		nam in Part 5.)
Agency Contact (name and title)		D	ate of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrat	tor's Office		
2. Event For Which Tickets W	ere Distributed			
Date(s) of Event:09 /25	/ 11 Description of Eve	ent: Oakland Raide	ers' game	
	/ Face Value of Tick		5150	
A CONTRACTOR OF CONTRACTOR AND A	☑ No (Identify source of tick			
Name of Outside Source of Tick	et(s) Provided to Agency:	Pakland Raiders		
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency:	Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continuati	ion sheet for addition	al names)	
Name of Official (Last, First)	Number of Tickets		the Distribution is Inco the Public Purpose for	
4. Individual or Organization	Receiving Ticket(s) (Provi	ided at the behest of	an agency official.)	
Name of Behesting Agency Offi	cial:			
Name of Individual or Organizat	ion: Tom Quigley		Numbe	r of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:	and Street	City	i.	State Zip Code
		26889 101 - 21 - 24 - 25 - 26		Cities The Oode
Purpose for Distribution: (Descr				
To promote attendance at an ev	vent held at a County facility	in order to maximi	ze potential County	revenue from sales
5. Verification				
o, vernication	ion of tickets set forth above is i	in accordance with th	e provisions of FPPC	Regulation 18944.1.
I have determined that the distribut				
I have determined that the distribut	Alexandra Boskovich		sor's Assistant	8/26/11

Tickets Provided by Agency Report		A Publi	c Docume	nt	TICKETS PROVIDED B
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form
Division, Department, or Regi	on (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail			Amendment (Muste	vnlain 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, Princi	ipal Analyst, Count	y Administrator	's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>11</u>	7 <u>/11</u> Desc	ription of Event	Oakland Ra	iders' game	
/		Value of Ticket		\$150	
Agency Event	🗵 No (Identify s	source of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oal	dand Raiders		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatior	n sheet for addit	ional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is In-	
(6					
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provide	ed at the behest	of an agency official.)	
Name of Behesting Agency	Official:				
Name of Individual or Organ					er of Tickets: <u>3</u>
Description of Organization:	Build affordable h	omes and help	low-income m	nen, women, and child	Iren
Address of Organization.	0 8th Street, Suite	200, Oakland,			
	nber and Street		City		State Zip Code
Purpose for Distribution: (De		WEIGERSLAW INSAL MANNOKI SOOMERS	ribution to the o	organization.)	
To reward a non-profit for its	s contributions to th	ne community.			
5. Verification					
I have determined that the distr	ibution of tickets set	forth above is in	accordance wit	h the provisions of FPP(C Regulation 18944.1.
U	Alexandra E		Supe	rvisor's Assistant	8/29/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Pu	blic Docume	ent	TICKETS PROVIDED B
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region	(if applicable)			
Street Address			•	
1221 OAK STREET, #555, OA	KLAND, CA 94612			
Area Code/Phone Number E-	mail		Amendment (Must e	valain in Port 5)
(510) 272-3882 ci	ystal.hishida@acgov.org			xpiani ni Fait 5.j
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principa	Analyst, County Administra	ator's Office		(monin, day, year)
2. Event For Which Tickets W				
Date(s) of Event:08 /12		Oakland A	s game	
	Face Value of Tio	cket: \$	\$43.75	
Agency Event 🛛 Yes	⊠ No (Identify source of tic	kets below.)		
Name of Outside Source of Ticl	ket(s) Provided to Agency:	Oakland Athletic	S	
Number of Tickets Received: _	00		sy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivir	ng Ticket(s) (use a continua	ation sheet for add	tional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
4. Individual or Organization			t of an agency official.)	
Name of Behesting Agency Off	icial: <u>Supervisor Wilma Cha</u>	an, District 3		
Name of Individual or Organiza	tion: <u>East Bay Innovations</u>		Numb	er of Tickets: <u>20</u>
Description of Organization: <u>Pr</u>	ovides services to people w	vith development	al disabilities so they c	can live independently
Address of Organization.	N. Joaquin Ave., Suite 110, and Street	San Leandro, C	A 94577	State Zip Code
Purpose for Distribution: (Desc			organization)	
•			Siganization.)	
To reward a non-profit for its co	ontributions to the communi	ty.		
5. Verification				
I have determined that the distribut	tion of tickets set forth above is	in accordance wi	th the provisions of FPPC	C Regulation 18944.1.
W	Alexandra Boskovich	Supe	ervisor's Assistant	8/8/11
Signature of Agency Head or Designee	Print Name	·	Title	(month, day, year)
Comment: (Use this space or an at	tachment for any additional inform	ation including amen	dment explanation.)	

Tickets Provided by		Δ Publ	lic Docume	nt	TICKETS PROVIDED BY
Agency Report 1. Agency Name	dalar silan yang manang ma			Date Stamp	AGENCY REPORT
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-	-mail			Amendment (Muste	explain in Part 5.)
	nna.gee@acgov.o	rg			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Anna Gee, Operations Manag					
2. Event For Which Tickets V			Basaball Ga	me	
Date(s) of Event: <u>09</u> / 02	_/ Descrip	tion of Eve	nt:		
/	_/ Face Va	alue of Tick	et: \$	1,500	
Agency Event 🛛 Yes	No (Identify sou	urce of ticke	ts below.)		
			-		
Name of Outside Source of Tic		Agency:			
Number of Tickets Received:	<u></u>	icket(s) Pro	vided to Agency	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (use	a continuatio	on sheet for addit	ional names)	
Name of Official (Last, First)		Number of Tickets		ner the Distribution is In be the Public Purpose f	ncome to the Official or for the Distribution
				· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organization	Receiving Tick	et(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency Off	Alameda Co	unty Superv	isor Nate Miley	, District 4	
				· · · · · · · · · · · · · · · · · · ·	
Name of Individual or Organiza	ation: Deputy Sher	iff's Activitie	es League	Numb	per of Tickets: <u>24</u>
Description of Organization: pr					
1637	'8 E. 14th Street, S			A 94578	
Address of Organization.	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpo	ose for the di	stribution to the o	rganization.)	
To reward a nonprofit organiza	ation for its contribu	utions to the	community		
5. Verification		Addition and the province of the	annan a' ann an an gairte a' an		
I have determined that the distribut	ition of tickets set for	th ahove is in	1 accordance with	h the provisions of FPP	C Regulation 18944 1
+51-42.	Anna Gee		Opera	ations Manager	08/30/11
Signature of Agency Head or Designee		nt Name		Title	(month, day, year)

3 parking passes

 \subset

		A Public	c Docume	nt	TICKETS PROVIDED AGENCY REP
. Agency Name				Date Stamp	California 80
COUNTY OF ALAMEDA					
Division, Department, or Reg	gion (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612	,				
Area Code/Phone Number	E-mail			Amendment (Must ex	(nlain in Part 5.)
(510) 272-6694	anna.gee@acgo	v.org			plant int all 0.y
Agency Contact (name and title	e)			Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Ma	anager				(,, <u>.</u> ,
. Event For Which Ticket	ts Were Distribut	ed			
Date(s) of Event:09_/	02 / 11 Desc	ription of Event	. Baseball Ga	ame	
					· · · · · · · · · · · · · · · · · · ·
/	/ Face	Value of Ticket	: \$		
Agency Event 🛛 Yes	🗵 No (Identify :	source of tickets	below.)		
		Oak	and Athletics	6	
Name of Outside Source of	licket(s) Provided	to Agency:			· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received	d:	Ticket(s) Provi	ded to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
. Agency Official(s) Rece	eiving Ticket(s) (ເ	ise a continuation	sheet for addi	ional names)	
Name of Off (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
-			. <u></u>		
. Individual or Organizat	ion Receiving Ti	ket(s) (Provide	d at the behes	t of an agency official.)	<u></u>
	Official: Alameda	County Supervis	sor Nate Mile	y, District 4	
Name of Behesting Agency					
				Numb	er of Tickets:2
Name of Behesting Agency Name of Individual or Orga Description of Organization	nization: <u>Eva Rami</u>	rez & Rosa Rod	Iriguez	Numbo	er of Tickets:2
Name of Individual or Orga Description of Organization	nization: <u>Eva Rami</u> ::	rez & Rosa Rod	lriguez	Numb	
Name of Individual or Orga Description of Organization Address of Organization: _{No}	nization: <u>Eva Rami</u> ::	rez & Rosa Rod	lriguez City		
Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{NC}$ Purpose for Distribution: (E	nization: <u>Eva Rami</u> .: umber and Street Describe the public pu	rez & Rosa Rod	Iriguez City ribution to the o	organization.)	State Zip Co
Name of Individual or Orga Description of Organization Address of Organization: _{No}	nization: <u>Eva Rami</u> .: umber and Street Describe the public pu	rez & Rosa Rod	Iriguez City ribution to the o	organization.)	State Zip Co
Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{NC}$ Purpose for Distribution: (E	nization: <u>Eva Rami</u> .: umber and Street Describe the public pu	rez & Rosa Rod	Iriguez City ribution to the o	organization.)	State Zip Co
Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at	nization: <u>Eva Rami</u> umber and Street Describe the public pu an event held at a C	rez & Rosa Rod rpose for the dist County facility in	ribution to the o	organization.) imize potential county	State Zip Co
Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{NC}$ Purpose for Distribution: (E	nization: <u>Eva Rami</u> umber and Street Describe the public pu an event held at a C	rez & Rosa Rod rpose for the dist County facility in forth above is in a	ribution to the of order to max	organization.) imize potential county h the provisions of FPPC	State Zip Co revenue from parking C Regulation 18944.1.
Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at	nization: Eva Rami	rez & Rosa Rod rpose for the dist County facility in forth above is in a	ribution to the of order to max	organization.) imize potential county	State Zip Co revenue from parking C Regulation 18944.1.

ickets Provided by Igency Report	A Publ	lic Documer	nt	TICKETS PROVIDED AGENCY REPO
. Agency Name			Date Stamp	California 80
COUNTY OF ALAMEDA				Form OU
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				
(510) 272-6694 anna.gee@acgov	ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	10,9		Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Manager				(month, day, year)
. Event For Which Tickets Were Distribute	h			
		, Baseball Gar	me	
Date(s) of Event: <u>09 / 03 / 11</u> Descr				
·// Face	Value of Ticke	et: \$	38.00	
Agency Event 🔲 Yes 🗵 No (Identify s	ource of ticke	ts helow)		
		-		
Name of Outside Source of Ticket(s) Provided t	o Agency: 02	akianu Atmetics		
0			: 🔲 Gratuitously	I Pursuant to Contr
	100000000000000000000000000000000000000	viaca to / igonoj		
. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addition	onal names)	
Name of Official	Number		er the Distribution is Inc	
(Last, First)	of Tickets	Describ	e the Public Purpose fo	r the Distribution
Dunlap, Kamika	1	To reward a C	County employee for e	exemplary service to
		the public		
			n 1944 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970	A. 1900
. Individual or Organization Receiving Tic	l :ket(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency Official: <u>Alameda C</u>	County Superv	visor Nate Miley	, District 4	
Name of Individual or Organization: <u>Amy Fitzge</u>	erald		Numb	er of Tickets:1
				i i
Description of Organization:				
Address of Organization:		City		State Zip C
Purpose for Distribution: (Describe the public pur			rganization.)	
	ervice to the p	public		
To reward a County employee for exemplary s				and a second and a second s
To reward a County employee for exemplary s				
To reward a County employee for exemplary s	ann an			
	forth above is i	n accordance with	the provisions of FPPC	Regulation 18944.1.
. Verification			the provisions of FPPC	

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys 2. Event For Which Ticket	t	A H A A	r r
Number of Tickets Received		olden State Warriors	☑ Pursuant to Contract
Name of Offi (Last, First)	iving Ticket(s) (use a continuati cial Number of Tickets	State Whether the Distribution is I Describe the Public Purpose	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: _{Nu} Purpose for Distribution: (D	Official: <u>Keith Carson, Supervis</u> nization: <u>Donneisha Udo-Okon</u> mber and Street	Num) nber of Tickets: <u>4</u>
5. Verification I have determined that the dist Signature of Agency Heat or Desig	Amy Shrago	in accordance with the provisions of FP Policy Analyst Title	PC Regulation 18944.1. 08/31/2011 (month, day, year)

Tickets Provided by		A Pub	lic Docume	ont	TICKETS PROVIDED B
Agency Report		Arus	ne bocume		AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94	1612			
Area Code/Phone Number	E-mail			— • • • • • •	2 X 10 12 X
(510) 272-3882	crystal.hishida@	acdov ord		Amendment (Must expla	in in Part 5.)
Agency Contact (name and title				Date of Original Filing:	
Crystal Hishida Graff, Princ	cipal Analyst, Coun	ty Administrate	or's Office		(month, day, year)
2. Event For Which Ticket	s Were Distribut	ted		di anti anti anti anti anti anti anti ant	
Date(s) of Évent:09_/_0			nt: Oakland A's	s game	
8. A	/ Face			000	
			No. 1 200 Mar 19		
Agency Event 🛛 Yes	🗙 No (Identify				
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Athletics	3	
Number of Tickets Received	1:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously 🛛 🗵	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a continuatio	on sheet for addit	ional names)	
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is Incon be the Public Purpose for th	
4. Individual or Organizati	on Receiving Ti	cket(s) (Provid	led at the behest	of an agency official.)	
Name of Behesting Agency	Official: Supervisc	r Wilma Chan	, District 3		
Name of Individual or Orgar				Number	of Tickets: <u>2</u>
Description of Organization:			1		
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		rpose for the dis	stribution to the o	rganization.)	
To promote attendance at a					evenue from sales
5. Verification					
I have determined that the distr	ribution of tickets set	forth above is in	accordance with	n the provisions of FPPC R	egulation 18944.1.
Signature of Agency Head or Design		RA BOSKOVIC	CH SUPE	ERVISOR'S ASSISTANT	8/26/11

Tickets Provided by Agency Report	Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (if applicable)	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must expl	ain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.	org		
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Adr	inistrator's Office		
2. Event For Which Tickets Were Distributed	Laware Oak	ta Daidada Cama	
Date(s) of Event:09 25 11 Description	of Event: Luxury Sui		
/Face Value	of Ticket: \$	150.00	
Agency Event 🔲 Yes 🗵 No (Identify source	of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Age	ıcy:		
Number of Tickets Received:4 Ticke	(s) Provided to Agene	cy: 🔲 Gratuitously 🛛	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a co	ntinuation sheet for add	litional names)	÷
		ether the Distribution is Inco ribe the Public Purpose for	
			to consider other
4. Individual or Organization Receiving Ticket(s	(Provided at the behe	st of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor Scot</u>	Haggerty, District Or	ıe	
Name of Individual or Organization: Fred Thompson			of Tickets:4
Description of Organization:	<u></u>		
Address of Organization:	City	1	State Zip Code
Purpose for Distribution: (Describe the public purpose f	or the distribution to the	organization.)	
To promote attendance at a County sponsored even			king and concession.
5. Verification			
(I have determined that the distribution of tickets set forth a	ove is in accordance w	ith the provisions of FPPC I	Regulation 18944.1.
LEEANN FERGE		KET ADMINISTRATOR	5/11/11
Signature of Agency Head or Designee Print Na	ne	Title	(month, day, year)
Comment: (Use this space or an attachment for any additional	nformation including amer	ndment explanation.)	

Tickets Provided by			TICKETS PROVIDED B
Agency Report	A PUD	lic Document	AGENCY REPOR
1. Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			
Division, Department, or Region (ii	f applicable)		For Official Use Only
1221 OAK STREET, #536			
Street Address	• • • • • • • • • • • • • • • • • • •		
OAKLAND, CA 94612			
Area Code/Phone Number E-m	ail	Amendment (A	Aust evoluin in Part 5 }
(510) 272-6694 anr	na.gee@acgov.org		ust explain https://www.ust
Agency Contact (name and title)		Date of Original Fil	ling:
Anna Gee - operations manager			(monal, aug, your)
. Event For Which Tickets We	ere Distributed		
Date(s) of Event:0911	11 Description of Eve	nt: Ringling Brothers Circus	
		05.00	
//	Face Value of Tick	et: \$	
Agency Event 🛛 Yes 🛛 🗵] No (Identify source of ticke	ets below.)	
Name of Outside Source of Ticke	t(a) Dravidad ta Aganayu G	olden State Warrirors	
Name of Outside Source of Ticke	a(s) Provided to Agency.	· · · · · · · · · · · · · · · · · · ·	
Number of Tickets Received:	Ticket(s) Pro	vided to Agency:	ly 🗵 Pursuant to Contra
. Agency Official(s) Receiving	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 Purpo	se for the Distribution
. Individual or Organization R	-		al.)
Name of Behesting Agency Offic	ial. Alameda County Super	visor Nate Miley, District 4	
Name of Individual or Organization	on: <u>Andy, Katie, Adrian, and</u>	d Andre Kong N	umber of Tickets:4
_			
Description of Organization:		······································	
Address of Organization:	nd Street	City	State Zip Cod
Purpose for Distribution: (Describ			
To promote attendance at an ev	ent held at a County facility	in order to maximize potential Co	ounty revenue from
		anna - No - MM Alabamanan ann an 1997 ann ann ann an ann an 1997 ann ann ann an 1997 ann ann an 1997 ann an 19	
. Verification			
I have determined that the distribution	on of tickets set forth above is i	n accordance with the provisions of	FPPC Regulation 18944.1.
NAA	Anna Gee	Operations Manager	08/30/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attac		ion including amendment explanation)	· · · · · · · ·
	annoncior any additional informati	en mendang antenament explanation.)	
parking and concession sales			

Tickets Provided by Agency Report	A Publ	lic Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicabl 1221 OAK STREET, #536 Street Address	e)		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) Anna Gee - Operations Manager)acgov.org		☐ Amendment <i>(Must e</i> Date of Original Filing:	
	Description of Ever Face Value of Ticke entify source of ticke vided to Agency: Oa	et: \$ ts below.) akland Athletics	me 38.00 : □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticke			onal names) er the Distribution is In	come to the Official or
Name of Official (Last, First)	Number of Tickets	Describ	e the Public Purpose f	or the Distribution
Stewart, Darryl		the public	county employee for	exemplary service to
4. Individual or Organization Receiving Name of Behesting Agency Official: <u>Alar</u>	meda County Super			
Name of Individual or Organization:				per of Tickets:1
Address of Organization:			rganization.)	State Zip Code
	A GEE		RATIONS MANAGE	R 08/30/11
Signature of Agency Head or Designee Comment: (Use this space or an attachment for	Print Name or any additional informati	ion including amend	Title	(month, day, year)

