

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802	
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region <i>(if applicable)</i> 1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>		
(510) 272-6685	Amy.Shrago@acgov.org			
Agency Contact <i>(name and title)</i> Amy Shrago, Policy Analyst				

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No *(Identify source of tickets below.)*

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: OASES Number of Tickets: 10


Description of Organization: Student Services

Address of Organization: 196 10th St. Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: *(Describe the public purpose for the distribution to the organization.)*
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

	Amy Shrago	Policy Analyst	07/11/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: BANANAS Number of Tickets: 10

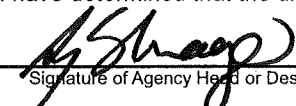
Description of Organization: Childcare Services

Address of Organization: 5235 Claremont Ave. Oakland CA 94618
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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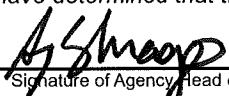
1. Agency Name COUNTY OF ALAMEDA <i>Division, Department, or Region (if applicable)</i> 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	Date Stamp	California Form 802
		For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i>
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>
Agency Contact <i>(name and title)</i> Amy Shrago, Policy Analyst		

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00
Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Operation Dignity Number of Tickets: 10
Description of Organization: Veterans Services
Address of Organization: 1504 Frankling St., Ste. 102 Oakland CA 94612
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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California Form 802
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1. Agency Name

COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

Amendment (Must explain in Part 5.)

Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11
7, 10, 11 Description of Event: Alameda County Fair
Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Lee Ann Ferguson Number of Tickets: 9

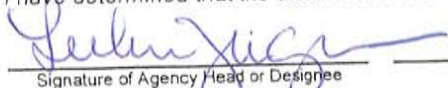
Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 JUL 10 2011

Signature of Agency Head or Designee:  Lee Ann Ferguson - Ticket Administrator Title _____ (month, day, year) _____

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

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(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 04 / 11 Description of Event: Oakland A's
 _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: 100 Black Men of the Bay Area Mentoring Number of Tickets: 20


Description of Organization: youth mentoring services

Address of Organization: 1638 12th Street Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Beebe Memorial Cathedral Number of Tickets: 5

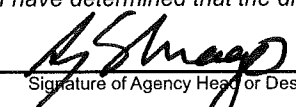
Description of Organization: Church

Address of Organization: 3900 Telegraph Ave. Oakland CA 94609
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Pacific Center Number of Tickets: 10

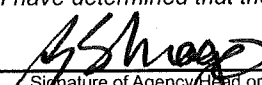
Description of Organization: LGBTQ Community Services

Address of Organization: 2712 Telegraph Ave. Berkeley CA 94705
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Berkeley Albany Licensed Daycare Association Number of Tickets: 10

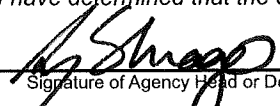
Description of Organization: Childcare Services

Address of Organization: 2414 6th St. Berkeley CA 94710
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 31 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Claudia Canales Number of Tickets: 2

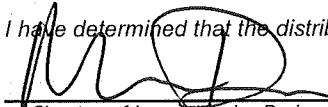
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for her service to the public.

5. Verification

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

 Signature of Agency Head or Designee	<u>MICHELLE DIANDA</u> Print Name	<u>TICKET ADMINISTRATOR</u> Title	<u>7/8/11</u> <small>(month, day, year)</small>
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Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 13 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 38

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

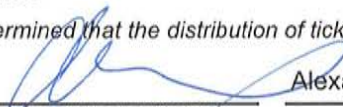
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3
 Name of Individual or Organization: Erica Goul Number of Tickets: 2
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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 -6/30/11 7/26/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 12 / 11 Description of Event: American Idol Live Concert

 _____ Face Value of Ticket: \$ 65.00

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	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 Nadia Lockyer, District 2

Name of Individual or Organization: Tia Howard Number of Tickets: 2

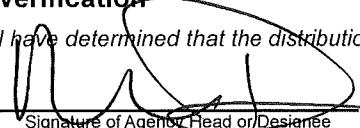
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a student for outstanding scholastic achievement

5. Verification

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

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>7/8/11</u> <small>(month, day, year)</small>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	

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(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 20 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Sanchez, Mina	4	To reward a County employee for his or her exemplary se

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 13 / 11 Description of Event: Oakland A's

 _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: West Oakland Senior Center Number of Tickets: 10


Description of Organization: Senior Services Center

Address of Organization: 1724 Adeline St. Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

 _____ Amy Shrago _____ Policy Analyst _____ 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 13 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: St. Mary's Center Number of Tickets: 10

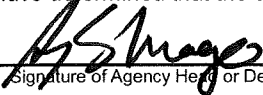
Description of Organization: Senior Services Center

Address of Organization: 925 Brockhurst Oakland CA 94608
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 25 / 11 Description of Event: Oakland A's

 _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: MEDICC Number of Tickets: 20

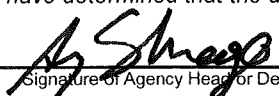
Description of Organization: supports education and development of human resources in health

Address of Organization: 1814 Franklin Street, Suite 500 Oakland CA 94612
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

 Amy Shrago Policy Analyst 7/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: East Bay Korean American Senior Services Ctr. Number of Tickets: 20

Description of Organization: Senior Services

Address of Organization: 1723 Telegraph Ave. Oakland CA 94612
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

	<u>Amy Shrago</u>	<u>Policy Analyst</u>	<u>07/11/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Ecology Center Number of Tickets: 10

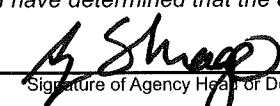
Description of Organization: environmental justice org.

Address of Organization: 2530 San Pablo Ave. Berkeley CA 94702
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair

07 / 11 / 10 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Elizabeth Santos Number of Tickets: 5


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public.

