

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 03 / 11 Description of Event: Oakland A's

Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Jazz Hudson Number of Tickets: 4

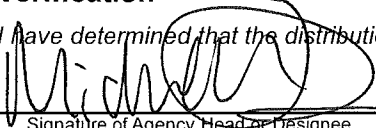
Description of Organization: _____

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

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

5. Verification

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

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>5/2/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 28 / 11 Description of Event: Oakland A's Game
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

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

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

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

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

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

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

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

Name of Individual or Organization: Alameda County Children and Family Services Number of Tickets: 2

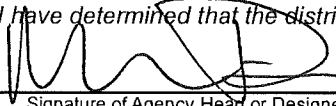
Description of Organization: _____

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 health, motivate and provide expanded opportunities to vulnerable populations in the County

5. Verification

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

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>5/24/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 02 / 11 Description of Event: Baseball Game

Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Eden Medical Center Foundation Number of Tickets: 4

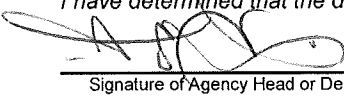
Description of Organization: Support for Eden Medical Center

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

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

5. Verification

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


 Signature of Agency Head or Designee
 Anna Gree
 Print Name
 Operations Manager
 Title
 5/5/11
 (month, day, year)

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

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1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(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 / 05 / 11 Description of Event: Oakland A's Game

 _____ 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: Alameda County Children and Family Services Number of Tickets: 2

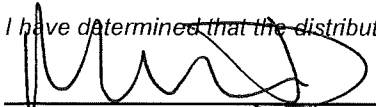
Description of Organization: _____

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 health, motivate and provide expanded opportunities to vulnerable populations in the County

5. Verification

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 19 / 11 Description of Event: Oakland A's Baseball Game
06 / 01 / 11 Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Scott Spencer 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 05/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 14 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Community Prevention Number of Tickets: 2

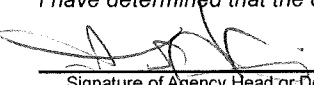
Description of Organization: Education on prevention of alcohol sales to minors

Address of Organization: 1558 'B' Street, Suite 201 - Hayward, CA 94541
Number and Street City State Zip Code

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

5. Verification

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

 Anna Cree Operations Manager 5/5/11
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.)

Field Tickets _____

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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 07 / 11 Description of Event: U2 360 Tour concert
 _____ / _____ / _____ Face Value of Ticket: \$ 98.90

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 Wilma Chan, District 3

Name of Individual or Organization: Matt Mullin Number of Tickets: 4

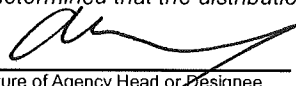
Description of Organization: _____

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

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

5. Verification

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

 Alexandra Boskovich Supervisor's Assistant 5/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Michelle Dianda, District 2 Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 03 / 11 Description of Event: Oakland A's

 _____ Face Value of Ticket: \$ 43.75

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

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

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

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

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

Name of Individual or Organization: Dr. Ricardo Carrillo Number of Tickets: 4

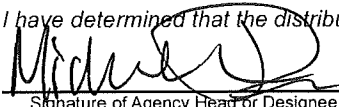
Description of Organization: _____

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

4/27/11
(month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 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 A's

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

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

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

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

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

Name of Individual or Organization: Molly Barnes Number of Tickets: 4

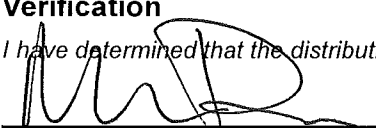
Description of Organization: _____

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 school for its contributions to the community

5. Verification

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 27 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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


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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Castro Valley/Eden Area Chmber of Commerce Number of Tickets: 2
 Description of Organization: Provide business services to the Unincorporated Areas of District 4
 Address of Organization: 3467 Castro Valley Blvd, Castro Valley, CA 94546
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contribution to the community

5. Verification

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


Anna Cree Operations Manager 5/5/11
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.)
 Field Tickets

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 30 / 11 Description of Event: Oakland A's Game
_____/_____/_____ 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: Lighthouse Community Center Number of Tickets: 2

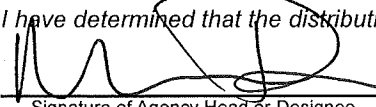
Description of Organization: Center focused on servicing the LGBTIQ community

Address of Organization: 1217 A Street, Hayward, CA 94541
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.

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/25/11
Signature of Agency Head or Designee Print Name Title (month, day/year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 29 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Ashland Little League Number of Tickets: 2

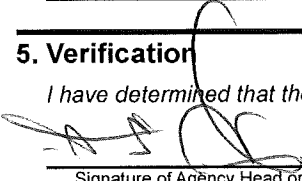
Description of Organization: Provided outdoor recreation to Ashland youth

Address of Organization: 444 'C' Street - Hayward, CA 94541
 Number and Street City State Zip Code

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

5. Verification

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


Anna Cree Operations Manager 5/5/11
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 30 / 11 Description of Event: Rihanna concert
 _____ / _____ / _____ Face Value of Ticket: \$ 83.80

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

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

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

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

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

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

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

Name of Individual or Organization: Jenny Lira Ruiz 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 FRPC Regulation 18944.1.

