

Tickets Provided by Agency Report

A Public Document

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: 09 / 02 / 11 Description of Event: Oakland A's
 _____/_____/_____ 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 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
Brooks, Rodney	2	To reward a County employee

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: _____

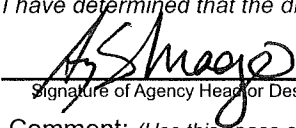
Description of Organization: _____

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	08/31/2011
<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: 09 / 05 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ 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 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Scott Spencer Number of Tickets: 2

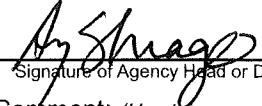
Description of Organization: _____

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 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 08/31/2011
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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Agency Contact (name and title) Amy Shrago, Policy Analyst			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 07 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ 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 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Scott Spencer 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 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>08/31/2011</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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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: 09 / 18 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 1,500

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: 24 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: Henry C. Levy and Associates Number of Tickets: 24


Description of Organization: Certified Public Accountants

Address of Organization: 5940 College Avenue 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 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 _____ 08/30/11
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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Agency Contact (name and title) Anna Gee, Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 22 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: Hayward Area Historical Society Number of Tickets: 2

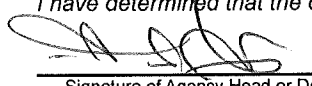
Description of Organization: Preservation of Pioneer Cemetery

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

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

5. Verification

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

	Anna Gee	Operations Manager	08/30/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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Agency Contact (name and title) Anna Gee - operations manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony
 _____ / _____ / _____ Face Value of Ticket: \$ 72.05

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)

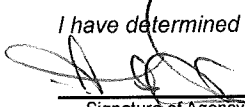
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Maria & Ricardo Haro Number of Tickets: 2
 Description of Organization: _____
 Address of Organization: _____
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.

 _____
Signature of Agency Head or Designee

Anna Gee _____
Print Name

Operations Manager _____
Title

08/30/11 _____
(month, day, year)

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

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Agency Contact (name and title) Anna Gee - operations manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 23 / 11 Description of Event: Mark Anthony
 _____ / _____ / _____ Face Value of Ticket: \$ 72.05

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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Miriam P. Espinosa, Jesus Corona Number of Tickets: 2

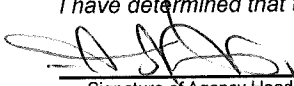
Description of Organization: _____

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

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 _____
Print Name

Operations Manager _____
Title

08/30/11 _____
(month, day, year)

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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.)	
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: 08 / 21 / 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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

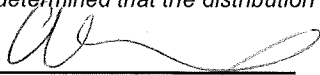
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Jesus Perez 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 8/9/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Agency Contact (name and title) Anna Gee - operations manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 28 / 11 Description of Event: Football game
 _____ / _____ / _____ Face Value of Ticket: \$ _____

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
 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)

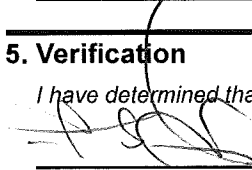
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: United Seniors of Oakland & Alameda County Number of Tickets: 2
 Description of Organization: senior advocacy
 Address of Organization: 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605
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.

 _____
Signature of Agency Head or Designee

Anna Gee Operations Manager 08/30/11
Print Name Title (month, day, year)

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

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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: 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.

 Signature of Agency Head or Designee	<u>Amy Shrago</u> Print Name	<u>Policy Analyst</u> Title	<u>08/01/11</u> (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: 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: 4
 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 08/01/2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

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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: 08 / 26 / 11 Description of Event: Sade
 _____ / _____ / _____ Face Value of Ticket: \$ 179.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Zetha Nobles and Nkem Amamgbo 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

5. Verification

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

 Anna Gee Operations Manager 08/30/11
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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(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 / 21 / 11 Description of Event: Oakland A's vs. Texas Rangers

_____/_____/_____ 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 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Alameda County Health Care Foundation Number of Tickets: 2