5. Verification

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	07/11/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Emeryville Senior Center Number of Tickets: 20
 Description of Organization: Senior Services
 Address of Organization: 4321 Salem Street Emeryville CA 94608
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 12 / 11 Description of Event: American Idol Live Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 65.00

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Leslie Vicente Number of Tickets: 2

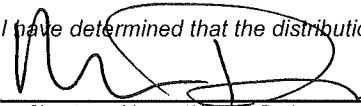
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a student for outstanding scholastic achievement

5. Verification

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



Signature of Agency Head or Designee

MICHELLE DIANDA
Print Name

TICKET ADMINISTRATOR
Title

7/8/11
(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 13 / 11 Description of Event: Pumas vs. Morelia
 _____ / _____ / _____ Face Value of Ticket: \$ 95.80

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: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Joel Briones Number of Tickets: 3

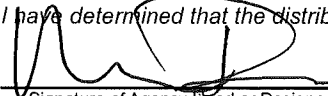
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue

5. Verification

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 7/18/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Prescott Joseph Resource Center Number of Tickets: 10
 Description of Organization: family support services
 Address of Organization: 920 Peralta Street Oakland CA 94607
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

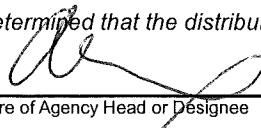
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07 / 02 / 11 Description of Event: Oakland A's game
_____ / _____ / _____ Face Value of Ticket: \$ 38
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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3
Name of Individual or Organization: Melanie McCormick Number of Tickets: 2
Description of Organization: _____
Address of Organization: _____
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.

Signature of Agency Head or Designee: _____ Print Name: Alexandra Boskovich Title: Supervisor's Assistant Date: 7/1/11

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ \$5 discount

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Sultana Kahgadai Number of Tickets: 5

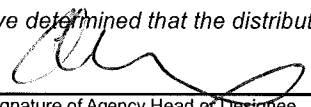
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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-District 3	7/1/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name: COUNTY OF ALAMEDA. Date Stamp: California Form 802. For Official Use Only. Agency Contact: Amy Shrago, Policy Analyst.

2. Event For Which Tickets Were Distributed: Alameda County Fair. Date(s) of Event: 06/22/11 - 07/10/11. Face Value of Ticket: \$5.00.

3. Agency Official(s) Receiving Ticket(s) table with columns: 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): Keith Carson, Supervisor Fifth District. Regional Technical Training Center. Job Training. 760 Maritime, Oakland, CA 94607.

5. Verification: I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature: Amy Shrago, Policy Analyst, 07/11/11.

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: South Berkeley Senior Center Number of Tickets: 20

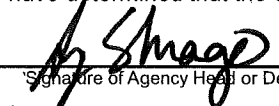
Description of Organization: Senior Services

Address of Organization: 2939 Ellis Street Berkeley CA 94703
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

	Amy Shrago	Policy Analyst	07/11/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by
Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00, 8.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 8, 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Mary Kopell Number of Tickets: 8, 1

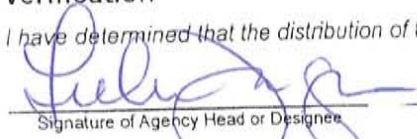
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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



Lee Ann Ferguson – Ticket Administrator
Print Name Title

JUL 10 2011
(month, day, year)

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

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Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11 Description of Event: Alameda County Fair
7, 10, 11 Face Value of Ticket: \$ 10.00, 8

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
 Number of Tickets Received: 2, 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
 Name of Individual or Organization: Fred Martin Number of Tickets: 2, 1
 Description of Organization: _____
 Address of Organization: _____ City _____ State _____ Zip Code _____
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
[Signature] JUL 10 2011
 Lee Ann Ferguson – Ticket Administrator
 _____ Title _____ (month, day, year)
 Signature of Agency Head or Designee Print Name
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name: COUNTY OF ALAMEDA. Date Stamp. California Form 802 For Official Use Only. Division, Department, or Region: 1221 OAK STREET, #555. Street Address: OAKLAND, CA 94612. Area Code/Phone Number: (510) 272-6685. E-mail: Amy.Shrago@acgov.org. Agency Contact: Amy Shrago, Policy Analyst. Amendment box. Date of Original Filing.

2. Event For Which Tickets Were Distributed. Date(s) of Event: 06 / 22 / 11. Description of Event: Alameda County Fair. Face Value of Ticket: \$ 5.00. Agency Event: No. Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair. Number of Tickets Received: 6. Ticket(s) Provided to Agency: Pursuant to Contract.

3. Agency Official(s) Receiving Ticket(s). Table with columns: 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). Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District. Name of Individual or Organization: Jean Stokes. Number of Tickets: 6. Description of Organization. Address of Organization: Number and Street, City, State, Zip Code. Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession.

5. Verification. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designee: Amy Shrago. Print Name: Amy Shrago. Title: Policy Analyst. Date: 07/11/11. Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: J-Sei Number of Tickets: 10

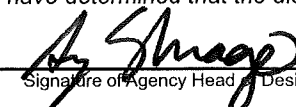
Description of Organization: community services

Address of Organization: 2126 Channing Way Berkeley CA 94704
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 04 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Judi Freeman Number of Tickets: 4
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

	Amy Shrago	Policy Analyst	07/11/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 7 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Kelly Moss Number of Tickets: 7


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public.