[Signature] Alexandra Boskovich Supervisor's Assistant 5/27/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 29 / 11 Description of Event: Oakland A's Game
 _____ / _____ / _____ 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: Lighthouse Community Center Number of Tickets: 2

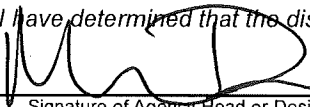
Description of Organization: Center focused on servicing the LGBTIQ community

Address of Organization: 1217 A Street, Hayward, CA 94541
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.

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/25/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 13 / 11 Description of Event: Oakland A's Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

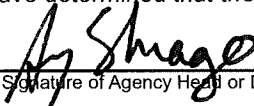
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Brown, Aisha	6	To promote attendance at a County facility

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

Name of Behesting Agency Official: _____
 Name of Individual or Organization: _____ Number of Tickets: _____
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

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

	Amy Shrago	Policy Analyst	05/24/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 30 / 11 Description of Event: Oakland A's vs. Texas Rangers

Face Value of Ticket: \$ ~~WATA 38~~ 38⁰⁰

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

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

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

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

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

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

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

Name of Individual or Organization: Ethan Shrago Number of Tickets: 2

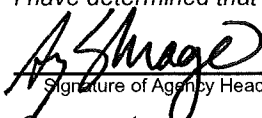
Description of Organization: _____

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

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

5. Verification

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

 Amy Shrago Policy Analyst 04/25/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

510 272-6691

E-mail

leeann.fergerson@acgov.org

Agency Contact (name and title)

Lee Ann Ferguson, Ticket Administrator

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: 08 / 21 / 11 Description of Event: Oakland A's Skybox

Face Value of Ticket: \$ 1,500

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

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

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 with 3 columns: Name of Official (Last, First), Number of Tickets, State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution.

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

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

Name of Individual or Organization: Fallon School Number of Tickets: 20

Description of Organization: Elementary School

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 organization for its contributions to the community

5. Verification

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

Signature of Agency Head or Designee Lee Ann Ferguson Ticket Administrator 5/16/11 (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 15 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Castro Valley/Eden Area Chmber of Commerce Number of Tickets: 2

Description of Organization: Provide business services to the Unincorporated Areas of District 4

Address of Organization: 3467 Castro Valley Blvd, Castro Valley, CA 94546
 Number and Street City State Zip Code

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

5. Verification

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

[Signature] Anna Gee Operations Manager 5/5/11
 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.)

Field Tickets _____

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Lee Ann Ferguson, Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 06 / 11 Description of Event: A's seat 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: 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: Irvington High School Number of Tickets: 2

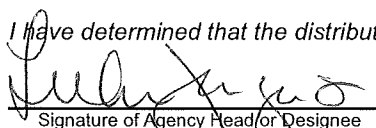
Description of Organization: _____

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 school 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.

 Lee Ann Ferguson Ticket Administrator 5/13/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 05 / 11 Description of Event: Oakland A's

Face Value of Ticket: \$ 1500.00

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

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

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

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

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: St. Rose Foundation Number of Tickets: 20

Description of Organization: Help St. Rose Hospital enhance services and technology to support healthcare team

Address of Organization: 27200 Calaroga Ave. Hayward, CA 94545

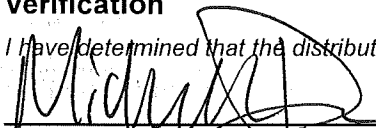
Number and Street City State Zip Code

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.

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/18/11

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

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

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Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 15 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 49.50

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

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

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

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

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

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

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

Name of Individual or Organization: CALICO Number of Tickets: 4

Description of Organization: Provides supportive environment and collaborative response to child abuse

Address of Organization: 524 Estudillo Ave. San Leandro, CA 94577
Number and Street City State Zip Code

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

To reward a non-profit organization for its contributions to the community

5. Verification

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

Michelle Dianda MICHELLE DIANDA TICKET ADMINISTRATOR 5/19/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by
Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
Street Address			
1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(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: 05 / 18 / 11 Description of Event: Rammstein Concert

_____ / _____ / _____ Face Value of Ticket: \$ 49.50

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

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

Number of Tickets Received: 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: Tomas Briones Number of Tickets: 4

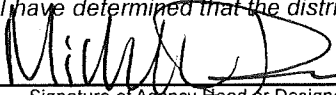
Description of Organization: _____

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

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

5. Verification

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


MICHELLE DIANDA
TICKET ADMINISTRATOR
5/16/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 15 / 11 Description of Event: Oakland A's game

Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Leadership San Leandro Number of Tickets: 20

