Tickets Provided by
Agency Report

1. 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

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

   Agency Event
   □ Yes
   □ No

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

   Face Value of Ticket: $ 5.00

   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</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: Keith Carson, Supervisor Fifth District

   Name of Individual or Organization: OASES

   Number of Tickets: 10

   Description of Organization: Student Services

   Address of Organization: 196 10th St.
   Oakland, CA 94607

   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

   Signature of Agency Head or Designee
   Print Name
   Title

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

   07/11/11 (month, day, year)

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) 272-6685
   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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: BANANAS
   Number of Tickets: 10
   Description of Organization: Childcare Services
   Address of Organization: 5235 Claremont Ave. Oakland CA 94618
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

☐ 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: $5.00

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

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

Number of Tickets Received: 10

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

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

<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>
<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: Operation Dignity

Number of Tickets: 10

Description of Organization: Veterans Services

Address of Organization: 1504 Frankling St., Ste. 102

Oakland CA 94612

Number and Street City State Zip Code

Purpose for Distribution: 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

Signature of Agency Head or Designee Print Name Title

07/11/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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: 6/22/11
7/10/11

Description of Event: Alameda County Fair

Face Value of Ticket: $5.00

Agency Event: Yes

No (Identify source of tickets below.)

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

Number of Tickets Received: 9

Ticket(s) Provided to Agency: 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 (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<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

Name of Individual or Organization: Lee Ann Ferguson

Number of Tickets: 9

Description of Organization:

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

Purpose for Distribution: To reward a County Employee for his or her exemplary service to the public or to encourage staff development

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19244.

Lee Ann Ferguson – Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

Date: Jul 10, 2011

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
   1221 OAK STREET, #555
   OAKLAND, CA 94612

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

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

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

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

   **Date(s) of Event:** 09/04/11

   **Description of Event:** Oakland A's

   **Face Value of Ticket:** $43.75

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

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

   **Number of Tickets Received:** 20

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:** Keith Carson, Supervisor Fifth District

   **Name of Individual or Organization:** 100 Black Men of the Bay Area Mentoring

   **Number of Tickets:** 20

   **Description of Organization:** youth mentoring services

   **Address of Organization:**
   1638 12th Street
   Oakland
   CA 94607

   **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:** Amy Shrago
   **Print Name:** Policy Analyst
   **Title:**
   **Date:** 07/11/11

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

Date Stamp California Form 802
For Official Use Only

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: $ 5.00
   Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 5
   Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Beebe Memorial Cathedral
   Number of Tickets: 5
   Description of Organization: Church
   Address of Organization: 3900 Telegraph Ave.
   Oakland CA 94609
   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 07/11/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #565

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

□ 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
                      5.00

Face Value of Ticket: $ __________

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

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

Number of Tickets Received: 20

Ticket(s) Provided to Agency:
□ Gratutously
☒ 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Pacific Center

Number of Tickets: 10

Description of Organization: LGBTQ Community Services

Address of Organization:
2712 Telegraph Ave.
Berkeley CA 94705

Number and Street City State Zip Code

Purpose for Distribution: 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

Signature of Agency Head or Designee
Print Name
Title

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

07/11/11 (month, day, year)

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)
1221 OAK STREET, #565
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 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: $ 5.00
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<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.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Berkeley Albany Licensed Daycare Association
Number of Tickets: 10
Description of Organization: Childcare Services
Address of Organization: 2414 6th St. Berkeley CA 94710
Number and Street Berkeley City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

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

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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 07/31/11
   - **Description of Event:** Oakland A's
   - **Face Value of Ticket:** $22.00

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>
<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:** Claudia Canales
   - **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:** MICHELLE DIANDA
   - **Print Name:**
   - **Title:** TICKET ADMINISTRATOR
   - **Date:** 7/8/11

   **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  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: 08 / 13 / 11  Description of Event: Oakland A’s game
   Face Value of Ticket: $ 38
   Agency Event  Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2  Ticket(s) Provided to Agency:  Gratuosely  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>
<td></td>
<td></td>
</tr>
<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: Erica Goul  Number of Tickets: 2
   Description of Organization: 
   Address of Organization: 
   Number and Street  City  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee  Alexandra Boskovich  Supervisor’s Assistant  Title  6/30/11  7/24/11
   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 Dianda, Ticket Administrator, BOS

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

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

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

Number of Tickets Received: 2 Ticket(s) Provided to Agency: [ ] Gratuitously [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>
</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 Nadia Lockyer, District 2

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

Description of Organization: 

Address of Organization:
Number and Street
City
State
Zip Code

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

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

MICHELLE DIANDA TICKET ADMINISTRATOR

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

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: 08 20 11
   Description of Event: Oakland A's
   Face Value of Ticket: $43.75
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: 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>Sanchez, Mina</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary se</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
   Policy Analyst
   07/11/11
   (month, day, year)

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

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@aocgov.org
   Agency Contact (name and title) Amy Shrago, Policy Analyst

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/13/11
   Description of Event: Oakland A's
   Face Value of Ticket: $43.75
   Agency Event [ ] Yes [X] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: [ ] Gratuitously [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: West Oakland Senior Center
   Number of Tickets: 10
   Description of Organization: Senior Services Center
   Address of Organization: 1724 Adeline St. Oakland, CA 94607
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions to the community

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

FPPC Form 802 (Feb/69)
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) 272-6685
   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: 08 / 13 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $43.75
   Agency Event □ Yes ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: ☑ 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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: St. Mary's Center
   Description of Organization: Senior Services Center
   Address of Organization: 925 Brockhurst
   Number of Tickets: 10
   Number and Street
   City
   State
   Zip Code
   Oakland
   CA 94608
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions to the community

5. Verification

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

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

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

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) 272-6685
   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 / 25 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $ 43.75
   Agency Event
   ☐ Yes  ☑ No (identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Oakland A's
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency:
   ☐ Gratuitously  ☑ Pursuant to Contract

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

<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>
<td></td>
<td></td>
</tr>
<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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: MEDICC
   Number of Tickets: 20
   Description of Organization: supports education and development of human resources in health
   Address of Organization: 1814 Franklin Street, Suite 500 Oakland CA 94612
   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: Amy Shrago
   Print Name: Policy Analyst
   Title: 7/19/11
   (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

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: $ 5.00
   Agency Event: 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: 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: East Bay Korean American Senior Services Ctr.
   Description of Organization: Senior Services
   Address of Organization: 1723 Telegraph Ave.
   Oakland CA 94612
   Number of Tickets: 20
   Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Amy Shrago
   Policy Analyst
   07/11/11
   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)
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 / 22 / 11
   - 07 / 10 / 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

   **Number of Tickets Received:**
   
   10

   **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)**

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<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:**
   
   Ecology Center

   **Number of Tickets:**
   
   10

   **Description of Organization:**
   
   Environmental justice org.

   **Address of Organization:**
   
   2530 San Pablo Ave. Berkeley CA 94702

   **Purpose for Distribution:**
   
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. **Verification**

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

   **Signature of Agency Head or Designee**
   
   Amy Shrago

   **Print Name**
   
   Policy Analyst

   **Title**
   
   07/11/11

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

   [Signature of Agency Head or Designee]

   Amy Shrago

   Policy Analyst

   07/11/11

   (month, day, year)
1. Agency Name
COUNTY OF ALAMEDA
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

☐ Amendment (Must explain in Part 5.)
Date of Original Filing: ___/___/___

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/23/10 Description of Event: Alameda County Fair
07/11/10 Face Value of Ticket: $5.00

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Elizabeth Santos

Number of Tickets: 5

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

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

[Signature]
CRYSTAL HISHIDA GRAFF
PRINCIPAL ANALYST
07/11/11 (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)
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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: $ 5.00
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 20 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Emeryville Senior Center
Number of Tickets: 20
Description of Organization: Senior Services
Address of Organization: 4321 Salem Street
Emeryville CA 94608
Number and Street City State Zip Code
Purpose for Distribution: 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
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

(07/11/11)
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 Diaanda, Ticket Administrator, BOS

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

   Agency Event  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

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: Supervisor Nadia Lockyer, District 2
   Name of Individual or Organization: Leslie Vicente
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: To reward a student for outstanding scholastic achievement

5. Verification

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

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

   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
   (month, day, year)

   Amendment (Must explain in Part 5.)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 13 / 11
   Description of Event: Pumas vs. Morelia
   Face Value of Ticket: $ 95.80

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

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

   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

<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.)