 $\overline{\mathbb{C}}$

Agency Report A Public Document Acesory me COUNTY OF ALAMEDA Date Stamp Califormic State Division, Department, or Region (It applicable) Street Address Califormic State Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Amendment (Must explain is Part 5.) Area code/Phone Number E-mail Intermediation of Crystal. hishida@acgov.org Date Stamp Califormic Way year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:	Tickets Provided by					
COUNTY OF ALAMEDA Form OU Division, Department, or Region (if applicable) For Official Use Only Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Gode/Phone Number Image: County Administrator's Office Area Gode/Phone Number ernali Image: Counter County Administrator's Office Image: Counter County Administrator's Office 2. Event For Which Tickets Were Distributed Date of Original Filing:	Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and fibe) Crystal Hishida Graft, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Wore Distributed Date of Original Filing:	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	Form OUZ		
Area Code/Phone Number E-mail Image: Contact (nume and life) Image: Contact (nume and life) Agency Contact (nume and life) Crystal hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:		AND CA 94	\$10			
(610) 272-3882 crystal.hishida@acgov.org Agency Contact (mame and title) Date of Original Filling: Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filling: 2. Event For Which Tickets Were Distributed Date (s) of Event: 08 / 26 / 11 Description of Event: Sade concert			512			
Agency Contact (name and title) Date of Original Filling:	(510) 272-3882 crv	stal.hishida@a	caov.org		Amendment (Must	explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 08 / 26 / 11 Oescription of Event: Sade concert			0 0		Date of Original Filing	:(month, day, year)
Date(s) of Event: 08 / 26 / 11 / Face Value of Ticket: \$179 Agency Event Yes ⊠ No (Identify source of tickets below,) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Golden State Various Image: Comparison of Compa	Crystal Hishida Graff, Principal	Analyst, County	y Administrato	or's Office		(
Agency Event Price Value of Ticket: s Agency Event Price Value of Ticket: s Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Receiving Ticket(s) Number Name of Official Number Visat, Piral) of Tickets Of Tickets Describe the Public Purpose for the Distribution Itaat, Piral) of Tickets Itaat, Piral) Supervisor Wilma Chan, District 3 Name of Individual or Organization	Date(s) of Event: <u>08 / 26 /</u>	11 Desc	ription of Ever	nt: <u>Sade conce</u>	ərt	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Cont 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Content of Tickets Pursuant to Cont Name of Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Content of Tickets Image: Content of Tickets Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Address of Organization: Number and Street City State Zip C 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 Ihave defininged that the distribution of tickets set forth above is in accordance with the prov	//_	Face	Value of Ticke	ət: \$	\$179	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Cont 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Control of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Control of Control of Control of Tickets Image: Control of Tickets Describe the Public Purpose for the Distribution Image: Control of Control of Control of Tickets Image: Control of Tickets Image: Control of Contro	Agency Event Dives	No (Identify s	ource of ticke	ts below)		
Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Cont 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Class First) of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Class First) of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Address of Organization: Mumber and Street City State Zip C 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 Inave defininged that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designe					arriors	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Name of Organization: Colin Lacon Address of Organization: Colin Lacon Address of Organization: Number and Street 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 definitied that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designer Print Name Supervisor's Assistant 8/26/11 (month, day, ye	Name of Outside Source of Ticke	et(s) Provided t	o Agency:			
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Number and Street City State Zip C 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 defininged that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designer Alexandra Boskovich Supervisor's Assistant 8/26/11 Signature of Agency Head or Designer <	Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Number and Street City State Zip C 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 defininged that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designer Alexandra Boskovich Supervisor's Assistant 8/26/11 Signature of Agency Head or Designer <	2 Agonov Official(a) Bassiving	Ticket(c) (1 10 10	o 1 3	
(Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: City State Zip C 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 Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name Title 8/26/11		J TICKet(S) (us				
A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number of Tickets: 4 Description of Organization: Colin Lacon Number and Street City State Zip C 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 Regulation 18944.1. New determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designed Print Name New Organization Title New Organization New				255 2		
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Description of Organization: Number of Tickets: Address of Organization:						
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Description of Organization: Number of Tickets: Address of Organization:						
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Description of Organization: Number of Tickets: Address of Organization:						
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3 Name of Individual or Organization: Colin Lacon Description of Organization: Number of Tickets: Address of Organization:	4 Individual or Organization B	locolying Tio	kot(c) (Denvis	led at the babas		
Name of Individual or Organization: Colin Lacon Number of Tickets: 4 Description of Organization:	PARTERSONAL STATES AND	an southing a set of the state			t of an agency official.)	
Description of Organization:	Name of Behesting Agency Offic	ial: Supervisor	Wilma Chan	District 3		
Address of Organization: Number and Street City State Zlp C 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 Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 8/26/11 Signature of Agency Head or Designee Print Name Title 8/26/11					Num	ber of Tickets:4
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 Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant Signature of Agency Head or Designer Print Name	Description of Organization:					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant Signature of Agency Head or Designer Print Name	Address of Organization:	nd Street		City		State Zip Code
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 Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 8/26/11 Signature of Agency Head or Designee Print Name Title 0			pose for the dis		organization)	second to a 120176. A 620755
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 8/26/11 Signature of Agency Head or Designee Print Name Title (month, day, yee)	a - na maana aha baha na kata na kata mananga mananga sa kata na kata na kata na kata na kata na kata na kata n		energenen sterr street sterr			ty revenue from sales
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant Signature of Agency Head or Designed Print Name			ounty facility i	In order to max	innize potential Court	ty revenue nom sales
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alexandra Boskovich Supervisor's Assistant 8/26/11 Signature of Agency Head or Designed Print Name Title (month, day, yet)	5. Verification					
Signature of Agency Head or Designee Print Name Title (month, day, ye	I have determined that the distributio	n of tickets set f	orth above is in	accordance wit	h the provisions of FPF	PC Regulation 18944.1.
				Supe		
Comment: (Use this space of an attachment for any additional information including amendment explanation.)	and the second					(month, day, year)
	Comment: (Use this space of an attac	hment for any add	ditional informatic	on including amend	dment explanation.)	

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 ap 1221 OAK STREET, #555 Street Address		Date Stamp	California 802 Form 802
Agency Contact (name and title) Amy Shrago, Policy Analyst	Shrago@acgov.org	Date of Original Filing	
	 Description of Ever Face Value of Ticke (Identify source of ticke) Provided to Agency: Gc 	ts below.) olden State Warriors	⊠ Pursuant to Contract
3. Agency Official(s) Receiving T Name of Official (Last, First)	icket(s) (use a continuation Number of Tickets	on sheet for additional names) State Whether the Distribution is Describe the Public Purpose	
 4. Individual or Organization Reconstruction Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Section Purpose for Distribution: (Describe 	Keith Carson, Superviso Michael Hutchings	or Fifth District Nur	.) nber of Tickets:4
To promote attendance at a Count 5. Verification <i>I have determined that the distribution</i> /Signature of Agency Head or Designee Comment: (Use this space or an attachm	of tickets set forth above is ir Amy Shrago Print Name	n accordance with the provisions of FF Policy Analyst Title	

gency Report		A Publi	ic Docume	nt	TICKETS PROVIDED
Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	gion (if applicable)	·····			For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5)
(510) 272-6694	anna.gee@acgov.	.org			
Agency Contact (name and title	e)			Date of Original Filing:	(month, day, year)
Anna Gee, Operations Ma	nager				
Event For Which Ticket	ts Were Distribute	ed		- Antoninanggeri	
Date(s) of Event:09 /	16 / 11 Descr	ription of Even	t: Baseball Ga	me	
				38.00	
///	/ Face '	value of ficke	ι. φ		
Agency Event 🛛 🗌 Yes	🛛 No (Identify se	ource of ticket	s below.)		
Name of Outside Source of	Ticket(s) Provided to	o Agency. Oa	kland Athletics		
	_	o Ageney.			
Number of Tickets Receive				: Gratuitously	⊠ Pursuant to Contra
Agency Official(s) Rece	eiving Ticket(s) (us				
	Kalal I	Number I	Cinin Minoth	er the Distribution is Ir	ncome to the Utticial or
Name of Off		Number of Tickets			
Name of Off (Last, First)		of Tickets		e the Public Purpose	
(Last, First))	of Tickets	Describ	e the Public Purpose t	
(Last, First)	ion Receiving Tic	of Tickets	Describ led at the behest	e the Public Purpose f	
(Last, First)	ion Receiving Tic	of Tickets	Describ led at the behest	e the Public Purpose f	
(Last, First)	i on Receiving Tic / Official: <u>Alameda C</u>	of Tickets ket(s) (Provid County Superv	Describ led at the behest isor Nate Miley	e the Public Purpose of an agency official.)	
(Last, First)	i on Receiving Tic / Official: <u>Alameda C</u>	of Tickets ket(s) (Provid County Superv	Describ led at the behest isor Nate Miley	e the Public Purpose of an agency official.)	
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga	i on Receiving Tic / Official: <u>Alameda C</u> nnization: <u>United Ser</u>	of Tickets ket(s) (Provid County Superv	Describ led at the behest isor Nate Miley	e the Public Purpose of an agency official.)	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga	i on Receiving Tic / Official: <u>Alameda C</u> nnization: <u>United Ser</u>	of Tickets ket(s) (Provid County Superv	Describ led at the behest isor Nate Miley	e the Public Purpose of an agency official.)	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organizatior) ion Receiving Tic / Official: <u>Alameda C</u> inization: <u>United Ser</u> n: <u>senior advocacy</u>	of Tickets ket(s) (Provid County Superv	Describ led at the behest isor Nate Miley nd & Alameda (e the Public Purpose of an agency official.)	for the Distribution
(Last, First)	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> In: <u>senior advocacy</u> 7200 Bancroft Ave, S	of Tickets ket(s) (Provid County Superv	Describ led at the behest isor Nate Miley nd & Alameda (e the Public Purpose of an agency official.)	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization: $\frac{7}{N}$	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> Senior advocacy 7200 Bancroft Ave, S Umber and Street	of Tickets ket(s) (Provid County Superv niors of Oaklar Ste 251-Oaklar	Describ led at the behest isor Nate Miley nd & Alameda (nd, CA 94605 City	e the Public Purpose (of an agency official.) , District 4 County Num	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{7}{N}$ Purpose for Distribution: (I	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> Senior advocacy 7200 Bancroft Ave, S Imber and Street Describe the public pur	of Tickets of Tickets clear cl	Describ led at the behest isor Nate Miley nd & Alameda (nd, CA 94605 City stribution to the o	e the Public Purpose (of an agency official.) , District 4 County Num	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization: $\frac{7}{N}$	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> Senior advocacy 7200 Bancroft Ave, S Imber and Street Describe the public pur	of Tickets of Tickets clear cl	Describ led at the behest isor Nate Miley nd & Alameda (nd, CA 94605 City stribution to the o	e the Public Purpose (of an agency official.) , District 4 County Num	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{7}{N}$ Purpose for Distribution: (I To reward a nonprofit orga	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> Senior advocacy 7200 Bancroft Ave, S Imber and Street Describe the public pur	of Tickets of Tickets clear cl	Describ led at the behest isor Nate Miley nd & Alameda (nd, CA 94605 City stribution to the o	e the Public Purpose (of an agency official.) , District 4 County Num	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{7}{N}$ Purpose for Distribution: (I To reward a nonprofit orga	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> Senior advocacy 7200 Bancroft Ave, S Imber and Street Describe the public pur anization for its contri	of Tickets of Tickets clear cl	Describ led at the behest isor Nate Miley nd & Alameda (nd, CA 94605 City stribution to the o community	e the Public Purpose (of an agency official.) , District 4 County Num	for the Distribution
(Last, First) . Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{7}{N}$ Purpose for Distribution: (I	ion Receiving Tic Official: <u>Alameda C</u> Inization: <u>United Ser</u> Senior advocacy 7200 Bancroft Ave, S Imber and Street Describe the public pur anization for its contri	of Tickets of Tickets clear cl	Describ led at the behest isor Nate Miley nd & Alameda (nd, CA 94605 City stribution to the o community	e the Public Purpose (of an agency official.) , District 4 County Num	for the Distribution

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

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name				Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Date oramp	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OAF	KLAND, CA 946	612			
Area Code/Phone Number E-m	nail			Amendment (Must	explain in Part 5.)
	(510) 272-3882 crystal.hishida@acgov.org				
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal		-	or's Office		
2. Event For Which Tickets We					
Date(s) of Event:09 _/13 _/	<u> 11 </u>	ription of Eve	nt: Oakland A's	s game	
//	Face	Value of Ticke	et: \$	\$38	
Agency Event 🔲 Yes 🛛	☑ No (Identify s	ource of ticke	ts helow)		
· · ·			,	-	
Name of Outside Source of Ticke	ət(s) Provided t	o Agency:		.	
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number		her the Distribution is Ir	
		of Tickets	Descri	be the Public Purpose f	
-					
4. Individual or Organization F	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Offic		Wilma Chan	District 3		
				the standard and	
Name of Individual or Organizati	on: Elizabeth F	Pedroza		Numb	ber of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descril	ha tha nublia nur	nono for the die	tribution to the c	pragnization)	
		•		o ,	6
To promote attendance at an ev	ent neid at a C		n order to max	imize potential Count	ly revenue from sales
5. Verification					n an
I have determined that the distribution	on of tickets set f	orth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
11/2	Alexandra B	loskovich	Suna	rvisor's Assistant	8/16/11
Signature of Agency Head or besignee		Print Name	<u>Oupe</u>	Title	(month, day, year)
Comment: (Use this space or an atta	chment for any add	ditional informatio	on including amend	dment explanation.)	
1	-		-	. ,	

Гісkets Provided by Agency Report			ent	TICKETS PROVIDED B AGENCY REPOR	
1. Agency Name				Date Stamp	California QOO
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	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title		tic Administrat	arla Office	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ 2. Event For Which Ticket	, ,	-		· · · · · · · · · · · · · · · · · · ·	
			Oakland A's	ame	
Date(s) of Event:09 /1				\$38.00	
/	/ Face	Value of Tick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: O	akland Athletics	5	
•					
Number of Tickets Received	I:	TICKEt(S) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (ບ	use a continuatio	on sheet for addit	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
4. Individual or Organizati	on Receiving Tid	L Cket(s) (Provi	l ded at the behest	t of an agency official.)	
Name of Behesting Agency	Official: <u>Superviso</u>	r Wilma Chan	, District 3		
Name of Individual or Orgar	nization: <u>Benito Ga</u>	ircia		Numb	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	mber and Street		City	·····	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the c	organization.)	
To promote attendance at a	in event held at a C	County facility	in order to max	imize potential County	y revenue from sales
5. Verification					·
I have determined that the disti	ribution of tickets set	forth above is ii	n accordance witi	h the provisions of FPP0	C Regulation 18944.1.
(X 1)	\sim				-
	Alexandra I	Boskovich	Sune	rvisor's Assistant	8/9/11
Agency Report A Public Do	cument	TICKETS PROVIDED B AGENCY REPOR			
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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 e	explain 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 Offi		(month, day, year)			
2. Event For Which Tickets Were Distributed					
Date(s) of Event: $\frac{08}{2}$ $\frac{12}{11}$ Description of Event: $\frac{A's}{2}$	Game				
	28.00				
// Face Value of Ticket: \$					
Agency Event 🛛 Yes 🛛 No (Identify source of tickets below	N.)				
Name of Outside Source of Ticket(s) Provided to Agency: <u>Oakland A</u>	Athletics				
Number of Tickets Received:2 Ticket(s) Provided to	Agency: 🔲 Gratuitously	Pursuant to Contrac			
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet	for additional names)				
	ate Whether the Distribution is In				
(Last, First) of Tickets	Describe the Public Purpose f	or the Distribution			
· · ·					
		· · · · · · · · · · · · · · · · · · ·			
4. Individual or Organization Receiving Ticket(s) (Provided at the	e behest of an agency official.)				
Name of Behesting Agency Official: Alameda County Supervisor Sc	ott Haggerty, District 1				
		0			
Name of Individual or Organization: Wanda Thompson	Numb	per of Tickets: <u>2</u>			
Description of Organization:					
Address of Organization:	City	State Zip Code			
Purpose for Distribution: (Describe the public purpose for the distribution	to the organization.)				
To promote attendance at a county sponsored event at a County fac	cility to maximize potential co	ounty revenue			
5. Verification		C. De audation 100111			
I have determined that the distribution of tickets set forth above is in accorda		-			
	Ticket Administrator	8/11/11 (month, day, year)			

Agency Report			AGENCY REPOR
1. Agency Name		Date Stamp	California 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-ma	ail		
		Amendment (Must	explain in Part 5.)
(510) 272-6685 Amy Agency Contact (name and title)	y.Shrago@acgov.org	Date of Original Filing	(month, day, year)
Amy Shrago, Policy Analyst			(monin, day, year)
2. Event For Which Tickets We	re Distributed		n kale bila sana magana ang ng kale kale kana na ng kang na na kale ka
Date(s) of Event:0817		ont. Oakland A's	
		20 00	<u></u>
//	Face Value of Tick	<et: \$<="" td=""><td></td></et:>	
Agency Event 🗌 Yes 🛛 🛛	No (Identify source of tick	ets below.)	
Name of Outside Source of Ticke	t(s) Provided to Agency: <u>C</u>	Dakland A's	
Number of Tickets Received:	2 Ticket(s) Pro	ovided to Agency:	Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuat	ion sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is I Describe the Public Purpose	
4. Individual or Organization R	eceiving Ticket(s) (Prov	I rided at the behest of an agency official.)	
Name of Behesting Agency Offici	al:Keith Carson, Supervis	sor Fifth District	
Name of Individual or Organization	on: <u>Scott Spencer</u>	Num	ber of Tickets:2
Description of Organization:			
Address of Organization:	d Street	City	State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the d	listribution to the organization.)	
		mize potential County revenue from	parking and concession
5. Verification			ana kana mana kana kana kana kana kana k
	n of tickate sat forth above is	in accordance with the provisions of FPI	PC Regulation 18944 1
			o nogulation roo min
	Amy Shrago	Policy Analyst	08/31/2011