Description of Organization: support the mission of ACHC

Address of Organization: 2001 Broadway, Suite M 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 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	08/08/11
<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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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: 08 / 28 / 11 Description of Event: Oakland Raiders' game

 _____ Face Value of Ticket: \$ 150

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
 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)

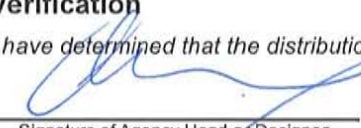
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: _____
 Name of Individual or Organization: Alex Best 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 sales

5. Verification

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

	Alexandra Boskovich	Supervisor's Assistant	8/26/11
<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 <hr/> Division, Department, or Region (if applicable) <hr/> Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;">Area Code/Phone Number (510) 272-3882</td> <td style="width:30%; border: none;">E-mail crystal.hishida@acgov.org</td> <td style="width:45%; border: none;"><input type="checkbox"/> Amendment (Must explain in Part 5.)</td> </tr> </table> <hr/> Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	Date Stamp	<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;"> California Form 802 </div> 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: _____ (month, day, year)			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 19 / 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: 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: Danny Gualco 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	8/9/11
<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			
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: 08 / 26 / 11 Description of Event: Sade
 _____ / _____ / _____ Face Value of Ticket: \$ 179.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Andrea Aranda, Vince Grewal Number of Tickets: 2

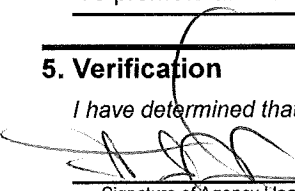
Description of Organization: _____

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

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 08/30/11
Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
parking 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) 272-6685	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 / 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)

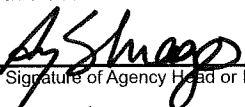
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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 8/1/11
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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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: 09 / 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: Armando Burciaga Number of Tickets: 4

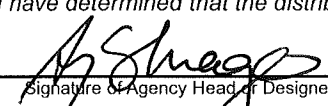
Description of Organization: _____

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 or event held at a County facility

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 08/31/2011
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

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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: _____ (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: 09 / 25 / 11 Description of Event: Oakland Raiders' game
 _____ / _____ / _____ Face Value of Ticket: \$ 150

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
 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)

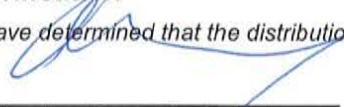
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: _____
 Name of Individual or Organization: Tom Quigley 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 sales

5. Verification

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

	Alexandra Boskovich	Supervisor's Assistant	8/26/11
Signature of Agency Head or Designee	Print Name	Title	(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: 11 / 27 / 11 Description of Event: Oakland Raiders' game

 _____ Face Value of Ticket: \$ 150

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
 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: _____

Name of Individual or Organization: East Bay Asian Local Development Corporation Number of Tickets: 3

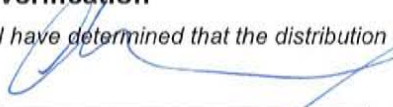
Description of Organization: Build affordable homes and help low-income men, women, and children

Address of Organization: 310 8th Street, Suite 200, 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 non-profit 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.

	Alexandra Boskovich	Supervisor's Assistant	8/29/11
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: _____ (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: \$ 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: East Bay Innovations Number of Tickets: 20

Description of Organization: Provides services to people with developmental disabilities so they can live independently

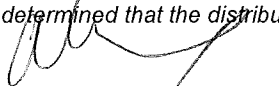
Address of Organization: 303 W. Joaquin Ave., Suite 110, San Leandro, CA 94577

Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a non-profit 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.

	Alexandra Boskovich	Supervisor's Assistant	8/8/11
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, #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: 09 / 02 / 11 Description of Event: Baseball Game

_____ / _____ / _____ Face Value of Ticket: \$ 1,500

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: 24 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: Deputy Sheriff's Activities League Number of Tickets: 24

Description of Organization: programs for unincorporated at -risk youth

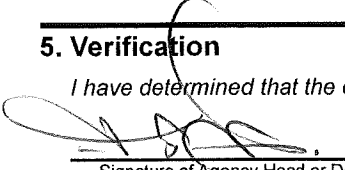
Address of Organization: 16378 E. 14th Street, Suite #100 San Leandro, CA 94578

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.