5. Verification

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Korean Community Center of the East Bay Number of Tickets: 10
 Description of Organization: social services
 Address of Organization: 4390 Telegraph Ave., Ste. A Oakland CA 94609
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Lao Family Community Development Inc. Number of Tickets: 10

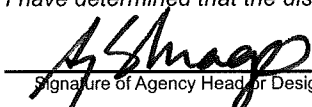
Description of Organization: social services

Address of Organization: 1551 23rd Ave. Oakland CA 94060
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Legal Assistance for Seniors Number of Tickets: 20


Description of Organization: Senior Services

Address of Organization: 464 7th Street Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Assignee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 17 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 38

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Jeff Arizu Number of Tickets: 2

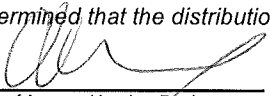
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.

	<u>Alexandra Boskovich</u>	<u>Supervisor's Assistant</u>	<u>7/15/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by
Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Francyne Dawkins Number of Tickets: 9

Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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

[Signature] Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Lend-a-Hand Foundation Number of Tickets: 10

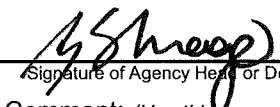
Description of Organization: Senior Services

Address of Organization: 805 Capwell Drive Oakland CA 94621
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

California
Form **802**

For Official Use Only

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

Agency Contact (name and title)

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

Amendment (Must explain in Part 5.)

Date of Original Filing: _____
(month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11
7, 10, 11

Description of Event: Alameda County Fair
Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Karina Del Rio Number of Tickets: 15

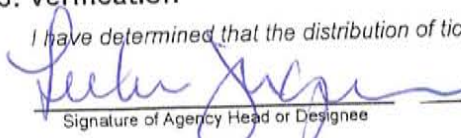
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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



Lee Ann Ferguson – Ticket Administrator

JUL 10 2011
(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612		<input type="checkbox"/> Amendment (Must explain in Part 5.)	Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
 Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
 Name of Individual or Organization: Ymel Luna Number of Tickets: 20
 Description of Organization: _____
 Address of Organization: _____ City _____ State _____ Zip Code _____
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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

[Signature] Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by
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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
Street Address			
1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 14 / 11 Description of Event: Oakland A's game

Face Value of Ticket: \$ 38

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Ron Silva Number of Tickets: 2

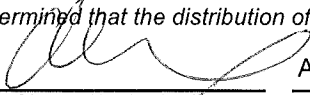
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.


 Signature of Agency Head or Designee

Alexandra Boskovich
 Print Name

Supervisor's Assistant
 Title

7/15/11
(month, day, year)

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

Tickets Provided by Agency Report

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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) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 305

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
 Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
 Name of Individual or Organization: Mark Dunlap Number of Tickets: 6
 Description of Organization: _____
 Address of Organization: _____
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his community service to the public

5. Verification

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

Lee Ann Ferguson Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form **802**
For Official Use Only

1. Agency Name

COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612

Date Stamp

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

Amendment (Must explain in Part 5.)

Date of Original Filing: _____
(month, day, year)

Agency Contact (name and title)

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11
7/10/11

Description of Event: Alameda County Fair
Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Gail Blalock Number of Tickets: 6

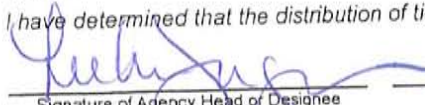
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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



Lee Ann Ferguson – Ticket Administrator

Print Name

JUL 10 2011

(month, day, year)

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

Tickets Provided by
Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 20,1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Joe Davis Number of Tickets: 20,1

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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

Lee Ann Ferguson JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Lee Ann Ferguson – Ticket Administrator

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

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TICKETS PROVIDED BY AGENCY REPORT

California Form **802**

For Official Use Only

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	Date of Original Filing: _____ (month, day, year)	<input type="checkbox"/> Amendment (Must explain in Part 5.)
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11 Description of Event: Alameda County Fair
7, 10, 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: martel green Number of Tickets: 15

Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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

Lee Ann Ferguson Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802
For Official Use Only

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

Agency Contact (name and title)

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

Amendment (Must explain in Part 5.)

Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11

Description of Event: Alameda County Fair

7/10/11

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Josh Thurman Number of Tickets: 9

Description of Organization:

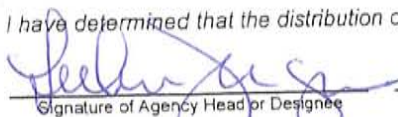
Address of Organization: Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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



Lee Ann Ferguson - Ticket Administrator

Print Name

Title

(month, day, year)

JUL 10 2011

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 12 / 11 Description of Event: Oakland A's game
 _____/_____/_____ Face Value of Ticket: \$ 38

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

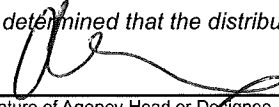
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3
 Name of Individual or Organization: Deborah Taylor Number of Tickets: 2
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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 7/28/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 29 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Robert Chen Number of Tickets: 2


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.

	<u>Alexandra Boskovich</u>	<u>Supervisor's Assistant</u>	<u>7/25/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00, 8.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
 Number of Tickets Received: 2, 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
 Name of Individual or Organization: Laura Winter Number of Tickets: 2, 1
 Description of Organization: _____
 Address of Organization: _____ City _____ State _____ Zip Code _____
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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

[Signature] Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 26 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Nak Min Oddie Number of Tickets: 20

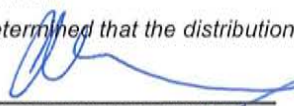
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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 7/21/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

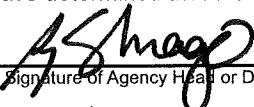
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Linda Adams Number of Tickets: 5
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public.

5. Verification

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802
For Official Use Only

1. Agency Name

COUNTY OF ALAMEDA
 Division, Department, or Region (if applicable)
 1221 OAK STREET, #555
 Street Address
 OAKLAND, CA 94612
 Area Code/Phone Number (510) 272-3882
 E-mail crystal.hishida@acgov.org
 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

Amendment (Must explain in Part 5.)