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 002
COUNTY OF ALAMEDA				Duto olump	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	Email				
	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-6694	anna.gee@acgov	/.org		Data of Osisinal Filings	
Agency Contact (name and title,				Date of Original Filing:	(month, day, year)
Anna Gee - operations manager					
2. Event For Which Tickets	s Were Distribut	ed			
Date(s) of Event:08_/_2	7 <u>/11</u> Desc	ription of Even	nt: <u>Sade</u>		
	/ Face			179.00	
	/Face	value of licke	et: ֆ	. ·	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	ts below.)		
News of Outside Osumos of	Tiele (a) Due viele el (Go	olden State Wa	rirors	
Name of Outside Source of	licket(s) Provided	to Agency:			
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agency	/: ☐ Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addit	ional names)	
Name of Offic (Last, First)	cial	Number		her the Distribution is In	
		of Tickets	Descri	be the Public Purpose for	
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.)	
A marviadar or organizado	-	• • •			
Name of Behesting Agency	Official: <u>Alameda (</u>	County Superv	isor Nate Miley	v, District 4	
	Alexee de C				1
Name of Individual or Organ	ization: <u>Alameda (</u>	Jounty Meals	on wheels	Numb	er of Tickets: 4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the c	rganization.)	
To reward a non profit organ					
					······
5. Verification					
-I have determined that the distr	ibution of tickets set	forth above is in	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
A AL					
Signature of Agency Head or Design	Anna Gee	Print Name	Oper	ations Manager	08/30/11 (month, day, year)

Agency Report			lic Documen		AGENCY REPOR
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 (Must	explain 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					
2. Event For Which Tickets					
Date(s) of Event: <u>08</u> / <u>1</u>	<u>4 / 11</u> Desc	ription of Eve	nt: Oakland A's	······	
/	/ Face	Value of Tick	et: \$	38.00	
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 Received				Gratuitously	☑ Pursuant to Contract
. Agency Official(s) Recei	i ving Ticket(s) (u	se a continuatio	on sheet for additio	nal names)	kennen ander son en son en son ander son en son ander son en son ander son ander son ander son ander son ander
Name of Offic (Last, First)	cial	Number of Tickets		er the Distribution is In the Public Purpose	ncome to the Official or for the Distribution
l. Individual or Organization	-			f an agency official.)	an han an a
Name of Behesting Agency	Official: Keith Cars	son, Superviso	or Fifth District		
Name of Individual or Orgar	ization: <u>Bobby Sta</u>	hl		Num	ber of Tickets:2
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rncea for the di	etribution to the or	nanization)	
To reward a County employ		-			ff development.
. Verification	and the second secon				
I have determined that the dist	ribution of tickets set	forth above is ii	n accordance with	the provisions of FPF	PC Regulation 18944.1.
Instran	Amy Shrage	0	Policy	Analyst	08/31/2011

Tickets Provided by Agency Report	AP	ublic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	AGENCY REPORT	
Street Address 1221 OAK STREET, #555, OAKL	AND, CA 94612			
Area Code/Phone NumberE-mai(510) 272-3882cryst			Amendment (Must e	
Agency Contact (name and title) Crystal Hishida Graff, Principal Ar	alyst, County Adminis	trator's Office	Date of Original Filing:	(monłh, day, year)
2. Event For Which Tickets Wer Date(s) of Event:09 22		Event: Oakland A	s game	
	Face Value of 1		\$38.00	
Agency Event		Oakland Athletic		⊠ Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a contin	uation sheet for add	tional names)	
Name of Official (Last, First)	Numbe of Ticke		ther the Distribution is In ibe the Public Purpose fo	
Shelia Young	2	To promote	attendance at an even	t held at a County
·		facility in ord	er to maximize potent	ial County revenue
		from sales.		
4. Individual or Organization Re Name of Behesting Agency Officia			it of an agency official.)	
Name of Individual or Organizatior	1:			er of Tickets:
Description of Organization:				
Address of Organization:	Street	City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for th	e distribution to the	organization.)	
5. Verification				
I have determined that the distribution	of tickets set forth above Alexandra Boskovich		th the provisions of FPP ervisor's Assistant	C Regulation 18944.1. 8/8/11
Signature of Agency Head or Designee Comment: (Use this space or an attach	Print Name	·	Title	(month, day, year)
	non for any additional infor	mauon moluung amen	unieni explanation.)	

Tickets Provided by					TICKETS PROVIDED BY
Agency Report	A Public Documer			erit.	AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region				Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OA	and the second s	612			
NUMBER FOR A STREET STREET STREET	-mail rystal.hishida@a	icgov.org		Amendment <i>(Must ex</i> ,	
Crystal Hishida Graff, Principa	I Analyst, County	y Administrate	or's Office		(month, day, year)
2. Event For Which Tickets V					
Date(s) of Event:09_/16_	<u>_/_11</u> Descr	ription of Ever			
/	_/ Face	Value of Tick	et: \$	\$43.75	
Agency Event 🛛 Yes	区 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tic	ket(s) Provided t	o Agency: Oa	akland Athletics	5	
Number of Tickets Received: _					☑ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (us	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 for	
4. Individual or Organization	Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Off	ficial: <u>Supervisor</u>	Wilma Chan	, District 3		
Name of Individual or Organiza				Numbe	r of Tickets:4
Description of Organization:					
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at an e	event held at a C	ounty facility	in order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distribut	tion of tickets set f	orth above is ir	n accordance with	h the provisions of FPPC	Regulation 18944.1.
UY~	Alexandra B			rvisor's Assistant	8/30/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an at	tachment for any add	ditional informatio	on including amend	dment explanation.)	

i.

ickets Provided by gency Report A Public Document			ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA	Name Y OF ALAMEDA Department, or Region (if applicable) AK STREET, #555 dress		Date Stamp	California Form 802 For Official Use Only	
Area Code/Phone Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys	t			☐ Amendment <i>(Must</i> Date of Original Filing	
2. Event For Which Tickets Date(s) of Event: Agency Event □ Yes Name of Outside Source of Number of Tickets Received	20 <u>, 11</u> Desci / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>Go</u>	et: \$ ts below.) olden State Wa	145.35	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offic (Last, First)		Number of Tickets	State Whe		ncome to the Official or for the Distribution
 4. Individual or Organizati 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>Keith Cars</u> nization: <u>James Bro</u> mber and Street escribe the public pur	on, Superviso own Jr. pose for the dis	or Fifth District	Num	ber of Tickets:4
5. Verification I have determined that the dist Signature of Agency Hand or Design Comment: (Use this space or a	Amy Shrago	D Print Name	Polic	y Analyst _{Title}	PC Regulation 18944.1. 08/10/11 (month, day, year)

Tickets Provided by Agency Report A Public Document			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 Number (510) 272-6685 Agency Contact (name and title Amy Shrago, Policy Analys	t	Date of Original Filing	
Agency Event	1411 Description of Ever Face Value of Ticke ⊠ No (Identify source of ticke Ticket(s) Provided to Agency: Oa	et: \$38.00 ets below.)	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (use a continuation cial Number of Tickets	State Whether the Distribution is long to additional names) State Whether the Public Purpose Describe the Public Purpose	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Nu Purpose for Distribution: (D	Official: <u>Keith Carson, Supervise</u> nization: <u>Scott Spencer</u> mber and Street	Num	ber of Tickets:2
Bignatyfeld Agency Head of Desig	Amy Shrago	n accordance with the provisions of FPF Policy Analyst Title on including amendment explanation.)	⁵ C Regulation 18944.1. 08/31/2011 (month, day, year)

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Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED B AGENCY REPOR
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-ma (510) 272-6685 Amy Agency Contact (name and title) Amy Shrago, Policy Analyst	il .Shrago@acgov.org	. Amendment <i>(Must</i>	
2. Event For Which Tickets Wer Date(s) of Event:0922 / Agency Event □ Yes ⊠ Name of Outside Source of Ticket Number of Tickets Received:	11 Description of Even Face Value of Ticket No (Identify source of ticket (s) Provided to Agency:	et: \$38.00 ets below.) akland A's	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Name of Official (Last, First)			ncome to the Official or
Individual or Organization Re Name of Behesting Agency Officia Name of Individual or Organizatio	al: Keith Carson, Superviso	or Fifth District	ber of Tickets:2
Description of Organization: Address of Organization: Number and Purpose for Distribution: (Describe	d Street e the public purpose for the di	City stribution to the organization.)	State Zip Code
5. Verification	n of tickets set forth above is i	nize potential County revenue from n accordance with the provisions of FPF	PC Regulation 18944.1.
Signature of Agency Wad or Designee Comment: (Use two space or an attack	Amy Shrago Print Name Inment for any additional informati	Policy Analyst Title ion including amendment explanation.)	08/31/2011 (month, day, year)

Fickets Provided by Agency Report A Public Docume			ent	TICKETS PROVIDED B	
. 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			Amendment (Must e	xplain in Part 5.)
(510) 272-6685	Amy.Shrago@ace	gov.org		Date of Original Filing:	
Agency Contact (name and title Amy Shrago, Policy Analys				Date of original rining.	(month, day, year)
2. Event For Which Ticket		ed			
Date(s) of Event: $\frac{07}{2}$			nt: Oakland A's	3	
	Ecce			43.75	
Agency Event Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	akland A's		
Number of Tickets Received				y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio			
Name of Offi (Last, First)		Number of Tickets		ther the Distribution is In be the Public Purpose f	
				4	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	-				
Name of Individual or Organ				Numb	per of Tickets:4
Description of Organization	Youth Developme	ent			
Address of Organization: $\frac{3}{2}$	100 Summit Street		Oaklan	ıd	CA 94610 State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the	organization.)	
To reward a school or none					
5. Verification			ay na a san a bara a gara <u>na san an</u> an an an an an an an		
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.
Anaas	Amy Shrag	0		y Analyst	8/1/11
Signature of Agency Herd of Desig Comment: (Use this space or a		Print Name Iditional informati	on including amen	Title dment explanation.)	(month, day, year)

Tickets Provided by			
Agency Report	A Pub	olic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	
COUNTY OF ALAMEDA			Form 802
Division, Department, or Region (ïf applicable)		For Official Use Only
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-m	nail	Amendment (Must	
(510) 272-6694 an	na.gee@acgov.org		explain in Part 5.)
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Anna Gee, Operations Manage	r		(monur, day, year)
2. Event For Which Tickets We	ere Distributed	anna ann an an an ann an ann an ann an a	
Date(s) of Event: <u>07</u> <u>01</u>	11 Description of Eve	nt Baseball Game	
	Face Value of Tick	10 75	
	No (Identify source of tick)	·	
Name of Outside Source of Ticke	et(s) Provided to Agency: <u> </u>	akland Athletics	
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency:	Pursuant to Contrac
3. Agency Official(s) Receiving	g Ticket(s) (use a continuati	ion sheet for additional names)	
Name of Official	Number	State Whether the Distribution is In	come to the Official or
(Last, First)	of Tickets	Describe the Public Purpose f	or the Distribution
4. Individual or Organization F	<pre>leceiving Ticket(s) (Provi</pre>	ided at the behest of an agency official.)	<u> </u>
Name of Behesting Agency Offic	Alameda County Super	visor Nate Miley District 4	
Name of Behesting Agency Offic	ial: <u></u>		
Name of Individual or Organizati	on. Castro Valley Elementa	ary PATA Numb	per of Tickets: <u>10</u>
Description of Organization:	ports Castro Valley Elemer	ntary School	
Address of Organization: 20105	San Miguel Avenue, Castro	City	State Zip Code
		·	
Purpose for Distribution: (Descri			
To reward a nonprofit organizati	on for its contributions to the	e community	
5. Verification			
I have determined that the distribution	on of tickets set forth above is i	in accordance with the provisions of FPP	C Regulation 18944.1.
X12A-	ANNA GEE	OPERATIONS MANAGER	R 08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an atta	chment for any additional informat	ion including amendment explanation.)	
2 parking pass			

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Tickets Provided by					TICKETS PROVIDED B
Agency Report		APUD	lic Docume	ent	AGENCY REPOR
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 ex	nlain in Part 5)
(510) 272-6694	crystal.hishida@a	acgov.org			
Agency Contact (name and title	j			Date of Original Filing: _	(month, day, year)
Anna Gee, Operations Mar	nager				
2. Event For Which Tickets	s Were Distribut	ed			REELEVENTE CONTRACTOR OF A CONT
Date(s) of Event:)1 / 11 Desc	ription of Eve	nt. Baseball Ga	ame	
				43.75	
/	/ Face	Value of Tick	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Tielest(a) Drewided		akland Athletics	3	
Name of Outside Source of	Ticket(s) Provided	to Agency:		· , ·· · · · .	• • • • • • • • • • • • • • • • • • •
Number of Tickets Received	l: <u> </u>	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	ise a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)	<u> </u>	of Tickets	Descri	be the Public Purpose for	r the Distribution
4. Individual or Organization	on Receiving Tic		L ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	Sounty Superv	visor Nate Mile		
Name of Individual or Orgar	Alameda (County Health	Care Foundati	ion Numera	4
					er of Tickets:4
Description of Organization:	supports Alameda	a County Medi	ical Center		
	001 Broadway , Sui				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		,		organization.)	
To reward a nonprofit orgar	ization for its contr	ibutions to the	e community		
5. Verification		anna an		and a first second s	
I have determined that the distr	ribution of tickets sot	forth above is in	n accordance wit	h the provisions of FPPC	Regulation 18944 1
THX(M)	ANNA GEE			RATIONS MANAGER	08/01/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	lditional informatio	on including amend	dment explanation.)	

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Tickets Provided by	A Duk		4	TICKETS PROVIDED BY
Agency Report	A Pub	lic Documen	t	AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if a	oplicable)			For Official Use Only
1221 OAK STREET, #536				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Mustex	(plain in Part 5.)
(510) 272-6694 anna. Agency Contact (name and title)	.gee@acgov.org		Date of Original Filing: _	
Anna Gee, Operations Manager				(, 223, 302.)
2. Event For Which Tickets Were	e Distributed			
Date(s) of Event: <u>07 / 30 / 1</u>	1 Description of Eve	nt. Baseball Gam	ıe	
		~	38.00	
······································	Face Value of Tick	et: \$		
Agency Event 🛛 Yes 🛛 🕅	lo (Identify source of ticke	ets below.)		
Name of Outside Course of Tisket		akland Athletics		
Name of Outside Source of Ticket(<u> </u>	<u></u>
Number of Tickets Received:	Ticket(s) Pro	vided to Agency:	Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving 1	F icket(s) (use a continuation			
Name of Official (Last, First)	Number of Tickets		er the Distribution is Inc the Public Purpose for	
4. Individual or Organization Red				
Name of Behesting Agency Official	Alameda County Super	visor Nate Miley,	District 4	
				2
Name of Individual or Organization	Women on the Way to F	Recovery	Numbe	er of Tickets: <u>2</u>
Description of Organization: <u>Re-en</u>				
20424 H	aviland Ave - Hayward, C	Δ 94541		
Address of Organization: Number and		City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the di	stribution to the org	janization.)	
To promote attendance at an even	t held at a County facility	in order to maxim	ize potential County	revenue from parking
5. Verification		an a the second seco	ann - y Alexandra a gallang production - 54 - 4 des militaria	na a mana ana ana ana ana ang pagang ar 1973 ^{an an} 1986 a dalahada a para ana ang pagang ar 1973 a sa ang pagang ang ang ang ang ang ang ang ang an
I have determined that the distribution	of tickets set forth above is i	n accordance with I	he provisions of FPPC	Regulation 18944 1
· - 12- 4	ANNA GEE		ATIONS MANAGER	
Signature of Agency Head or Designee	Print Name	1	Title	(month, day, year)
Comment: (Use this space or an attachr	nent for any additional informati	on including amendm	ent explanation.)	
and concession sales				

Tickets Provided by			
Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name		Date Stam	
COUNTY OF ALAMEDA			Form 802
Division, Department, or Region	(if applicable)	an <u>n a' an </u>	For Official Use Only
1221 OAK STREET, #536			
Street Address		·····	
OAKLAND, CA 94612			
Area Code/Phone Number E-n	nail		
(510) 272-6694 an	na.gee@acgov.org	Amendment	(Must explain in Part 5.)
Agency Contact (name and title)		Date of Original	Filing:
Anna Gee, Operations Manage	r		(monin, day, year)
2. Event For Which Tickets W			
Date(s) of Event:/_04		". Baseball Game	
		20.00	
//	Face Value of Tick	et: \$	
Agency Event 🔲 Yes 🛛	No (Identify source of ticke	ets below.)	
	•	,	
Name of Outside Source of Tick	et(s) Provided to Agency:		
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency: 🔲 Gratuitou	usly 🛛 🗵 Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continuati	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets		on is Income to the Official or pose for the Distribution
· · · · · ·			
4. Individual or Organization F	Receiving Ticket(s) (Provi	l ded at the behest of an agency off	ïcial.)
Name of Behesting Agency Offic	vial: <u>Alameda County Super</u>	visor Nate Miley, District 4	
Name of Individual or Organizat	ion: United Seniors of Oakla	and & Alameda County	Number of Tickets:2
Description of Organization:	ior advocacy		
Address of Organization:	Bancroft Ave, Ste 251-Oakla	nd, CA 94605 _{City}	State Zip Code
Purpose for Distribution: (Descri			
To reward a nonprofit organizat	ion for its contribution to the	community	
5. Verification			Non-management of the second secon
Lhave determined that the distributi	on of tickets set forth above is i	n accordance with the provisions c	of FPPC Regulation 18944.1.
MARC .	ANNA GEE	OPERATIONS MAN	AGER 08/01/11
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an atta	chment for any additional informati	ion including amendment explanation.)	