 _____
Signature of Agency Head or Designee Anna Gee Operations Manager 08/30/11
Print Name Title (month, day, year)

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

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: 09 / 02 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: Eva Ramirez & Rosa Rodriguez 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.

 ANNA GEE OPERATIONS MANAGER 08/30/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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: 09 / 03 / 11 Description of Event: Baseball 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
Dunlap, Kamika	1	To reward a County employee for exemplary service to the public

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: Amy Fitzgerald Number of Tickets: 1

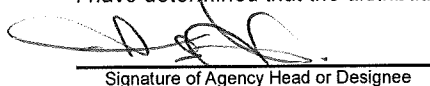
Description of Organization: _____

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for 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.

 ANNA GEE OPERATIONS MANAGER 08/30/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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: 09 / 11 / 11 Description of Event: Barnum & Bailey Circus
 _____/_____/_____ Face Value of Ticket: \$ 35.20

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)

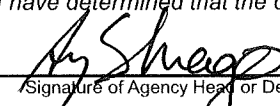
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: 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.

 Amy Shrago Policy Analyst 08/31/2011
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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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: 09 / 04 / 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: Daren Chan 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	8/26/11
<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, #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: 09 / 25 / 11 Description of Event: Luxury Suite Raider's Game
 _____ / _____ / _____ Face Value of Ticket: \$ 150.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: _____
 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 Scott Haggerty, District One

Name of Individual or Organization: Fred Thompson Number of Tickets: 4

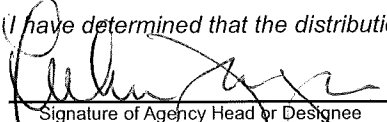
Description of Organization: _____

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 to maximize potential county revenue by 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.

 LEEANN FERGERSON TICKET ADMINISTRATOR 8/11/11
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, #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: 09 / 11 / 11 Description of Event: Ringling Brothers Circus

Face Value of Ticket: \$ 35.20

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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Andy, Katie, Adrian, and Andre Kong Number of Tickets: 4

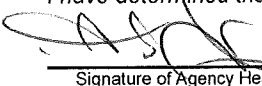
Description of Organization: _____

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

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 _____
Print Name

Operations Manager _____
Title

08/30/11 _____
(month, day, year)

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

Tickets Provided by Agency Report

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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: 09 / 12 / 11 Description of Event: Baseball 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)

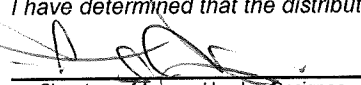
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Stewart, Darryl	1	To reward a County employee for exemplary service to the public

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: Tyler Stewart 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 reward a County employee for 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.

 ANNA GEE OPERATIONS MANAGER 08/30/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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 <hr/> Division, Department, or Region <i>(if applicable)</i> <hr/> Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;">Area Code/Phone Number (510) 272-3882</td> <td style="width:35%; border: none;">E-mail crystal.hishida@acgov.org</td> </tr> </table> <hr/> Agency Contact <i>(name and title)</i> Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	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 <i>(Must explain in Part 5.)</i>		Date of Original Filing: _____ <i>(month, day, year)</i>		

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 26 / 11 Description of Event: Sade concert

 _____ Face Value of Ticket: \$ 179

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

Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

Number of Tickets Received: 4 Ticket(s) Provided to Agency: 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 Wilma Chan, District 3

Name of Individual or Organization: Colin Lacon 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.

	<u>Alexandra Boskovich</u>	<u>Supervisor's Assistant</u>	<u>8/26/11</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 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: 09 / 08 / 11 Description of Event: Barnum & Bailey Circus
 _____ / _____ / _____ Face Value of Ticket: \$ 35.20

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: Michael Hutchings 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 08/31/2011
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) 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: 09 / 16 / 11 Description of Event: Baseball 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 Nate Miley, District 4
 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2
 Description of Organization: senior advocacy
 Address of Organization: 7200 Bancroft Ave, Ste 251-Oakland, CA 94605
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.

