2. Event For Which Tickets Were Distributed
Date(s) of Event: 09/03/11  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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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: Mark LeClair  Number of Tickets: 2

Description of Organization:  

Address of Organization:  

Purpose for Distribution:  (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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]  ALEXANDRA BOSKOVIC  SUPERVISOR’S ASSISTANT  6/13/11

Comment:  (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report
A Public Document

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/22/11 Description of Event: ALAMEDA COUNTY FAIR
/ / Face Value of Ticket: $5.00
Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR ASSOCIATION
Number of Tickets Received: 12 Ticket(s) Provided to Agency: No Gratuitously Yes Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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: CINDY OLSON Number of Tickets: 12
Description of Organization:
Address of Organization:
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

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

Signature of Agency Head or Designee: LEE ANN FERGERSON Print Name: TICKETS ADMINISTRATOR Title: (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Tickets Provided by Agency Report

### 1. Agency Name

**COUNTY OF ALAMEDA**

**Division, Department, or Region (if applicable)**

Street Address

1221 OAK STREET, #536, OAKLAND, CA 94612

**Area Code/Phone Number**

(510) 272-6692

**E-mail**

District2@acgov.org

**Agency Contact**

Michelle Dianda, Ticket Administrator, BOS

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 06/22/11

**Description of Event:** Alameda County Fair

**Face Value of Ticket:** $5.00

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

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

**Number of Tickets Received:** 5

**Ticket(s) Provided to Agency:** Pursuant to Contract

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

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

### 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:** Adriene Oliver

**Number of Tickets:** 5

**Description of Organization:**

**Address of Organization:**

Number and Street

City

State

Zip Code

**Purpose for Distribution:** To promote attendance at a County sponsored event in order to maximize potential County revenue

### 5. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

**Month, Day, Year:** 6/21/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

COUNTY OF ALAMEDA
 Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number E-mail
(510) 272-6685 Amy.Shrago@acgov.org
Agency Contact (name and title)
Amy Shrago, Policy Analyst

1. Agency Name

2. Event For Which Tickets Were Distributed
Date(s) of Event: 11/16/11
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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooks, Rodney</td>
<td>2</td>
<td>To promote attendance at a County facility in order to ma</td>
</tr>
</tbody>
</table>

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
06/23/11
(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**

**1. Agency Name**

COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

1221 OAK STREET, #555

**Street Address**

OAKLAND, CA 94612

**Area Code/Phone Number**

(510) 272-6685

**E-mail**

Amy.Shrago@acgov.org

**Agency Contact (name and title)**

Amy Shrago, Policy Analyst

**Date Stamp**

**TICKETS PROVIDED BY**

**AGENCY REPORT**

**California Form 802**

**For Official Use Only**

**2. Event For Which Tickets Were Distributed**

**Date(s) of Event:** 07/17/11

**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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>2</td>
<td>To promote attendance at a County facility in order to ma</td>
</tr>
</tbody>
</table>

**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  06/23/11

*(month, day, year)*

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
## Tickets Provided by Agency Report

**A Public Document**

### 1. Agency Name
- **COUNTY OF ALAMEDA**
- **Division, Department, or Region (if applicable)**

### 2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/22/11</td>
<td>Alameda County Fair</td>
<td>5 discount</td>
</tr>
<tr>
<td>07/10/11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</table>

### 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:** Latoya Oliver

- **Number of Tickets:** 5

- **Description of Organization:**

- **Address of Organization:**
  - Number and Street
  - City
  - State
  - Zip Code

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

### 5. Verification

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

- **Signature of Agency Head or Designee:**
  - [Signature]

- **Print Name:** Alexandra Boskovich

- **Title:** Supervisor's Assistant-District 3

- **Date:** 6/24/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by  
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/22/11 07/10/11 Description of Event: Alameda County Fair $5 discount

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

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

Number of Tickets Received: 2 + 1
Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</tbody>
</table>

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: Sylvia DeBrussel

Number of Tickets: 2 + 1

Description of Organization:

Address of Organization: [Address Information]

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

To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

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

Signature of Agency Head or Designee: Alexandra Boskovich Print Name: Supervisor’s Assistant-District 3 Title: 6/24/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #555, OAKLAND, CA 94612

   Area Code/Phone Number  (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 04 / 30 / 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)
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

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: Deputy Sheriffs’ Activities League
   Number of Tickets: 20
   Description of Organization: Recreational & educational opportunities for youth in the Unincorporated Area of the county
   Address of Organization: 16378 East 14th St., suite 101, San Leandro, CA 94578
   Number and Street: No 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 revenue from concessions

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Alexandra Boskovich
   Supervisor’s Assistant: Print Name: Title: 6/28/11
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report
A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org

Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/22/11 07/10/11
Description of Event: Alameda County Fair

Face Value of Ticket: $5 discount

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

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

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

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

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

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: Bessie Alcantara
Number of Tickets: 5

Description of Organization:

Address of Organization: Number and Street
City State Zip Code

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

5. Verification

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

Signature of Agency Head or Designee Alexandra Boskovich Print Name

Supervisor's Assistant-District 3

Title

6/24/11 (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

**Street Address**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

**E-mail**
crystal.hishida@acgov.org

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**2. Event For Which Tickets Were Distributed**

| Date(s) of Event: | 08 / 27 / 11 |
| Description of Event: | Sade concert |

| Face Value of Ticket: | $179 |

**Agency Event**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

**Number of Tickets Received:** 4

**Ticket(s) Provided to Agency:**

<table>
<thead>
<tr>
<th>编号</th>
<th>空格</th>
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</thead>
</table>

**3. Agency Official(s) Receiving Ticket(s)**

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

**4. Individual or Organization Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>Supervisor Wilma Chan, District 3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization:</th>
<th>Ashley Lehr</th>
</tr>
</thead>
</table>

| 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._

[Signature]
Alexandra Boskovich

**Superior's Assistant**

6/24/11

(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

### 1. Agency Name
COUNTY OF ALAMEDA

### Division, Department, or Region (if applicable)

### Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

### Area Code/Phone Number
(510) 272-3882

crystal.hishida@acgov.org

### Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

### Date Stamp

### California Form 802
For Official Use Only

### Amendment (Must explain in Part 5)

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

---

## 2. Event For Which Tickets Were Distributed

### Date(s) of Event:
- 06 / 22 / 11
- 07 / 10 / 11

### Description of Event:
Alameda County Fair

### Face Value of Ticket:
$5 discount

### Agency Event
- [ ] Yes
- [x] No (Identify source of tickets below.)

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

### Number of Tickets Received:
50

### Ticket(s) Provided to Agency:
- [ ] Gratuitously
- [x] Pursuant to Contract

---

## 3. Agency Official(s) Receiving Ticket(s)

### (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</thead>
<tbody>
<tr>
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<tr>
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</tr>
</tbody>
</table>

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## 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:
San Lorenzo Homeowners Association

### Number of Tickets:
50

### Description of Organization:
Representative body for 5600 San Lorenzo single family homes

### Address of Organization:
377 Paseo Grande San Lorenzo, CA 94580

### 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 Boskovitch
Supervisor's Assistant-District 3
6/23/11

(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

Agency Contact (name and title)
Michelle Diaanda, Ticket Administrator, BOS

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

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

Face Value of Ticket: $ 5.00

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

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

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

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

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

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

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

Name of Individual or Organization: Jon Kendall

Number of Tickets: 4

Address of Organization:

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

To promote attendance at a County sponsored event in order to maximize potential County revenue

5. Verification

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

Signature of Agency Head or Designee

MICHELLE DIANDA

Print Name

TICKET ADMINISTRATOR

Title

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number: (510) 272-6692
E-mail: District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

Date Stamp

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

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

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

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

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

   Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2
   Name of Individual or Organization: Maria Bouiligny
   Number of Tickets: 10
   Description of Organization:
   Address of Organization: 
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County sponsored event in order to maximize potential County revenue

5. Verification

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: TICKET ADMINISTRATOR
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Date: 06 / 22 / 11

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Tickets Provided by Agency Report

### 1. Agency Name

- **COUNTY OF ALAMEDA**

### Street Address

- 1221 OAK STREET, #555, OAKLAND, CA 94612

### Area Code/Phone Number

- (510) 272-3882
- crystal.hishida@acgov.org

### Agency Contact (name and title)

- Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

### 2. Event For Which Tickets Were Distributed

- **Date(s) of Event:** 06/24/11
- **Description of Event:** Sesame Street Live: Elmo’s Healthy Heroes
- **Face Value of Ticket:** $23.15
- **Agency Event:** 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:** Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Name of Behesting Agency Official:** Supervisor Wilma Chan, District 3
- **Name of Individual or Organization:** The Salvation Army Garden Street Center
- **Number of Tickets:** 4
- **Description of Organization:** Operates a family shelter, day care center, & after-school programs for low income families
- **Address of Organization:** 2794 Garden Street Oakland, CA 94601
- **Purpose for Distribution:** To promote health, motivate and provide expanded opportunities to underprivileged youth in the County.