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or 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 e	volain in Part 5)
(510) 272-6694	anna.gee@acgov	.org			xpiair in Fait 5.j
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Anna Gee - Operations Ma	nager				(
2. Event For Which Tickets	s Were Distribute	ed			INNESSING NEEDEN SANNA SEEDEN SANNA SEEDEN SANNA S
Date(s) of Event:/1	0 / 11 Desc	ription of Eve	nt: Alameda Co	ounty Fair	
		Value of Tick		5.00	
/		value of fick	eι. φ		
Agency Event 🛛 🗌 Yes	🔀 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency. Al	ameda County	Fair Association	
	E				
Number of Tickets Received	l:5	Ticket(s) Pro	wided to Agenc	y: 🗵 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Tickot(e) (m	no o continuati	on aboot for addi	tional names)	<u></u>
				·	the second s
Name of Offic (Last, First)	Jai	Number of Tickets		her the Distribution is In be the Public Purpose fo	
4. Individual or Organization	-				
Name of Behesting Agency	Official: Alameda C	County Super	visor Nate Mile	y, District 4	
					_
Name of Individual or Organ	ization: Flora Maca	alino		Numb	er of Tickets:5
Description of Organization:		<u> </u>			
Address of Organization:					
Address of Organization:	mber and Street		City	······································	State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the c	organization.)	
To promote attendance at a					v revenue from parking
5. Verification					
1	ibution of tickate act i	forth above is i	n aaaardanaa wit	h the provisions of EPD(C Population 19044 1
I have determined that the distr			n accoruance wit	n me provisions of PPO	
Hall.	ANNA GEE		OPE	RATIONS MANAGER	
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informati	on including amend	dment explanation.)	
and concession sales					

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Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address			Date Stamp	AGENCY REPOR California Form 802
1221 OAK STREET, #536, OAKLAND, CA 946 Area Code/Phone Number E-mail (510) 272-6692 District2@acgov.or Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS	org		Amendment (Must	· .
2. Event For Which Tickets Were Distribute		Ωakland Δ's		
Date(s) of Event:081711 Desc			22.00	
/ Face	Value of Lick	et: \$		
Agency Event				
Name of Outside Source of Ticket(s) Provided t	to Agency: <u>Oa</u>	akland A's		
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets	1	her the Distribution is Ir be the Public Purpose t	ncome to the Official or for the Distribution
Bates, Casey	2	To promote a	ttendance at an eve	nt held at a County
		facility in orde	er to maximize poten	tial sales.
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor</u>	r Nadia Locky	er, District 2		
Name of Individual or Organization:			Numl	ber of Tickets:2
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur To promote attendance at an event held at a C				
	DIANDA Print Name		ET ADMINISTRATO Title	$\alpha l \cdot c l \cdot l$
Comment: (Use this space or an attachment for any add	uuumai mormatio	n incluaing amena	ment explanation.)	FPPC Form 802 (Feb/0)

gency Report	A Publ	ic Document	TICKETS PROVIDED AGENCY REPO
. Agency Name	ga na ann an ann an ann an ann an ann an	Date Stamp	California Form 80
COUNTY OF ALAMEDA			
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	explain in Part 5.)
	nna.gee@acgov.org		
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Anna Gee, Operations Manage	ər		
. Event For Which Tickets W	/ere Distributed		
Date(s) of Event:/_31	/ 11 Description of Ever	_{nt} . Baseball Game	
/	/ Face Value of Ticke	et: \$	
Agency Event 🛛 Yes 🛛	No (Identify source of ticket	ts below.)	
Name of Outside Source of Tick	(et(s) Provided to Agency:		
Number of Tickets Received:	Ticket(s) Prov	vided to Agency: 🔲 Gratuitously	⊠ Pursuant to Contra
Agency Official(s) Receivin	ig Ticket(s) (use a continuatio	n sheet for additional names)	
Name of Official (Last, First)	Number	State Whether the Distribution is Ir	
	of Tickets	Describe the Public Purpose	
Individual or Organization	Receiving Ticket(s) (Provid	led at the behest of an agency official.)	·····
individual of Organization			
	cial: Alameda County Superv	visor Nate Miley, District 4	
Name of Behesting Agency Offi			
		locovoru	Л
		Recovery Num	per of Tickets:4
Name of Individual or Organizat	tion: <u>Women on the Way to R</u>	Recovery Num	per of Tickets:4
	tion: <u>Women on the Way to R</u>	Recovery Num	per of Tickets:4
Name of Individual or Organizat Description of Organization: Re	tion: <u>Women on the Way to R</u>		per of Tickets:4
Name of Individual or Organizat Description of Organization: $\frac{Re}{20424}$	tion: <u>Women on the Way to R</u> e-entry program for women		
Name of Individual or Organization: $\frac{Re}{Name}$ Address of Organization: $\frac{20424}{Number}$	tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street	A 94541 City	
Name of Individual or Organization:	tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis	A 94541 City stribution to the organization.)	State Zip Co
Name of Individual or Organization:	tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis	A 94541 City	State Zip Co
Name of Individual or Organization: Re Description of Organization: Re Address of Organization: 2042 Number Purpose for Distribution: (Descr To promote attendance at an e	tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis	A 94541 City stribution to the organization.)	State Zip Co
Name of Individual or Organization: Report Description of Organization: Report Address of Organization: 20424 Number Purpose for Distribution: (Description Description) (Description) (tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis vent held at a County facility i	A 94541 ^{City} stribution to the organization.) n order to maximize potential Coun	State Zip Co ty revenue from parking
Name of Individual or Organization: Report Description of Organization: Report Address of Organization: 20424 Number Purpose for Distribution: (Description Description) (Description) (tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis vent held at a County facility i	A 94541 City stribution to the organization.)	State Zip Co ty revenue from parking
Name of Individual or Organization: Report Description of Organization: Report Address of Organization: 20424 Number Purpose for Distribution: (Description Description) (Description) (tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis vent held at a County facility i	A 94541 ^{City} stribution to the organization.) n order to maximize potential Coun	State Zip Co ty revenue from parking PC Regulation 18944.1.
Name of Individual or Organization: Report Description of Organization: Report Address of Organization: 20424 Number Purpose for Distribution: (Description Description) (Description) (tion: <u>Women on the Way to R</u> e-entry program for women 4 Haviland Ave - Hayward, CA and Street ribe the public purpose for the dis vent held at a County facility i	A 94541 City stribution to the organization.) n order to maximize potential Coun accordance with the provisions of FPF	State Zip Co ty revenue from parking PC Regulation 18944.1.

Fickets Provided by Agency Report A Public Document			TICKETS PROVIDED B
			AGENCY REPORT
1. Agency Name		Date Stamp	California Form 802
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-r	nail	Amendment (Must	explain in Part 5.)
	nna.gee@acgov.org		
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Anna Gee, Operations Manage	۶r		
Event For Which Tickets W	ere Distributed		
Date(s) of Event: 28	/ ¹¹ Description of Eve	nt [.] Baseball Game	
		00.00	
	/ Face Value of Tick	et: \$	
Agency Event 🔲 Yes [No (Identify source of ticke	ets below.)	
Name of Outside Source of Tick	et(s) Provided to Agency:		
Number of Tickets Received:	Ticket(s) Pro	vided to Agency: 🛛 Gratuitously	⊠ Pursuant to Contrac
Agency Official(s) Receivin	g Ticket(s) (use a continuation	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Ir Describe the Public Purpose f	
0	• • • • •	l ded at the behest of an agency official.)	
Name of Behesting Agency Offi	cial: <u>Alameda County Super</u>	visor Nate Miley, District 4	
Name of Individual or Organizat		Recovery Numb	ber of Tickets:2
Description of Organization: Re	e-entry program for women		
	4 Haviland Ave - Hayward, C	A 94541 City	State Zip Code
Purpose for Distribution: (Descr		·	
	• • •	in order to maximize potential Count	ty revenue from parking
· · · · · · · · · · · · · · · · · · ·			
Verification	ion of tickoto oot forth obour is in	,	C Pogulation 19044 1
I have determined that the distribut	ion of lickets set forth above is li	n accordance with the provisions of FPP	C Regulation 10944.1.
· 1/241	ANNA GEE	OPERATIONS MANAGER	R 08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an atta	achment for any additional information	on including amendment explanation.)	
and concession sales			

Tickets Provided by					TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent .	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form COLL For Official Use Only
Division, Department, or Re	gion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #536	, OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5)
(510) 272-6692	District2@acgov.	org			sxplain in Fall 3.)
Agency Contact (name and titl		_		Date of Original Filing:	(month, day, year)
Michelle Dianda, Ticket Ac	lministrator, BOS				
2. Event For Which Ticker	ts Were Distribut	ed			
Date(s) of Event: <u>08</u> /	<u>26 / 11</u> Desc	ription of Eve	nt: <u>Sade Conce</u>	ert	
	/ Face			179.00	
	🛛 No (Identify s				
				urriore	
Name of Outside Source of	f Ticket(s) Provided	to Agency:	Siden State wa	11015	<u> </u>
Number of Tickets Receive	d:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Off		Number	1	ther the Distribution is Ir	
(Last, First)	of Tickets	Descri	be the Public Purpose f	or the Distribution
				, , , , , , , , , , , , , , , , , , ,	<u></u>
					telepitele kalasi telebi antarapan keran dari keratikan telepitele kerana keri telepitele termini
4. Individual or Organizat	. •			t of an agency official.)	
Name of Behesting Agency	/ Official: <u>Superviso</u>	r Nadia Locky	ver, District 2		
					0
Name of Individual or Orga	nization: Deepa Sh	arma		Numł	ber of Tickets:2
Description of Organization					
Description of Organization	I				
Address of Organization:				And an and a second	
N	umber and Street		City		State Zip Code
Purpose for Distribution: (I	Describe the public pu	rpose for the di	stribution to the o	organization.)	
To reward a community vo	lunteer for her servi	ce to the publ	ic.		
				Mara a sa	มีสาราสสาราชในอาจไปประกาศสาราช (การการการการการการการการการการการการการก
5. Verification					
I have determined that the dis	tribution of tickets set	forth above is il			NIGhi
	MICHELLE			ET ADMINISTRATO	<u>r X/X///</u>
Signature of Agency Head or Desig		Print Name	. 	Title	(month, day, year)
Comment: (Use this space or	an attachment for any ad	Iditional informati	on including amend	iment explanation.)	
					FPPC Form 802 (Feb/09

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #536, OAKLAND, CA	94612			
Area Code/Phone NumberE-mail(510) 272-6692District2@accAgency Contact (name and title)			Amendment (Must ex	
Michelle Dianda, Ticket Administrator, BO				
	Description of Ever face Value of Ticket tify source of ticked ded to Agency: Oa Ticket(s) Pro (use a continuation Number of Tickets	et: \$ ets below.) akland Raiders vided to Agenc on sheet for addir State Whet Descri	150.00 y: ☐ Gratuitously tional names) her the Distribution is Ind be the Public Purpose fo	
Name of Behesting Agency Official: Super				
Name of Individual or Organization:	l Weinzveg			er of Tickets: <u>3</u>
Address of Organization: <u></u>			organization.)	State Zip Code
5. Verification I have determined that the distribution of tickets Signature of Agency Head or Designee Comment: (Use this space or an attachment for a	LLE DIANDA Print Name		ET ADMINISTRATOF	dicili

Tickets Provided by		Δ Publ	ic Docume	nt	TICKETS PROVIDED BY
Agency Report					AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)				T Of Official Ose 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@acgov	.org		_	······,
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Anna Gee, Operations Man	ager				
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:/_0	6 / 11 Desci	ription of Ever	, Baseball Ga	ame	
		· · ·		38.00	
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	icket(s) Provided t	o Agency: Oa	kland Athletics	5	
Number of Tickets Received:	<u></u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ving Tickot(s) /w		n aboat for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
		UT TICKETS	Desen		
and a second					·
• <u></u>					
			-		
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
-	-	• • ·			
Name of Behesting Agency (Official: Alameda C	Jounty Superv	isor mate mile	, District 4	
					2
Name of Individual or Organi	zation:			Numbe	er of Tickets:2
Description of Organization:	senior advocacy				
Description of Organization.	<u></u>		<u></u>		
Address of Organization:	00 Bancroft Ave, S	te 251-Oaklaı	nd, CA 94605		
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 nonprofit organ				č	
5 Varification					
5. Verification	· · · · · · · · · · · · · · · · · · ·	Caralla a tara tara tara tara tara tara t			Deculation 190111
I have determined that the distri	pution of tickets set f	rorth above is in	accordance wit	n the provisions of FPPC	regulation 18944.1.
A ATT.	ANNA GEE		OPE	RATIONS MANAGER	08/01/11
Signature of Agency Head or Designed	30	Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any add	ditional informatic	on including amend	dment explanation.)	

Tickets Provided by				4	TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	nt	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Re	gion (if applicable)				To onicial use only
Street Address					
1221 OAK STREET, #536		612			
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-6692 Agency Contact (name and titi	District2@acgov.	org		Date of Original Filing	:
Michelle Dianda, Ticket Ac					(month, day, year)
2. Event For Which Ticke	ts Were Distribut	ed		and a second	
Date(s) of Event:08_/	<u>13 / 11</u> Desc	ription of Eve	nt: Oakland A's	3	
	/ Face			22.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	f Ticket(s) Provided	to Agency: <u>Oa</u>	akland A's		·
Number of Tickets Receive				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuatio	on sheet for addit	tional names)	
Name of Off (Last, First		Number of Tickets		her the Distribution is I be the Public Purpose	ncome to the Official or
	,	OFFICKELS	Descri	be the rublic rupose	
4. Individual or Organizat	ion Receiving Tic	ket(s) (Provi	ded at the behest	t of an agency official.)	
-	•			tor an agency officially	
Name of Behesting Agency				· · · · · · · · · · · · · · · · · · ·	
Name of Individual or Orga	nization: <u>Angelina</u> F	Rodriguez		Num	ber of Tickets:2
Description of Organization	ı:				
Address of Organization:	umber and Street		City		State Zip Code
Purpose for Distribution: (I		rpose for the di	stribution to the c	organization.)	
To promote attendance he					from sales.
			•	· · · · · · · · · · · · · · · · · · ·	
5. Verification					
I have determined that the dis	tribution of tickets set	forth above is il	n accordance wit	h the provisions of FPF	² C Regulation 18944.1.
Ind	MICHELLE	DIANDA	TICK	ET ADMINISTRATO	R 8/4/1
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
Comment: (Use this space or	an attachment for any ad	iditional informati	on including amend	iment explanation.)	
					FPPC Form 802 (Feb/09

Tickets Provided by Agency Report	,	A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)			Date Stamp	California Form 802
Street Address 1221 OAK STREET, #536,	OAKLAND. CA 94	612	<u> </u>		
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.			Amendment (Must e	
Agency Contact (name and title, Michelle Dianda, Ticket Adr				Date of Original Filing: .	(month, day, year)
2. Event For Which Tickets Date(s) of Event:08 /_ 1	5 <u>11</u> Desc	ription of Eve			
Agency Event Yes Name of Outside Source of Number of Tickets Received	-	source of ticke to Agency: <u>O</u> a	ets below.) akland A's		⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Ind be the Public Purpose fo	
4. Individual or Organizatio Name of Behesting Agency	•			t of an agency official.)	
Name of Individual or Organ				Numb	er of Tickets:6
Description of Organization:				continue to get meals	during the summer
Address of Organization:	734 Main Street H	ayward, CA 9	04544 City		State Zip Code
Purpose for Distribution: (De To reward a nonprofit organ				organization.)	
5. Verification		, ,, , , , , , , , , , , , , , , , , ,			
I have determined that the distri	MICHELLE			The provisions of FPPC	$\propto \ln l d$
Signature of Agency Head or Design Comment: (Use this space or at		Print Name ditional information	on including amen	Title dment explanation.)	(month, day, fear)

Tickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED B
1. Agency Name			AGENCY REPOR
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			
	-mail		
(510) 272-6694 a	inna.gee@acgov.org	Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Anna Gee, Operations Manag	jer		(month, day, year)
2. Event For Which Tickets V	Vere Distributed		00000000000000000000000000000000000000
Date(s) of Event:/ 17		, Baseball Game	
······································	J Face Value of Ticke	at: \$	
Agency Event 🛛 Yes	X No (Identify source of ticket	ts below.)	
Name of Outside Source of Tic	ket(s) Provided to Agency. Oa	kland Athletics	
	0		
Number of Tickets Received:	Ticket(s) Prov	vided to Agency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	na Tickot(s) (upp a continuatio	n about for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is In Describe the Public Purpose for	
		······································	* **
A la dividual en Organization			
4. Individual or Organization		ed at the behest of an agency official.)	
Name of Behesting Agency Off	ficial: <u>Alameda County Superv</u>	isor Nate Miley, District 4	
	Doputy Shoriff's Activitie		ŋ
Name of Individual or Organiza	ation:	Numb	er of Tickets: <u>2</u>
Description of Organization: <u>pr</u>	ograms for unincorporated at -	risk youth	
Address of Oppopriation, 1637	78 E. 14th Street, Suite #100 S	an Leandro, CA 94578	
Address of Organization:	r and Street	City	State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the dis	tribution to the organization.)	
To reward a nonprofit organiza			
		community	
5. Verification			kan kanan sa sama manan manan kanan da daga maga pasa tang tara da sa 1935 kanan da
	ition of tickets set forth above is in	accordance with the provisions of FPP	C Regulation 18944.1.
		accordance marane previolation of the	
1 sol			00104144
Signature of Agency Head or Designee	ANNA GEE		08/01/11 (month, day, year)

Tickets Provided byAgency ReportA Public Document			ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)	y Name TY OF ALAMEDA		Date Stamp	California Form 802
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94	612			
	District2@acgov.org me and title)		☐ Amendment <i>(Must</i>) Date of Original Filing:	
2. Event For Which Tickets Were Distribute Date(s) of Event:08 /_15 /_11 Desc / Face Agency Event □ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided t Number of Tickets Received:4	ription of Eve Value of Tick source of ticke to Agency: <u>O</u>	et: \$ ets below.) akland A's	43.75	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	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 f	
4. Individual or Organization Receiving Tic Name of Behesting Agency Official: Supervisor	• • •		t of an agency official.)	
Name of Individual or Organization: <u>Soulciety</u>				per of Tickets:4
Description of Organization: <u>An organization th</u> Address of Organization: <u>28924 Ruus Road Ha</u> <u>Number and Street</u> Purpose for Distribution: (Describe the public pur	ayward, CA 9 pose for the dia	4544 City stribution to the c		State Zip Code
To reward a nonprofit organization for its contri 5. Verification	butions to the	e community		
I have determined that the distribution of tickets set in MICHELLE Signature of Agency Head or Designee Comment: (Use this space or an attachment for any add	DIANDA Print Name		ET ADMINISTRATO	σ $ 1 1 $

Agency Report		lic Docume	/	AGENCY REPO
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
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 e	xplain in Part 5.)
(510) 272-6694 anna.gee@ac	gov.org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Anna Gee - operations manager				
. Event For Which Tickets Were Distrik	outed			
Date(s) of Event: /	escription of Ever	nt: Aatif Aslam		
			60.00	
/	ace value of fick	эс. ф		
Agency Event 🗌 Yes 🛛 No (Identi	fy source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provid	od to Agonovi Go	olden State Wa	rrirors	
Number of Tickets Received: <u>4</u>	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contra
	-			
. 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 for	or the Distribution
. Individual or Organization Receiving	Ticket(s) (Provid	ded at the behes	t of an agency official.)	
U U				
Name of Behesting Agency Official: Alamed	a County Super	Asor Nate Mile	y, District 4	
Zaheer	, Asfia, Nadia, a	nd Omar Siddio	aui	4
Name of Individual or Organization: Zaneer	, //ona, //adia, //		Numb	er of Tickets:4
Description of Organization:				
Description of Organization.				
Address of Organization:				
Number and Street		City		State Zip Cod
Purpose for Distribution: (Describe the public	purpose for the di	stribution to the o	organization.)	
To promote attendance at an event held at				v revenue from
To promote altendance at an event field at				
. Verification				
1	ant forth - have it '		h the provisions of FDD	C Population 19044 4
I have determined that the distribution of tickets	set forth above is li	i accordance Wit	n me provisions of FPP0	
Anna Ge	е	Oper	ations Manager	08/01/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year,
Comment: (Use this space or an attachment for an	y additional informati	on including amend	dment explanation.)	