 Anna Gee Operations Manager 08/30/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, 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		<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: 09 / 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: Elizabeth Pedroza Number of Tickets: 2

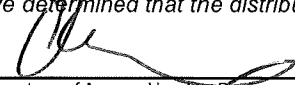
Description of Organization: _____

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	8/16/11
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) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 12 / 11 Description of Event: 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 <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: Wanda Thompson Number of Tickets: 2

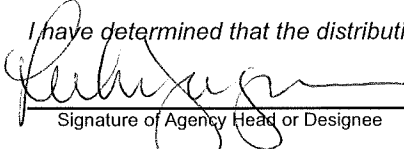
Description of Organization: _____

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.

	<u>Lee Ann Fergerson</u>	<u>Ticket Administrator</u>	<u>8/11/11</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	<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 / 17 / 11 Description of Event: Oakland A's
 _____/_____/_____ 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 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: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Scott Spencer 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 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 08/31/2011
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) 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: 08 / 27 / 11 Description of Event: Sade
 _____ / _____ / _____ Face Value of Ticket: \$ 179.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Alameda County Meals on Wheels Number of Tickets: 4

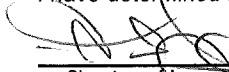
Description of Organization: provides hot meals to homebound seniors

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 non profit 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.

 Anna Gee Operations Manager 08/30/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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: 08 / 14 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ 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 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Bobby Stahl 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 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.

A Shrago Amy Shrago Policy Analyst 08/31/2011
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 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: 09 / 22 / 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: 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
Shelia Young	2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.

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: _____ Number of Tickets: _____

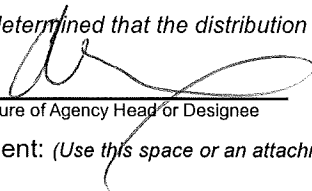
Description of Organization: _____

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.

	Alexandra Boskovich	Supervisor's Assistant	8/8/11
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)			
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: _____ (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: 09 / 16 / 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: 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: Kathy Martins Number of Tickets: 4

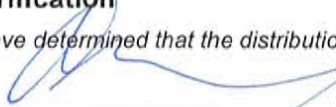
Description of Organization: _____

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	8/30/11
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: 08 / 20 / 11 Description of Event: KMEL Summer Jam

Face Value of Ticket: \$ 145.35

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: James Brown 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 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.

A Shrago Amy Shrago Policy Analyst 08/10/11

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.)

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: 09 / 14 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ 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 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)

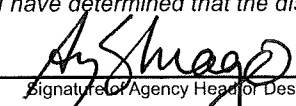
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Scott Spencer 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 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 08/31/2011
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

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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: 09 / 22 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ 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 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Scott Spencer 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 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 08/31/2011
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 (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: 07 / 29 / 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: Youth Bridge Number of Tickets: 4

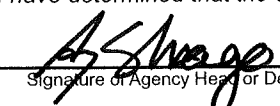
Description of Organization: Youth Development

Address of Organization: 3100 Summit Street Oakland CA 94610
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 8/1/11
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 <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: 07 / 01 / 11 Description of Event: Baseball 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: 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: Castro Valley Elementary PATA Number of Tickets: 10

Description of Organization: Supports Castro Valley Elementary School

Address of Organization: 20185 San Miguel Avenue, Castro Valley, CA 94546
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.

	ANNA GEE	OPERATIONS MANAGER	08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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	crystal.hishida@acgov.org		
Agency Contact (name and title) Anna Gee, Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 01 / 11 Description of Event: Baseball 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: 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: Alameda County Health Care Foundation Number of Tickets: 4

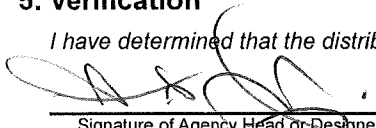
Description of Organization: supports Alameda County Medical Center

Address of Organization: 2001 Broadway , Suite M - Oakland, CA 94612

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.