### 5. Verification

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

<table>
<thead>
<tr>
<th><strong>Signature of Agency Head or Designee</strong></th>
<th><strong>Print Name</strong></th>
<th><strong>Supervisor’s Assistant</strong></th>
<th><strong>Title</strong></th>
<th><strong>6/24/11</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra Boskovich</td>
<td></td>
<td>Supervisor’s Assistant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comment:** (Use this space of an attachment for any additional information including amendment explanation.)
1. **Agency Name**  
   COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

**Street Address**  
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number**  
(510) 272-3882

**E-mail**  
crystal.hishida@acgov.org

**Agency Contact (name and title)**  
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

---

### 2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event: Alameda County Fair Parking VIP parking pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 7 / 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Face Value of Ticket:** $20

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

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

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

---

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Wilma Chan, District 3</td>
<td>1</td>
<td>To evaluate the contribution of an event to the County's goals for culture and entertainment opportunities for County residents.</td>
</tr>
</tbody>
</table>

---

### 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 / Alameda County

**Name of Individual or Organization:**  

**Number of Tickets:** 1

**Description of Organization:**

**Address of Organization:**

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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.

- **Signature of Agency Head or Designee:**
  
  **Print Name:**
  
  **Title:** Supervisor's Assistant-District 3
  
  **Date:** 6/23/11 (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   COUNTY OF ALAMEDA

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

3. **Agency Official(s) Receiving Ticket(s)**
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Supervisor Nadia Lockyer, District 2
   - **Name of Individual or Organization:** Fremont Family Resource Center
   - **Number of Tickets:** 50

5. **Verification**
   - **Signature of Agency Head or Designee:** Michelle Dianda
   - **Print Name:** Ticket Administrator
   - **Title:**
   - **Date:** 6/21/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 19 / 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)

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

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: Fred Gotthardt
   Number of Tickets: 2
   Description of Organization: A's Baseball game
   Address of Organization: Number and Street
   City  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee Lee Ann Fergerson
   Date 06/21/11
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Date Stamp

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11
Description of Event: Alameda County Fair

Face Value of Ticket: $ 5.00

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

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

Number of Tickets Received: 8

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Lakenya Mitchell

Number of Tickets: 8

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

To promote attendance at a County sponsored event in order to maximize potential County revenue

5. Verification

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

Signature of Agency Head or Designee

MICHELLIE DIANDA

TICKET ADMINISTRATOR

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

FPCC Form 802 (Feb/09)
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 23 11
   Description of Event: Alameda County Fair
   ______/_____/____ Face Value of Ticket: $ 5.00

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

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

   Number of Tickets Received: 50
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

   Name of Individual or Organization: ABODE
   Number of Tickets: 50

   Description of Organization: Working together to end homelessness

   Address of Organization: 40849 Fremont Blvd. Fremont, CA 94538
   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]
   Signature of Agency Head or Designee

   MICHICHEL DIANDA
   Print Name

   TICKET ADMINISTRATOR
   Title

   06 23 11
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/19/11
Description of Event: Baseball Game
Face Value of Ticket: $43.75

Agency Event: No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
Number of Tickets Received: 6
Ticket(s) Provided to Agency: Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miley, Nate</td>
<td>1</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td>Stewart, Darryl</td>
<td>1</td>
<td>From parking and concession sales</td>
</tr>
<tr>
<td>Miley, Christopher</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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: Brian Foster, Terrence Gee, Jordan Chu
Number of Tickets: 3

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

5. Verification

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

Signature of Agency Head or Designee: ANNA GEE
Print Name: OPERATIONS MANAGER
Title: 06/20/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   E-mail
   (510) 272-6685
   Amy.Shrago@acgov.org
   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: 07/02/11
   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 |
   |-------------------------------|------------------|-------------------------------------------------------------------------------------------------
   |                               |                  |                                                                                                  |
   |                               |                  |                                                                                                  |

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: NWPC-AN
   Number of Tickets: 2
   Description of Organization: works to build women's participation in the political process
   Address of Organization: 484 Lake Park Avenue PMB 305
   Oakland
   CA 94610
   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
   06/22/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

Agency Name: COUNTY OF ALAMEDA
Division, Department, or Region (if applicable): 1221 OAK STREET, #555
Street Address: OAKLAND, CA 94612
Area Code/Phone Number: (510) 272-6685
E-mail: Amy.Shrago@acgov.org
Agency Contact (name and title): Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/17/11
Description of Event: Oakland A's
Face Value of Ticket: $38.00
Agency Event: 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: Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shrago, Amy</td>
<td>2</td>
<td>To promote attendance at a County facility in order to ma</td>
</tr>
</tbody>
</table>

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.

Signature of Agency Head or Designee: Amy Shrago
Print Name: Policy Analyst: 06/23/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-6685

   E-mail
   Amy.Shrago@acgov.org

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/12/11
   Description of Event: American Idol Live
   Face Value of Ticket: $65.00

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Mina</td>
<td>4</td>
<td>To promote attendance at a County facility in order to ma</td>
</tr>
</tbody>
</table>

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.

   Signature of Agency Head or Designee: ____________________________
   Print Name: ____________________________ Policy Analyst: ____________________________ Title: ____________________________
   (month, day, year)

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

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6692 District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: _ _ _ _, _ _ _ _

2. Event For Which Tickets Were Distributed

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

Face Value of Ticket: $ 5.00

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

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: Union City Youth and Family Services

Number of Tickets: 15

Description of Organization: Encouraging at-risk youth to better their community and participate in after school programs

Address of Organization: 33948 10th Street, Union City CA 94587

Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To motivate and provide opportunities to vulnerable populations in the County such as the underprivileged youth

5. Verification

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

Signature of Agency Head or Designee
MICHELLE DIANDA	TICKET ADMINISTRATOR
Print Name	Title

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-6685
   Amy.Shrago@acgov.org

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/04/11
   Description of Event: Oakland A's
   Face Value of Ticket: $38.00
   Agency Event: 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: Pursuant to Contract

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

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

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Policy Analyst
   Title: 06/23/11
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 07 / 11
   Description of Event: U2 Concert
   Face Value of Ticket: $ 98.50
   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
   ---------------------------------|-------------------|---------------------------------------------------------------
   Gasparac, Christine             | 2                 | To reward a County employee for her service to the public

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: ______

   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 her exemplary service to the public.

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   TICKET ADMINISTRATOR
   Title
   6/1/11
   (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

1. Agency Name
   COUNTY OF ALAMEDA
   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 24 / 11
   Description of Event: Elmo's Healthy Heroes
   Face Value of Ticket: $ ____________
   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)


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 One
   Name of Individual or Organization: Paul and Debbie Nappo
   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 and to maximize revenue from parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Lee Ann Ferguson
   Print Name: TICKET ADMINISTRATOR
   Title: ______ (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org
   Agency Contact (name and title) Anna Gee - Operations Manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 19 / 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>To promote attendance at an event held at a County</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>from parking and concession sales</td>
</tr>
</tbody>
</table>

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: Snyder & Vilma Olivas
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   Signature
   Print Name
   Title
   Date (month, day, year) 06/20/11
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   parking and concession sales

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

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address

1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number E-mail

(510) 272-6692 District2@acgov.org

Agency Contact (name and title)

Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed

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

Face Value of Ticket: $5.00

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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: Martine Warner Number of Tickets: 7

Description of Organization: 

Address of Organization: 

Number and Street City State Zip Code

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

To promote attendance at a County sponsored event in order to maximize potential County revenue

5. Verification

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

Signature of Agency Head or Designee: MICHELLE DIANDA Print Name: TICKET ADMINISTRATOR Title: 

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number   E-mail
   (510) 272-6692   District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 10 / 11   Description of Event: R. Kelly Concert
   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 Outside Source of Ticket(s) Provided to Agency: 4

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

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

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

   ______________________________________________   _____________________________________________

   ______________________________________________   _____________________________________________

   ______________________________________________   _____________________________________________

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

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

   Name of Individual or Organization: Tamika Davis   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: To reward a County employee for her exemplary service to the public.

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

   [Signature]    MICHELLE DIANDA    TICKET ADMINISTRATOR
   (Name)    (Print Name)    (Title)

   Date (month, day, year): 06/09/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11

Description of Event: Alameda County Fair

07 / 10 / 11

Face Value of Ticket: $ 15

$5 discount

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

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

Number of Tickets Received: 50

Ticket(s) Provided to Agency:
☐ Gratuitously
☒ Pursuant to Contract

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

Name of Official (Last, First)

Number of Tickets

State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution


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

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

Name of Individual or Organization:
San Antonio Senior Center

Number of Tickets:
50

Description of Organization:
Provides senior programs to encourage healthy independent living & enhance community.