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

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

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

5. Verification

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

Signature of Agency Head or Designee: MICHELE DIANDA
Print Name: TICKET ADMINISTRATOR
Title: 7/8/11
(month, day, year)

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

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) 272-6685
   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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00

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

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

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

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

<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.)

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

   Name of Individual or Organization: Prescott Joseph Resource Center
   Number of Tickets: 10

   Description of Organization: family support services

   Address of Organization: 920 Peralta Street
   Oakland
   CA 94607

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

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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 07/02/11
   - **Description of Event:** Oakland A's game
   - **Face Value of Ticket:** $38

3. **Agency Official(s) Receiving Ticket(s)**
   - **Name of Official:** Supervisor Wilma Chan, District 3
   - **Number of Tickets:** 2
   - **Purpose for Distribution:** To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

4. **Verification**
   - **Signature of Agency Head or Designee:** Alexandra Boskovich
   - **Supervisor's Assistant:** 7/1/11
   - **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

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

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

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

5. **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
   □ Yes □ No
   Description of Event: Alameda County Fair
   □ Yes □ No
   Face Value of Ticket: $____ $5 discount
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 5
   □ 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>
<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: Sultana Kahgadai |
   | Number of Tickets: 5 |

   Description of Organization: ____________________________

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

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

5. **Verification**

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

   [Signature]
   Signature of Agency Head or Designee
   Alexandra Boskovich
   Print Name
   Supervisor’s Assistant-District 3
   Title
   7/1/11
   (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
   1221 OAK STREET, #555
   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 / 22 / 11
   07 / 10 / 11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00

   Agency Event: ☒ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   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
   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: Regional Technical Training Center
   Number of Tickets: 10
   Description of Organization: Job Training
   Address of Organization: 760 Maritime, Oakland, CA 94607
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

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: $ 5.00
Agency Event
☐ Yes ☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 20 Ticket(s) Provided to Agency:
☐ Gratuitously ☑ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: South Berkeley Senior Center Number of Tickets: 20
Description of Organization: Senior Services
Address of Organization: 2939 Ellis Street Berkeley, CA 94703
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

Signature of Agency Head or Designee Print Name Title
Amy Shrago Policy Analyst 07/11/11
(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)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number  E-mail
(510) 272-3882  crystal.hishida@acgov.org
Agency Contact (name and title)  
Crystal Hishida Graff, Principal Analyst. County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/22/11 7/10/11  Description of Event: Alameda County Fair
Face Value of Ticket: $5.00, $8.00
Agency Event  Yes  No
(Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 81
Ticket(s) Provided to Agency:  

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>
<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
Name of Individual or Organization: Mary Kopel
Number of Tickets: 81
Description of Organization:
Address of Organization: 
Number and Street  City  State  Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a volunteer for his/her community service to the public.

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

Lee Ann Ferguson - Ticket Administrator
Title
Signature of Agency Head or Designee
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: 6/23/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $10.00

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
   Name of Individual or Organization: Fred Martin
   Number of Tickets: 2, 1
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: To reward a County Employee for his or her exemplary service to the public or to encourage staff development

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.
   Signatures of Agency Head or Designee
   Lee Ann Fergerson – Ticket Administrator
   Print Name
   Title
   (month, day, year)
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

Date Stamp

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

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

AMENDMENT (Must explain in Part 5.)

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

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

Number of Tickets Received: ____________

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

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)

<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>
<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: Jean Stokes

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 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 Shrado, Policy Analyst

Signature of Agency Head or Designee
Print Name
Title
(07/11/11)
(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)
1221 OAK STREET, #565
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

☐ Amendment (Must explain in Part 5.)

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

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

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

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

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

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

<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>Keith Carson, Supervisor Fifth District</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: J-Sei

Number of Tickets: 10

Description of Organization: community services

Address of Organization: 2126 Channing Way Berkeley CA 94704

Number and Street City State Zip Code

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

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 16944.1.

Amy Shrago
Signature of Agency Head / Designee
Policy Analyst
Print Name
Title
07/11/11 (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)
   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 / 23 / 11 Description of Event: Alameda County Fair
   07 / 10 / 11 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
   Number of Tickets Received: 04 Ticket(s) Provided to Agency:  No  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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Judi Freeman Number of Tickets: 4
   Description of Organization:  
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

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

A 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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10  Description of Event: Alameda County Fair
   07/11/10  Face Value of Ticket: $ 5.00

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

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

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

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

<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>
<td></td>
<td></td>
</tr>
<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: Keith Carson, Supervisor Fifth District

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

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

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

Signature of Agency Head or Designee

CRystal Hishida Graff  Print Name
PRINCIPAL ANALYST  Title

07/11/11  (month, day, year)

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

<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>$5.00</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

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</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>Keith Carson, Supervisor 5th District</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 5th District

Name of Individual or Organization: Korean Community Center of the East Bay

Number of Tickets: 10

Description of Organization: Social services

Address of Organization: 4390 Telegraph Ave., Ste. A

Oakland, CA 94609

Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and 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: [Signature]

Print Name: Amy Shrago

Policy Analyst

07/11/11 (month, day, year)

Comment: (Use the 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, #556

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: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11

Face Value of Ticket: $ 5.00

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

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

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

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

<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.)

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

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

Description of Organization: social services

Address of Organization: 1551 23rd Ave. Oakland CA 94060

City State Zip Code

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

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

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

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

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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event: ☐ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
<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>
<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: Legal Assistance for Seniors
   Number of Tickets: 20
   Description of Organization: Senior Services
   Address of Organization: 464 7th Street  Oakland  CA  94607
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Amy Shrago  Policy Analyst  07/11/11
   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 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>08 / 17 / 11</td>
<td>Oakland A's game</td>
<td>$38</td>
</tr>
</tbody>
</table>

**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:**

- [x] 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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>Number of Tickets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Arizu</td>
<td>2</td>
</tr>
</tbody>
</table>

**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 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 Boskovitch
Supervisor’s Assistant

[Signature]
7/15/11
(month, day, year)

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

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: 6/22/11, 7/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 9
   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>
</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
   Name of Individual or Organization: Francyne Dawkins
   Number of Tickets: 9
   Description of Organization:
   Address of Organization: Number and Street
   City: State: Zip Code
   Purpose for Distribution: To reward a volunteer for his/her community service to the public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Lee Ann Fergerson – Ticket Administrator
   JUL 10 2011 (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

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

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

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

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Lend-a-Hand Foundation  Number of Tickets: 10
   Description of Organization: Senior Services
   Address of Organization: 805 Capwell Drive Oakland CA 94621
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Amy Shrago Policy Analyst 07/11/11
   Signature of Agency Head or Designee Print Name Title
   Comment: (Use the 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) 272-3882

E-mail
crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed

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

Description of Event: Alameda County Fair

Face Value of Ticket: $5.00

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

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

Number of Tickets Received: 15

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

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

<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>Adamson, Brian</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

Name of Individual or Organization: Karina del Rio

Number of Tickets: 15

Description of Organization:

Address of Organization:

Number and Street:

City: Oakland

State: California

Zip Code: 94622

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

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

5. Verification

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

Lee Ann Ferguson — Ticket Administrator

Signature of Agency Head or Designee

Print Name: Lee Ann Ferguson

Title: Ticket Administrator

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

[Signature]

Lee Ann Ferguson — Ticket Administrator

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

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-3772)
**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
E-mail
crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**2. Event For Which Tickets Were Distributed**
Date(s) of Event: 6/22/11 7/10/11
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
Number of Tickets Received: 20
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>
</tbody>
</table>

**4. Individual or Organization Receiving Ticket(s)**
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
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: To reward a volunteer for his/hers community service to the public.