Agency Report		AFUDI	ic Docume	;nu	AGENO	OVIDED
I. Agency Name		an tean ann an teanna ann ann ann ann ann ann ann ann an	1999-999-999-999-999-999-999-999-999-99	Date Stamp	California Form	RU
COUNTY OF ALAMEDA						
Division, Department, or Region (if applicable)			*	For Official Use	e Only	
1221 OAK STREET, #536				,		
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.)	
(510) 272-6694	anna.gee@acgov	v.org				
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)	
Anna Gee, Operations Man						
2. Event For Which Tickets						
Date(s) of Event:	<u>7 / 11</u> Desc	cription of Even	nt: <u>Baseball G</u> a	ame		
	/ Face			4 500		
Agency Event 🛛 Yes	🗵 No (Identify s		-			
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Oa</u>	kland Athletics	5		
Number of Tickets Received	<u>: 24</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to €	Contra
. Agency Official(s) Recei	ving Ticket(s) (u	ise a continuatio				
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo		l or
. Individual or Organizati						
Name of Behesting Agency	Official: <u>Alameda (</u>	County Superv	visor Nate Mile	y, District 4		
Name of Individual or Orgar	nization: Deputy St	neriff's Activitie	s League		er of Tickets:	24
Description of Organization:	programs for unin	ncorporated at	-risk youth			
Address of Organization.	6378 E. 14th Street	t, Suite #100 S	San Leandro, C	A 94578	State	Zip Co
Purpose for Distribution: (D	escribe the public pu	irpose for the dis	stribution to the	organization.)		
·				-		
To reward a nonprofit orgar						
To reward a nonprofit organ	Summer and the second		The second se			
5. Verification			<u></u>			
To reward a nonprofit organ 5. Verification I have determined that the distr	ribution of tickets set Anna Gee	forth above is in		th the provisions of FPPC ations Manager		<i>4.1.</i>)1/11

Agency Report		A Publi	c Docume	nt	TICKETS PROVIDED AGENCY REPO
1. Agency Name	GRAMEO INTERNA SERVICE AND AND A CONTRACTOR OF	den ander Officie (frankriken er en stander er en stand		Date Stamp	California Form 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-6694	anna.gee@acgov	.org		_	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Anna Gee, Operations Mar	nager				
. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:/	05 <u>/ 11</u> Descr	iption of Event	: Baseball Ga	me	
	/ Face `			38.00	
• •	🛛 No (Identify s				
Name of Outside Source of	Ticket(s) Provided to	o Agency: <u>Oal</u>	kland Athletics		
Number of Tickets Received	d:2	Ticket(s) Prov	ided to Agency	r: ☐ Gratuitously	☑ Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatior	n sheet for addit	ional names)	
Name of Offi (Last, First)		Number of Tickets		ner the Distribution is Inc be the Public Purpose fo	
				<u> </u>	
Name of Behesting Agency	Official: Alameda C	County Supervi	sor Nate Miley	v, District 4	
	Official: Alameda C	County Supervi	sor Nate Miley	v, District 4	er of Tickets:2
Name of Behesting Agency	Official: <u>Alameda C</u> nization: <u>United Ser</u>	County Supervi	sor Nate Miley	v, District 4	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: 7	Official: <u>Alameda C</u> nization: <u>United Ser</u>	County Supervi	sor Nate Miley Id & Alameda	v, District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: 7	Official: <u>Alameda C</u> nization: <u>United Ser</u> <u>senior advocacy</u> 200 Bancroft Ave, S	County Supervi niors of Oaklan	sor Nate Miley nd & Alameda nd, CA 94605 ^{City}	r, District 4 County Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{7}{Nt}$	Official: <u>Alameda C</u> nization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S Imber and Street	County Supervi niors of Oaklan te 251-Oaklan pose for the dist	sor Nate Miley Id & Alameda Id, CA 94605 City tribution to the c	r, District 4 County Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{7}{Nc}$ Purpose for Distribution: (E To reward a ponprofit organ	Official: <u>Alameda C</u> nization: <u>United Ser</u> senior advocacy 200 Bancroft Ave, S Imber and Street	County Supervi niors of Oaklan te 251-Oaklan pose for the dist	sor Nate Miley Id & Alameda Id, CA 94605 City tribution to the c	r, District 4 County Numb	
Name of Individual or Organ Description of Organization Address of Organization: $\frac{7}{Nc}$ Purpose for Distribution: (E <u>To reward a popprofit organ</u> 5. Verification	Official: Alameda C nization: United Ser senior advocacy 200 Bancroft Ave, S umber and Street Describe the public pur nization for its contri	County Supervi niors of Oaklan te 251-Oaklan pose for the dist bution to the c	sor Nate Miley d & Alameda d, CA 94605 City tribution to the c	r, District 4 County Number	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{7}{Nc}$ Purpose for Distribution: (E To reward a ponprofit organ	Official: Alameda C nization: United Ser senior advocacy 200 Bancroft Ave, S unber and Street Describe the public pur nization for its contri tribution of tickets set f ANNA GEE	County Supervi niors of Oaklan te 251-Oaklan pose for the dist bution to the c	sor Nate Miley ad & Alameda ad, CA 94605 City tribution to the c community accordance with	r, District 4 County Number	State Zip Co C Regulation 18944.1.

Tickets Provided by Agency Report	A	A Public Docum	ent	TICKETS PROVIDED B
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Reg	ion (if applicable)	4	For Official Use Only	
1221 OAK STREET, #536				
Street Address			4	
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail			
(510) 272-6694	anna.gee@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title			Date of Original Filing:	(month, day, year)
Anna Gee, Operations Man	-			(month, day, year)
. Event For Which Tickets				
		Baseball G	ame	
Date(s) of Event:/_0	<u></u> Description	of Event:	40.75	
/	/ Face Value	of Ticket: \$	43.75	
Agency Event 🛛 Yes				
			0	
Name of Outside Source of	Ticket(s) Provided to Age	ncy: <u>Oakland Athletic</u>	5	
Number of Tickets Received	l: <u>10</u> Ticke	t(s) Provided to Agen	cy: 🔲 Gratuitously	⊠ Pursuant to Contrac
Agency Official(s) Recei	i ving Ticket(s) (use a cc	ontinuation sheet for add	itional names)	
Name of Offic	cial Nu	mber State Whe	ther the Distribution is Inc	come to the Official or
(Last, First)	of T	ickets Desci	ibe the Public Purpose fo	r the Distribution
. Individual or Organizati	on Receiving Ticket(s) (Provided at the behe	st of an agency official.)	
Name of Behesting Agency	Official. Alameda County	Supervisor Nate Mile	ey, District 4	
				10
Name of Individual or Orgar	lization: Castro valley Sp		Numbo	er of Tickets:
	Supports Castro Valley		14-24 Martin	
boomption of organization.				
D	O Box 2673-Castro Valley	y, CA 94546		
Address of Organization:	O Box 2673-Castro Valley	y, CA 94546 City		State Zip Code
Address of Organization:	mber and Street	City		State Zip Code
Address of Organization: Provide the Providence of Organization of Organizatio	mber and Street escribe the public purpose f	City or the distribution to the		State Zip Code
Address of Organization: Provide the Purpose for Distribution: (D) To reward a nonprofit organ	mber and Street escribe the public purpose f	City or the distribution to the		State Zip Code
Address of Organization: Provide the Providence of Organization: (Description: (Description)) (Description) (Descr	mber and Street escribe the public purpose f nization for its contribution	City or the distribution to the ns to the community	organization.)	
Address of Organization: Purpose for Distribution: (D To reward a nonprofit organ	mber and Street escribe the public purpose f nization for its contribution ribution of tickets set forth at	City or the distribution to the ns to the community bove is in accordance w	organization.) ith the provisions of FPPC	C Regulation 18944.1.
Address of Organization: Point Number Point Point Number Point Point Number Point N	mber and Street escribe the public purpose f nization for its contribution ribution of tickets set forth al Anna Gee	City or the distribution to the ns to the community bove is in accordance w Ope	organization.)	

gency Report		A Public	Docume	nt		Y REPOR
Agency Name				Date Stamp	California Form	202
COUNTY OF ALAMEDA						
Division, Department, or Reg	ion (if applicable)			/	For Official Use	e 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@acgov.	org			,	
Agency Contact (name and title	a)			Date of Original Filing: _	(month, day, year)	
Anna Gee - Operations Ma	nager					
Event For Which Ticket	s Were Distribute	d				
Date(s) of Event:1	10 <u>/ 11</u> Descri	ption of Event:	Alameda Co	ounty Fair		
()	/ Face \	-		F 00		
Agency Event 🛛 Yes	🗵 No (Identify so					
Name of Outside Source of	Ticket(s) Provided to	Agency: Alam	eda County	Fair Association		
Number of Tickets Received				y: 🗵 Gratuitously	Pursuant to	Contra
Agency Official(s) Rece	iving Ticket(s) (use	e a continuation :	sheet for addit	ional names)		
Name of Office	cial	Number	State Whet	her the Distribution is Inc	come to the Officia	l or
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo		lor
	cial					l or
	cial					lor
	cial					lor
	cial					lor
	cial					lor
(Last, First)		of Tickets	Descril	be the Public Purpose fo		lor
(Last, First)	on Receiving Tick	of Tickets	Descril	oe the Public Purpose fo		lor
(Last, First)	on Receiving Tick	of Tickets	Descril	oe the Public Purpose fo		lor
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u>	of Tickets (Providection of the second secon	Descril	be the Public Purpose fo of an agency official.) 7, District 4	r the Distribution	1 or 10
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u>	of Tickets (Providection of the second secon	Descril	be the Public Purpose fo of an agency official.) 7, District 4		
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> hization: <u>Shantai Brig</u>	of Tickets (Providection of the second secon	Descril I at the behest or Nate Miley	be the Public Purpose fo of an agency official.) 7, District 4	r the Distribution	
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization:	on Receiving Tick Official: <u>Alameda Co</u> hization: <u>Shantai Brig</u>	of Tickets	Descril I at the behest or Nate Miley	be the Public Purpose fo of an agency official.) 7, District 4	r the Distribution	
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization:	on Receiving Tick Official: <u>Alameda Co</u> hization: <u>Shantai Brig</u>	of Tickets	Descril I at the behest or Nate Miley	be the Public Purpose fo of an agency official.) 7, District 4	r the Distribution	10
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Shantai Brig</u>	of Tickets	Descril I at the behest or Nate Miley City	oe the Public Purpose fo of an agency official.) , District 4 Numbe	er of Tickets:	10
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> hization: <u>Shantai Brig</u> mber and Street	of Tickets	Descril I at the behest or Nate Miley City bution to the c	organization.)	er of Tickets: State	10 Zip Code
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	on Receiving Tick Official: <u>Alameda Co</u> hization: <u>Shantai Brig</u> mber and Street	of Tickets	Descril I at the behest or Nate Miley City bution to the c	organization.)	er of Tickets: State	10 Zip Code
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Nu Purpose for Distribution: (D To promote attendance at a	on Receiving Tick Official: <u>Alameda Co</u> hization: <u>Shantai Brig</u> mber and Street	of Tickets	Descril I at the behest or Nate Miley City bution to the c	organization.)	er of Tickets: State	10 Zip Code
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Shantai Brig</u> mber and Street rescribe the public purp an event held at a Co	of Tickets	Descril I at the behest or Nate Miley City bution to the c order to max	e the Public Purpose fo of an agency official.) , District 4 Numbe organization.) imize potential County	er of Tickets: State / revenue from p	10 Zip Code arking
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Nu Purpose for Distribution: (D To promote attendance at a	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Shantai Brig</u> mber and Street rescribe the public purp an event held at a Co	of Tickets	Descril I at the behest or Nate Miley City bution to the c order to max	e the Public Purpose fo of an agency official.) , District 4 Numbe organization.) imize potential County	er of Tickets: State / revenue from p	10 Zip Code arking 4.1.

Agency Report	2.dec.2.co.co.co.co.co.co.co.co.co.co.co.co.co.	7 (1 ¢ 8	lic Documer		AGENCY REPO
I. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)					For Official Use Only
	ion (if applicable)				
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must expl	lain in Part 5.)
(510) 272-6694	anna.gee@acgov	v.org			
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Anna Gee - Operations Ma	nager	والإولى والمراجع معمدة المناط والمراجع والمناط والحاف فالمناط والمناط			
2. Event For Which Ticket					
Date(s) of Event:	<u>31 / 11</u> Desc	ription of Eve	nt: Baseball Gar	ne	
1	/ Face	Value of Tick	et: \$	43.75	
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: O	akland Athletics		
Number of Tickets Received	1:	Ticket(s) Pro	ovided to Agency	: Gratuitously	☑ Pursuant to Contra
B. Agency Official(s) Rece Name of Offi		se a continuatio	State Wheth	er the Distribution is Inco	
(Last, First)		of Tickets	Describ	e the Public Purpose for	the Distribution
Akinjo, Paul		1	To reward a C	County employee for ex	cemplary public
			service		
I. Individual or Organizati	on Receiving Tic	:ket(s) (Provi	ded at the behest	of an agency official.)	
Name of Behesting Agency	Official. Alameda (County Super	visor Nate Miley	, District 4	
•••					
Name of Individual or Organ	nization: James & E	Bisi Akinjo, M	ichael Bright	Numbe	r of Tickets: <u>3</u>
-					
Description of Organization					
Address of Organization:	mber and Street		City		State Zip Co
	the state of the second			manipation)	
Purpose for Distribution: (D			istribution to the of	ganization.)	
To reward a County employ	yee for exemplary p	ublic service			the second to be second
	ang ang ang ang kanang ang ang ang ang ang ang ang ang an	araranang pana ana arar arar arang panana			
5. Verificatį́on					
1		forth chove in i	n accordance with	the provisions of FPPC	Regulation 18944.1.
I have determined that the dist	ribution of tickets set	ionin above is i			
I have determined that the dist	ribution of tickets set ANNA GEE			RATIONS MANAGER	08/1/011

Tickets Provided by	Δ Pub	lic Docume	nt	TICKETS PROVIDED BY
Agency Report 1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form 002
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #536, OAKLAND, CA 94	612		•	
Area Code/Phone Number E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-6692 District2@acgov	.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Michelle Dianda, Ticket Administrator, BOS				
2. Event For Which Tickets Were Distribut				
Date(s) of Event:09 /_ 20 /11 Desc	cription of Eve	nt: <u>Oakland A's</u>		
/ Face	e Value of Tick	et: \$	43.75	
Agency Event 🛛 Yes 🛛 No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: O	akland A's		
Number of Tickets Received:4	Ticket(s) Pro	wided to Agency	/: ☐ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuati	on 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 Ti	cket(s) (Provi	l ded at the behest	of an agency official.)	
Name of Behesting Agency Official: <u>Supervise</u>	or Nadia Locky	ver, District 2		
Name of Individual or Organization: <u>Hayward</u>	DEMOs		Numbe	er of Tickets: <u>4</u>
Description of Organization: To encourage pe	ople and volur	nteers to get out	and vote.	
Address of Organization: 27287 Patrick Ave, H	Hayward, CA 🤅			State Zip Code
		City		
Purpose for Distribution: (Describe the public pu	-		rganization.)	
To reward a non-profit organization for its con	tributions to th	e community.		
5. Verification		·····		
I have determined that the distribution of tickets set	forth above is i	n accordance with	n the provisions of FPPC	Regulation 18944.1.
MICHELLE		ТІСКІ	ET ADMINISTRATOR	8/30/M
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any ad	dditional informati	on including amend	ment explanation.)	