Address of Organization:
3301 East 12th, Suite 201, Oakland CA 94601

City

Number and Street

State

Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To motivate and provide expanded opportunities to seniors in the County.

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

Signature of Agency Head or Designee
Alexandra Boskovich
Print Name
Supervisor's Assistant-District 3
Title
6/28/11
(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

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

E-mail
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11

Description of Event: Alameda County Fair

07 / 10 / 11

Face Value of Ticket: $________ $5 discount

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

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

Number of Tickets Received: 3

Ticket(s) Provided to Agency: ☐ Gratuitously ☑ Pursuant to Contract

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

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

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: Mary DeBrusselasse

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.

Signature of Agency Head or Designee
Alexandra Boskovich

Print Name
Superior's Assistant-District 3
Title
6/24/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number  E-mail
(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

□ Amendment (Must explain in Part 5.)
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 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)

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

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: Frank Ornelas
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 16944.1.

ALEXANDRA BOSKOVICH
SUPERVISOR’S ASSISTANT
Signature of Agency Head or Designee  Print Name  Title  6/13/11

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by  A Public Document
Agency Report

1. Agency Name
COUNTRY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

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

☐ Amendment (Must explain in Part 5.)

2. Event For Which Tickets Were Distributed
Date(s) of Event: __06__/ __22__/ __11__ Description of Event: Alameda County Fair

______ __07__/ __10__/ __11__ Face Value of Ticket: $ ______ $5 discount

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

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

Number of Tickets Received: __5__ Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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: Rosetta Hartway Number of Tickets: __5__

Description of Organization: ______________________________________________________

Address of Organization: __________________________________________________________

Number and Street City State Zip Code

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

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

Signature of Agency Head or Designee  Alexandra Boskovitch  Supervisor's Assistant-District 3  6/24/11
Print Name  Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**1. Agency Name**

COUNTY OF ALAMEDA  
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

---

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 06 / 10 / 11  
Description of Event: R. Kelly Concert  

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 Outside Source of Ticket(s) Provided to Agency: 4

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

---

**3. Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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**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: Tisa Potter  
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 her exemplary service to the public

---

**5. Verification**

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

[Signature of Agency Head or Designee]  
MICHELLE DIANDA  
TICKET ADMINISTRATOR  
09/09/11  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   
   COUNTY OF ALAMEDA

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 07 / 28 / 11  
   **Description of Event:** Oakland A's  
   **Face Value of Ticket:** $43.75

3. **Agency Official(s) Receiving Ticket(s)**
   
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**
   
   **Name of Behesting Agency Official:** Supervisor Nadia Lockyer, District 2

   **Description of Individual or Organization:** Khalid Rana

   **Number of Tickets:** 2

   **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 at a County facility to maximize potential County revenue

5. **Verification**

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

   Signature of Agency Head or Designee: [Signature]  
   **MICHELLE DIANDA**  
   **TICKET ADMINISTRATOR**  
   **(Month, Day, Year): 6/17/11**

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number  E-mail
   (510) 272-6692    District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

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

   Amendment (Must explain in Part 5.)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 28 / 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:  Gratuicusly  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: Lillian Litzsey
   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 at a County facility to maximize potential County revenue

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

   Signature of Agency Head or Designee  Print Name  Title
   MICHELLE DIANDA  TICKET ADMINISTRATOR
   (6/17/11)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/19/11
   Description of Event: Oakland A's Skybox
   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: 20
   Ticket(s) Provided to Agency: Gratuitously No Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s)
   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Dublin Little League
   Number of Tickets: 20
   Description of Organization: Little League
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: 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.
   Signature of Agency Head or Designee Lee Ann Ferguson
   Print Name
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA
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

Date Stamp

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 19 / 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Fred Gotthardt
Number of Tickets: 2

Description of Organization: A's Baseball game

Address of Organization:
Number and Street
City
State  Zip Code

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

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

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Ticket Administrator: [Signature]
Title: (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA, 94612
   Area Code/Phone Number
   (510) 272-3862
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/29/11
   Description of Event: ALAMEDA COUNTY FAIR
   Face Value of Ticket: $5.00
   Agency Event: ☐ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR ASSOCIATION
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Jerry Grace
   Number of Tickets: 10
   Description of Organization:
   Address of Organization:

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   LEE ANN FERGERSON
   Print Name
   TICKETS ADMINISTRATOR
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   
   COUNTY OF ALAMEDA  
   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

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 06 / 22 / 11  
   **Description of Event:** Alameda County Fair

   **Face Value of Ticket:** $5.00

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

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

   **Number of Tickets Received:** 25  
   **Ticket(s) Provided to Agency:**  
   □ Gratuitously  
   □ Pursuant to Contract

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

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

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:** Union City Apostolic Church  
   **Number of Tickets:** 25

   **Description of Organization:**

   **Address of Organization:**  
   32225 Slocum Court, Union City, CA 94587

   **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 in order to maximize potential County revenue

5. **Verification**

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

   **Signature of Agency Head or Designee:** 
   MICHELLE DIANDA  
   **Print Name:** 
   **Title:** 

   **Date:** 06/22/11

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number  E-mail
(510) 272-6685   Amy.Shrago@acgov.org

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

Date Stamp

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event:  06/30/11 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.

Signature of Agency Head or Designee  Amy Shrago  Policy Analyst
Print Name  Title

(06/23/11  (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6685 Amy.Shrago@acgov.org

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

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 27 / 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)

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<th>Name of Official (Last, First)</th>
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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: Amir Arman

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 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

06/23/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6685
   E-mail Amy.Shrago@acgov.org
   Agency Contact (name and title) Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/28/11
   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)

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</tbody>
</table>

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 16944.1.

   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Policy Analyst: 06/23/11
   Title: (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6685

E-mail
Amy.Shrago@acgov.org

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 18 / 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</tbody>
</table>

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: 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.

Signature of Agency Head or Designee
Amy Shrago
Policy Analyst

Print Name
06/23/11
(Titl(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (If applicable)
   1221 OAK STREET, #536

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 16 / 11
   Description of Event: Baseball Game
   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)

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

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: 06/20/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6692

E-mail
District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

Date Stamp

TICKETS PROVIDED BY AGENCY REPORT
California Form 802
For Official Use Only

☑ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 11
Description of Event: Alameda County Fair

Face Value of Ticket: $ 5.00

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

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

Number of Tickets Received: 25
Ticket(s) Provided to Agency: ☐ Gratuitously
☒ Pursuant to Contract

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

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

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: FESCO
Number of Tickets: 25

Description of Organization: To help homeless families move toward self-sufficiency.

Address of Organization: 21455 Birch Street #5, Hayward CA 94541

Number and Street
City
State
Zip Code

Purpose for Distribution:
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
MICHELLE DIANDA

Print Name
TICKET ADMINISTRATOR

Title
1/23/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6685 Amy.Shrago@acgov.org

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/16/11 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)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

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:

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 06/23/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

**A Public Document**

**1. Agency Name**

COUNTY OF ALAMEDA  
1221 OAK STREET, #536  
OAKLAND, CA 94612  
(510) 272-6694  
anna.gee@acgov.org  
Anna Gee - Operations Manager

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 06/19/11  
Description of Event: Baseball Game  
Face Value of Ticket: $43.75

Agency Event:  No  
Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 5  
Ticket(s) Provided to Agency:  Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcher, Randy</td>
<td>1</td>
<td>To promote attendance at an event held at a County</td>
</tr>
<tr>
<td>Rodriguez, Angelina</td>
<td>1</td>
<td>facility in order to maximize potential County revenue</td>
</tr>
<tr>
<td>DeVries, Joe</td>
<td>1</td>
<td>from parking and concession sales</td>
</tr>
</tbody>
</table>

**4. Individual or Organization Receiving Ticket(s)**

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization: Eli & Malakai DeVries  
Number of Tickets: 2

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.  

Anna Gee  
Operations Manager  
06/20/11

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

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org

Agency Contact
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

Date Stamp
California Form 802
For Official Use Only

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11

Description of Event: Alameda County Fair

Face Value of Ticket: $5 discount

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

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

Number of Tickets Received: 4 + 1
Ticket(s) Provided to Agency:
☐ Gratuitously
☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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</table>

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: Kim Jewell

Number of Tickets: 4 + 1

Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification

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

Signature of Agency Head or Designee: Alexandra Boskovich

Print Name

Supervisor’s Assistant-District 3

Title

6/24/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number  E-mail
   (510) 272-6692       District2@acgov.org

Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

Date Stamp

California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 10 / 11
   Description of Event: R. Kelly Concert
   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)

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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: Donna Brown
   Number of Tickets: 4
   Description of Organization: 
   Address of Organization:
   Number and Street
   City State Zip Code

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

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

   [Signature of Agency Head or Designee]  [Print Name]  [Title]  6/9/11
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number   E-mail
   (510) 272-6692   District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 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: ☒ 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: New Haven Boosters Association
   Number of Tickets: 2

   Description of Organization: Focused on raising awareness and funding to support co-curricular activities in schools

   Address of Organization: 33377 Western Avenue Union City, CA 94587
   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.