**5. Verification**
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 1944.1.

Lee Ann Ferguson – Ticket Administrator
JUL 10 2011
(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.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/727-5772)
**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**

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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>09 / 14 / 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>Oakland A's game</td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$38</td>
</tr>
</tbody>
</table>

**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)

<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:**
Supervisor Wilma Chan, District 3

**Name of Individual or Organization:**
Ron Silva

**Number of Tickets:**
2

**Description of Organization:**

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

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

**5. Verification**

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

[Signature]
Alexandra Boskovich
Supervisor's Assistant
7/15/11 (month, day, year)

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

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

Form 802
California
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: 6/23/11 7/10/11
Description of Event: Alameda County Fair
Face Value of Ticket: $26.5

Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 60
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>
<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.
Name of Individual or Organization: Mark Dunlap
Number of Tickets: 60

Description of Organization: __________________________________________________________

Address of Organization: 
Number and Street ____________________________________________
City ____________________________ State ___________ Zip Code __________

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

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

Signature of Agency Head or Designee
Lee Ann Fergerson — Ticket Administrator
Print Name
Title

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

JUL 10 2011 (month, day, year)
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

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: 06/22/11 07/10/11
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00

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

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

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

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

<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: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Gail Blalock
Number of Tickets: 6

Description of Organization:

Address of Organization:

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

5. Verification

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

Lee Ann Fergerson – Ticket Administrator

Signature of Agency Head or Designee

Print Name

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

JUL 1 0 2011
**Tickets Provided by Agency Report**

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

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 6/22/11, 7/10/11
   - Description of Event: Alameda County Fair
   - Face Value of Ticket: $5.00
   - Agency Event: Yes
   - Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   - Number of Tickets Received: 201
   - Ticket(s) Provided to Agency: Pruittant to Contract

3. **Agency Official(s) Receiving Ticket(s)**
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**
   - Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   - Name of Individual or Organization: Joe Davis
   - Number of Tickets: 201
   - Address of Organization: Number and Street
   - City State Zip Code
   - Purpose for Distribution: To reward a volunteer for his/her community service to the public.

5. **Verification**
   - Signature of Agency Head or Designee: [Signature]
   - Lee Ann Ferguson – Ticket Administrator
   - Date: Jul 10 2011
   - 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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/13/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00

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
   Name of Individual or Organization: Martel Green
   Number of Tickets: 15
   Description of Organization: 
   Address of Organization: 
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a County employee for his or her exemplary service to the public or to encourage other development

5. Verification
   Lee Ann Fergusson – Ticket Administrator
   Signature of Agency Head or Designee: 
   Print Name: 
   Title: 
   Date: 7/1 0 2011
   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) 272-3882
   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: 6/23/11 7/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event Yes
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 9
   Ticket(s) Provided to Agency: Gravitationally
   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>
<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
   Name of Individual or Organization: Josh Thurman
   Number of Tickets: 9
   Description of Organization:
   Address of Organization:
   Purpose for Distribution: To reward a County employee for his or her exemplary service to the public or to encourage staff development

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.
   Lee Ann Ferguson - Ticket Administrator
   Date: JUL 10, 2011
   (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.)
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: 08/12/11  Description of Event: Oakland A's game

Face Value of Ticket: $38

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

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

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

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

<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: Deborah Taylor  Number of Tickets: 2

Description of Organization:

Address of Organization:
Number and Street  City  State  Zip Code

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

5. Verification

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

Alexandra Boskovich  Supervisor's Assistant  7/28/11

Signature of Agency Head or Designee  Print Name  Title

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
   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: 07/29/11
   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)

<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: Robert Chen  Number of Tickets: 2

   Description of Organization:

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

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

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

   Signature of Agency Head or Designee: ______________________
   Alexandra Boskovich  Supervisor's Assistant  7/25/11
   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)  
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: 6/22/11 7/10/11
Description of Event: Alameda County Fair
Face Value of Ticket: $300.00 8.00
Agency Event  □ Yes  □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 1 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 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.)

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

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

Lee Ann Ferguson - Ticket Administrator  
(JUL 1 0 2011  
(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)

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

☐ 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 / 26 / 11
Description of Event: Oakland A's game
Face Value of Ticket: $43.75

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>Stats 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: Supervisor Wilma Chan, District 3
Name of Individual or Organization: Nak Min Oddie
Number of Tickets: 20

Description of Organization:                                                                                                   

Address of Organization: Number and Street City State Zip Code

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

5. Verification

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

Alexandra Boskovich
Supervisor's Assistant
7/21/11 (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)**

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**

<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 / 23 / 10</td>
<td>Alameda County Fair</td>
<td>$5.00</td>
</tr>
<tr>
<td>07 / 11 / 10</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

**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></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:**

Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:**

Linda Adams

**Number of Tickets:**

5

**Description of Organization:**


**Address of Organization:**

Number and Street:  
City:  
State:  
Zip Code:  

**Purpose for Distribution:**

(Describe the public purpose for the distribution to the organization.)

To reward a County employee for his or her exemplary service to the public.

**5. Verification**

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

**Signature of Agency Head or Designee**

Crystal Hishida Graff  

**Print Name**

PRINCIPAL ANALYST

**Title**

07/11/11  

(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
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   E-mail: crystal.hishida@acgov.org
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/22/11, 7/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00, $8.00
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: 6
   Ticket(s) Provided to Agency: 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Terry Lauigan
   Number of Tickets: 8
   Description of Organization: 
   Address of Organization: 
   Purpose for Distribution: To reward a volunteer for his/her community service to the public

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Lee Ann Ferguson – Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   Comment: 

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, #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: 06/22/11
   Description of Event: Alameda County Fair
   07/10/11
   Face Value of Ticket: $ 5.00
   Agency Event
   □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Alameda County Fair
   Number of Tickets Received: 25
   Ticket(s) Provided to Agency:
   □ Gratuitously  □ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Mary Ann Wright Foundation
   Number of Tickets: 25
   Description of Organization: provide direct support to families and individuals experiencing hunger and homelessness
   Address of Organization:
   3120 San Pablo
   Oakland
   CA 94608
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution:
   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
   07/11/11
   (month, day, year)

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

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: 06/22/11 07/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: North Berkeley Senior Center
   Number of Tickets: 20
   Description of Organization: Senior Services
   Address of Organization: 1901 Heart Street Berkeley CA 94709
   Number and Street City State Zip Code
   Purpose for Distribution: 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: 07/11/11 (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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 22 / 11
   Description of Event: Alameda County Fair
   Date(s) of Event: 07 / 10 / 11
   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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Bonita House
   Description of Organization: Alcohol and Other Drug Treatment Services
   Address of Organization: 1410 Bonita House Berkeley CA 94709
   Number of Tickets: 10
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Amy Shrago, Policy Analyst
   07/11/11
   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:**
  - 06/22/11
  - 07/10/11
- **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
- **Number of Tickets Received:**
  - 10
- **Ticket(s) Provided to Agency:**
  - ☑ 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>
<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)
- **Name of Behesting Agency Official:**
  - Keith Carson, Supervisor Fifth District
- **Name of Individual or Organization:**
  - BOSS
- **Number of Tickets:**
  - 10
- **Description of Organization:**
  - Homeless Services
- **Address of Organization:**
  - 2065 Kittredge, Suite E
  - Berkeley, CA 94704
- **Purpose for Distribution:**
  - To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