Date of Original Filing: _____ (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00, 8.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 8, 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Terry Lauigan Number of Tickets: 8, 1

Description of Organization: _____

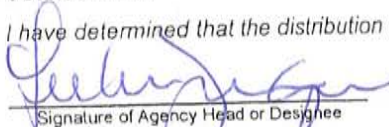
Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To reward a volunteer for his/hers community service to the public.

5. Verification

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



Lee Ann Ferguson – Ticket Administrator

JUL 10 2011

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 25 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

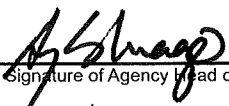
Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Mary Ann Wright Foundation Number of Tickets: 25
 Description of Organization: provide direct support to families and individuals experiencing hunger and homelessness
 Address of Organization: 3120 San Pablo Oakland CA 94608
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: North Berkeley Senior Center Number of Tickets: 20


Description of Organization: Senior Services

Address of Organization: 1901 Heart Street Berkeley CA 94709
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Bonita House Number of Tickets: 10

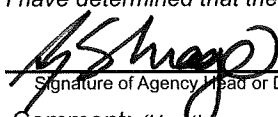
Description of Organization: Alcohol and Other Drug Treatment Services

Address of Organization: 1410 Bonita House Berkeley CA 94709
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: BOSS Number of Tickets: 10

Description of Organization: Homeless Services

Address of Organization: 2065 Kittredge, Suite E Berkeley CA 94704
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

Amy Shrago Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: BOSS Number of Tickets: 15

Description of Organization: helping homeless, poor and disabled people in our community of Alameda County

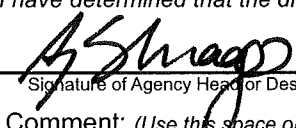
Address of Organization: 2065 Kittredge Street, Suite E Berkeley, CA 94704

Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

5. Verification

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 07/11/11

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

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

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Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Cambodian Community Dev. Inc. Number of Tickets: 10


Description of Organization: community services

Address of Organization: 1900 Fruitvale Ave., Ste. 3B Oakland CA 94601
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head of Designee Print Name Title (month, day, year)

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Catholic Charities Number of Tickets: 10

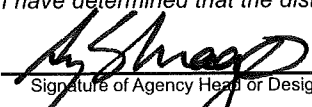
Description of Organization: social services agency

Address of Organization: 433 Jefferson Street Oakland CA 94612
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Celeste Agana Number of Tickets: 4

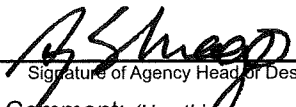
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
(510) 272-3882	crystal.hishida@acgov.org	Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: _____ Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Angie Calega Number of Tickets: 15

Description of Organization: _____

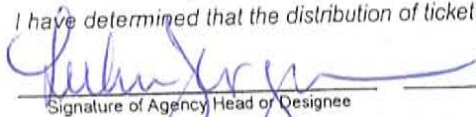
Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To reward a volunteer for his/hers community service to the public.

5. Verification

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



Lee Ann Ferguson – Ticket Administrator
Print Name Title

JUL 10 2011
(month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Charelstina Vann Number of Tickets: 4


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. Verification

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

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>07/11/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Homeless Action Center Number of Tickets: 10

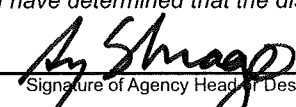
Description of Organization: Homeless Services

Address of Organization: 3126 Shattuck Ave. Berkeley CA 94705
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

Agency Contact (name and title)

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

Amendment (Must explain in Part 5.)

Date of Original Filing: _____
(month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11
7, 10, 11

Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00, 8.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 10, 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Joseph Echevarria Number of Tickets: 10, 1

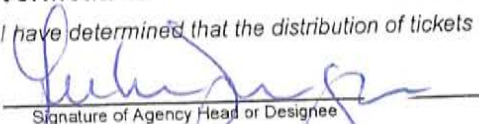
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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


Signature of Agency Head or Designee

Lee Ann Ferguson - Ticket Administrator

Print Name

Title

JUL 10 2011

(month, day, year)

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

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Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address		<input type="checkbox"/> Amendment (Must explain in Part 5.)	
OAKLAND, CA 94612		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11 / 7, 10, 11 Description of Event: Alameda County Fair
 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Vener Bates Number of Tickets: 9

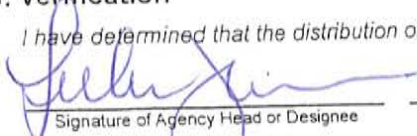
Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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



Lee Ann Ferguson – Ticket Administrator

JUL 10 2011

Signature of Agency Head or Designee _____ Print Name _____ Title _____ (month, day, year) _____
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802
For Official Use Only

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11 Description of Event: Alameda County Fair
7, 10, 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Ken Beeza Number of Tickets: 6

Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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

Lee Ann Ferguson Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head of Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 15

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Nat Piazza Number of Tickets: 15

Description of Organization: _____

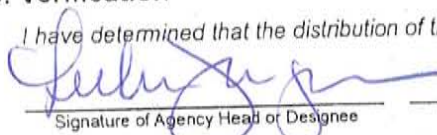
Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To reward a volunteer for his/hers community service to the public.

5. Verification

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



Lee Ann Ferguson – Ticket Administrator

JUL 10 2011

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

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1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
(510) 272-3882	crystal.hishida@acgov.org	Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Colonia Halman Number of Tickets: 15

Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To reward a volunteer for his/hers community service to the public.