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: TICKET ADMINISTRATOR
   Title:
   (month, day, year)

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

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA

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

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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
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</table>

State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:

<p>| | |</p>
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</table>

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: Amanda Clifford
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 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
Signature of Agency Head or Designee

TICKET ADMINISTRATOR
Print Name

Date: 06/3/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA

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

Date Stamp
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/10/11
Description of Event: R. Kelly Concert
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)

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

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: Rhonda Bailey
Number of Tickets: 4

Description of Organization:

Address of Organization:

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

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

Signature of Agency Head or Designee: MICHELLE DIANDA
Print Name: TICKET ADMINISTRATOR
Title: 6/9/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-6685
   Amy.Shrago@acgov.org

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/19/11
   Description of Event: Oakland A's
   Face Value of Ticket: $38.00
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s)
   Name of Official
   Amy Shrago
   Number of Tickets: 2
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   To promote attendance at a County facility in order to ma

4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official:
   Name of Individual or Organization:
   Number of Tickets:
   Description of Organization:
   Address of Organization:
   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
   06/23/11
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-6694
   E-mail
   anna.gee@acgov.org
   Agency Contact (name and title)
   Anna Gee, Operations Manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 18 / 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: □ Gratuotously □ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaplan, Seth</td>
<td>1</td>
<td>To reward a County employee for exemplary service to the public</td>
</tr>
</tbody>
</table>

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: Lily Kaplan
   Number of Tickets: 1
   Description of Organization:
   Address of Organization:
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue through parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   ANNA GEE
   OPERATIONS MANAGER
   06/20/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name  
COUNTY OF ALAMEDA  
Division, Department, or Region (if applicable)  

Street Address  
1221 OAK STREET, #555, OAKLAND, CA 94612  

Area Code/Phone Number  
(510) 272-3882  
E-mail  
crystal.hishida@acgov.org  

Agency Contact (name and title)  
Crystal Hishida Graff, Principal Analyst, County Administrator's Office  

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 06/22/11  
07/10/11  
Description of Event: Alameda County Fair  
Face Value of Ticket: $5 discount  

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

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

Number of Tickets Received: 50  
Ticket(s) Provided to Agency:  
☐ Gratuitously  
☒ Pursuant to Contract  

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

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

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: Carl Chan  
Number of Tickets: 50  
Description of Organization:  
Address of Organization:  
Number and Street  
City  
State  
Zip Code  
Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales  

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

Signature of Agency Head or Designee  
Alexandra Boskovich  
Print Name  
Supervisor's Assistant-District 3  
Title  
6/29/11  
(month, day, year)  

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**
1221 OAK STREET, #555

**Street Address**
OAKLAND, CA 94612

**Area Code/Phone Number** (510) 272-6685

**E-mail** Amy.Shrago@acgov.org

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

---

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>06/30/11</th>
</tr>
</thead>
</table>

**Description of Event:** Rihanna

**Face Value of Ticket:** $83.30

**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)

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

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**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:** Michelle Freeman

**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.

Signature of Agency Head or Designee: Amy Shrago
Print Name: Policy Analyst: 06/22/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/10/11
   Description of Event: R Kelly
   □/□/□
   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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Sharifa Williams
   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
   Amy Shrago
   Policy Analyst
   06/22/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Ticket Provided by Agency Report**

**Agency Name**
COUNTY OF ALAMEDA

1221 OAK STREET, #555

**Street Address**
OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-6685

**E-mail**
Amy.Shrago@acgov.org

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

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

---

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 07 / 15 / 11

Description of Event: Oakland A's

Face Value of Ticket: $38.00

**Agency Event**
- [ ] Yes
- [x] 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: [x] Pursuant to Contract

---

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
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**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

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

Name of Individual or Organization: Socially Responsible Network

Number of Tickets: 2

Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking

Address of Organization:
360 Grand Ave. #57
Oakland, CA 94610

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.

Signature of Agency Head of Records

Amy Shrago

Policy Analyst

06/22/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (If applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org
Agency Contact (Name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

TICKETS PROVIDED BY AGENCY REPORT
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/22/11
07/10/11
Description of Event: Alameda County Fair
Face Value of Ticket: $5 discount
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
Number of Tickets Received: 3
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

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

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: Teresa De Silva
Number of Tickets: 3
Description of Organization: ____________________________
Address of Organization: ____________________________
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

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

Signature of Agency Head or Designee: ____________________________
Print Name: ____________________________
Title: Supervisor's Assistant-District 3
Date: 6/22/11
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address

1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number (510) 272-3882

e-mail crystal.hishida@acgov.org

Agency Contact (name and title)

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

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/22/11

Description of Event: Alameda County Fair

Face Value of Ticket: $70 $5 discount

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

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

Number of Tickets Received: 50

Ticket(s) Provided to Agency: ☐ Gratuically ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

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: Water’s Edge Lodge

Number of Tickets: 50

Description of Organization: Senior living facility for the city of Alameda

Address of Organization: 801 Island Drive Alameda, CA 94502

Number and Street: 801 Island Drive

City: Alameda

State: CA

Zip Code: 94502

Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification

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

Signature of Agency Head or Designee: Alexandra Boskovich

Print Name: Alexandra Boskovich

Supervisor’s Assistant-District 3: Supervisor’s Assistant-District 3

Title: Supervisor’s Assistant-District 3

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

Date: 6/22/11 (month, day, year)
Tickets Provided by
Agency Report
A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #536

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6694

E-mail
anna.gee@acgov.org

Agency Contact (name and title)
Anna Gee, Operations Manager

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 19 / 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee, Anna</td>
<td>1</td>
<td>To reward a County employee for exemplary service to the public</td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: Linda Pratt

Number of Tickets: 1

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

To promote attendance at an event held at a County facility in order to maximize potential County revenue through parking and concession sales

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

Signature of Agency Head or Designee
Anna Gee

Print Name
Operations Manager

Title
06/20/11 (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

1. Agency Name  
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address  
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number  
(510) 272-3882
E-mail  
crystal.hishida@acgov.org
Agency Contact (name and title)  
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
<th>$5 discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 22 / 11</td>
<td>Alameda County Fair</td>
<td>$5</td>
<td></td>
</tr>
<tr>
<td>07 / 10 / 11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:  
50

Ticket(s) Provided to Agency:  
[ ] Gratuitously  
[ ] Pursuant to Contract

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

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

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:  
Mastick Senior Center

Number of Tickets:  
50

Description of Organization:  
Senior center for the city of Alameda

Address of Organization:  
1155 Santa Clara Ave, Alameda CA 94501

Number and Street  
City  
State  
Zip Code

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

To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification

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

Signature of Agency Head or Designee  
Alexandra Boskovich  
Print Name  
Supervisor's Assistant-District 3  
Title  
6/22/11  
(month, day, year)

Comment:  
(Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided By
Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number  E-mail
(510) 272-6692   District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

Date Stamp

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 24 / 11 Description of Event: Sesame Street Live

Face Value of Ticket: $ 23.15

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

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: Marcell Jarvis  Number of Tickets: 4

Address of Organization:
Number and Street  City  State  Zip Code

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

To promote attendance at an event held at a County facility in order to maximize potential County revenue.

5. Verification

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

Signature of Agency Head or Designee  MICHELLE DIANDA  TICKET ADMINISTRATOR  06/20/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - COUNTY OF ALAMEDA
   - 1221 OAK STREET, #555

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 06/29/11
   - Description of Event: Oakland A's
   - Face Value of Ticket: $38.00

3. **Agency Official(s) Receiving Ticket(s)**
   - Name of Official (Last, First):
     - Number of Tickets:
     - State Whether the Distribution is Income to the Officer or Describe the Public Purpose for the Distribution:

4. **Individual or Organization Receiving Ticket(s)**
   - Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   - Name of Individual or Organization: Socially Responsible Network
   - Number of Tickets: 2
   - Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking
   - Address of Organization: 360 Grand Ave. #57, Oakland, CA 94610
   - 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.
   - Signature of Agency Head or Designee: Amy Shrago
   - Print Name: Policy Analyst
   - Title: 06/22/11
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-6685
   Amy.Shrgo@acgov.org
   Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/10/11
   Description of Event: R Kelly
   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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Charlestina
   Number of Tickets: 4
   Description of Organization:
   Address of Organization: □
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Amy Shrago
   Policy Analyst Title: Policy Analyst
   Date: 06/22/11
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   - COUNTY OF ALAMEDA
   - 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