### 5. Verification

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

**Signature:**

**Print Name:** Amy Shrago

**Title:** Policy Analyst

**Date:** 07/11/11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
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
07 / 10 / 11 Face Value of Ticket: $ 5.00
Agency Event □ Yes ☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 15 Ticket(s) Provided to Agency: ☑ Gratuitously □ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: BOSS Number of Tickets: 15
Description of Organization: helping homeless, poor and disabled people in our community of Alameda County
Address of Organization: 2065 Kittredge Street, Suite E Berkeley, CA 94704
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 07/11/11
Signature of Agency Head or Designee Print Name Title
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, #566
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 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: $ 5.00
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 10 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Cambodian Community Dev. Inc. Number of Tickets: 10
Description of Organization: community services
Address of Organization: 1900 Fruitvale Ave., Ste. 3B Oakland CA 94601
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

Signature of Agency Head or Designee
Amy Shrago
Print Name Policy Analyst
Title
07/11/11 (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
   1221 OAK STREET, #555
   OAKLAND, CA  94612
   Amy Shrago, Policy Analyst

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

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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Catholic Charities
   Number of Tickets: 10
   Description of Organization: social services agency
   Address of Organization: 433 Jefferson Street
   Oakland  CA  94612
   Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Amy Shrago  Policy Analyst  07/11/11
   Signature of Agency Head of 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)*
   
   1221 OAK STREET, #655
   
   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 / 22 / 11
   - **Description of Event:** Alameda County Fair
   - **Year:** 07 / 10 / 11
   - **Face Value of Ticket:** $5.00
   - **Agency Event:** □ Yes
   - **No (Identify source of tickets below.):**
   - **Name of Outside Source of Ticket(s) Provided to Agency:**
     Alameda County Fair
   - **Number of Tickets Received:** 4
   - **Ticket(s) Provided to Agency:** □ Gratuitously
   - **Pursuant to Contract

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

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

5. **Verification**

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

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

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

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: 6/22/11 7/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: Yes No
   (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
   Number of Tickets Received: Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Angie Calega
   Number of Tickets: 15
   Description of Organization:
   Address of Organization: Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a volunteer for his/her community service to the public.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head of Designee
   Lee Ann Fergerson – 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**
- **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**: 06/23/10, 07/11/10
- **Description of Event**: Alameda County Fair
- **Face Value of Ticket**: $10.00
- **Agency Event**: No
- **Name of Outside Source of Ticket(s) Provided to Agency**: Alameda County Fair
- **Number of Tickets Received**: 4
- **Ticket(s) Provided to Agency**: 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official**: Keith Carson, Supervisor Fifth District
- **Name of Individual or Organization**: Charelstina Vann
- **Number of Tickets**: 4
- **Description of Organization**: New Community Volunteer Program
- **Address of Organization**: 200 Oak Street, Oakland, CA 94612
- **Purpose for Distribution**: 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**: [Signature]

**Print Name**: CRYSTAL HISHIDA GRAFF

**Title**: PRINCIPAL ANALYST

**Date**: 07/11/11

**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) 272-6685
   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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event
   Yes [ ] No [x] (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency:
   [ ] Gratuitously [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: Homeless Action Center
   Number of Tickets: 10
   Description of Organization: Homeless Services
   Address of Organization: 3126 Shattuck Ave.
   Berkeley, CA 94705
   Purpose for Distribution:
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Amy Shrago
   Policy Analyst
   07/11/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #656
   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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event ☑ Yes ☐ No (identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 05
   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: Progressive Baptist Church
   Number of Tickets: 05
   Description of Organization: Church
   Address of Organization: 3301 King Street Berkeley CA 94704
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

□ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07/28/11
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>
<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.)

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

Name of Individual or Organization: Richard Housman
Number of Tickets: 2

Description of Organization: 

Address of Organization: 
Number and Street City State Zip Code

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

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

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

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

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: 10/5/11, 10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00, 8.00

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

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

   Number of Tickets Received: 10
   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: Alameda County Supervisor Scott Haggerty

   Name of Individual or Organization: Joseph Echevarria

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

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

   Lee Ann Fergerson – Ticket Administrator

   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 801 (Feb/09)

   FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-3772)
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

Date Stamp

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6/23/11
7/10/11

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

Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 9
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

<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 Scott Haggerty

Name of Individual or Organization: Vener Bates
Number of Tickets: 9

Description of Organization:

Address of Organization: 

Purpose for Distribution: To reward a county employee for his or her exemplary service to the public or to encourage staff development

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

Lee Ann Ferguson – Ticket Administrator

Signature of Agency Head or Designee

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

JUL 10 2011

FPPC Form 802 (Feb09)
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, #S55 S
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

Date Stamp

California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed

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

Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 60
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 Scott Haggerty
Name of Individual or Organization: Ken Beeza
Number of Tickets: 60

Description of Organization:
Address of Organization: [Address]
Number and Street: [Street]
City: [City]
State: [State]
Zip Code: [Zip Code]
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a county employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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

Lee Ann Fergerson – Ticket Administrator

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 (866/3775-3772)
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
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office
E-mail crystal.hishida@acgov.org

Date Stamp

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/22/11
Description of Event: Alameda County Fair

7/10/11
Face Value of Ticket: $15

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

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

Number of Tickets Received: 15 Ticket(s) Provided to Agency: Yes

Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Nat Piazza
Number of Tickets: 15

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

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

Lee Ann Fergerson – Ticket Administrator

JUL 10 2011
(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.)
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 Crystal Hishida Grail, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/22/11 7/10/11
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00

Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 15
Ticket(s) Provided to Agency: No
Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
Name of Individual or Organization: Colonia Halman
Number of Tickets: 15

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

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

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

Lee Ann Ferguson - Ticket Administrator JUL 10 2011
(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**

**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**

**California Form 802**

For Official Use Only

---

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

**Date(s) of Event:**

6/22/11

7/10/11

**Description of Event:** Alameda County Fair

**Face Value of Ticket:** $5.00

**Agency Event:**

☐ Yes

☐ No (Identify source of tickets below.)

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

**Number of Tickets Received:** 9

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

☐ Gratuitously

☐ Pursuant to Contract

---

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First</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:** Alameda County Supervisor Scott Haggerty

**Name of Individual or Organization:** Bill Harrison

**Number of Tickets:** 9

**Description of Organization:**

**Address of Organization:**

Number and Street

City

State

Zip Code

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

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

---

**5. Verification**

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

Lee Ann Ferguson – Ticket Administrator

(JUL 10 2011)

(Print Name)

Title

Signature of Agency Head or Designee

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 6/28/11 7/10/11
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 9
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

<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 Scott Haggerty
Name of Individual or Organization: Joe Lombard
Number of Tickets: 9
Description of Organization: 
Address of Organization: 
Number and Street
City
State
Zip Code
Purpose for Distribution: To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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
   Amy.Shrago@acgov.org

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

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

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

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

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

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

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

   Name of Individual or Organization: Family Support Services
   Number of Tickets: 10

   Description of Organization: Social Services Org.