 ANNA GEE OPERATIONS MANAGER 08/01/11
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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 (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 / 30 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: Women on the Way to Recovery Number of Tickets: 2


Description of Organization: Re-entry program for women

Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
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 08/01/11
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) 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: 07 / 04 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2

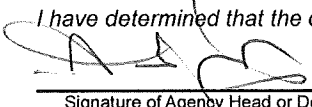
Description of Organization: senior advocacy

Address of Organization: 7200 Bancroft Ave, Ste 251-Oakland, CA 94605

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

 ANNA GEE OPERATIONS MANAGER 08/01/11

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

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

Tickets Provided by Agency Report

A Public Document

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, #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: 07 / 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 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: Flora Macalino Number of Tickets: 5

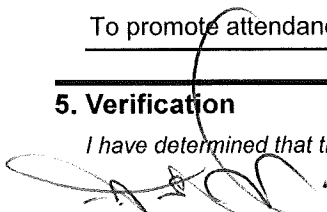
Description of Organization: _____

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.

	ANNA GEE	OPERATIONS MANAGER	08/01/11
<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.)
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)			
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 / 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
Bates, Casey	2	To promote attendance at an event held at a County facility in order to maximize potential sales.

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

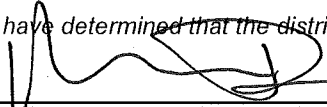
Description of Organization: _____

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 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>8/15/11</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.)

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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: 07 / 31 / 11 Description of Event: Baseball 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Women on the Way to Recovery Number of Tickets: 4


Description of Organization: Re-entry program for women

Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
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 08/01/11
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.)

and concession sales

Tickets Provided by Agency Report

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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: 07 / 28 / 11 Description of Event: Baseball 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)

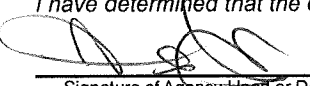
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Women on the Way to Recovery Number of Tickets: 2
 Description of Organization: Re-entry program for women
 Address of Organization: 20424 Haviland Ave - Hayward, CA 94541
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 08/01/11
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 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 / 26 / 11 Description of Event: Sade Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 179.00

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

Name of Outside Source of Ticket(s) Provided to Agency: 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: Deepa Sharma Number of Tickets: 2

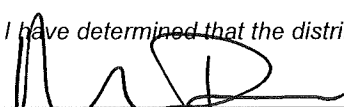
Description of Organization: _____

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 8/18/11
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 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 / 28 / 11 Description of Event: Oakland Raiders Game
 _____ / _____ / _____ Face Value of Ticket: \$ 150.00

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

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

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: Daniel Weinzveg 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 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.

 MICHELLE DIANDA TICKET ADMINISTRATOR 8/25/11
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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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: 07 / 06 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2

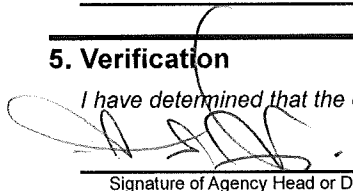
Description of Organization: senior advocacy

Address of Organization: 7200 Bancroft Ave, Ste 251-Oakland, CA 94605
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 contribution 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.

 ANNA GEE OPERATIONS MANAGER 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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 <i>(if applicable)</i>			
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 <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact <i>(name and title)</i> Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 13 / 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: Angelina Rodriguez Number of Tickets: 2

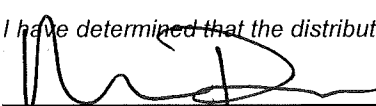
Description of Organization: _____

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 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>8/4/11</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

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Division, Department, or Region <i>(if applicable)</i>			
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 <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Agency Contact <i>(name and title)</i> Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 15 / 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: 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 <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: Let's Do Lunch Hayward Number of Tickets: 6


Description of Organization: A community effort to ensure all Hayward kids continue to get meals during the summer

Address of Organization: 22734 Main Street Hayward, CA 94544
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.