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 06/28/11
   - Description of Event: Alameda County Fair
   - Face Value of Ticket: $5.00
   - Agency Event
     - Yes [ ]
     - No [ ]
   - (Identify source of tickets below.)
   - Name of Outside Source of Ticket(s) Provided to Agency:
     - Alameda County Fair Board Association
   - Number of Tickets Received: 2
   - Ticket(s) Provided to Agency:
     - [ ] Gratuitously
     - [x] Pursuant to Contract

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

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

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: Bea Bernstine
   - 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 in order to maximize potential County revenue

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   - Signature of Agency, Lead or Designee: MICHELLE DIANDA
   - Title: TICKET ADMINISTRATOR
   - Signature Date: 6/28/11

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

---

FFPC Form 802 (Feb/09)
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number  E-mail
(510) 272-3882      crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 12 / 11
   Description of Event: American Idol Live concert
   / / / Face Value of Ticket: $65
   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)

<table>
<thead>
<tr>
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<th>Number of</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
<tr>
<td>Name of Official</td>
<td>of Tickets</td>
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<tr>
<td>(Last, First)</td>
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</tbody>
</table>

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: Kimberly Brooks
Number of Tickets: 2
Description of Organization:                                                                                     
Address of Organization: Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

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

Signature of Agency Head or Designee: Alexandra Boskovitch
Print Name: Supervisor's Assistant-District 3
Title: 6/22/11
(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

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number   E-mail
   (510) 272-6692          District2@acgov.org

Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

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

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

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

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

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

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

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: Abdul Malik   Number of Tickets: 8

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

5. Verification

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

Signature of Agency Head or Designee   MICHELLE DIANDA   TICKET ADMINISTRATOR (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**

1. **Agency Name**
   - COUNTY OF ALAMEDA

**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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 06 / 28 / 11
   - **Description of Event:** Alameda County Fair
   - **Face Value of Ticket:** $5.00

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

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

**Number of Tickets Received:** 6

**Ticket(s) Provided to Agency:**
- ☐ Gratuitously
- ☒ Pursuant to Contract

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

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

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:** George Dianda

**Number of Tickets:** 6

**Description of Organization:**

**Address of Organization:**
- Number and Street
- City
- State
- Zip Code

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

5. **Verification**

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

**Signature of Agency Head or Designee:**
- MICHELLE DIANDA

**Print Name: **
- TICKET ADMINISTRATOR

**Title:**
- 06/28/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number  E-mail
   (510) 272-6692   District2@acgov.org

Agency Contact (name and title)
   Michelle Diaanda, Ticket Administrator, BOS

Date Stamp

California Form 802
For Official Use Only

☐ 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 / 22 / 11

Description of Event: Oakland A's

Face Value of Ticket: $ 1500.00

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: 20

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</table>

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: Greater H.A.R.D. Foundation

Number of Tickets: 20

Description of Organization: To preserve the quality of parks and recreation facilities and programs within the district

Address of Organization: 1099 E Street, Hayward, CA 94541

Number and Street: 1099 E Street

City: Hayward

State: CA

Zip Code: 94541

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: MICHELLE DIANDA

Print Name: MICHELLE DIANDA

Title: TICKET ADMINISTRATOR

Date: 9/20/11
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number  E-mail
   (510) 272-6692 District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/29/11
   Description of Event: Oakland A's
   Face Value of Ticket: $22.00

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

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

   Number of Tickets Received: 2

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

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

<table>
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<tr>
<th>Name of Official</th>
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</tbody>
</table>

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: Karen Ries
   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

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

   Signature of Agency Head or Designee  Date
   MICHELLE DIANDA  TICKET ADMINISTRATOR  06/17/11

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-6692
   District2@acgov.org

Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

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

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

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

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

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

<table>
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</table>

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:
   Karen Ries
   Number of Tickets: 6

Description of Organization:

Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: TICKET ADMINISTRATOR
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 07 / 11
   Description of Event: U2 Concert
   Face Value of Ticket: $ 98.50

   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)

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</table>

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: Maria Bonneville
   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 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
   MICHELLE DIANDA
   Print Name
   TICKET ADMINISTRATOR
   Title
   06 / 01 / 11
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-6685
   E-mail: Amy.Shrago@acgov.org
   Agency Contact (name and title): Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 01 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $ 38.00
   Agency Event: X 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: X 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: Socially Responsible Network
   Number of Tickets: 2
   Description of Organization: Provide resources, technical assistance, legislative information, and facilitate networking
   Address of Organization: 360 Grand Ave. #57
                          Oakland, CA 94610
   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
   Signature of Agency Head or Designee
   Print Name
   Policy Analyst
   Title
   06/22/11
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number  E-mail
(510) 272-6685  Amy.Shrago@acgov.org

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 10 / 11
   Description of Event: R Kelly
   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: 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

   Carson, Keith  4  To promote attendance at a County facility

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.

   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Amy Shrago
   Policy Analyst
   Date: 06/22/11  (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #536
   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-6694
   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 / 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)

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

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
   Purpose for Distribution: 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
   6/16/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6692
E-mail District2@acgov.org

Agency Contact (name and title)
Michelle Dianda, Ticket Administrator, BOS

Date Stamp

California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11
Description of Event: Alameda County Fair

Face Value of Ticket: $ 5.00

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
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</tr>
</tbody>
</table>

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: Art Stewart
Number of Tickets: 10

Description of Organization:

Address of Organization:
Number and Street
City
State Zip Code

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

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

Michelle Dianda, Ticket Administrator

Signature of Agency Head or Designee

Print Name

Date: 06/21/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 22 / 11
                   07 / 10 / 11
   Description of Event: Alameda County Fair
                       $5 discount
   Agency Event  Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 50
   Ticket(s) Provided to Agency:  Gratuishly  Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

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: San Leandro Boys & Girls Club
   Number of Tickets: 50
   Description of Organization: Provides programs and opportunities that nurture youth physical & emotional well being.
   Address of Organization:
   401 Marina Blvd, 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 organization for its contributions to the San Leandro community and youth.

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 Boskovitch  Supervisor's Assistant-District 3  6/23/11
   Signature of Agency Head or Designee  Print Name  Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

**Street Address**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 22 / 11</td>
<td>Alameda County Fair</td>
<td>$5 discount</td>
</tr>
<tr>
<td>07 / 10 / 11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**

☑ Yes  ☒ No (Identify source of tickets below.)

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

**Number of Tickets Received:** 4

**Ticket(s) Provided to Agency:** ☐ Gratuitously  ☒ Pursuant to Contract

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

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

**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:** Hollie Adamic

**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-District 3  6/22/11

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08 / 26 / 11
Description of Event: SADE
Face Value of Ticket: $ 179.00

3. Agency Official(s) Receiving Ticket(s)
<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
Name of Individual or Organization: PHILLIAM KENNEDY
Number of Tickets: 4

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

Lee Ann Fergerson
Ticket Administrator
Tickets Provided by Agency Report  

1. Agency Name  
   COUNTY OF ALAMEDA  
   Division, Department, or Region (if applicable)  
   1221 OAK STREET, #536  
   Street Address  
   OAKLAND, CA 94612  
   Area Code/Phone Number  
   (510) 272-6694  
   E-mail  
   anna.gee@acgov.org  
   Agency Contact (name and title)  
   Anna Gee - Operations Manager  

2. Event For Which Tickets Were Distributed  
   Date(s) of Event: 06/19/11  
   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: 6  
   Ticket(s) Provided to Agency: ☒ Gratuitously  □ Pursuant to Contract  

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)  
   Name of Official  
   (Last, First)  
   Number of Tickets  
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution  
   Konnedy, Jim  
   2  
   To promote attendance at an event held at a County facility in order to maximize potential County revenue  
   Villanueva, Michelle  
   1  
   to promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales  
   Horgan, Paul  
   1  
   from parking and concession sales  

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)  
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
   Name of Individual or Organization: Seth & Neal Hickey  
   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 and concession sales  

5. Verification  
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
   ANNA GEE  
   OPERATIONS MANAGER  
   06/20/11  
   (month, day, year)  
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
   parking and concession sales  

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-6685
   Amy.Shrago@acgov.org
   Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 24 / 11
   Description of Event: Sesame Street Live
   Face Value of Ticket: $23.15
   Agency Event ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: 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)

<table>
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<th>Name of Official (Last, First)</th>
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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: Sharifa Williams
   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
   06/22/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/22/11  Description of Event: Alameda County Fair
07/10/11  Face Value of Ticket: $5 off/$8 parking

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: 50/5
Ticket(s) Provided to Agency:  □ Gratuitously  □ Pursuant to Contract

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

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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: Girls Inc. of the Island City
Number of Tickets: 50/5

Description of Organization: Develops & runs education programs for girls' physical, intellectual, & emotional well-being