   Address of Organization: 401 Grand Ave., Ste. 200
   Oakland CA 94610

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

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

**1. Agency Name**
COUNTY OF ALAMEDA
1221 OAK STREET, #555
OAKLAND, CA 94612

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

**Street Address**

**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

**TICKETS PROVIDED BY AGENCY REPORT**

**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 / 23 / 10</td>
<td>Alameda County Fair</td>
<td>10.00</td>
</tr>
<tr>
<td>07 / 11 / 10</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

**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>
<td></td>
<td></td>
</tr>
<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**
Keith Carson, Supervisor Fifth District

**Name of Individual or Organization**
Ivette Guzman

**Number of Tickets**
4

**Description of Organization**

**Address of Organization**

**Number and Street**

**City**

**State**

**Zip Code**

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

**5. Verification**

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

CRYSTAL HISHIDA GRAFF
PRINCIPAL ANALYST

07/11/11
(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.)
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: 06/22/11 07/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event [☐] Yes [☒] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 15
   Ticket(s) Provided to Agency: [☐] Gratuitously [☒] Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Filipino Advocates for Justice
   Number of Tickets: 15
   Description of Organization: social services org
   Address of Organization: 310 8th Street, Suite 308 Oakland CA 94607
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee Amy Shrago
   Print Name Policy Analyst
   Title 07/11/11 (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, #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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event
   □ Yes   □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: □ Gratuitously   □ Pursuant to Contract

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

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

   

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Foster Youth Alliance
   Description of Organization: social services
   Address of Organization: 675 Hegenberger Rd., Suite 100 Oakland CA 94621
   Number and Street   City   State   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

   Amy Shrago
   Policy Analyst
   07/11/11
   (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

2. **Event For Which Tickets Were Distributed**
   Date(s) of Event: 07/16/11  
   Description of Event: Oakland A's  
   Face Value of Ticket: $43.75
   Agency Event  
   □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 4  
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

<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>
<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: Chris Leung  
   Number of Tickets: 4
   Description of Organization:  
   Address of Organization:  
   Number and Street  
   City  
   State  
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. **Verification**

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

   [Signature]  
   Amy Shrago  
   Policy Analyst
   (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) 272-3882

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 / 23 / 10
Description of Event: Alameda County Fair

Date(s) of Event: 07 / 11 / 10
Face Value of Ticket: $10.00

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

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

Number of Tickets Received: 4
Ticket(s) Provided to Agency: □ Gratuiously ☑ 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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Emon Sherous
Number of Tickets: 4

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

5. Verification

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

Signature of Agency Head or Designee

CRystal Hishida Graff
PRINCIPAL ANALYST

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

### 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:** $5.00

**Agency Event**

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

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

**Number of Tickets Received:** 10

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

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

<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:** Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:** Healthy Oakland

**Number of Tickets:** 10

**Description of Organization:** Health services

**Address of Organization:**

2580 San Pablo Ave. Oakland CA 94612

**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

**Title**

07/11/11 (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report
A 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
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: $ 5.00
Agency Event □ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 10 Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

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

<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.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Alameda County Refugee Health
Number of Tickets: 10
Description of Organization: Health services organization
Address of Organization: 1411 E. 31st Street Oakland CA 94602

Number and Street City State Zip Code

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

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

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

**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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 06/23/10, 07/11/10
   - **Description of Event:** Alameda County Fair
   - **Face Value of Ticket:** $10.00

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

4. **Individual or Organization Receiving Ticket(s)**
   - (Provided at the behest of an agency official.)
   - **Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District
   - **Name of Individual or Organization:** Tyler Jamison
   - **Number of Tickets:** 4
   - **Description of Organization:**
   - **Address of Organization:**
   - **Number and Street**
   - **City**
   - **State**
   - **Zip Code**
   - **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   - To reward a community volunteer for his or her service to the public.

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   - **Signature of Agency Head or Designee:**
   - **Print Name:** CRYSTAL HISHIDA GRAFF
   - **Title:** PRINCIPAL ANALYST
   - **Date:** 07/11/11

   **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, #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 / 23 / 10 Description of Event: Alameda County Fair
07 / 11 / 10 Face Value of Ticket: $ 5.00

Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 50 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Alternatives in Action Number of Tickets: 50
Description of Organization: 
Address of Organization:
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

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

Signature of Agency Head or Designee
CRystal Hishida Graff PRINCIPAL ANALYST
Print Name
Title
07/11/11 (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): 1221 OAK STREET, #565
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 of Original Filing: 

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 23 / 10 07 / 11 / 10
Description of Event: Alameda County Fair
Face Value of Ticket: $10.00

Agency Event: □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
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>
<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: Donneisha Udo-Okon 4
Description of Organization: 
Address of Organization: 
Number and Street City State Zip Code
Purpose for Distribution: 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: CRISTAL HISHIDA GRAFF
Print Name: PRINCIPAL ANALYST
Title: 07/11/11
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)
   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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00

   Agency Event  Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 7
   Ticket(s) Provided to Agency:  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 (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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Terreen Sanford
   Number of Tickets: 7
   Description of Organization: 
   Address of Organization: 
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event: □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 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>
</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: 100 Black Men of the Bay Area
   Number of Tickets: 25
   Description of Organization:
   Address of Organization: 1638 12th Street
   Oakland CA 94607
   Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Policy Analyst
   Title: 07/11/11
   (month, day, year)
   Comment: (Use the 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)
1221 OAK STREET, #566

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/23/11
Description of Event: Alameda County Fair

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

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

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

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

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

<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>
<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:
Keith Carson, Supervisor Fifth District

Name of Individual or Organization:
Albany Senior Center

Number of Tickets: 20

Description of Organization:
Senior Services Organization

Address of Organization:
1247 Marin Ave.
Albany
CA 94706

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

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, #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

California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 23 / 10 07 / 11 / 10
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: 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 (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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Alice Oliver
Number of Tickets: 7

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

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

Signed by Agency Head or Designee: [Signature]
Print Name: CRYSTAL HISHIDA GRAFF
Title: PRINCIPAL ANALYST
Date: 07/11/11 (month, day, year)

Comment: (Use the 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)
- 1231 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

**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:** $5.00

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

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

**Number of Tickets Received:**
- 5

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

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

<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>
<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:**
- True Vine Missionary Baptist Church

**Number of Tickets:**
- 5

**Description of Organization:**
- Church

**Address of Organization:**
- 1125 West Street
- Oakland, CA 94607

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

### 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**
- 07/11/11

**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
   1221 OAK STREET, #555
   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: 07/24/11
   Description of Event: Atif Aslam & Sunidhi Chaudan
   Face Value of Ticket: $60.00
   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)

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Building Opportunities for Self Sufficiency
   Description of Organization: homeless services
   Address of Organization: 2065 Kittredge Street, Berkeley, CA 94704
   Number of Tickets: 4
   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.
   Amy Shrago, Policy Analyst
   07/19/11
   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) 272-6685  
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: 07/30/11  
Description of Event: Oakland A's  
Face Value of Ticket: $ 43.75  

Agency Event  
☐ Yes  ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 10  
Ticket(s) Provided to Agency: ☒ 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.)  
Name of Behesting Agency Official: Keith Carson, Supervisor 5th District  
Name of Individual or Organization: North Berkeley Senior Center  
Number of Tickets: 10  
Description of Organization: Senior Services Center  
Address of Organization: 1901 Hearst St. Berkeley CA  
Number and Street | City | State | Zip Code  

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

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

Amy Shrago  
Policy Analyst  
7/19/11  
(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**

**California Form 802**
For Official Use Only

**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>Asian Community Mental Health</td>
<td>$5.00</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

**Number of Tickets Received**
30

**Ticket(s) Provided to Agency**
- [X] Pursuant to Contract
- [ ] Gratuitionally

**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)**

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith Carson, Supervisor Fifth District</td>
<td>30</td>
</tr>
</tbody>
</table>

**Name of Individual or Organization**
Asian Community Mental Health

**Description of Organization**
Mental Health Services Provider

**Address of Organization**
310 8th Street, Suite 201
Oakland, CA 94607

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

**Print Name**
Policy Analyst

**Title**

**Date**
07/11/11

**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)
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: $5.00

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

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

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

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

<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 Requesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Asian Pacific Environment Network  
Number of Tickets: 10

Description of Organization: Environmental Justice advocates

Address of Organization: 310 8th Street, Suite 309  
Oakland, CA 94607

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

To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. Verification

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

Amy Shrago  
Policy Analyst  
07/11/11 (month, day, year)

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

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

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

<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.)