 Signature of Agency Head or Designee	<u>MICHELLE DIANDA</u> Print Name	<u>TICKET ADMINISTRATOR</u> Title	<u>8/11/11</u> <i>(month, day, year)</i>
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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, #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: 07 / 17 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: Deputy Sheriff's Activities League Number of Tickets: 2

Description of Organization: programs for unincorporated at -risk youth

Address of Organization: 16378 E. 14th Street, Suite #100 San Leandro, CA 94578
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.

	ANNA GEE	OPERATIONS MANAGER	08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an 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)			
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.)	
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: 08 / 15 / 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 <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: Soulciety Number of Tickets: 4

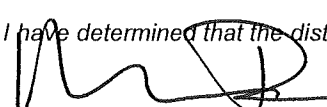
Description of Organization: An organization that empowers youth through creativity, leadership and community service

Address of Organization: 28924 Ruus Road Hayward, CA 94544
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.

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>

8/11/11
(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.) 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: 07 / 24 / 11 Description of Event: Aatif 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: 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Zaheer, Asfia, Nadia, and Omar Siddiqui 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

5. Verification

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

_____ Anna Gee _____ Operations Manager _____ 08/01/11
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.)

parking 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: 07 / 17 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 1,500

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: 24 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: Deputy Sheriff's Activities League Number of Tickets: 24

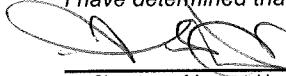
Description of Organization: programs for unincorporated at -risk youth

Address of Organization: 16378 E. 14th Street, Suite #100 San Leandro, CA 94578
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.

 Anna Gee Operations Manager 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

3 parking passes

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 (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 / 05 / 11 Description of Event: Baseball 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: 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: Castro Valley Sports Foundation Number of Tickets: 10

Description of Organization: Supports Castro Valley Sports Programs

Address of Organization: PO Box 2673-Castro Valley, CA 94546
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.

_____ Anna Gee _____ Operations Manager _____ 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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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.)	
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: 07 / 31 / 11 Description of Event: Baseball 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: 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
Akinjo, Paul	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: James & Bisi Akinjo, Michael Bright 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 reward a County employee for exemplary public service

5. Verification

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

 ANNA GEE OPERATIONS MANAGER 08/1/011
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 <i>(if applicable)</i>			
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 <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact <i>(name and title)</i> Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 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 <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: Hayward DEMOs Number of Tickets: 4

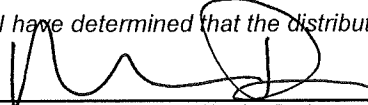
Description of Organization: To encourage people and volunteers to get out and vote.

Address of Organization: 27287 Patrick Ave, Hayward, CA 94544
Number and Street City State Zip Code

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

5. Verification

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

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>8/30/11</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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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: 07 / 31 / 11 Description of Event: Baseball 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: 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
Mora, Luis	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Bris, Chris, and Matthew Mora Number of Tickets: 3

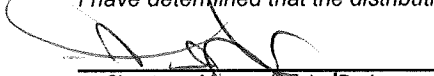
Description of Organization: _____

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

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

5. Verification

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


ANNA GEE OPERATIONS MANAGER 08/1/011
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) 272-6694	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 / 31 / 11 Description of Event: Baseball 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)

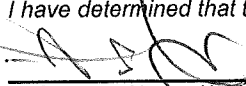
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Chal, Matthew	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Aiden Chal 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 reward a County employee for exemplary public service

5. Verification

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

 ANNA GEE OPERATIONS MANAGER 08/1/011
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

A Public Document

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: 07 / 31 / 11 Description of Event: Baseball 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 <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Chavez, Darwin	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Lauren Chavez 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 reward a County employee for exemplary public service

5. Verification

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

	ANNA GEE	OPERATIONS MANAGER	08/1/011
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

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: 09 / 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 (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: James Young Number of Tickets: 2

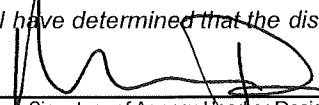
Description of Organization: _____

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.

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>8/10/11</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.)