Address of Organization: 1724 Santa Clara Ave. Alameda, CA 94601

Number and Street  City  State  Zip Code
1724 Santa Clara Ave. Alameda, CA 94601

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit 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  Print Name  Title  Date
Alexandra Boskovich  Supervisor's Assistant-District 3  6/30/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 14 / 11
   Description of Event: Oakland A’s game
   Face Value of Ticket: $38
   Agency Event: ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☐ Gratuitously  ☑ Pursuant to Contract

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

<table>
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</table>

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: Edwin Kawamoto
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

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

   Signature of Agency Head or Designee
   Alexandra Boskovich
   Supervisor's Assistant
   6/30/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

TICKETS PROVIDED BY AGENCY REPORT
California Form 802
For Official Use Only

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

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

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

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

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

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

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: Sue Canada Number of Tickets: 4

Description of Organization:

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

Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

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

Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Supervisor's Assistant-District 3
Title: 6/30/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #555, OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must explain in Part 5.)
   Date of Original Filing: ____________ (month, day, year)

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

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

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

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

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

<table>
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<tr>
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</tbody>
</table>

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: San Lorenzo Homeowners Association

   Description of Organization: Representative body for 5600 San Lorenzo single family homes

   Address of Organization: 377 Paseo Grande San Lorenzo, CA 94580
   Number and Street
   City
   State
   Zip Code

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

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

   Signature of Agency Head or Designee: Alexandra Boskovich
   Print Name
   Supervisor's Assistant-District 3
   Title
   6/23/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number E-mail
   (510) 272-6692 District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 02 / 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lockyer, Nadia</td>
<td>2</td>
<td>Promote attendance at County facility to max. revenue</td>
</tr>
</tbody>
</table>

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 at a County facility to maximize potential County revenue

5. Verification

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

Signature of Agency Head or Designee: ________________________________
Print Name: ________________________________
Title: ________________________________
Date: 07/28/11

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #536

Street Address
OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org

Agency Contact (name and title)
Anna Gee, Operations Manager

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must explain in Part 5)
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)

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

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

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
6/16/11
Print Name
Title
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

**Street Address**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

**E-mail**
crystal.hishida@acgov.org

**Agency Contact**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**Date Stamp**

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 22 / 11</td>
<td>Alameda County Fair</td>
<td>$5 discount</td>
</tr>
<tr>
<td>07 / 10 / 11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**

- [X] No (Identify source of tickets below.)

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

**Number of Tickets Received:** 15

**Ticket(s) Provided to Agency:**
- [X] Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

**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:**
San Lorenzo Lions Club

**Number of Tickets:**
15

**Description of Organization:**
Service organization that raises money for charitable purposes

**Address of Organization:**

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

**5. Verification**

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

**Signature of Agency Head or Designee**
Alexandra Boskovich

**Print Name**

**Title**
Supervisor's Assistant-District 3

**Date (month, day, year)**
6/22/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   - COUNTY OF ALAMEDA

   **Division, Department, or Region (if applicable)**
   - 1221 OAK STREET, #555

   **Street Address**
   - OAKLAND, CA 94612

   **Area Code/Phone Number**
   - (510) 272-3882

   **E-mail**
   - crystal.hishida@acgov.org

   **Agency Contact (name and title)**
   - Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   **Date Stamp**
   - [ ] Amendment (Must explain in Part 5.)

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

2. **Event For Which Tickets Were Distributed**

   **Date(s) of Event:** 06 / 30 / 11

   **Description of Event:** Rhinnna

   **Face Value of Ticket:** $71.00

   **Agency Event**
   - [ ] Yes
   - [x] No (Identify source of tickets below.)

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

   **Number of Tickets Received:** 4

   **Ticket(s) Provided to Agency:**
   - [ ] Gratuitously
   - [x] Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**
   - Ron Parshad

   **Number of Tickets:** 4

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

   **To reward a community volunteer for her service to the public**

5. **Verification**

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

   **Signature of Agency Head or Designee**
   - Lee Ann Ferguson

   **Print Name**
   - Ticket Administrator

   **Title**
   - (month, day, year)

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency: COUNTY OF ALAMEDA
Division, Department, or Region (if applicable) 

Street Address
1221 OAK STREET, #536, OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6692 District2@acgov.org

Agency Contact (name and title)
Michelle Diaanda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/10/11 Description of Event: R. Kelly Concert
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: 6 Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Cheryl Perkins Number of Tickets: 6

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

To reward a County employee for her exemplary service to the public

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

Signature of Agency Head or Designee: MICHELLE DIANDA Signature of Ticket Administrator: TICKET ADMINISTRATOR

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

Date Stamp
California Form 802
(For Official Use Only)
**Tickets Provided by Agency Report**

**A Public Document**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Agency Name</strong></td>
<td>COUNTY OF ALAMEDA</td>
</tr>
<tr>
<td><strong>Division, Department, or Region</strong></td>
<td>(If applicable)</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>1221 OAK STREET, #555, OAKLAND, CA 94612</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-3882</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td><strong>Agency Contact (name and title)</strong></td>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
</tr>
<tr>
<td><strong>Date Stamp</strong></td>
<td>California Form 802</td>
</tr>
<tr>
<td><strong>Date of Original Filing</strong></td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

**2. Event For Which Tickets Were Distributed**

| Date(s) of Event | 07/12/11 |
| Description of Event | American Idol Live concert |
| Face Value of Ticket | $65 |
| 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Supervisor Wilma Chan, District 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization</td>
<td>Jennifer Chan</td>
</tr>
<tr>
<td>Number of Tickets</td>
<td>2</td>
</tr>
<tr>
<td>Description of Organization</td>
<td></td>
</tr>
<tr>
<td>Address of Organization</td>
<td></td>
</tr>
<tr>
<td>Purpose for Distribution</td>
<td>(Describe the public purpose for the distribution to the organization.)</td>
</tr>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales</td>
<td></td>
</tr>
</tbody>
</table>

**5. Verification**

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

Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Alexandra Boskovich
Title: Supervisor's Assistant-District 3
Date: 6/22/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-6685
   Amy.Shrago@aoc.gov
   Amy Shrago, Policy Analyst

   Date(s) of Event: 06 / 10 / 11
   Description of Event: R Kelly
   Face Value of Ticket: $95.80

   Agency Event: [ ] Yes   [x] 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   [x] Pursuant to Contract

2. Event For Which Tickets Were Distributed

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

   Name of Official
   (Last, First)   Number of Tickets

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: Geoffrey Pete
   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.

   Signature of Agency Head or Designee: Amy Shrago
   Policy Analyst: 06/22/11
   Print Name: Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #536
   OAKLAND, CA  94612
   Area Code/Phone Number (510) 272-6694
   E-mail anna.gee@acgov.org
   Agency Contact Anna Gee, Operations Manager

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 17 / 11
   Description of Event: Baseball Game
   Face Value of Ticket: $ 38.00
   Agency Event [ ] Yes [X] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: [ ] Gratuitously [X] Pursuant to Contract

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

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

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: Kamika Dunlap & Amy Fitzgerald
   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 through parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   ANNA GEE
   Print Name
   OPERATIONS MANAGER
   Title
   06/20/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report
A Public Document

1. Agency Name
COUNTY OF ALAMEDA

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

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)
Date of Original Filing: ________________ (month, day, year)

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

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

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

Number of Tickets Received: 25 Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

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

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

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: Lincoln Child Center
Number of Tickets: 25

Description of Organization: Helping children to stay with their families when parents are unable or absent to care for

Address of Organization: 1149 A Street, Hayward CA 94541
Number and Street: 1149 A City: Hayward State: CA Zip Code: 94541

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]
MICHELLE DIANDA
TICKET ADMINISTRATOR

[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

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA. 94612
   Area Code/Phone Number
   (510) 272-6685
   E-mail
   Amy. Shrago@acgov.org
   Agency Contact (name and title)
   Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/06/11
   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: ☑ 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.
   __________________________
   Signature of Agency Head or Designee
   Amy Shrago
   Policy Analyst
   Print Name
   Title
   06/23/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

**1. Agency Name**  
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**  
1221 OAK STREET, #555

**Street Address**  
OAKLAND, CA 94612

**Area Code/Phone Number**  
(510) 272-6685

**E-mail**  
Amy.Shrago@acgov.org

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

**Date Stamp**

**California Form 802**

**For Official Use Only**

<table>
<thead>
<tr>
<th>Amendment</th>
<th>(Must explain in Part 5.)</th>
</tr>
</thead>
</table>

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

---

**2. Event For Which Tickets Were Distributed**

**Date(s) of Event:** 06 / 28 / 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)**

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

**Name of Individual or Organization:** Socially Responsible Network

**Number of Tickets:** 2

**Description of Organization:**  
Provide resources, technical assistance, legislative information, and facilitate networking

**Address of Organization:**  
360 Grand Ave. #57, Oakland, CA 94610

**Number and Street**  
City  
State  
Zip Code

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

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.*

**Signature of Agency Head/Designee:**

**Print Name:** Amy Shrago  
**Title:** Policy Analyst  
**Date:** 06/22/11  
**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

---

**FPPC Form 802 (Feb/09)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 09 / 11
   Description of Event: LIPPIZZANER STALLIONS
   Face Value of Ticket: $ 61.00
   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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</table>

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: Nat Piazza
   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.