Description of Organization:	kets Prov ency Rep	-		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
Division, Department, or Region (// 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 2. Event For Which Tickets Were Distributed Date (s) of Event: 01/21/21 Agency Contact (name and title) Anna Gee - Operations Manager 2. Event For Which Tickets Were Distributed Date(s) of Event: 01/21/21 Percevent Yes Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously 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 Distribution is inc (Last, First) of Tickets Mora, Luis 1 To reward a County employee for escrite Mora, Luis 1 To reward a County employee for escrite the public Purpose for Individual or	gency Nan	ne			a partite many partite to a second description of the second	Date Stamp	California
1221 OAK STREET, #536 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-6694 Agency Contact (name and title) Anna Gee - Operations Manager 2. Event For Which Tickets Were Distributed Date (s) of Event: 07 / 31 / 11 Description of Event: Baseball Game	OUNTY OF	ALAMEDA					Form OUZ
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: 07 / 31 / 11 Description of Event: Baseball Game	vision, Depa	rtment, or Reg	ion (if applicable)				For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail Image: Area Code/Phone Number Amendment (Must end) Agency Contact (name and title) Date of Original Filing: . Amendment (Must end) Anna Gee - Operations Manager Date of Original Filing: . Date of Original Filing: . 2. Event For Which Tickets Were Distributed Date(s) of Event: 07 / 31 / 11 Description of Event: 43.75 Agency Event 145 Yes Yes Xo (Identify source of Ticket: \$	221 OAK S [.]	TREET, #536					
Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Amendment (Must or Date of Original Filing: . Anna Gee - Operations Manager Date of Original Filing: . Date of Original Filing: . Anna Gee - Operations Manager	reet Address	5					
Area Code/Phone Number (510) 272-6694 E-mail anna.gee@acgov.org Amendment (Must or Date of Original Filing: . Anna Gee - Operations Manager Date of Original Filing: . Date of Original Filing: . Anna Gee - Operations Manager	AKLAND. C	CA 94612					
(510) 272-6694 anna.gee@acgov.org Agency Contact (name and title) Anna Gee - Operations Manager 2. Event For Which Tickets Were Distributed Baseball Game Date(s) of Event: 07 / 31 / 11 Description of Event: Baseball Game			E-mail			P-9	
Agency Contact (name and title) Date of Original Filing: . Anna Gee - Operations Manager Date of Original Filing: . 2. Event For Which Tickets Were Distributed Date(s) of Event:	10) 272-669	94	anna deè@acdov	ora		Amendment (Mustei	xplain in Part 5.)
Anna Gee - Operations Manager 2. Event For Which Tickets Were Distributed Date(s) of Event: 07 / 31 / 11 Oescription of Event: Baseball Game	,			.org		Date of Original Filing: .	
2. Event For Which Tickets Were Distributed Date(s) of Event: 07 31 11 Description of Event: Baseball Game	-						(month, day, year)
Date(s) of Event: 07 / 31 / 11 Description of Event: Baseball Game		•		لمح			
					Baseball G	amo	a
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Inc. Name of Official Number of Tickets Describe the Public Purpose for Describe the Public Purpose for the distribution of Tickets Mora, Luis 1 To reward a County employee for the distribution of Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization: City Purpose for Distribution: Description to the organization.) To reward a County employee for exemplary public service City Purpose for Distribution: Description of tickets set forth above is in accordance with the provisions of FPPC 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC	ate(s) of Eve						-
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Inc. Name of Official Number of Tickets Describe the Public Purpose for Describe the Public Purpose for the distribution of Tickets Mora, Luis 1 To reward a County employee for the distribution of Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization: City Purpose for Distribution: Description to the organization.) To reward a County employee for exemplary public service City Purpose for Distribution: Description of tickets set forth above is in accordance with the provisions of FPPC 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC		/	/ Face	Value of Tick	et: \$	43.75	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Intro Userible the Public Purpose for Describe the Public Purpose for Arrow of Tickets Mora, Luis 1 To reward a County employee for Arrow of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization: City Address of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service City							
Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Inc. Mora, Luis 1 To reward a County employee for exemplary public service 4. Undividual or Organization: Mumber and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification Indevented that the distribution of tickets set forth above is in accordance with the provisions of FPPC							
Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Inc. Mora, Luis 1 To reward a County employee for exemplary public service 4. Undividual or Organization: Mumber and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification Indevented that the distribution of tickets set forth above is in accordance with the provisions of FPPC	ame of Outs	ide Source of	Ticket(s) Provided t	o Agency: Oa	akland Athletics	3	
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Ind Describe the Public Purpose for Mora, Luis 1 To reward a County employee for end service 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Description of Organization: Mumber and Street Address of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service State Whether the Distribution of tickets set forth above is in accordance with the provisions of FPPC							⊠ Pursuant to Contrac
(Last, First) of Tickets Describe the Public Purpose for Mora, Luis 1 To reward a County employee for end Mora, Luis 1 To reward a County employee for end A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) service A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Name of Individual or Organization: Bris, Chris, and Matthew Mora Numbric Description of Organization: Mumber and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification I have detempined that the distribution of tickets set forth above is in accordance with the provisions of FPPC	gency Offi	cial(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
(Last, First) of Tickets Describe the Public Purpose for Mora, Luis 1 To reward a County employee for exemplay A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Description of Organization: Mumber and Street Address of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service Street 5. Verification Industribution of tickets set forth above is in accordance with the provisions of FPPC		Name of Offic	cial	Number	State Whet	her the Distribution is Inc	come to the Official or
A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization: Address of Organization: Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPO	ora, Luis			1	To reward a	County employee for e	exemplary public
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization: Address of Organization: City Address of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC					service		
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization: Address of Organization: City Address of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC							
Name of Individual or Organization: Bris, Chris, and Matthew Mora Number Description of Organization:	dividual o	r Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	<u> </u>
Description of Organization: Address of Organization: Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPO	ame of Behe	esting Agency	Official: <u>Alameda C</u>	County Super	visor Nate Mile	y, District 4	
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 exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPO	ame of Indiv	vidual or Orgar	ization: Bris, Chris	, and Matthev	w Mora	Numb	er of Tickets:3
Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a County employee for exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPO	escription of	Organization:				at and the second s	
To reward a County employee for exemplary public service 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC	idress of Or	ganization:	nber and Street		City	and the second of the second	State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC	irpose for D	istribution: (D	escribe the public pur	pose for the di	stribution to the o	organization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC	o reward a (County employ	ee for exemplary p	ublic service			
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC	rification		************		101111-1010-000001- <u>1-011</u> 1-010-00-00-00-00-00-00-00-00-00-00-00-0		er en en anna a se en programmer e en en de de tradición distantemente cara
		ned that the distr	ibution of tickets set 1	orth above is ii	n accordance wit	h the provisions of FPPC	C Regulation 18944.1.
	L th		ANNA GEE		OPE	RATIONS MANAGER	08/1/011
Signature of Agency Head or Designee Print Name Title	Signature of Age	ency Head or Design		Print Name	·······		(month, day, year)

Agency Report		ATUS	lic Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
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 e	xplain in Part 5.)
(510) 272-6694	anna.gee@acgov	.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Anna Gee - Operations Ma	nager				
2. Event For Which Tickets					
Date(s) of Event:/_3	1_/_11Desc	ription of Eve	nt: <u>Baseball Ga</u>	ime	
	/ Face			40 75	
			σι. φ		
Agency Event 🛛 Yes	🛛 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	akland Athletics		
Number of Tickets Received	• Box •	licket(s) Pro	vided to Agency		Pursuant to Contrac
3. Agency Official(s) Recei	vina Ticket(s) (us	se a continuatio	on sheet for addit	ional names)	
Name of Offic		Number		her the Distribution is Inc	come to the Official or
(Last, First)	aal	of Tickets		be the Public Purpose for	
Chal, Matthew		1	To reward a 0	County employee for	exemplary public
			service		
			Service		
4. Individual or Organization	on Receiving Tic	kot(s) (Provid	l ded at the bebest	of an agency official)	
•	-				
Name of Behesting Agency	Official: <u>Alameda C</u>	County Super	visor Nate Miley	<i>i</i> , District 4	
Name of Individual or Orgar	lization: <u>Auden end</u>			Numb	er of Tickets:
Description of Organization:					
Description of Organization.					
Address of Organization:					
Nu	mber and Street		City		State Zip Code
	escribe the public pur	pose for the di	stribution to the c	organization.)	
Purpose for Distribution: (D					
	ee for exemplary p	ublic service			
Purpose for Distribution: (D To reward a County employ	ee for exemplary p	ublic service			
To reward a County employ	vee for exemplary p	ublic service	ny ang		
To reward a County employ 5. Verification	ng n	en - se - se - destruisten en e	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
To reward a County employ	ribution of tickets set t	forth above is i			
To reward a County employ 5. Verification	ribution of tickets set f	forth above is i		h the provisions of FPP RATIONS MANAGER Title	

Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED E AGENCY REPOI
Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OU2
Division, Department, or Region (if applicable)	· · · · · · · · · · · · · · · · · · ·	·····		For Official Use Only
1221 OAK STREET, #536				
Street Address	n - r rivitanirrai			
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amondmont ///	elain in Davi 5)
(510) 272-6694 anna.gee@acgov	.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	<u> </u>		Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Manager				(monin, day, year)
. Event For Which Tickets Were Distribute	ed			
Date(s) of Event:	ription of Ever	nt: <u>Baseball Ga</u>	me	
		et: \$	43.75	
// Face	value of fick	θι. φ		
Agency Event 📋 Yes 🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided t	o Agency. Oa	akland Athletics		
Number of Tickets Received: <u>2</u>	Ticket(s) Pro	vided to Agency	: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Receiving Ticket(s) (us		n choot for odditi		
Name of Official (Last, First)	Number of Tickets		er the Distribution is Inc e the Public Purpose for	
	1		County employee for e	
Chavez, Darwin		TOTEWAIG A C		
		service		
Х				
. Individual or Organization Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.)	
Alameda (County Superv	/isor Nate Miley	District 4	
Name of Behesting Agency Official: Alameda C		nsor reactivity		
Name of Individual or Organization: Lauren Ch	avez		Numbe	er of Tickets:1
				9 OF HOREES.
Description of Organization:				
Address of Organization:		21		01-1- 7% 0-1
Number and Street		City		State Zip Code
	pose for the dis	stribution to the o	ganization.)	
Purpose for Distribution: (Describe the public pur				
Purpose for Distribution: (Describe the public pur To reward a County employee for exemplary pu	ublic service			
	ublic service			
	ublic service	· · · · · · · · · · · · · · · · · · ·		
To reward a County employee for exemplary p		n accordance with	the provisions of FPPC	Regulation 18944.1.
To reward a County employee for exemplary p			the provisions of FPPC	Regulation 18944.1. 08/1/011

Tickets Provided by		lic Docume	nt	TICKETS PROVIDED BY
Agency Report	AFUD			
			Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #536, OAKLAND, CA 946	612			
Area Code/Phone Number E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-6692 District2@acgov.c	org		Data of Original Filing	
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Michelle Dianda, Ticket Administrator, BOS	A			
2. Event For Which Tickets Were Distribute		. Oakland A's	3	
Date(s) of Event: <u>09 /16 /11</u> Descr			22.00	
// Face	Value of Tick	et: \$		
Agency Event 🛛 Yes 🖾 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided t	o Agency: <u>O</u> a	akland A's		
Number of Tickets Received:2			v: 🗖 Gratuitously	I Pursuant to Contract
	Ticket(3)110			
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	tional names)	
Name of Official	Number		her the Distribution is Inc	
(Last, First)	of Tickets	Descri	be the Public Purpose fo	or the Distribution
· · ·			······································	
4. Individual or Organization Receiving Tic	ket(s) (Provi	l ded at the behest	t of an agency official.)	
			· · · · · · · · · · · · · · · · · · ·	
Name of Behesting Agency Official: <u>Supervisor</u>				
Name of Individual or Organization: <u>James You</u>	ing		Numb	er of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the di	stribution to the c	organization.)	
To reward a community volunteer for his servic	e to the publi	С.		
			· · · · · · · · · · · · · · · · · · ·	
5. Verification				
I have determined that the distribution of tickets set f	orth above is il	n accordance witi	h the provisions of FPPC	۲۱۱ م ۲۵ CRegulation 18944.1.
MICHELLE		TICK	ET ADMINISTRATOR	<u> </u>
	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any add	utional informati	on including amend	ament explanation.)	
······				
Agency Report A Public Doo	cument	TICKETS PROVIDE		
--	---	-----------------------		
. Agency Name	Date Stamp	California		
COUNTY OF ALAMEDA		Form OU		
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 exp	lain in Part 5)		
(510) 272-6694 anna.gee@acgov.org		ammran 5.j		
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)		
Anna Gee, Operations Manager		(
. Event For Which Tickets Were Distributed				
Date(s) of Event:07 /_03 /_11 Description of Event: Base	ball Game			
/Face Value of Ticket: \$	00.00			
Agency Event Yes X No (Identify source of tickets below	.)			
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A	thletics			
2		⊠ Pursuant to Cont		
. Agency Official(s) Receiving Ticket(s) (use a continuation sheet f	or additional names)			
Name of Official Number Stat (Last, First) of Tickets	e Whether the Distribution is Inco Describe the Public Purpose for			
UT TEXES				
. Individual or Organization Receiving Ticket(s) (Provided at the				
Name of Behesting Agency Official: <u>Alameda County Supervisor Nat</u>	e Miley, District 4			
Name of Individual or Organization: United Seniors of Oakland & Ala	meda CountyNumbe	r of Tickets:2		
Description of Organization:				
Address of Organization: 7200 Bancroft Ave, Ste 251-Oakland, CA 9	04605 City	State Zip C		
Purpose for Distribution: (Describe the public purpose for the distribution	to the organization.)			
To reward a nonprofit organization for its contribution to the commun	ity			
. Verification	a Ran Gamma a a dhaga nga gana gana a sa a sa a sa a sa a			
I have determined that the distribution of tickets set forth above is in accorda	nce with the provisions of FPPC	Regulation 18944.1.		
		08/01/11		
ANNA GEE	OPERATIONS MANAGER	00/01/11		

Agency Report	A Pub	lic Document	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
1221 OAK STREET, #536			
Street Address	<u> </u>		
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must ex	unlain in Dant 5.)
(510) 272-6694 anna.gee@ad	cgov.org		plain in Part 5.)
Agency Contact (name and title)		Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Manager			(monar, day, your)
2. Event For Which Tickets Were Distril	buted		
Date(s) of Event: <u>07 / 31 / 11</u> D		Baseball Game	
		40 7E	
/ F	ace Value of Tick	et: \$43.75	
Agency Event 🔲 Yes 🗵 No (Ident	tify source of ticke	ats below.)	
	-	·	
Name of Outside Source of Ticket(s) Provid	led to Agency:		an aikakaa ahaanaa aikaa aanaa
Number of Tickets Received:4	Ticket(s) Pro	vided to Agency: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	s) (use a continuation	on sheet for additional names)	
Name of Official	Number	State Whether the Distribution is Inc	
(Last, First)	of Tickets	Describe the Public Purpose fo	r the Distribution
Robinson, Frederick	1	To reward a County employee for e	exemplary public
		service	
4. Individual or Organization Receiving	• • •		
Name of Behesting Agency Official: <u>Alame</u>			
Name of Individual or Organization: <u>Nancy</u>	& Mark Brown, A	Nexis Robinson Number	er of Tickets:3
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the public	c purpose for the di	stribution to the organization.)	
To reward a County employee for exempla	ary public service		
	ومحمد محمومي ومرجع والأنفاذ الأستأنيا المحمد ويرد المزارع فكرست مختمين والارتبار ومرجع والرمان		ann an
5. Verification I have determined that the distribution of tickets	set forth above is i	n accordance with the provisions of FPPC	CRegulation 18944.1.
5. Verification I have determined that the distribution of tickets			
5. Verification		n accordance with the provisions of FPPC OPERATIONS MANAGER Title	

			AGENCY REPO
. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ For Official Use Only
Division, Department, or Region (if application)	able)		Tor Onicial Ose Only
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612 Area Code/Phone Number E-mail			
	-	Amendment (Must et	xplain in Part 5.)
(510) 272-6694 anna.gee Agency Contact (name and title)	e@acgov.org	Date of Original Filing: .	
			(month, day, year)
Anna Gee - operations manager			
Event For Which Tickets Were Di		as vs. Morelia	
Date(s) of Event:/ 131			
//	- Face Value of Ticket: \$	95.80	
Agency Event 🔲 Yes 🛛 No (I	Identify source of tickets below	r.)	
Name of Outside Source of Ticket(s) P	Provided to Agency: Golden Sta	ate Warrirors	
Number of Tickets Received:4			⊠ Pursuant to Contra
. Agency Official(s) Receiving Tick	• •		
Name of Official (Last, First)	Number Stat of Tickets	e Whether the Distribution is Inc Describe the Public Purpose fo	
. Individual or Organization Receiv	÷		
Name of Behesting Agency Official: <u>Al</u>	lameda County Supervisor Nat	e Miley, District 4	
Name of Individual or Organization:			er of Tickets:4
		<u></u>	
Description of Organization:			
Address of Organization: <u>Rodgrigo</u>		City	State Zin Cor
Address of Organization:	ət	City	State Zip Coc
Address of Organization:	et public purpose for the distribution	to the organization.)	
Address of Organization:	et public purpose for the distribution	to the organization.)	
Address of Organization: Number and Stree Purpose for Distribution: (Describe the To promote attendance at an event he	et public purpose for the distribution	to the organization.)	
Address of Organization: Number and Stree Purpose for Distribution: (Describe the To promote attendance at an event he . Verification	et public purpose for the distribution eld at a County facility in order t	to the organization.) to maximize potential County	y revenue from
Address of Organization: Number and Stree Purpose for Distribution: (Describe the To promote attendance at an event he . Verification I have determined that the distribution of tid	et public purpose for the distribution eld at a County facility in order t ckets set forth above is in accorda	to the organization.) to maximize potential County nce with the provisions of FPPO	y revenue from C Regulation 18944.1.
Address of Organization: Number and Stree Purpose for Distribution: (Describe the To promote attendance at an event he . Verification I have determined that the distribution of tid	et public purpose for the distribution eld at a County facility in order t	to the organization.) to maximize potential County	y revenue from

Tickets Provided by	A Pub	lic Document	TICKETS PROVIDED BY
Agency Report			
1. Agency Name		Date Star	^{1p} California 802 Form
COUNTY OF ALAMEDA Division, Department, or Region (if appl	icabla)		For Official Use Only
•	icable)		
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail	_	Amendment	t (Must explain in Part 5.)
	ee@acgov.org	Data of Original	Elling
Agency Contact (name and title)		Date of Original	(month, day, year)
Anna Gee, Operations Manager		an a	
2. Event For Which Tickets Were I			
Date(s) of Event:/	_ Description of Ever	nt: <u>Baseball Game</u>	
	- Face Value of Tick	00.00	
Agency Event 🛛 Yes 🛛 No	(Identify source of ticke	ets below.)	
• • –			
Name of Outside Source of Ticket(s)	Provided to Agency:		
Number of Tickets Received:2	Ticket(s) Pro	vidèd to Agency: 🔲 Gratuito	usly I Pursuant to Contract
3. Agency Official(s) Receiving Ti			
Name of Official (Last, First)	Number of Tickets		on is Income to the Official or rpose for the Distribution
4. Individual or Organization Rece	iving Ticket(s) (Provi	I ded at the behest of an agency of	fficial.)
Name of Behesting Agency Official: .	Alameda County Super	visor Nate Miley, District 4	
Name of Individual or Organization: .	Melissa Wong		Number of Tickets:2
Description of Organization:			
Address of Organization:	reet	City	State Zip Code
Purpose for Distribution: (Describe th	e public purpose for the d	istribution 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 i	in accordance with the provisions	of FPPC Regulation 18944.1.
A AA	NNA GEE	OPERATIONS MAN	NAGER 08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachme	ent for any additional informat	ion including amendment explanation	.)
and concession sales			

Ć

Agency Name 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: 07 / 05 / 11 _ 0escription of Event: Baseba /		
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: 07 / 05 / 11 Description of Event: Baseba /	Date of Original Filing:	For Official Use Only lain in Part 5.)
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 Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 _ Description of Event: Baseba /	Date of Original Filing:	lain in Part 5.)
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 Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 Description of Event: Baseba //	Date of Original Filing:	
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 Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 Description of Event: Baseba //	Date of Original Filing:	
Area Code/Phone Number E-mail (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: 07 / 05 / 11	Date of Original Filing:	
(510) 272-6694 anna.gee@acgov.org Agency Contact (name and title) Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 Description of Event: Baseba /	Date of Original Filing:	
Agency Contact (name and title) Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 _ Description of Event: //	Date of Original Filing:	
Anna Gee, Operations Manager Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 Description of Event: Baseba	all Game	(month, day, year)
Event For Which Tickets Were Distributed Date(s) of Event: 07 / 05 / 11 Description of Event: Baseba		S-DRIVERSING FRANKESING
Date(s) of Event: <u>07 / 05 / 11</u> Description of Event: <u>Baseba</u>		
/Face Value of Ticket: \$		
/Face Value of Ticket: \$		
	40.70	
Agency Event I Yes I No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	letics	
		_
Number of Tickets Received:4 Ticket(s) Provided to Ag	gency: 🔲 Gratuitously	× Pursuant to Contra
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for		
	Whether the Distribution is Inco Describe the Public Purpose for	
Individual or Organization Receiving Ticket(s) (Provided at the b		
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate</u>	Miley, District 4	
Name of Individual or Organization: Lao Iu Mien Culture Association, In	nc. Numbe	r of Tickets:4
Description of Organization: provides educational scholarships	·····	
Address of Organization: 485 105th Avenue Oakland, CA 94603	City	State Zip Co
Purpose for Distribution: (Describe the public purpose for the distribution to	the organization.)	
To reward a nonprofit organization for its contributions to the communi	ity	
Verification		
I have determined that the distribution of tickets set forth above is in accordance	ce with the provisions of FPPC	Regulation 18944.1.
		- 08/01/11
Signature of Agency Head or Designee Print Name	Operations Manager	(month, day, year

Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			500 Miles III III III III III III III III III I	Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Re					For Onicial Ose Only
1221 OAK STREET, #536			**************************************		
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-6694	anna.gee@acgov	/.org			
Agency Contact (name and titl	e)			Date of Original Filing: .	(month, day, year)
Anna Gee, Operations Ma					
2. Event For Which Ticket	ts Were Distribute	ed			
Date(s) of Event:/	<u>15 / 11</u> Desc	ription of Eve	nt: Baseball Ga	ime	
/			et: \$	38.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	i Ticket(s) Provided 1	to Agency:	akland Athletics	;	
Number of Tickets Receive	d:	licket(s) Pro	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contra
. Agency Official(s) Rece	viving Ticket(s) (u	se a continuatio	on sheet for addit	ional names)	
Name of Off		Number		her the Distribution is Inc	
(Last, First)	1	of Tickets	Descril	be the Public Purpose for	r the Distribution
Tolentino, Robert		1	To reward a	County employee for e	exemplary public
	<u></u>		service		
			3011100		
I. Individual or Organizat	ion Receiving Tic	ket(s) (Provid	led at the behest	of an agency official)	
_					
Name of Behesting Agency	Official: Alameda C	County Superv	visor Nate Miley	/, District 4	
					an of Ticketon 3
Name of Individual or Orga	nization:			Numb	er of Tickets:3
	.				
I Description of Cirdanization	1 mm				
Description of Organization					
Address of Organization:					
Address of Organization:	umber and Street		City		State Zip Code
Address of Organization:	umber and Street	pose for the di		rganization.)	State Zip Code
Address of Organization: No Purpose for Distribution: (E	umber and Street Describe the public pur	•		rganization.)	State Zip Code
Address of Organization:	umber and Street Describe the public pur	•		rganization.)	State Zip Code
Address of Organization: Nu Purpose for Distribution: (I To reward a County emplo	umber and Street Describe the public pur	•		rganization.)	State Zip Code
Address of Organization: Purpose for Distribution: (E To reward a County emplo 5. Verificat (on	umber and Street Describe the public pur yee for exemplary p	ublic service	stribution to the o		
Address of Organization: Nu Purpose for Distribution: (I To reward a County emplo	umber and Street Describe the public pur yee for exemplary p	ublic service forth above is ir	stribution to the o		

Agency Report			c Docume	nt	AGENCY REPO
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
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				
(510) 272-6694	anna.gee@acgov	v.ora		Amendment (Must	explain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Anna Gee, Operations Mar	nader				(month, day, year)
. Event For Which Tickets	-	he			
Date(s) of Event: $07 / 0$			Baseball Ga	me	
				43.75	
//	/ Face	Value of Ticket:	\$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency:			
Number of Tickets Received	l:2	Ticket(s) Provid	ded to Agency	r: ☐ Gratuitously	☑ Pursuant to Contra
Agency Official(s) Recei	iving Ticket(s) (us	se a continuation	aboot for additi	ianal namoa)	
	-		sneet for addit	ional names)	
Name of Offic	cial	Number	State Wheth	ner the Distribution is Ir	ncome to the Official or
Name of Offic (Last, First)	cial		State Wheth		
	sial	Number	State Wheth	ner the Distribution is Ir	
	cial	Number	State Wheth	ner the Distribution is Ir	
	sial	Number	State Wheth	ner the Distribution is Ir	
	cial	Number	State Wheth	ner the Distribution is Ir	
	cial	Number	State Wheth	ner the Distribution is Ir	
(Last, First)		Number of Tickets	State Wheth Descrik	ner the Distribution is Ir be the Public Purpose f	
(Last, First)	on Receiving Tic	Number of Tickets ket(s) (Provided	State Wheth Describ d at the behest	ner the Distribution is Ir be the Public Purpose f of an agency official.)	
(Last, First)	on Receiving Tic	Number of Tickets ket(s) (Provided	State Wheth Describ d at the behest	ner the Distribution is Ir be the Public Purpose f of an agency official.)	
(Last, First)	on Receiving Tic Official: <u>Alameda C</u>	Number of Tickets :ket(s) (Provided County Supervis	State Wheth Describ d at the behest	ner the Distribution is Ir be the Public Purpose f of an agency official.) v, District 4	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u>	Number of Tickets :ket(s) (Provided County Supervis	State Wheth Describ d at the behest	ner the Distribution is Ir be the Public Purpose f of an agency official.) v, District 4	
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u>	Number of Tickets ket(s) (Provided County Supervis	State Wheth Describ d at the behest	ner the Distribution is Ir be the Public Purpose f of an agency official.) v, District 4	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u>	Number of Tickets ket(s) (Provided County Supervis	State Wheth Describ d at the behest	ner the Distribution is Ir be the Public Purpose f of an agency official.) v, District 4	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u> advocates for ped	Number of Tickets ket(s) (Provided County Supervis	State Wheth Describ d at the behest sor Nate Miley	ner the Distribution is Ir be the Public Purpose f of an agency official.) v, District 4	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u>	Number of Tickets ket(s) (Provided County Supervis	State Wheth Describ d at the behest sor Nate Miley	ner the Distribution is Ir be the Public Purpose f of an agency official.) v, District 4	or the Distribution
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{47}{Nu}$	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste	Number of Tickets Sett(s) (Provided County Supervis estrian safety e 600 Oakland, o	State Wheth Describ d at the behest sor Nate Miley CA 94612 City	ner the Distribution is Ir be the Public Purpose f of an agency official.) 7, District 4 Numl	or the Distribution
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{43}{Nu}$ Purpose for Distribution: (D	on Receiving Tic Official: <u>Alameda C</u> hization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur	Number of Tickets ket(s) (Provided County Supervis estrian safety e 600 Oakland, o	State Wheth Describ d at the behest sor Nate Miley CA 94612 City ribution to the o	ner the Distribution is Ir be the Public Purpose f of an agency official.) 7, District 4 Numl	or the Distribution
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{47}{Nu}$	on Receiving Tic Official: <u>Alameda C</u> hization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur	Number of Tickets ket(s) (Provided County Supervis estrian safety e 600 Oakland, o	State Wheth Describ d at the behest sor Nate Miley CA 94612 City ribution to the o	ner the Distribution is Ir be the Public Purpose f of an agency official.) 7, District 4 Numl	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> hization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur	Number of Tickets ket(s) (Provided County Supervis estrian safety e 600 Oakland, o	State Wheth Describ d at the behest sor Nate Miley CA 94612 City ribution to the o	ner the Distribution is Ir be the Public Purpose f of an agency official.) 7, District 4 Numl	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur nization for its contri	Number of Tickets ket(s) (Provided County Supervis estrian safety e 600 Oakland, of rpose for the distr ibutions to the c	State Wheth Describ d at the behest sor Nate Miley CA 94612 City ribution to the o community	ner the Distribution is Ir be the Public Purpose f of an agency official.) y, District 4 Numl rganization.)	for the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur nization for its contri	Number of Tickets ket(s) (Provided County Supervis estrian safety e 600 Oakland, of rpose for the distr ibutions to the c	State Wheth Describ d at the behest sor Nate Miley CA 94612 City ribution to the o community	ner the Distribution is Ir be the Public Purpose f of an agency official.) y, District 4 Numl rganization.)	for the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> nization: <u>TransForm</u> advocates for ped 36 - 14th Street, Ste mber and Street escribe the public pur nization for its contri	Number of Tickets ket(s) (Provided County Supervis estrian safety e 600 Oakland, of rpose for the distr ibutions to the c	State Wheth Describ d at the behest sor Nate Miley CA 94612 City ribution to the o community	ner the Distribution is Ir be the Public Purpose f of an agency official.) y, District 4 Numl rganization.)	for the Distribution

					AGENCY REPO
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California 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				
(510) 272-6694	anna.gee@acgov	ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title				Date of Original Filing: .	(manth day, year)
Crystal Hishida Graff, Princ	ipal Analyst. Count	v Administrato	r's Office		(month, day, year)
. Event For Which Tickets	· · · · · · · · · · · · · · · · · · ·				9999/10/100/100/100/100/100/100/100/100/
Date(s) of Event: <u>07</u>			. Baseball Ga	ame	
//	/ Face '	Value of Tickel	t: \$	40.70	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of tickets	s below.)		
Name of Outside Source of	Tielet(e) Drevided t	o anna Oal	kland Athletics		
		o Agency:			
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contr
	· · · · · · · · · · · · · · · · · · ·				
Agency Official(s) Recei		e a continuation	n sheet for addit	ional names)	
Name of Offic	nial l				
	Jai	Number of Tickets		her the Distribution is Inc	
(Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
	Jiai				
(Last, First)		of Tickets	Descri	be the Public Purpose fo	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	
(Last, First)	on Receiving Tic	of Tickets	Descril ed at the behest	oe the Public Purpose fo	
(Last, First)	o n Receiving Tic Official: <u>Alameda C</u>	of Tickets ket(s) (Provide ounty Supervi	Descril ed at the behest	oe the Public Purpose fo	
(Last, First)	o n Receiving Tic Official: <u>Alameda C</u>	of Tickets ket(s) (Provide ounty Supervi	Descril ed at the behest	oe the Public Purpose fo of an agency official.) v, District 4	
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u>	of Tickets ket(s) (Provide ounty Supervi	Descril ed at the behest sor Nate Miley	oe the Public Purpose fo of an agency official.) v, District 4	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u>	of Tickets ket(s) (Provide ounty Supervi	Descril ed at the behest sor Nate Miley	oe the Public Purpose fo of an agency official.) v, District 4	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u>	of Tickets ket(s) (Provide county Supervi ard Club	Descri ed at the behest sor Nate Miley ed youth	oe the Public Purpose fo of an agency official.) /, District 4 Numb	or the Distribution
(Last, First)	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u> Provides educatior	of Tickets ket(s) (Provide county Supervi ard Club	Descri ed at the behest sor Nate Miley ed youth	oe the Public Purpose fo of an agency official.) /, District 4 Numb	er of Tickets:4
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: 33 Nur	on Receiving Tic Official: <u>Alameda C</u> nization: <u>Ever Forwa</u> <u>Provides education</u> 301 East 12th Street	of Tickets ket(s) (Provide county Supervi- ard Club to underserve t, Suite 205-Oa	Descril ed at the behest sor Nate Miley ed youth akland, CA 94 ^{City}	oe the Public Purpose fo	er of Tickets: <u>4</u>
(Last, First) L Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Address of Organization: Ourpose for Distribution: (Description)	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u> Provides education 301 East 12th Street nber and Street escribe the public purp	of Tickets ket(s) (Provide county Supervi- ard Club to underserve t, Suite 205-Oa bose for the dist	Descril ed at the behest sor Nate Miley ed youth akland, CA 94 ^{City} ribution to the c	oe the Public Purpose fo	er of Tickets: <u>4</u>
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: 33 Nur	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u> Provides education 301 East 12th Street nber and Street escribe the public purp	of Tickets ket(s) (Provide county Supervi- ard Club to underserve t, Suite 205-Oa bose for the dist	Descril ed at the behest sor Nate Miley ed youth akland, CA 94 ^{City} ribution to the c	oe the Public Purpose fo	er of Tickets:4
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organization: Description of Organization: Address of Organization: $\frac{33}{Nur}$ Purpose for Distribution: (Do To reward a nonprofit organ	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u> Provides education 301 East 12th Street nber and Street escribe the public purp	of Tickets ket(s) (Provide county Supervi- ard Club to underserve t, Suite 205-Oa bose for the dist	Descril ed at the behest sor Nate Miley ed youth akland, CA 94 ^{City} ribution to the c	oe the Public Purpose fo	er of Tickets:4
(Last, First) Last, Last, L	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u> Provides education 301 East 12th Street nber and Street escribe the public purp ization for its contril	of Tickets	Descril ed at the behest sor Nate Miley ed youth akland, CA 94 ^{City} ribution to the c community	oe the Public Purpose fo	er of Tickets:4
(Last, First) I. Individual or Organizatio Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{33}{Nur}$ Purpose for Distribution: (Description)	on Receiving Tic Official: <u>Alameda C</u> ization: <u>Ever Forwa</u> Provides education 301 East 12th Street nber and Street escribe the public purp ization for its contril	of Tickets	Descril ed at the behest sor Nate Miley ed youth akland, CA 94 City ribution to the c community accordance with	oe the Public Purpose fo	er of Tickets:4

Tickets Provided by <u>Agency Report</u>	A Pub	lic Document	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, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-	mail	Amendment (Mus	st explain in Part 5.)
(510) 272-6694 a	nna.gee@acgov.org		. ,
Agency Contact (name and title)		Date of Original Filing	g:(month, day, year)
Anna Gee, Operations Manag	er		
2. Event For Which Tickets V	Vere Distributed		nan kanan
Date(s) of Event:0702	/ ¹¹ Description of Eve	nt: Baseball Game	
	J Face Value of Tick		
	No (Identify source of ticke		
• •			
Name of Outside Source of Tic	ket(s) Provided to Agency:		
Number of Tickets Received:	4 Ticket(s) Pro	vided to Agency: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (use a continuation		
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
U U	• • • • •	ded at the behest of an agency official.)
Name of Behesting Agency Of	ficial: <u>Alameda County Super</u>	visor Nate Miley, District 4	
Name of Individual or Organiza			nber of Tickets:4
Description of Organization: <u>S</u>			
Address of Organization:)3 Lake Chabot Road-Castro ' r and Street		State Zip Code
Purpose for Distribution: (Desc			
To reward a nonprofit organiza			
5. Verification			
\	ition of tickets set forth above is i	n accordance with the provisions of FF	PPC Regulation 18944.1.
Atha .	Anna Gee	Operations Manager	08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an a	ttachment for any additional informati	on including amendment explanation.)	
parking pass			

Tickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applic</i> Street Address 1221 OAK STREET, #536, OAKLANE			e Stamp	California Form 802
Area Code/Phone NumberE-mail(510) 272-6692District20Agency Contact (name and title)Michelle Dianda, Ticket Administrator	@acgov.org , BOS		dment <i>(Must e</i> riginal Filing:	explain in Part 5.) (month, day, year)
2. Event For Which Tickets Were D		, Sade Concert		
Date(s) of Event:082711		470.00		
	Face Value of Tick			
	Identify source of ticke			
Name of Outside Source of Ticket(s) P	rovided to Agency: G	olden State Warriors		
Number of Tickets Received:2	Ticket(s) Pro	wided to Agency: 🛛 Gra	utuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticl	(et(s) (use a continuati	on sheet for additional name	s)	
Name of Official (Last, First)	Number of Tickets	State Whether the Dis Describe the Pub		ncome to the Official or for the Distribution
4. Individual or Organization Receiv	ving Ticket(s) (Provi	ded at the behest of an age	ncy official.)	
Name of Behesting Agency Official: <u>S</u>	upervisor Nadia Locky	ver, District 2		
Name of Individual or Organization: <u>M</u>			Numt	per of Tickets:2
Description of Organization:				
Address of Organization:	t	City		State Zip Code
Purpose for Distribution: (Describe the	public purpose for the di	stribution to the organizatior	ı.)	
To promote attendance at an event he	ld at a County facility	in order to maximize pote	ential Count	y revenue from sales.
5. Verification				
	CHELLE DIANDA	TICKET ADMIN	NISTRATO	alistu
Signature of Agency Head or Designee Comment: (Use this space or an attachment	Print Name for any additional informati		itle	(month, day,year)
				EPPC Form 802 (Feb/09

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address			Date Stamp	California Form 802
1221 OAK STREET, #536, OAKLAND, CA 946 Area Code/Phone Number (510) 272-6692 District2@acgov.org/limits Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS 2. Event For Which Tickets Were Distribute	org		Amendment <i>(Must</i>	
Date(s) of Event: <u>08 / 11 / 11</u> Desc / Face Agency Event □ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided t	ription of Ever Value of Tick ource of ticke	et: \$ ets below.)	iders 150.00	
Number of Tickets Received:3 3. Agency Official(s) Receiving Ticket(s) (use				☑ Pursuant to Contract
Name of Official (Last, First)	Number of Tickets	State Whet	-	ncome to the Official or for the Distribution
4. Individual or Organization Receiving Tic Name of Behesting Agency Official: <u>Supervisor</u> Name of Individual or Organization: <u>Mario Brior</u> Description of Organization:	Nadia Locky	ver, District 2	Num	ber of Tickets:3
Address of Organization:	pose for the di	City stribution to the o	rganization.)	State Zip Code
5. Verification I have determined that the distribution of tickets set the Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional set of the space of the statement for any additional set of the space of the statement for any additional set of the statement for additional set of t	DIANDA Print Name		ET ADMINISTRATO Title	~ 10