**Tickets Provided by
Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #536			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-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: 07 / 03 / 11 Description of Event: Baseball 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 Nate Miley, District 4

Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2

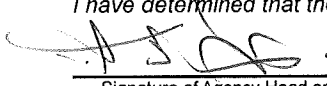
Description of Organization: senior advocacy

Address of Organization: 7200 Bancroft Ave, Ste 251-Oakland, CA 94605

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

	ANNA GEE	OPERATIONS MANAGER	08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an 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) 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: 07 / 31 / 11 Description of Event: Baseball 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: 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
Robinson, Frederick	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Nancy & Mark Brown, Alexis Robinson 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 reward a County employee for exemplary public service

5. Verification

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

 ANNA GEE OPERATIONS MANAGER 08/1/011
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

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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: 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: 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

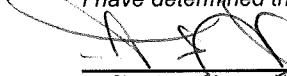
Name of Individual or Organization: Juan & Oscar Rodriguez, Miguel Ramirez, and Number of Tickets: 4
 Description of Organization: Rodrigo Vargas

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 08/01/11
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.)

parking 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: 07 / 25 / 11 Description of Event: Baseball 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 Nate Miley, District 4
 Name of Individual or Organization: Melissa Wong 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.

	ANNA GEE	OPERATIONS MANAGER	08/01/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an 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 <i>(if applicable)</i> 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 <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Agency Contact <i>(name and title)</i> Anna Gee, Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 05 / 11 Description of Event: Baseball 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: 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Lao lu Mien Culture Association, Inc. Number of Tickets: 4

Description of Organization: provides educational scholarships

Address of Organization: 485 105th Avenue Oakland, CA 94603
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.

	Anna Gee	Operations Manager	08/01/11
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

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.) 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 / 15 / 11 Description of Event: Baseball 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)

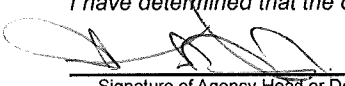
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Tolentino, Robert	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Elaine, Kaitlyn, and Lukas Tolentino 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 reward a County employee for exemplary public service

5. Verification

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

 ANNA GEE OPERATIONS MANAGER 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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: 07 / 01 / 11 Description of Event: Baseball 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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: TransForm Number of Tickets: 2

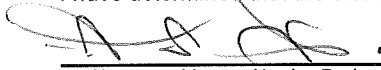
Description of Organization: advocates for pedestrian safety

Address of Organization: 436 - 14th Street, Ste 600 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.

 Anna Gee Operations Manager 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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) 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 / 01 / 11 Description of Event: Baseball 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: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

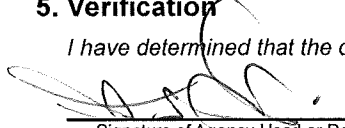
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Ever Forward Club Number of Tickets: 4
 Description of Organization: Provides education to underserved youth
 Address of Organization: 3301 East 12th Street, Suite 205-Oakland, CA 94601
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.

 Anna Gee Operations Manager 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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: 07 / 02 / 11 Description of Event: Baseball 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: 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: Eden Medical Center Foundation Number of Tickets: 4

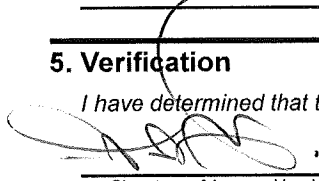
Description of Organization: Support for Eden Medical Center

Address of Organization: 20103 Lake Chabot Road-Castro Valley, CA 94546
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.

 Anna Gee Operations Manager 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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: 08 / 27 / 11 Description of Event: Sade Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 179.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: 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: Monica Frankovich 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	<u>MICHELLE DIANDA</u> Print Name	<u>TICKET ADMINISTRATOR</u> Title	<u>8/17/11</u> <small>(month, day/year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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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: _____ (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 / 15 / 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 (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: Kurt Ogden Number of Tickets: 2

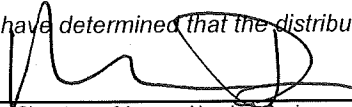
Description of Organization: _____

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.