Signature of Agency Head or Designee: Lee Ann Fergerson
Print Name: Ticket Administrator
Title: (month, day, year)

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

COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

1221 OAK STREET, #555

**Street Address**

OAKLAND, CA 94612

**Area Code/Phone Number**

(510) 272-6685

**E-mail**

Amy.Shrago@acgov.org

**Agency Contact (name and title)**

Amy Shrago, Policy Analyst

**Date Stamp**

**Amendment (Must explain in Part 5.)**

**Date of Original Filing:**

(month, day, year)

---

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event</th>
<th>Face Value of Ticket:</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 10 / 11</td>
<td>R.Kelly</td>
<td>95.80</td>
</tr>
</tbody>
</table>

**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:** 5

**Ticket(s) Provided to Agency:**  

- ☐ Gratuitously
- ☒ Pursuant to Contract

---

**3. Agency Official(s) Receiving Ticket(s)**

(Use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>4</td>
<td>To promote attendance at a County sponsored event</td>
</tr>
</tbody>
</table>

---

**4. Individual or Organization Receiving Ticket(s)**  

(Provided at the behest of an agency official.)

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization:</th>
<th>Number of Tickets:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

**5. Verification**

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

[Signature of Agency Head or Designee]

Amy Shrago  
Policy Analyst  
06/22/11 (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-6692

   Agency Contact (name and title)
   Ruben Briones, Deputy Chief of Staff, BOS

   Date Stamp

   California Form 802
   For Official Use Only

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 30 / 11
   Description of Event: Rihanna Concert
   Face Value of Ticket: $ 83.80

   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: Supervisor Nadia Lockyer, District 2

   Name of Individual or Organization: Vanessa Robles
   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

5. Verification

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

Signature of Agency Head or Designee  Print Name  Title

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

(6/28/11)
**Tickets Provided by Agency Report**

**Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

**Street Address**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

**E-mail**
crystal.hishida@acgov.org

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

**Date Stamp**

**Amendment (Must explain in Part 5)**

**Date of Original Filing:**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
<th>$95.80</th>
</tr>
</thead>
</table>

**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

**Agency Official(s) Receiving Ticket(s)**

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

**Individual or Organization Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Supervisor Wilma Chan, District 3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie Bryan</td>
<td>2</td>
</tr>
</tbody>
</table>

**Description of Organization:**

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

**Purpose for Distribution:**
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

**Verification**

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

ALEXANDRA BOSKOVICH
SUPERVISOR’S ASSISTANT

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-3882

E-mail
   crystal.hishida@acgov.org

Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

Date Stamp

California Form 802
For Official Use Only

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/10/11

Description of Event: R. Kelly concert

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: 2

Ticket(s) Provided to Agency:
   ☑ Pursuant to Contract
   □ Gratuitously

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

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:
   Emily Finkle

Number of Tickets: 2

Description of Organization:

Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

5. Verification

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

Signature of Agency Head or Designee

ALEXANDRA BOSKOVICH

SUPERVISOR’S ASSISTANT

Print Name

Title

(6/10/11) (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

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

   Date Stamp

   Amendment (Must explain in Part 5.)
   Date of Original Filing: ________________ (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/03/11
   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)

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

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: Dan Taylor
   Number of Tickets: 2
   Description of Organization:
   Address of Organization: __________________________
   Number and Street  City  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature: __________________________
   Print Name: __________________________
   Title: __________________________
   Date: 6/8/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Tickets Provided by Agency Report

**Agency Name:**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable):**

**Street Address:**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number:** (510) 272-3882
**E-mail:** crystal.hishida@acgov.org

**Agency Contact (name and title):**
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

---

**2. Event For Which Tickets Were Distributed**

**Date(s) of Event:** 09/20/11
**Description of Event:** Oakland A’s game

**Face Value of Ticket:** $38.00

**Agency Event:** 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:** Pursuant to Contract

---

**3. Agency Official(s) Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

---

**4. Individual or Organization Receiving Ticket(s)**

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

**Name of Individual or Organization:** Karen Marcus

**Number of Tickets:** 2

**Description of Organization:**

**Address of Organization:**

**Purpose for Distribution:** To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

---

**5. Verification**

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

**Signature of Agency Head or Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 6/8/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-6691
   E-mail leeann.fergerson@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: 07 / 02 / 11
   Description of Event: 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 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

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: Leif Madrigal

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 an community volunteer for his service to the public.

5. Verification

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

Signature of Agency Head or Designee

Lee Ann Fergerson

Print Name

TICKET ADMINISTRATOR

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

1. **Agency Name**
   COUNTY OF ALAMEDA

   **Division, Department, or Region (if applicable)**

   **Street Address**
   1221 OAK STREET, #555, OAKLAND, CA 94612

   **Area Code/Phone Number**
   (510) 272-3882

   **E-mail**
   crystal.hishida@acgov.org

   **Agency Contact (name and title)**
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

   **Date Stamp**

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 07/02/11
   **Description of Event:** Oakland A’s game
   **Face Value of Ticket:** $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:**
   - Yes
   - No

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

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:** Carl Chan

   **Number of Tickets:** 4

   **Description of Organization:**

   **Address of Organization:**
   Number and Street: __________________________
   City: __________________________
   State: __________________________
   Zip Code: __________________________

   **Purpose for Distribution:**
   (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his service to the public including the Oakland Chinatown 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:** Alexandra Boskovich
   **Print Name:** Supervisor’s Assistant
   **Title:**
   **Date:** 6/30/11

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

---

**FPPC Form 802 (Feb/09)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
   1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-3882
   E-mail: crystal.hishida@acgov.org

Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/29/11
   Description of Event: Oakland A's game
   Face Value of Ticket: $43.75

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

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

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

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

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

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

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

   Name of Individual or Organization: Bonnie Edwa
   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

5. Verification

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

Signature of Agency Head or Designee
   ____________________________
   Alexandra Boskovich
   GRYSTAL HISHIDA GRAFF
   Supervisor's Assistant
   PRINCIPAL ANALYST
   Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/25/11 Description of Event: ALAMEDA COUNTY FAIR
Face Value of Ticket: $5.00
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR ASSOCIATION
Number of Tickets Received: 8 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behosting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
Name of Individual or Organization: Silvia Soublet
Number of Tickets: 8
Description of Organization: 
Address of Organization: 
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

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

LEE ANN FERGERSON TICKETS ADMINISTRATOR
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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11 Description of Event: ALAMEDA COUNTY FAIR
Face Value of Ticket: $ 5.00
Agency Event □ Yes ☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR ASSOCIATION
Number of Tickets Received: 12 Ticket(s) Provided to Agency: □ Gratuitously ☑ Pursuant to Contract

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

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

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: GLORIA OLSON Number of Tickets: 12
Description of Organization: 
Address of Organization:
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

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

LEE ANN FERGERSON
Signature of Agency Head or Designee
Print Name
TICKETS ADMINISTRATOR
Title
6/21/11 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 29 / 11
   Description of Event: ALAMEDA COUNTY FAIR
   Face Value of Ticket: $ 5.00
   Agency Event
   ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR ASSOCIATION
   Number of Tickets Received: 8
   Ticket(s) Provided to Agency:
   ☑ Gratuitously  ☐ Pursuant to Contract

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

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

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: Elizabeth Lopez
   Number of Tickets: 8
   Description of Organization: 
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification

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

Signature of Agency Head or Designee  LEE ANN FERGERSON  TICKETS ADMINISTRATOR
Print Name
Title
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-6692
   E-mail
   District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

   □ Amendment (Must explain in Part 5.)
   Date of Original Filing: [month, day, year]

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

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: Thomsa Ryan
   Number of Tickets: 10

   Description of Organization: ________________________________________________________

   Address of Organization:
   Number and Street ____________________________________________
   City __________________________ State __________ Zip Code __________

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

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   TICKET ADMINISTRATOR
   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  

1. Agency Name  
COUNTY OF ALAMEDA  
Division, Department, or Region (if applicable)  

Street Address  
1221 OAK STREET, #555, OAKLAND, CA 94612  

Area Code/Phone Number E-mail  
(510) 272-3882 crystal.hishida@acgov.org  

Agency Contact (name and title)  
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office  

Date Stamp  
California Form 802  
For Official Use Only  

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 06/26/11  
Description of Event: Alameda County Fair Parking general parking pass  
Face Value of Ticket: $8  

Agency Event  
☐ Yes  
☑ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association  
Number of Tickets Received: 1  
Ticket(s) Provided to Agency: ☐ Gratuiutously  
☑ Pursuant to Contract  