5. Verification

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

[Signature] Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
(510) 272-3882	crystal.hishida@acgov.org	Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Bill Harrison Number of Tickets: 9

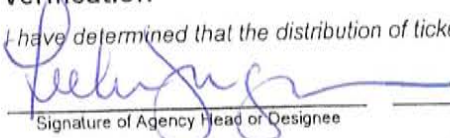
Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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

 Lee Ann Ferguson – Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6, 22, 11 Description of Event: Alameda County Fair
7, 10, 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Joe Borden Number of Tickets: 9

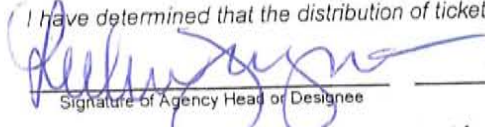
Description of Organization: _____

Address of Organization: _____ City _____ State _____ Zip Code _____

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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

 _____ Lee Ann Ferguson - Ticket Administrator JUL 10 2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Family Support Services Number of Tickets: 10


Description of Organization: social services org.

Address of Organization: 401 Grand Ave., Ste. 200 Oakland CA 94610
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Ivette Guzman Number of Tickets: 4

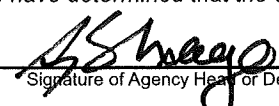
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. Verification

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

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>07/11/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Filipino Advocates for Justice Number of Tickets: 15

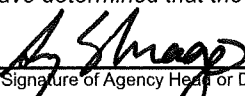
Description of Organization: social services org

Address of Organization: 310 8th Street, Suite 308 Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Foster Youth Alliance Number of Tickets: 10

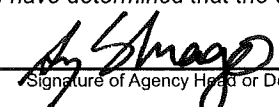
Description of Organization: social services

Address of Organization: 675 Hegenberger Rd., Suite 100 Oakland CA 94621
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by
Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 16 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Chris Leung Number of Tickets: 4


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 7/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Emon Sherous Number of Tickets: 4

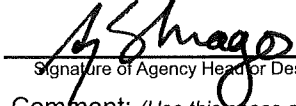
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. Verification

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 7/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Healthy Oakland Number of Tickets: 10


Description of Organization: health services

Address of Organization: 2580 San Pablo Ave. Oakland CA 94612
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Tyler Jamison Number of Tickets: 4

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. Verification

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

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>07/11/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 50 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Alternatives in Action Number of Tickets: 50

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

5. Verification

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

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>07/11/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Donneisha Udo-Onon Number of Tickets: 4

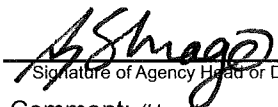
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. Verification

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

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>07/11/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 7 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Terreen Sanford Number of Tickets: 7

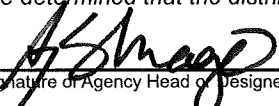
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 25 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: 100 Black Men of the Bay Area Number of Tickets: 25

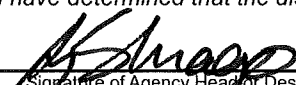
Description of Organization: _____

Address of Organization: 1638 12th Street Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Albany Senior Center Number of Tickets: 20

Description of Organization: Senior Services Organization

Address of Organization: 1247 Marin Ave. Albany CA 94706
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

	<u>Amy Shrago</u>	<u>Policy Analyst</u>	<u>07/11/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 7 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Alice Oliver Number of Tickets: 7

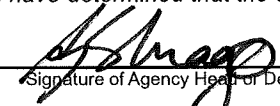
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public.

5. Verification

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

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>07/11/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: True Vine Missionary Baptist Church Number of Tickets: 5

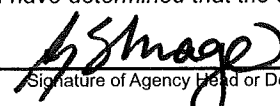
Description of Organization: Church

Address of Organization: 1125 West Street Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 24 / 11 Description of Event: Atif Aslam & Sunidhi Chaudan
 _____ / _____ / _____ Face Value of Ticket: \$ 60.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
 Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Building Opportunities for Self Sufficiency Number of Tickets: 4


Description of Organization: homeless services

Address of Organization: 2065 Kittredge Street, Berkeley CA 94704
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community

5. Verification

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

 Amy Shrago Policy Analyst 07/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 30 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: North Berkeley Senior Center Number of Tickets: 10


Description of Organization: Senior Services Center

Address of Organization: 1901 Hearst St. Berkeley CA
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

 Amy Shrago Policy Analyst 7/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Asian Community Mental Health
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 30 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Asian Community Mental Health Number of Tickets: 30


Description of Organization: Mental Health Services Provider

Address of Organization: 310 8th Street, Suite 201 Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Asian Pacific Environment Network Number of Tickets: 10

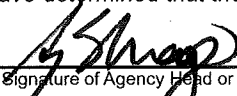
Description of Organization: Environmental Justice advocates

Address of Organization: 310 8th Street, Suite 309 Oakland CA 94607
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Center for Independent Living Number of Tickets: 10


Description of Organization: Disability Right Org.

Address of Organization: 2539 Telegraph Ave. Berkeley CA 94704
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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(510) 272-6685	Amy.Shrago@acgov.org		
Agency Contact (name and title)			
Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 30 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: North Oakland Senior Center Number of Tickets: 10

Description of Organization: Senior Services Center

Address of Organization: 5714 Martin Luther King Jr. Way Oakland CA 94609
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

	Amy Shrago	Policy Analyst	07/11/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: City of Emeryville Rec. Dept. Teen Division Number of Tickets: 10

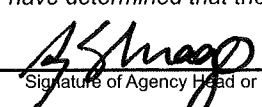
Description of Organization: Youth Services

Address of Organization: 4300 San Pablo Ave. Emeryville CA 94608
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name: COUNTY OF ALAMEDA. Date Stamp. California Form 802 For Official Use Only. Division, Department, or Region: 1221 OAK STREET, #555. Street Address: OAKLAND, CA 94612. Area Code/Phone Number: (510) 272-6685. E-mail: Amy.Shrago@acgov.org. Agency Contact: Amy Shrago, Policy Analyst. Amendment: [] Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed. Date(s) of Event: 06 / 22 / 11. Description of Event: Alameda County Fair. Face Value of Ticket: \$ 5.00. Agency Event: [] Yes [x] No. Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair. Number of Tickets Received: 6. Ticket(s) Provided to Agency: [] Gratuitously [x] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names). Table with columns: Name of Official (Last, First), Number of Tickets, State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution.