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Center for Independent Living  Number of Tickets: 10
   Description of Organization: Disability Right Org.
   Address of Organization: 2539 Telegraph Ave. Berkeley, CA 94704
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

A Public Document

1. Agency Name
COUNTRY 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

☐ 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: $43.75
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
Number of Tickets Received: 10
Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: North Oakland Senior Center
Number of Tickets: 10
Description of Organization: Senior Services Center
Address of Organization: 5714 Martin Luther King Jr. Way
Oakland
CA 94609
City
State
Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

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

Signature of Agency Head or Designee
Amy Shrago
Policy Analyst
Print Name
Title
07/11/11 (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)
   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 / 22 / 11
   Description of Event: Alameda County Fair
   07 / 10 / 11
   Face Value of Ticket: $ 5.00
   Agency Event ☐ Yes ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: ☑ 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>
</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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: City of Emeryville Rec. Dept. Teen Division

Number of Tickets: 10

Description of Organization: Youth Services

Address of Organization: 4300 San Pablo Ave.
Emeryville, CA 94608

Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession fees.

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
07/11/11
(month, day, year)

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

**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

- Amendment (Must explain in Part 5.)

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

---

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

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

Description of Event: Alameda County Fair

07 / 10 / 11

Face Value of Ticket: $5.00

Agency Event

☐ Yes

☒ No (Identify source of tickets below.)

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

Alameda County Fair

Number of Tickets Received: 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>
</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.)

Name of Behesting Agency Official:

Keith Carson, Supervisor Fifth District

Name of Individual or Organization:

Dexter Vizinau

Number of Tickets: 6

Description of Organization:

---

Address of Organization:

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

17/11/11

(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
1221 OAK STREET, #555
OAKLAND, CA 94612

Division, Department, or Region (if applicable)

Street Address

Area Code/Phone Number
(510) 272-6685

E-mail
Amy.Shrago@acgov.org

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

Date Stamp

2. Event For Which Tickets Were Distributed

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

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

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

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

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

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

<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>
<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: Disability Rights Education & Defense Fund

Number of Tickets: 10

Description of Organization: Disability Rights

Address of Organization: 3075 Adeline Street, Suite 210 Berkeley, CA 94703

Number and Street
City
State
Zip Code

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

5. Verification

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

Amy Shrago
Policy Analyst

Signature of Agency Head or Designee
Print Name
Title

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

(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, #556
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: 06 / 22 / 11 Description of Event: Alameda County Fair
07 / 10 / 11 Face Value of Ticket: $ 5.00
Agency Event: ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Downtown Oakland Senior Center Number of Tickets: 20
Description of Organization: Senior Services Org.
Address of Organization: 200 Grand Ave. Oakland CA 94610
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

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

Amy Shrago
Policy Analyst
07/11/11
(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) 272-3882
E-mail crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed

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

Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Board
Number of Tickets Received: 9
Ticket(s) Provided to Agency: Free 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 Scott Haggerty

Name of Individual or Organization: Chris Bray
Number of Tickets: 9

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: To reward a county employee for his or her exemplary service to the public or to encourage staff development

5. Verification

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

Lee Ann Ferguson – Ticket Administrator

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

Comment: (Use the 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 California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08 / 18 / 11 Description of Event: Oakland A's game

Face Value of Ticket: $38.00

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

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

Number of Outside Source of Ticket(s) Provided to Agency: __________

Number of Tickets Received: 4

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

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

<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>
<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: Jim Oddie

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

5. Verification

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

Signature of Agency Head or Designee: Alexandra Boskovich
Print Name: Supervisor's Assistant
Title: 7/26/11
(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) 272-3882 crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/22/11 7/10/11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00, $8.00

   Agency Event: Yes No
   Identify source of tickets below.

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

   Number of Tickets Received: 8, 2
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty
   Name of Individual or Organization: Harvey Knight
   Number of Tickets: 8, 2
   Description of Organization:
   Address of Organization: 
   Number and Street City State Zip Code

   Purpose for Distribution: To reward a volunteer for his/her community service to the public.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19044.1.

   Signature of Agency Head or Designee
   Leo Ann Ferguson – Ticket Administrator
   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)

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: 7/10/11

Description of Event: Alameda County Fair

Face Value of Ticket: $5.00

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

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

Number of Tickets Received: 8

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

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

<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>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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: Alameda County Supervisor Scott Haggerty

Name of Individual or Organization: Rosalyn Coleman

Number of Tickets: 8

Description of Organization:

Address of Organization:

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

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

5. Verification

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

Lee Ann Fergerson – Ticket Administrator

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, #536
   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 / 22 / 11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

<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 Nate Miley, District 4
   Name of Individual or Organization: James Robino
   Number of Tickets: 10
   Description of Organization:
   Address of Organization: _________________________________
   City ___________________________ State __________ Zip Code ___________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: ANNA GEE
   Print Name: ANNA GEE
   Title: OPERATIONS MANAGER
   Date: 7/10/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales

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

2. **Division, Department, or Region (if applicable)**
   - 1221 OAK STREET, #536

3. **Street Address**
   - OAKLAND, CA 94612

4. **Area Code/Phone Number**
   - (510) 272-6694

5. **E-mail**
   - anna.gee@acgov.org

6. **Agency Contact (name and title)**
   - Anna Gee - Operations Manager

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

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

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

10. **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)

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

5. **Name of Behesting Agency Official:**
   - Alameda County Supervisor Nate Miley, District 4

6. **Name of Individual or Organization:**
   - Geneva McDaniel

7. **Number of Tickets:** 8

8. **Description of Organization:**

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

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

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

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

   - **Signature of Agency Head or Designee:** ANNA GEE
   - **Print Name:** OPERATIONS MANAGER
   - **Title:** 7/10/11
   - **(month, day, year)**

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

   - and concession sales
Tickets Provided by
Agency Report

A Public Document

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

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 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</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<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 Nate Miley, District 4

Name of Individual or Organization: LaRay Nelson, Jr.
Number of Tickets: 4

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

5. Verification

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

Signature of Agency Head or Designee
ANNA GEE
Print Name
Operations Manager
Title
7/10/11 (month, day, year)

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

1. Agency Name

Date Stamp
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07/02/11
Description of Event: Alameda County Fair
Face Value of Ticket: $10.00
Agency Event Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
Number of Tickets Received: 4
Ticket(s) Provided to Agency: GRATUITOUSLY □ PURSUANT TO CONTRACT

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

<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>Miley, Christopher</td>
<td>1</td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue 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: Angelina Rodriguez
Number of Tickets: 3

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.

Signature of Agency Head or Designee ANNA GEE OPERATIONS MANAGER
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**

**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

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

---

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

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

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

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

**Number of Tickets Received:** 3

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

---

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

<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.)