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanette Dong</td>
<td>1</td>
<td>To gather information about the facility presently operated by the County.</td>
</tr>
</tbody>
</table>

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 / Alameda County  
Number of Tickets: 1  

5. Verification  
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
Alexandra Boskovich  
Supervisor’s Assistant-District 3  
6/23/11  

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report
A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA. 94612

Area Code/Phone Number E-mail
(510) 272-6685 Amy.Shrago@acgov.org

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

Date Stamp

□ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 10 / 11
Description of Event: R Kelly

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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</tbody>
</table>

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: Seth Stewart
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/Designee
Amy Shrago
Policy Analyst

Print Name _______________________
Title _______________________
06/22/11 (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

**1. Agency Name**
- COUNTY OF ALAMEDA

**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 Diaanda, Ticket Administrator, BOS

**Date Stamp**

**California Form 802**

**For Official Use Only**

**2. Event For Which Tickets Were Distributed**

**Date(s) of Event:** 06 / 22 / 11

**Description of Event:** Alameda County Fair

**Face Value of Ticket:** $5.00

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

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

**Number of Tickets Received:** 50

**Ticket(s) Provided to Agency:**
- ☐ Gratuitously
- ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

**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:** Eden Youth and Family Services

**Number of Tickets:** 50

**Description of Organization:** Providing support and comprehensive services and advocacy for children and families

**Address of Organization:**
- 680 W. Tennyson Road
- Hayward, CA 94544

**State:** ☐ | **Zip Code:** ☐

**Number and Street**

**City:**

**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:**

**Print Name:**

**Title:**

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

**FPPC Form 802 (Feb/09)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

1. **Agency Name**
   - COUNTY OF ALAMEDA

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 06/22/11
   - **Description of Event:** Alameda County Fair
   - **Face Value of Ticket:** $5

3. **Agency Official(s) Receiving Ticket(s)**
   - **Name of Official:** Supervisor Wilma Chan, District 3
   - **Number of Tickets:** 5

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Supervisor Wilma Chan, District 3
   - **Name of Individual or Organization:** Dul Bufeme
   - **Number of Tickets:** 5

5. **Verification**
   - **Signature of Agency Head or Designee:** Alexandra Boskovich
   - **Supervisor's Assistant-District 3:** 6/30/11

---

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-6685

E-mail
Amy.Shrago@acgov.org

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

Date Stamp

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07/30/11

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)

<table>
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<tr>
<th>Name of Official (Last, First)</th>
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</tbody>
</table>

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: Amir Arman

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 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.

Signature of Agency Head or Designee
Amy Shrago

Print Name
Policy Analyst

Title

06/23/11

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number E-mail
   (510) 272-6692 District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianza, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 10 / 11
   Description of Event: R. Kelly Concert
   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: Supervisor Nadia Lockyer, District 2
   Name of Individual or Organization: Zubair Malakzay
   Number of Tickets: 4
   Description of Organization: 
   Address of Organization: 
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his service to the public.

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

   Signature of Agency Head or Designee
   MICHELLE DIANZA
   Print Name
   TICKET ADMINISTRATOR
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Name
COUNTY OF ALAMEDA
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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 18 / 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)

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</tbody>
</table>

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: New Haven Boosters Association
Description of Organization: Focused on raising awareness and funding to support co-curricular activities in schools
Address of Organization: 33377 Western Avenue Union City, CA 94587

Number of Tickets: 2
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.

Signature of Agency Head or Designee
MICHELLE DIANDA

Print Name
TICKET ADMINISTRATOR
Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

E-mail
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

Date Stamp

TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 22 / 11

Description of Event: ALAMEDA COUNTY FAIR

Face Value of Ticket: $ 5.00

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

Name of Outside Source of Ticket(s) Provided to Agency: ALAMEDA COUNTY FAIR

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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</tr>
</tbody>
</table>

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: MEL LUNA

Number of Tickets: 20

Description of Organization: 

Address of Organization:
Number and Street
City
State Zip Code

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

5. Verification

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

Signature of Agency Head or Designee

Print Name

Ticket Administrator

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

Agency Name: COUNTY OF ALAMEDA  
Division, Department, or Region: 
Street Address: 1221 OAK STREET, #536, OAKLAND, CA 94612  
Area Code/Phone Number: (510) 272-6692  
E-mail: District2@acgov.org  
Agency Contact: Michelle Dianda, Ticket Administrator, BOS  

## 2. Event For Which Tickets Were Distributed

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

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

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board Association  
Number of Tickets Received: 25  
Ticket(s) Provided to Agency: ☑ Gratuitously  
☐ Pursuant to Contract  

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

## 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: Child, Family & Community Services, Inc.  
Number of Tickets: 25  

Description of Organization: Providing education and family support services to low-income families in Alameda County  
Address of Organization: 32980 Alvarado-Niles Rd., Suite 846, Union City, CA 94587  
Purpose for Distribution: 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: Michelle Dianda  
Print Name: Michelle Dianda  
Title: Ticket Administrator  
(month, day, year): 06/22/11  

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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</tr>
</tbody>
</table>

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: Monique Johnson  
Number of Tickets: 10

Description of Organization:

Address of Organization:
Number and Street
City  State  Zip Code

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

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

[Signature]
MICHIELLE DIANDA  TICKET ADMINISTRATOR
Print Name  Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**1. Agency Name**
COUNTY OF ALAMEDA
**Division, Department, or Region (if applicable)**

**Street Address**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

**E-mail**
crystal.hishida@acgov.org

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

**Date Stamp**

**California Form 802**
For Official Use Only

**Amendment** (Must explain in Part 5.)

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

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 22 / 11</td>
<td>Alameda County Fair</td>
<td>$5 discount</td>
</tr>
<tr>
<td>07 / 10 / 11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**

- [ ] Yes
- [x] No (Identify source of tickets below.)

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

**Alameda County Fair Association**

**Number of Tickets Received:**

**50**

**Ticket(s) Provided to Agency:**

- [ ] Gratuity
- [x] Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

**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:**

San Leandro Senior Community Center

**Number of Tickets:**

**50**

**Description of Organization:**

Provides senior programs to encourage healthy independent living & enhance community.

**Address of Organization:**

13909 East 14th San Leandro, CA 94577

**Purpose for Distribution:**

(Describe the public purpose for the distribution to the organization.)

To motivate and provide expanded opportunities to seniors in the County.

**5. Verification**

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

**Signature of Agency Head or Designee:**

Alexandra Boskovich

**Print Name:**

Supervisor’s Assistant-District 3

**Title:**

6/23/11 (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

1. **Agency Name**
   - COUNTY OF ALAMEDA
   - Division, Department, or Region (if applicable)

2. **Street Address**
   - 1221 OAK STREET, #536, OAKLAND, CA 94612

3. **Area Code/Phone Number**
   - (510) 272-6692

4. **E-mail**
   - District2@acgov.org

5. **Agency Contact (name and title)**
   - Michelle Dianda, Ticket Administrator, BOS

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

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

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:** Mark Williams
   - **Number of Tickets:** 4

5. **Verification**
   - I hereby determine that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   - **Signature of Agency Head or Designee:** MICHELLE DIANDA
   - **Print Name:**
   - **Title:** TICKET ADMINISTRATOR

   - **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number  E-mail
   (510) 272-6692  District2@acgov.org

   Agency Contact (name and title)
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/28/11  Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event  Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board Association
   Number of Tickets Received: 5  Ticket(s) Provided to Agency:  No  Gratuitously  Yes  Pursuant to Contract

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

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<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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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: Edith Santos
   Number of Tickets: 5

   Description of Organization: 

   Address of Organization:
   Number and Street
   City  State  Zip Code

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

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

   Signature of Agency, Agency Official, or Designee
   MICHELLE DIANDA
   Print Name
   TICKET ADMINISTRATOR
   Title
   Date (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

   Street Address
   1221 OAK STREET, #536, OAKLAND, CA 94612

   Area Code/Phone Number (510) 272-6692
   E-mail District2@acgov.org

   Agency Contact
   Michelle Dianda, Ticket Administrator, BOS

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 15 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $ 22.00
   Agency Event Yes ☐ No ☑
   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)

<table>
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<th>Name of Official (Last, First)</th>
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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: Alex Harmon
   Number of Tickets: 2

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

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

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

   [Signature of Agency Head or Designee]  
   MICHELLE DIANDA  
   [Title]  
   [Print Name]  
   [Date] (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

1. Agency Name
   COUNTY OF ALAMEDA
   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

   Date Stamp
   California Form 802
   For Official Use Only

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/30/11
   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
---|---|---
Briones, Ruben | 2 | To reward an employee for his 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: 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 reward a County employee for his 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.

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: TICKET ADMINISTRATOR
   Title:
   (month, day, year)

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

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