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.). Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District. Name of Individual or Organization: Dexter Vizinau. Number of Tickets: 6. Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designee: Amy Shrago. Print Name: Amy Shrago. Title: Policy Analyst. Date: 17/11/11. Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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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	E-mail Amy.Shrago@acgov.org		
Agency Contact (name and title) Amy Shrago, Policy Analyst		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
 Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

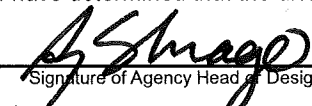
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Disability Rights Education & Defense Fund Number of Tickets: 10
 Description of Organization: Disability Rights
 Address of Organization: 3075 Adeline Street, Suite 210 Berkeley CA 94703
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Amy Shrago, Policy Analyst		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Downtown Oakland Senior Center Number of Tickets: 20

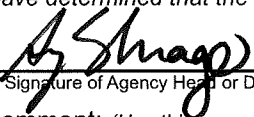
Description of Organization: Senior Services Org.

Address of Organization: 200 Grand Ave. Oakland CA 94610
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

 Amy Shrago Policy Analyst 07/11/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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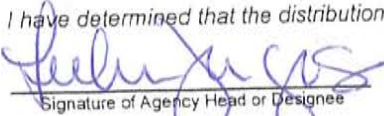
1. Agency Name
 COUNTY OF ALAMEDA
 Division, Department, or Region (if applicable)
 1221 OAK STREET, #555
 Street Address
 OAKLAND, CA 94612
 Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org
 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office
 Date Stamp
 Amendment (Must explain in Part 5.)
 Date of Original Filing: _____ (month, day, year)

2. Event For Which Tickets Were Distributed
 Date(s) of Event: 6, 22, 11 Description of Event: Alameda County Fair
 7, 10, 11 Face Value of Ticket: \$ 5.00
 Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
 Number of Tickets Received: 9 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
 Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
 Name of Individual or Organization: Chris Bray Number of Tickets: 9
 Description of Organization: _____
 Address of Organization: _____ City _____ State _____ Zip Code _____
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
 To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification
 I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18942011

 Lee Ann Ferguson – Ticket Administrator
 Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 18 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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 Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Jim Oddie Number of Tickets: 4

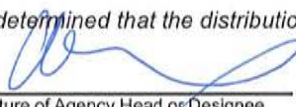
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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 7/26/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by
Agency Report

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555		Street Address	
OAKLAND, CA 94612		Area Code/Phone Number	
(510) 272-3882		E-mail	
crystal.hishida@acgov.org		<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title)		Date of Original Filing: _____	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		(month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11 Description of Event: Alameda County Fair
7/10/11 Face Value of Ticket: \$ 5.00, 8.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 8, 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Harvey Knight Number of Tickets: 8, 2

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/hers community service to the public.

5. Verification

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

Lee Ann Ferguson Lee Ann Ferguson – Ticket Administrator JUL 10 2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

California Form 802
For Official Use Only

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

(510) 272-3882

E-mail

crystal.hishida@acgov.org

Agency Contact (name and title)

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

Amendment (Must explain in Part 5.)

Date of Original Filing: _____
(month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/22/11
7/10/11

Description of Event: Alameda County Fair
Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board

Number of Tickets Received: 8 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Rosalyn Coleman Number of Tickets: 8

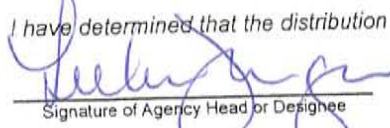
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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



Lee Ann Ferguson – Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

JUL 10 2011
(month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			For Official Use Only
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: James Robino Number of Tickets: 10

Description of Organization: _____


Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

7/10/11

	ANNA GEE	OPERATIONS MANAGER	
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
COUNTY OF ALAMEDA			
Division, Department, or Region <i>(if applicable)</i>			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-6694	anna.gee@acgov.org		
Agency Contact <i>(name and title)</i>			
Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 8 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Geneva McDaniel Number of Tickets: 8

Description of Organization: _____

Address of Organization: _____

Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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	7/10/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

and concession sales

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TICKETS PROVIDED BY AGENCY REPORT

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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	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: LaRay Nelson, Jr. Number of Tickets: 4


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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	7/10/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 02 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Miley, Christopher	1	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

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: Angelina Rodriguez Number of Tickets: 3
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession 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.

 ANNA GEE OPERATIONS MANAGER 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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Division, Department, or Region (if applicable) 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

_____/_____/_____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Russell Chun Number of Tickets: 3

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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	7/10/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

and concession sales

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6694	anna.gee@acgov.org		
Agency Contact (name and title)			
Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 8.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Russell Chun Number of Tickets: 1

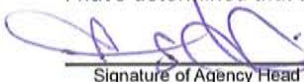
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

concession sales

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1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
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Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 8.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Katie Kong Number of Tickets: 1

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

concession sales

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Wendy Brown Number of Tickets: 4
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 30 / 11 Description of Event: A'S TICKETS
08 / 18 / 11 Face Value of Ticket: \$ \$38.00

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 Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization: JOE FREITAS Number of Tickets: 4

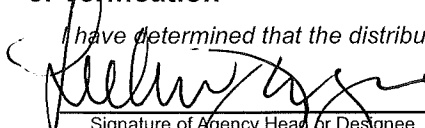
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification