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

**Name of Individual or Organization:** Russell Chun

**Number of Tickets:** 3

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

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

---

**5. Verification**

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

**Signature of Agency Head or Designee**
Anna Gee

**Print Name**
OPERATIONS MANAGER

**Title**

**(month, day, year)**
7/10/11

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

A Public Document

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: 06 / 22 / 11
Description of Event: Alameda County Fair

Face Value of Ticket: $ 8.00

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

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

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

---

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

<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>
<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 Nate Miley, District 4

Name of Individual or Organization: Russell Chun

Number of Tickets: 1

Description of Organization:

Address of Organization:
Number and Street
City
State Zip Code

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

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

---

5. Verification

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

Signature of Agency Head or Designee
Anna Gee

Print Name
Operations Manager

Title

(month, day, year)

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

concession sales
Tickets Provided by
Agency Report

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

Date Stmp
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: $ 8.00

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

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

Number of Tickets Received: 1

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

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

<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 Nate Miley, District 4

Name of Individual or Organization: Katie Kong

Number of Tickets: 1

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

5. Verification

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

Signature of Agency Head or Designee: ANNA GEE

Print Name: OPERATIONS MANAGER

Title: (month, day, year)

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

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

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 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</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: Wendy Brown 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 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: 7/10/11
(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) 272-3882

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

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

   **Date Stamp**
   
   [Form 802]

   **California**

   For Official Use Only

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

   **Date(s) of Event:**
   
   07 / 30 / 11
   
   08 / 18 / 11

   **Description of Event:** A'S TICKETS

   **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>
</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:** Alameda County Supervisor Scott Haggerty, District 1

   **Name of Individual or Organization:** JOE FREITAS

   **Number of Tickets:** 4

   **Description of Organization:**

   [Space for description]

   **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]

   Lee Ann Ferguson

   ticket administrator

   7/29/11

   (month, day, year)

   **Comment:**

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

   [Signature]

   [Print Name]

   [Title]

   [Space for additional comments]
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: 09 / 03 / 11
   Description of Event: A'S GAME
   Face Value of Ticket: $ 1500

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</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: Alameda County Supervisor Scott Haggerty, District 1

   Name of Individual or Organization: JOE DAVIS
   Number of Tickets: 20

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   TO REWARD A COMMUNITY VOLUNTEER FOR HIS SERVICE TO THE PUBLIC

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

   Signature of Agency Head or Designee: Lee Ann Fergerson
   Print Name: ticket administrator
   Title: 7/20/11
   (month, day, year)

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

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

   Date(s) of Event: **08 / 12 / 11**

   Description of Event: **Oakland A's**

   Face Value of Ticket: **$ 22.00**

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

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

   Number of Tickets Received: **2**

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

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

   **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**

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>Purpose for Distribution</th>
</tr>
</thead>
</table>

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

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

   **Name of Individual or Organization:** Sabina Timothy

   **Number of Tickets:** **2**

   **Description of Organization:**

   **Address of Organization:**

   **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]

   **MICHELLE DIANDA**  
   **PRINT NAME**

   **TICKET ADMINISTRATOR**  
   **TITLE**

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

   [Month, Day, Year]
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

Date Stamp

[Image 0x0 to 793x612] Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07 / 24 / 11 Description of Event: ATIF ASLAM
Face Value of Ticket: $60.00
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: GSW
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☒ Gratuitously ☒ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
Name of Individual or Organization: INDIO-AMERICAN FEDERATION Number of Tickets: 4
Description of Organization:
Address of Organization: Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for his service to the public

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
Signature of Agency Head or Designee Lee Ann Ferguson
Print Name ticket administrator
Title 7/14/11 (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 E-mail

(510) 272-6694 anna.gee@acgov.org

Agency Contact (name and title)

Anna Gee - Operations Manager

2. Event For Which Tickets Were Distributed

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

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)

<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 Bestowing Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Jubilee Outreach

Number of Tickets: 10

Description of Organization: Community Outreach to East Oakland residents

Address of Organization: 3004 38th Avenue - Oakland, CA 94619

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

Signature of Agency Head or Designee Print Name Title

(7/10/11) (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
   1221 OAK STREET, #555

   Division, Department, or Region (if applicable)

   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: 07/15/11
   Description of Event: A'S GAME
   Face Value of Ticket: $38.00

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

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

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

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


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

   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1

   Name of Individual or Organization: TODD HOUCNHS
   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
   Ticket Administrator
   7/14/11
   (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, #536
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number  E-mail
   (510) 272-6694 anna.gee@acgov.org
   Agency Contact (name and title)
   Anna Gee - Operations Manager

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

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

<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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Myrtis Buttram  Number of Tickets: 6
   Description of Organization:                                                                                                                                 |
   Address of Organization: Number and Street  City  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   ANNA GEE OPERATIONS MANAGER 7/10/11  (month, day, year)
   Signature of Agency Head or Designee
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales

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)**
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**

<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>$ 5.00</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**
2

**Ticket(s) Provided to Agency**
- GRATUITIOUSLY
- 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 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)**

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Alameda County Supervisor Nate Miley, District 4</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization</th>
<th>Alissa Fencsik</th>
<th>Number of Tickets</th>
</tr>
</thead>
</table>

| Description of Organization | |
|-----------------------------| |

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

<table>
<thead>
<tr>
<th>Purpose for Distribution</th>
<th>(Describe the public purpose for the distribution to the organization.)</th>
</tr>
</thead>
</table>

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

---

**5. Verification**

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

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

**ANNA GEE**
OPERATIONS MANAGER
7/10/11
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: 07/13/11  Description of Event: PUMAS VS. MORELIA
Face Value of Ticket: $ 95.80
Agency Event □ Yes   ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: GSW
Number of Tickets Received: 4  Ticket(s) Provided to Agency: □ Gratuitously   ☒ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
Name of Individual or Organization: DOM SACCULLO Number of Tickets: 4
Description of Organization: 
Address of Organization:  
   Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

5. Verification
   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  Ticket Administrator
   Print Name Title
   7/8/11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by**

**Agency 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

---

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

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

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

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

Number of Tickets Received: **2**
Ticket(s) Provided to Agency: ☒ Gratulously ☐ 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.)

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

Name of Individual or Organization: Leah Comilang
Number of Tickets: **2**

Description of Organization: 

Address of Organization:
Number and Street
City
State
Zip Code

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

---

**5. Verification**
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.

Signature of Agency Head or Designee
ANNA GEE
Print Name
OPERATIONS MANAGER
Title

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

**A Public Document**

**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

**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 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 <em>(Last, First)</em></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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Mary Cooks
Number of Tickets: 7

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

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

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

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 / 22 / 11
   Description of Event: Alameda County Fair
   / /  5.00
   Face Value of Ticket: $ 5.00
   Agency Event Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 7
   Ticket(s) Provided to Agency: ■ Gratuitously □ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Ronnie Oliver
   Number of Tickets: 7
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee ANNA GEE OPERATIONS MANAGER 7/10/11
   Print Name
   Title (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales

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 (510) 272-6694
E-mail anna.gee@acgov.org
Agency Contact Ann Gee - Operations Manager

**Date Stamp**

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

Agency Event Yes [ ] No [ ]

Face Value of Ticket: $5.00

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)

<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>
<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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Willie L. Brown
Number of Tickets: 10

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

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

Signature of Agency Head or Designee: ANNA GEE
Print Name: OPERATIONS MANAGER
Title: 7/10/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.) 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**  
(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:** 09/14/11  
**Description of Event:** Oakland A's

---

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 Nadia Lockyer, District 2

**Name of Individual or Organization:** Audrey LePell  
Number of Tickets: 2

**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 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:** MICHELLE DIANDA  
**Print Name:**  
**Title:** TICKET ADMINISTRATOR  
**Date:** 7/19/11

**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

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)**
   - **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 Nate Miley, District 4
   - **Name of Individual or Organization:** Jodi Dameral
   - **Number of Tickets:** 3

5. **Verification**
   - **Signature of Agency Head or Designee:** ANNA GEE
   - **Print Name:** OPERATIONS MANAGER
   - **Title:**
   - **Date:** 7/10/11

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

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
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 / 22 / 11
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00