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address		Date Stamp	California Form 802 For Official Use Only	
1221 OAK STREET, #536, OAKLAND, CA 946Area Code/Phone NumberE-mail(510) 272-6692District2@acgov.Agency Contact (name and title)Michelle Dianda, Ticket Administrator, BOS			☐ Amendment (Must Date of Original Filing:	
2. Event For Which Tickets Were Distribute Date(s) of Event:081511 Desc / Face Agency Event □ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided t Number of Tickets Received:2	ription of Ever Value of Ticke source of ticke to Agency: <u>Oa</u>	et: \$ ts below.) akland A's	43.75	∑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u Name of Official (Last, First)	se a continuatio Number of Tickets	State Whet		ncome to the Official or for the Distribution
nga sa				
 Individual or Organization Receiving Tide Name of Behesting Agency Official: Superviso Name of Individual or Organization: Kurt Ogde Description of Organization: Address of Organization: https://www.number.org Address of Organization: https://www.number.org Purpose for Distribution: (Describe the public pu To reward a community volunteer for his service 	r Nadia Locky en rpose for the di	rer, District 2 City	Num	ber of Tickets:2
5. Verification I have determined that the distribution of tickets set Signature of Agency Head of Designee Comment: (Use this space or an attachment for any ac	DIANDA Print Name		ET ADMINISTRATC	$\alpha \ln \ln$

				ent	AGENCY REPO
I. Agency Name	na go posta presenta na senta de la construcción de la construcción de la construcción de la construcción de la			Date Stamp	California
COUNTY OF ALAMEDA					Form OU
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	plain in Part 5.)
(510) 272-6694	anna.gee@acgov	/.org			·
Agency Contact (name and title	ə)			Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Manager					
. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:	<u>31 / 11</u> Desc	ription of Eve	nt: <u>Baseball G</u> a	ame	
	/ Face				
		Value OF TICK	ει. ψ		
Agency Event 🛛 Yes	🔀 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	akland Athletics	3	····
Number of Tickets Received	d:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
Garcia, Al		1	To reward a	County employee for e	xemplary public
			service		
			service		
. Individual or Organizati	on Receiving Tic	ket(s) (Provid		t of an agency official.)	
-	-		ded at the behes		
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	ded at the behes	y, District 4	
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	ded at the behes	y, District 4	er of Tickets:3
-	Official: <u>Alameda C</u>	County Superv	ded at the behes	y, District 4	er of Tickets:3
Name of Behesting Agency	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u>	County Superv	ded at the behes	y, District 4	er of Tickets:3
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u>	County Superv	ded at the behes	y, District 4	er of Tickets:3
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u>	County Superv	ded at the behes visor Nate Mile ro & Alvina Ga	y, District 4	r of fickets.
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u> mber and Street	County Supervision	ded at the behes visor Nate Mile ro & Alvina Ga	y, District 4 rcia Numbe	r of fickets.
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{1}{Nu}$ Purpose for Distribution: (D	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u> mber and Street	County Supervision	ded at the behes visor Nate Mile ro & Alvina Ga	y, District 4 rcia Numbe	r of fickets.
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u> mber and Street	County Supervision	ded at the behes visor Nate Mile ro & Alvina Ga	y, District 4 rcia Numbe	r of fickets.
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D To reward a County employ	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u> mber and Street	County Supervision	ded at the behes visor Nate Mile ro & Alvina Ga	y, District 4 rcia Numbe	r of fickets.
Name of Individual or Organ Description of Organization: Address of Organization: _{Nu} Purpose for Distribution: (D	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u> mber and Street Pescribe the public pur yee for exemplary p	County Supervision	ded at the behes visor Nate Mile ro & Alvina Ga City stribution to the o	y, District 4	State Zip Cod
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a County employ	Official: <u>Alameda C</u> nization: <u>Avelina Lu</u> mber and Street Pescribe the public pur yee for exemplary p	County Supervision Imba, Alejand rpose for the dis ublic service	ded at the behes visor Nate Mile iro & Alvina Ga City stribution to the o	y, District 4	State Zip Coo

Tickets Provided by Agency Report		A Publ	lic Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #536	, OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-6692	District2@acgov.	org			
	Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Michelle Dianda, Ticket Ac					
2. Event For Which Ticket					
Date(s) of Event: <u>08</u> /	<u>20 _/ 11 Desc</u>	ription of Ever	nt: KMEL Sumr	ner Jam Concert	
/	/ Face	Value of Ticke	et: \$	145.35	
Agency Event 🛛 Yes	🛛 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Go</u>	olden State War	riors	
Number of Tickets Receive	_				⊠ Pursuant to Contrac
3. Agency Official(s) Rece	viving Ticket(s) (u	ise a continuatio	on sheet for addit	ional names)	an fan te fan Neil Vac Die Antwork af de Friedrik ferste ferste de fan een de fan een de ferste skiel de ferst
Name of Off (Last, First)		Number of Tickets	1	ner the Distribution is In be the Public Purpose f	
				· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organizat	ion Receiving Tid	cket(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency	Official: Superviso	r Nadia Locky	er, District 2		
Name of Individual or Orga				Numb	per of Tickets:2
Description of Organization					
Address of Organization:					
			City		State Zip Code
Purpose for Distribution: (rganization.)	
To reward a community vo	lunteer for his service	ce to the publi	С	1881 mar	
5. Verification					
J have determined that the dis	tribution of tickots set	forth above in ir	n accordance with	the provisions of EDD	C Regulation 18044 1
i nave ueterminee mat me ous					~ 1010
Signature of Agency Head or Desig		DIANDA Print Name		ET ADMINISTRATO	<u> </u>

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 002
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #536,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-6692	District2@acgov.c	org			
Agency Contact (name and title			Date of Original Filing:	(month, day, year)	
Michelle Dianda, Ticket Adı					
2. Event For Which Tickets					
Date(s) of Event: <u>08</u> / <u>1</u>	<u>6 / 11</u> Descr	ription of Ever	nt: <u>Oakland A'</u>	S	
///////	/ Face	Value of Tick	et: \$	22.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below)		
U I			-		
Name of Outside Source of	Ticket(s) Provided t	o Agency: 0			
Number of Tickets Received	l:2	Ticket(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Offic (Last, First)	cial	Number	1	ther the Distribution is In	
		of Tickets	Desci	ibe the Public Purpose f	
• : .	-			······································	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	⁻ Nadia Locky	er, District 2		
Name of Individual or Orgar			-	Numt	per of Tickets:2
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	nose for the di	stribution to the	organization)	
To reward a community vol				organization.)	
			iu.		
5. Verification			······		
I have determined that the dist	ribution of tickets set i	forth above is ii	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
	MICHELLE			ET ADMINISTRATO	$\alpha h_{0} m$
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informati	on including amen	dment explanation.)	

Agency Report					AGENCY REPO
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				i of official coo offy
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	(510) 272-6694 anna.gee@acgov.org Agency Contact (name and title)			Date of Original Filing: _	
				Date of Original Thing	(month, day, year)
Anna Gee - Operations Ma					
2. Event For Which Tickets			Rasoball Ca	mo	
Date(s) of Event:	<u>1 / 11</u> Desci	ription of Ever	nt: <u>Baseball Ga</u>		
/	/ Face	Value of Ticke	et: \$	43.75	
Agency Event 🛛 Yes					
• • –					
Name of Outside Source of	Ticket(s) Provided t	o Agency:		, 	
Number of Tickets Received	5	Ticket(s) Pro	vided to Agency	y: ☐ Gratuitously	Pursuant to Contra
3. Agency Official(s) Rece	ving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)	
Name of Offic (Last, First)	sial	Number of Tickets		ner the Distribution is Inc be the Public Purpose fo	
Baria, Peter		1	To reward a (County employee for e	exemplary public
			service		
4. Individual or Organizati	-				
Name of Behesting Agency	Official: <u>Alameda C</u>	County Super	visor Nate Miley	/, District 4	
Name of Individual or Organ					er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Co
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the c	organization.)	
To reward a County employ					
5. Verification			ana ana amin' di Calumna ana ang ang ang ang ang ang ang ang a	dimensionan ang panga kitiki kanan mang ang pang si kitiki kitika na man	
I have determined that the dist	ribution of tickets set t	forth above is i	n accordance witi	h the provisions of FPPC	Regulation 18944.1.
	ANNA GEE			RATIONS MANAGER	
Signature of Agency Head or Design	*			Title	(month, day, yea

Tickets Provided by Agency Report	A Publ	lic Document	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612		Date Stamp	
Area Code/Phone Number E-mail (510) 272-6692 District2@a Agency Contact (name and title) Michelle Dianda, Ticket Administrator, B 2. Event For Which Tickets Were Dist	icgov.org OS	Date of Original F	(Must explain in Part 5.) Filing:(month, day, year)
Date(s) of Event: <u>08 / 20 / 11</u> //	Description of Ever Face Value of Ticke entify source of ticke vided to Agency: <u>Go</u>	et: \$145.35 ts below.) olden State Warriors	
3. Agency Official(s) Receiving Ticket Name of Official (Last, First)	(use a continuation Number of Tickets	on sheet for additional names) State Whether the Distributio Describe the Public Purp	
 Individual or Organization Receivir Name of Behesting Agency Official: Supernovation Name of Individual or Organization: Kurt Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the pult To reward a community volunteer for his 	olic purpose for the dis	city City	Number of Tickets:2 State Zip Code
5. Verification I have determined that the distribution of ticker Signature of Agency Head or Designee Comment: (Use this space or an attachment for	ELLE DIANDA Print Name	TICKET ADMINISTR	o(h(l))

Tickets Provided by Agency Report	A Publ	ic Document	
1. Agency Name COUNTY OF ALAMEDA	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		California Form 802
1221 OAK STREET, #536, OAKLAND, 0 Area Code/Phone Number E-mail (510) 272-6692 District2@a Agency Contact (name and title) Michelle Dianda, Ticket Administrator, B 2. Event For Which Tickets Were Dist	acgov.org OS	Date of Original Filing	
Date(s) of Event: <u>08 / 27 / 11</u> //	Description of Ever Face Value of Ticke entify source of ticke vided to Agency: <u>Go</u>	et: \$179.00 ts below.) olden State Warriors	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticke Name of Official (Last, First)	t(s) (use a continuation Number of Tickets	on sheet for additional names) State Whether the Distribution is I Describe the Public Purpose	
4. Individual or Organization Receivin Name of Behesting Agency Official: <u>Sup</u> Name of Individual or Organization: <u>Erik</u> Description of Organization:	ervisor Nadia Locky a Fierro	er, District 2	ber of Tickets:2
Address of Organization: Number and Street Purpose for Distribution: (Describe the purpose the purpose attendance at an event held To promote attendance at an event held 5. Verification Mich Signature of Agener Head or Designee	at a County facility i	n order to maximize potential Coun	PC Regulation 18944.1.
Comment: (Use this space or an attachment for			··· · ································

£

Tickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable	COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address			California Form 802 For Official Use Only
1221 OAK STREET, #536, OAKLAND, (CA 94612			
Area Code/Phone Number E-mail (510) 272-6692 District2@a Agency Contact (name and title)			dment <i>(Must exp</i> riginal Filing: _	· · · · · · · · · · · · · · · · · · ·
	Michelle Dianda, Ticket Administrator, BOS			(month, day, year)
2. Event For Which Tickets Were Dist		an a		ay uuryuurummaar aysaasa een oossaa yo uu uuruu ka Middah Ilahayin Salidah Biddah ilahayin Salidah Biddah Ak
Date(s) of Event: <u>08 / 20 / 11</u>	Description of Eve	nt: <u>Oakland A's</u>		
	Face Value of Tick	22.00		
Agency Event 🗌 Yes 🗵 No (Ide	entify source of ticke	ts below.)		
	-	·		
Name of Outside Source of Ticket(s) Pro				
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency: 🔲 Gra	ituitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket	t(s) (use a continuation	on sheet for additional name	es)	
Name of Official	Number	State Whether the Dis		ome to the Official or
(Last, First)	of Tickets	Describe the Pub	ic Purpose for	the Distribution
· · · · · · ·				
12				
4. Individual or Organization Receivir	ng Ticket(s) (Provi	L ded at the behest of an age	cy official.)	
Name of Behesting Agency Official: <u>Sup</u>	ervisor Nadia Locky	er, District 2	-	
Name of Individual or Organization: Luke	e Aseo		Numbe	er of Tickets: <u>2</u>
Description of Organization:				
Description of Organization.		<u>La de mais la del de la de la presimenta a ser a mais de la presimenta de la presimenta de la presidencia de la presid</u>		
Address of Organization:		City		State Zip Code
		· ·	.)	
Purpose for Distribution: (Describe the pu		_	1.)	
To reward a community volunteer for his				
5. Verification				901-19-11-00000000000000000000000000000
I have determined that the distribution of ticke	ets set forth above is i	n accordance with the provis	sions of FPPC	Regulation 18944.1.
місн	IELLE DIANDA	TICKET ADMI	ISTRATOR	8/10//(
Signature of Agency Sead of Designee	Print Name	i	ītle	(mgnth, day, year)
Comment: (Use this space or an attachment for	any additional informati	on including amendment explar	iation.)	/
				FPPC Form 802 (Feb/0

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 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				
(510) 272-6694	anna.gee@acgov	/ ora		Amendment (Mustexp	plain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Anna Gee, Operations Man					(month, day, year)
2. Event For Which Tickets		ad			
Date(s) of Event: $\frac{07}{2}$			nt: Baseball G	ame	
////////	/ Face			00.00	
	🛛 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	akland Athletics	3	
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	i ving Ticket(s) (u	se a continuatio			
Name of Offic (Last, First)	sial	Number of Tickets	I	her the Distribution is Inco be the Public Purpose for	
4. Individual or Organizati					
Name of Behesting Agency	Official: <u>Alameda (</u>	County Super	visor Nate Mile	y, District 4	
Name of Individual or Orgar	lization: <u>Milton Wo</u> l	ng & Chris Lic	ong	Numbe	er of Tickets:2
Description of Organization:		-A	<u></u>		
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the	organization.)	
To promote attendance at a					revenue from parking
5. Verification					
I have determined that the dist	ibution of tickets set	forth above is il	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Design		Print Name	OPE	RATIONS MANAGER	08/01/11 (month, day, year)
Comment: (Use this space or a			on including amen		,,,,,

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regio	n (if applicable)	1			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@acgov	.org			
Agency Contact (name and title)	Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Anna Gee - Operations Mana	Anna Gee - Operations Manager				
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:0729	_/ <u>11</u> Descr	ription of Eve	nt: Baseball G	ame	
	_/ Face				
			ει. φ		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Ti	cket(s) Provided t	o Agency: Oa	akland Athletics	S	
Number of Tickets Received: .	**	Ticket(s) Pro	vided 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	al	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	r the Distribution
Marsh, Stewart		1	1 To reward a County employee for exemplary publi		
			service		
4. Individual or Organization	-				
Name of Behesting Agency O					
Name of Individual or Organiz	ation: <u>Mike Vand</u>	erbeck, Talifa	aia & Lanu Tuu	fuli Numbe	er of Tickets: <u>3</u>
Description of Organization: _	2400-200		1 # 1 2 10 # 2 m - 2		
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the di	stribution to the	organization.)	
To reward a County employe	e for exemplary p	ublic service		and the second	
	CARLOS AND	1141-1111-1111-1111-1111-1111-1111-111			
5. Verification I have determined that the distrib	ution of tickets set f	orth above is i	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
AAAA	ANNA GEE			RATIONS MANAGER	
Signature of Agency Head or Designed		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	attachment for any add	ditional informati	on including amen	dment explanation.)	

Agency Report		A Publi	c Docume	nt	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, #536					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-6694	anna.gee@acgov	/.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Anna Gee - Operations Manager					
2. Event For Which Tickets					
Date(s) of Event:/_1	10 <u>/ 11</u> Desc	ription of Event	t: Alameda Co	ounty Fair	
	/ Face			F 00	
· · · · · · · · · · · · · · · ·	1 acc	value of floke	ι, ψ		
Agency Event 🛛 🗌 Yes	🛛 No (Identify s		•		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Ala</u>	meda County	Fair Association	
Number of Tickets Received					Pursuant to Contrac
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatior	n sheet for addit	ional names)	
Name of Offic (Last, First)	cial	Number		her the Distribution is Inc	
		of Tickets	Descrit	be the Public Purpose fo	
		++			
4. Individual or Organizati	on Receiving Tic	cket(s) (Provide	ed at the behest	of an agency official.)	
Name of Behesting Agency	Alameda (County Supervi	sor Nate Milev	. District 4	
Name of Behesting Agency	Official:			,	
Name of Individual or Orgar	nization: Desiree B	ustmante		Numbe	er of Tickets: <u>10</u>
Description of Organization:					
			City		State Zip Code
Description of Organization:	mber and Street	rpose for the dist		rganization.)	State Zip Code
Description of Organization: Address of Organization: _{Nut}	mber and Street escribe the public pu	•	ribution to the o	-	
Description of Organization: Address of Organization: _{Nut} Purpose for Distribution: (D	mber and Street escribe the public pu	•	ribution to the o	-	
Description of Organization: Address of Organization: Nur Purpose for Distribution: (D To promote attendance at a 5. Verification	^{mber and Street} escribe the public pu an event held at a C	County facility ir	tribution to the o	imize potential County	revenue from parking
Description of Organization: Address of Organization: Nur Purpose for Distribution: (D To promote attendance at a	mber and Street escribe the public pu an event held at a C ribution of tickets set	forth above is in	tribution to the on order to max	imize potential County	revenue from parking Regulation 18944.1.
Description of Organization: Address of Organization: Nur Purpose for Distribution: (D To promote attendance at a 5. Verification	mber and Street escribe the public pu an event held at a C ribution of tickets set ANNA GEE	forth above is in	tribution to the on order to max	imize potential County	revenue from parking

Tickets Provided by	A Public Document			TICKETS PROVIDED BY	
Agency Report 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			s.		
Area Code/Phone Number E-ma	ail	-	Amendment (Must	explain in Part 5.)	
	y.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:/	11 Description of Ever	nt: <u>Oakland A's</u>	3		
	11 Face Value of Ticke	et: \$	38.00		
Agency Event 🛛 Yes 🛛 🛛	No (Identify source of ticke	ts below.)			
Name of Outside Source of Ticke	t(s) Provided to Agency: Oa	akland A's			
Number of Tickets Received:			y: 🔲 Gratuitously	Pursuant to Contract	
Number of fickets Received.		Nueu to Ageno			
3. Agency Official(s) Receiving	Ticket(s) (use a continuation				
Name of Official (Last, First)	Number of Tickets	PROFESSION AND ADDRESS OF THE CONTRACTOR	her the Distribution is Ir be the Public Purpose	ncome to the Official or for the Distribution	
()		Doddin			
				2	
4. Individual or Organization R			t of an agency official.)		
Name of Behesting Agency Offici	al:Keith Carson, Superviso	or Fifth District			
Name of Individual or Organization	medicine warriors/all na	tions singers p	owwow Num	ber of Tickets:4	
Name of Individual of Organizatio	DN:		Nulli		
Description of Organization: <u>Nati</u>	ve American cultural organi	zations			
Address of Organization: PO Bo	x 18888	Oaklar	nd,	CA 94619-0888	
Number ar	nd Street	City		State Zip Code	
Purpose for Distribution: (Describ	e the public purpose for the di	stribution to the o	organization.)		
To reward a school or nonprofit o	organization for its contribut	ions to the com	nmunity.		
5. Verification	un of tickets oot forth chouse is i	n aaaardanaa wi	th the provisions of EDI	PC Regulation 18044 1	
I have determined that the distribution					
ASmago	Amy Shrago	Polic	y Analyst	08/03/11	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attac	nment for any additional informati	on including amen	ument explanation.)		