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

 _____
Signature of Agency Head or Designee Lee Ann Ferguson Print Name ticket administrator Title 7/29/11 (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 03 / 11 Description of Event: A'S GAME

 _____ Face Value of Ticket: \$ 1500

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: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization: JOE DAVIS Number of Tickets: 20

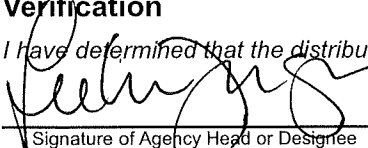
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
TO REWARD A COMMUNITY VOLUNTEER FOR HIS SERVICE TO THE PUBLIC

5. Verification

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

 _____
Signature of Agency Head or Designee

Lee Ann Ferguson _____
Print Name

ticket administrator _____
Title

7/20/11 _____
(month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 12 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Sabina Timothy Number of Tickets: 2

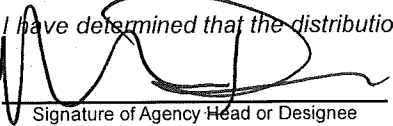
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>7/28/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 24 / 11 Description of Event: ATIF ASLAM
 _____ / _____ / _____ Face Value of Ticket: \$ 60.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: GSW
 Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

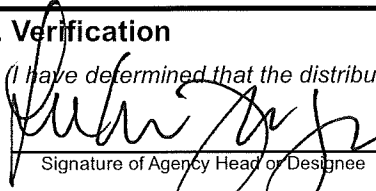
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
 Name of Individual or Organization: INDIO-AMERICAN FEDERATION Number of Tickets: 4
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his service to the public

5. Verification

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

 _____
Signature of Agency Head or Designee Lee Ann Ferguson ticket administrator 8/14/11
Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6694	anna.gee@acgov.org		
Agency Contact (name and title)			
Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

_____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Jubilee Outreach Number of Tickets: 10

Description of Organization: Community Outreach to East Oakland residents

Address of Organization: 3004 38th Avenue - Oakland, CA 94619

Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11

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

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 15 / 11 Description of Event: A'S GAME
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

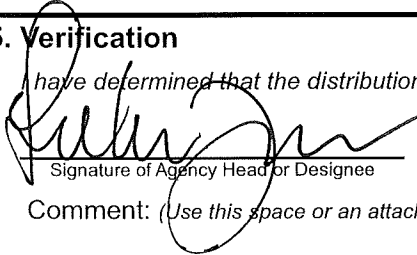
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
 Name of Individual or Organization: TODD HOUCHNS Number of Tickets: 2
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification

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

	Lee Ann Ferguson	Ticket Administrator	7/14/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org		
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

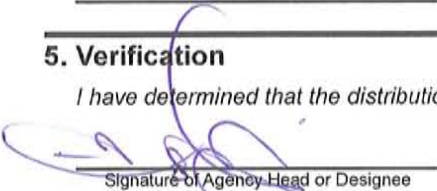
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Myrtis Buttram Number of Tickets: 6
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

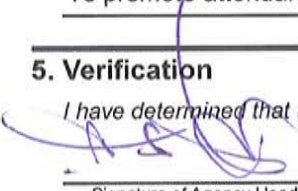
1. Agency Name COUNTY OF ALAMEDA <i>Division, Department, or Region (if applicable)</i> 1221 OAK STREET, #536 Street Address OAKLAND, CA 94612		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org		
Agency Contact (name and title) Anna Gee - Operations Manager		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
Face Value of Ticket: \$ 5.00
Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Alissa Fencsik Number of Tickets: 2
Description of Organization: _____
Address of Organization: _____
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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


Signature of Agency Head or Designee ANNA GEE OPERATIONS MANAGER 7/10/11
Print Name Title (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 13 / 11 Description of Event: PUMAS VS. MORELIA
 _____ / _____ / _____ Face Value of Ticket: \$ 95.80

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: GSW
 Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization: DOM SACCULLO Number of Tickets: 4


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification

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

	<u>Lee Ann Ferguson</u>	<u>Ticket Administrator</u>	<u>7/8/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA <hr/> Division, Department, or Region (if applicable) 1221 OAK STREET, #536 <hr/> Street Address OAKLAND, CA 94612 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number</td> <td style="width:50%; border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-6694</td> <td style="border: none;">anna.gee@acgov.org</td> </tr> </table> <hr/> Agency Contact (name and title) Anna Gee - Operations Manager	Area Code/Phone Number	E-mail	(510) 272-6694	anna.gee@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail					
(510) 272-6694	anna.gee@acgov.org					
<input type="checkbox"/> Amendment (Must explain in Part 5.)		Date of Original Filing: _____ (month, day, year)				

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

_____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Leah Comilang Number of Tickets: 2

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 7 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Mary Cooks Number of Tickets: 7
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org		
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 7 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

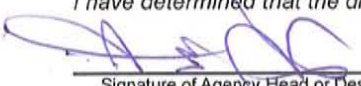
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Ronnie Oliver Number of Tickets: 7
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Willie L. Brown Number of Tickets: 10

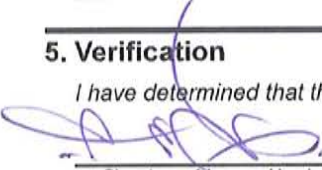
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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	7/10/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 14 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	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 Nadia Lockyer, District 2

Name of Individual or Organization: Audrey LePell Number of Tickets: 2


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for her service to the public.