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>8/11/11</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

A Public Document

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: 07 / 31 / 11 Description of Event: Baseball 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: 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
Garcia, Al	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Avelina Lumba, Alejandro & Alvina Garcia 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 reward a County employee for exemplary public service

5. Verification

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

ANNA GEE OPERATIONS MANAGER 08/1/011
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 <i>(if applicable)</i>			
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 <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Agency Contact <i>(name and title)</i> Michelle Dianda, Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 20 / 11 Description of Event: KMEL Summer Jam Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 145.35

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 <i>(Last, First)</i>	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: _____

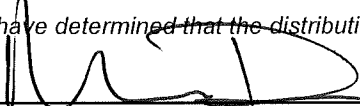
Address of Organization: _____
Number and Street City State Zip Code

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.


MICHELLE DIANDA
TICKET ADMINISTRATOR
8/9/11
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, #536, OAKLAND, CA 94612		
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	
Agency Contact (name and title) Michelle Dianda, Ticket Administrator, BOS	<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: 08 / 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 (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: Aletha Johnson Number of Tickets: 2

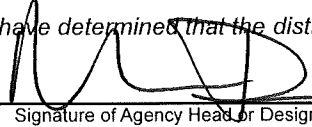
Description of Organization: _____

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	<u>8/10/11</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.)

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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: 07 / 31 / 11 Description of Event: Baseball 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: 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
Baria, Peter	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Jason & Porter Baria, Cristina & Gabriel Garcia Number of Tickets: 4

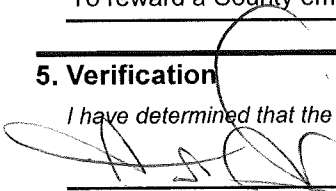
Description of Organization: _____

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 County employee for exemplary public service

5. Verification

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

	ANNA GEE	OPERATIONS MANAGER	08/1/011
<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 <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i>			
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 <i>(Must explain in Part 5.)</i>	
Agency Contact <i>(name and title)</i> Michelle Dianda, Ticket Administrator, BOS		Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 20 / 11 Description of Event: KMEL Summer Jam Concert
 _____/_____/_____ Face Value of Ticket: \$ 145.35

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: Kurt Ogden 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.

 <small>Signature of Agency Head or Designee</small>	<u>MICHELLE DIANDA</u> <small>Print Name</small>	<u>TICKET ADMINISTRATOR</u> <small>Title</small>	<u>8/4/11</u> <small><i>(month, day, year)</i></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)			
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 / 27 / 11 Description of Event: Sade Concert

 _____ Face Value of Ticket: \$ 179.00

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: 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: Erika Fierro Number of Tickets: 2

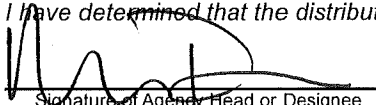
Description of Organization: _____

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	<u>MICHELLE DIANDA</u> Print Name	<u>TICKET ADMINISTRATOR</u> Title	<u>8/17/11</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)			
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 / 20 / 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: Luke Aseo Number of Tickets: 2

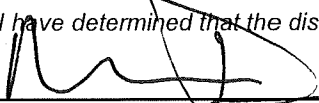
Description of Organization: _____

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.

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>8/10/11</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.)

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: 07 / 26 / 11 Description of Event: Baseball 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)

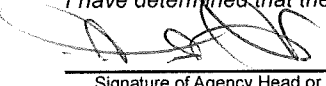
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Milton Wong & Chris Liong 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.

 ANNA GEE OPERATIONS MANAGER 08/01/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an 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 / 29 / 11 Description of Event: Baseball 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: 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
Marsh, Stewart	1	To reward a County employee for exemplary public service

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Mike Vanderbeck, Talifaia & Lanu Tuufuli 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 reward a County employee for exemplary public service

5. Verification

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

 ANNA GEE OPERATIONS MANAGER 08/1/011
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: 09 / 13 / 11 Description of Event: Oakland A's
09 / 16 / 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 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: medicine warriors/all nations singers powwow Number of Tickets: 4

Description of Organization: Native American cultural organizations

Address of Organization: PO Box 18888 Oakland, CA 94619-0888
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.

A Shrago Amy Shrago Policy Analyst 08/03/11
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.)