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

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

   Number of Tickets Received: 6
   Ticket(s) Provided to Agency: [X] 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>
<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 Nate Miley, District 4

   Name of Individual or Organization: Melissa Wong
   Number of Tickets: 6

   Description of Organization: 

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking 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
   7/10/11 (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, #536
Street Address
OAKLAND, CA 94612
Area Code/Phone Number E-mail
(510) 272-6694 anna.gee@acgov.org
Agency Contact (name and title)
Anna Gee - Operations Manager

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

<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 Nate Miley, District 4
Name of Individual or Organization: Shaunte Smith
Number of Tickets: 10

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044 1

Signature of Agency Delegated to Designee: ANNA GEE OPERATIONS MANAGER
Print Name Title

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/14/11 Description of Event: Oakland A's
   Face Value of Ticket: $22.00
   Agency Event □ Yes ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2 Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

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

<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: Supervisor Nadia Lockyer, District 2
   Name of Individual or Organization: Lori Baptista Number of Tickets: 2
   Description of Organization:
   Address of Organization: Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

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

   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: TICKET ADMINISTRATOR
   Title: 7/28/11
   (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)
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

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 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>
</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: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Malinda Brooks
Number of Tickets: 10
Description of Organization:
Address of Organization:
Number and Street:
City:
State:
Zip Code:
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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

Signature of Agency Head or Designee

ANNA GEE
Print Name
OPERATIONS MANAGER
Title
7/10/11 (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 27 / 11
   Description of Event: A'S GAME
   Date(s) of Event: 07 / 28 / 11
   Face Value of Ticket: $38.00

   Agency Event □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: CORNERSTONE CHURCH
   Number of Tickets: 4
   Description of Organization: CHRUCH
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

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

Signature of Agency Head or Designee: Lee Ann Ferguson
Print Name: Ticket Administrator:
Title: 7/12/11
(month, day, year)

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

**A Public Document**

## 1. Agency Name
- COUNTY OF ALAMEDA
- 1221 OAK STREET, #536
- OAKLAND, CA 94612
- E-mail: anna.gee@acgov.org
- Agency Contact: Anna Gee - Operations Manager

## 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:** 06 / 22 / 11
- **Description of Event:** Alameda County Fair
- **Face Value of Ticket:** $5.00
- **Agency Event:** No (Identify source of tickets below.)

## 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>
<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)
- **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
- **Name of Individual or Organization:** Geneva McDaniel
- **Number of Tickets:** 8

## 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:** 7/10/11
- **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales.
1. Agency Name
Count 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: 07/08/11
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
Number of Tickets Received: 10
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
Name of Individual or Organization: Jerry Grace
Number of Tickets: 10
Description of Organization:
Address of Organization:
Number and Street
City
State
Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county sponsored event at a County facility to maximize potential county revenue

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

Signature of Agency Head or Designee: LEE ANN FERGerson
Print Name: Tickets Administrator
Title: 7/18/11
(month, day, year)
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
(510) 272-6694

E-mail
anna.gee@acgov.org

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

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 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>
</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: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Patricia Olsen

Number of Tickets: 3

Description of Organization:

Address of Organization:
Number and Street
City
State Zip Code

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

Print Name

Operations Manager

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 (866/275-5772)
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.goe@acgov.org
Agency Contact (name and title)
Anna Gee - Operations Manager

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 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</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 Nate Miley, District 4
Name of Individual or Organization: Rayna McGrew Number of Tickets: 10
Description of Organization: __________________________________________________________
Address of Organization: _________________________________________________________________
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

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

Signature of Agency Head or Designee: ANNA GEE OPERATIONS MANAGER 7/10/11
Print Name Title (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales

FPPC Form 802 (Feb/09) FPPC Toll-Free Hotline: 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

**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 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>
</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.)

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

**Name of Individual or Organization:** Michelle Brown

**Number of Tickets:** 6

**Address of Organization:**

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

### 5. Verification

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

**Signature of Agency Head or Designee**
Anna Gee

**Print Name**
OPERATIONS MANAGER

**Title**

**Date**
7/10/11

(month, day, year)

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

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, #536, OAKLAND, CA 94612

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

Agancy 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: 07 / 16 / 11

Description of Event: Oakland A's

Face Value of Ticket: $ 22.00

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

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

Number of Tickets Received: 2

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<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: Jon Dunckel  Number of Tickets: 2

Description of Organization:

Address of Organization: Number and Street City State Zip Code

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

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

5. Verification

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

MICHELLE DIANDA TICKE ADMINISTRATOR 7/12/11

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

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07/17/11 Description of Event: Oakland A's Face Value of Ticket: $22.00

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>To promote attendance at an event held at County facility in order to maximize potential County 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 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
Print Name: TICKET ADMINISTRATOR
Title: 7/12/11
(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

2. Event For Which Tickets Were Distributed

   Date(s) of Event: 07 / 24 / 11
   Description of Event: Atif Aslam Concert
   Face Value of Ticket: $ 60.00

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

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

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

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

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

   __________________________________________________________

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

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

   Name of Individual or Organization: Dr. Raj Salwan
   Number of Tickets: 4

   Description of Organization:
   __________________________________________________________

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

5. Verification

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   TICKET ADMINISTRATOR
   Title
   7/20/11

   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: 07 / 29 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $ 22.00

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

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

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

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

<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: Angelina Rodriguez
   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

   To promote attendance 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
   Print Name
   TICKET ADMINISTRATOR
   Title
   7/21/11
   (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)

   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 / 27 / 11
   Description of Event: Oakland A’s
   Face Value of Ticket: $22.00
   Yes □  No ☑ (Identify source of tickets below.)
   Agency Event
   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</th>
<th>Number of Tickets</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: Tia Howard
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for her service to the public.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: MICHELLE DIANDA
   Print Name: TICKET ADMINISTRATOR
   Title: 7/25/11 (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: 07 / 26 / 11
   Description of Event: Oakland A's
   Face Value of Ticket: $ 22.00

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

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

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

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

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

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

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

   Name of Individual or Organization: Daniel Torres        Number of Tickets: 2

   Description of Organization: ____________________________

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

5. Verification

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

   Signature of Agency Head or Designee
   MICHELLE DIANDA
   Print Name
   TICKET ADMINISTRATOR
   7/26/11
   (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, #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

   Date Stamp California 802
   Form 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 Association

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

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

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

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

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

   Name of Individual or Organization: Gregory Reed
   Number of Tickets: 5

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

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

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

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

   Signature of Agency Head or Designee ANNA GEE OPERATIONS MANAGER 7/10/11
   Print Name
   Title (month, day, year)

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

   and concession sales

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**
(510) 272-6694

**E-mail**
anna.gee@acgov.org

**Agency Contact (name and title)**
Anna Gee - Operations Manager

**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 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>
</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: Deola Nared

Number of Tickets: 6

Description of Organization:

Address of Organization:

Number and Street

City

State

ZIP Code

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

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

**5. Verification**

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

ANNA GEE  OPERATIONS MANAGER  7/10/11

Signature of Agency Head or Designee  Print Name  Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.) and concession sales
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #536
   OAKLAND, CA 94612
   (510) 272-6694
   Anna Gee - Operations Manager

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

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.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Linda Adams
   Number of Tickets: 10
   Description of Organization: 
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: 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: 
   Date: 7/10/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**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: 07 / 09 / 11
Description of Event: Alameda County Fair
Face Value of Ticket: $ 10.00

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

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

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

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

<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.)**

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

Name of Individual or Organization: Stella Ma
Number of Tickets: 8

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

**5. Verification**

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

Signature of Agency Head or Designee
Anna Gee

Print Name
OPERATIONS MANAGER

Title
7/10/11 (month, day, year)

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

and concession sales