5. Verification

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 7/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Jodi Damerall Number of Tickets: 3
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Anna Gee - Operations Manager		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Melissa Wong Number of Tickets: 6
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

and concession sales

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-6694	anna.gee@acgov.org		
Agency Contact (name and title)			
Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Shaunte Smith Number of Tickets: 10

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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	7/10/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 14 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Lori Baptista Number of Tickets: 2

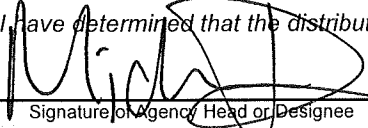
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>7/28/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Anna Gee - Operations Manager		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
_____/_____/____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Malinda Brooks Number of Tickets: 10
Description of Organization: _____
Address of Organization: _____
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 27 / 11 Description of Event: A'S GAME
07 / 28 / 11 Face Value of Ticket: \$ 38.00

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 Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization: CORNERSTONE CHURCH Number of Tickets: 4


Description of Organization: CHRUCH

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification

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

 _____
Signature of Agency Head or Designee Print Name Title Title

7/12/11
(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Anna Gee - Operations Manager		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 8 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

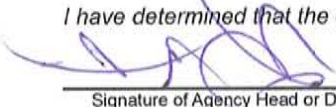
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Geneva McDaniel Number of Tickets: 8
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 08 / 11 Description of Event: ALAMEDA COUNTY FAIR

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR ASSOCIATION

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization: Jerry Grace Number of Tickets: 10

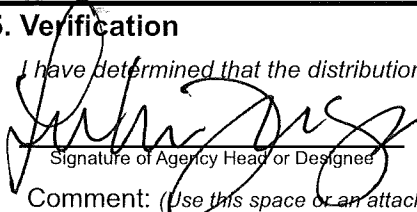
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification

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



Signature of Agency Head or Designee

LEE ANN FERGERSON _____
Print Name

TICKETS ADMINISTRATOR _____
Title

7/18/11 _____
(month, day, year)

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

Tickets Provided by Agency Report

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Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Anna Gee - Operations Manager		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Patricia Olsen Number of Tickets: 3
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

and concession sales

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COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-6694	anna.gee@acgov.org		
Agency Contact (name and title)			
Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

_____/_____/____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Rayna McGrew Number of Tickets: 10

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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
7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-6694	anna.gee@acgov.org		
Agency Contact (name and title)			
Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Michelle Brown Number of Tickets: 6

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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 7/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
Street Address			
1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-6692	District2@acgov.org		
Agency Contact (name and title)			
Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 16 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official <small>(Last, First)</small>	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 Nadia Lockyer, District 2

Name of Individual or Organization: Jon Dunckel Number of Tickets: 2

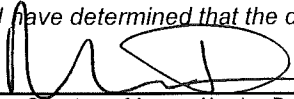
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue

5. Verification

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

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>7/12/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 17 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Lockyer, Nadia	2	To promote attendance at an event held at County facility in order to maximize potential County revenue

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: _____ Number of Tickets: 2

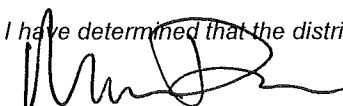
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue

5. Verification

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

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>7/12/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day/year)</small>

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

Tickets Provided by Agency Report

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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, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 24 / 11 Description of Event: Atif Aslam Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 60.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

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 Nadia Lockyer, District 2

Name of Individual or Organization: Dr. Raj Salwan Number of Tickets: 4

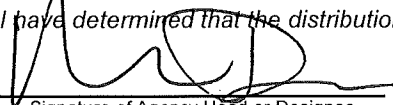
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his service to the public.

5. Verification

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

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>7/20/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 29 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Angelina Rodriquez Number of Tickets: 2

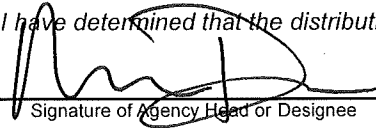
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue.

5. Verification

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

 Signature of Agency Head or Designee	<u>MICHELLE DIANDA</u> Print Name	<u>TICKET ADMINISTRATOR</u> Title	<u>7/21/11</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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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, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 27 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Tia Howard Number of Tickets: 2

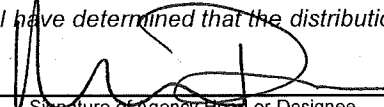
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for her service to the public.

5. Verification

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

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>7/25/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 26 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Daniel Torres Number of Tickets: 2

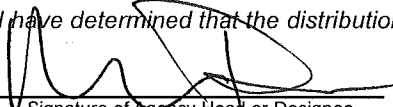
Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his service to the public.

5. Verification

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

 Signature of Agency Head or Designee	<u>MICHELLE DIANDA</u> Print Name	<u>TICKET ADMINISTRATOR</u> Title	<u>7/26/11</u> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Anna Gee - Operations Manager		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

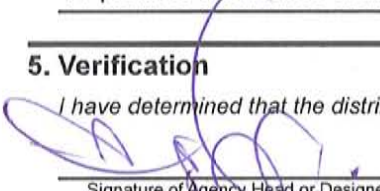
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Gregory Reed Number of Tickets: 5
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org		
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

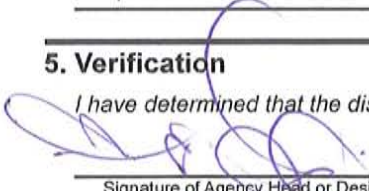
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Deola Nared Number of Tickets: 6
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair

Face Value of Ticket: \$ 5.00

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Linda Adams Number of Tickets: 10


Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944, 1.

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail 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 / 09 / 11 Description of Event: Alameda County Fair
 _____ / _____ / _____ Face Value of Ticket: \$ 10.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
 Number of Tickets Received: 8 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

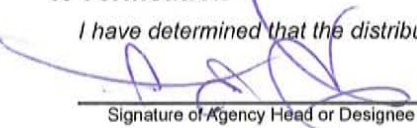
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Stella Ma Number of Tickets: 8
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>7/10/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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