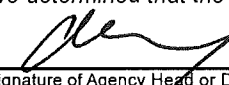
Description of Organization: Leadership training program with a focus on strengthening the San Leandro community

Address of Organization: 2453 Bermuda Ave. San Leandro, CA 94577

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 5/13/11

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

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
Street Address			
1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(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 / 28 / 11 Description of Event: Oakland A's

Face Value of Ticket: \$ 43.75

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

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

Number of Tickets Received: 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: Carole Evans Number of Tickets: 4

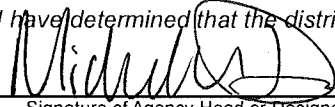
Description of Organization: _____

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

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

5. Verification

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 4/28/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 30 / 11 Description of Event: Rihanna concert

Face Value of Ticket: \$ 83.80

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

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

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

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

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

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

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

Name of Individual or Organization: Marianne Lam Number of Tickets: 2

Description of Organization: _____

Address of Organization: _____

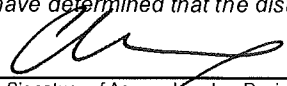
Number and Street City State Zip Code

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 5/23/11
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 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: 20 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Alameda Boys & Girls Club Number of Tickets: 20

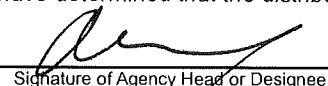
Description of Organization: Provides a safe place for youth educational & recreational programs Monday-Saturday.

Address of Organization: P.O. Box 1069 Alameda, CA 94501
Number and Street City State Zip Code

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

5. Verification

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

 Alexandra Boskovic Supervisor's Assistant 5/23/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 18 / 11 Description of Event: Oakland A's Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Dria Fearn 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 or her service to the public.

5. Verification

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

	<u>Amy Shrago</u>	<u>Policy Analyst</u>	<u>05/24/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

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

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

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

Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 4

Description of Organization: Senior Advocacy

Address of Organization: 7200 Bancroft Avenue, Suite 251 - Oakland, CA 94605
Number and Street City State Zip Code

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

5. Verification

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

	ANNA GEE	OPERATIONS MANAGER	05/26/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
 Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

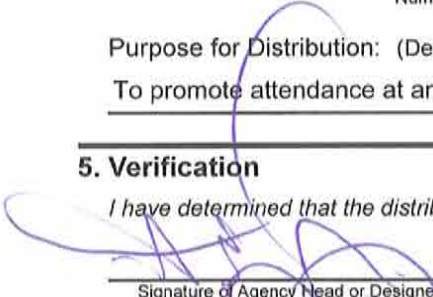
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Community Prevention Number of Tickets: 3
 Description of Organization: Prevention of alcohol sold to minors
 Address of Organization: 1558 'B' Street, Ste 201 - Hayward, CA 94546
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.

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>05/26/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

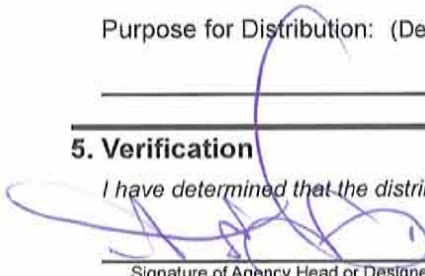
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Lopez, Albert	1	To promote attendance at an event held at a County
Dalton, Eileen	1	facility in order to maximize potential County revenue
Miley, Christopher	2	from parking and concession sales

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: _____ 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.)

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 05/26/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
 Number of Tickets Received: 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
Miley, Nate	1	To promote attendance at an event held at a County
Kaplan, Seth	2	facility in order to maximize potential County revenue
Stewart, Darryl	2	from parking and concession sales

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: _____ 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.)

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 05/26/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 01 / 11 Description of Event: Baseball Game

Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Alameda County Health Care Foundation Number of Tickets: 4

Description of Organization: supports Alameda County Medical Center

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

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

5. Verification

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

[Signature] Anna Cree Operations Manager 5/5/11

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

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
 Number of Tickets Received: 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

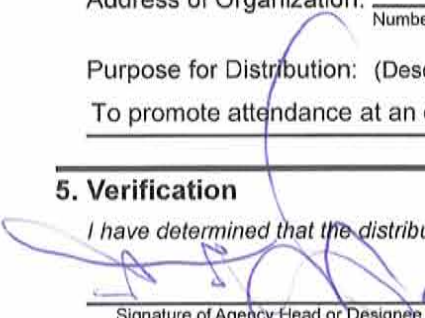
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Kamika Dunlap 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.

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>05/26/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 10 / 11 Description of Event: R. Kelly Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 95.80

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: 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: Lawana & Javon Stewart Number of Tickets: 2

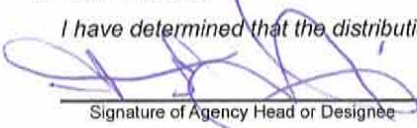
Description of Organization: _____

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

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

5. Verification

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

	<u>ANNA GEE</u>	<u>OPERATIONS MANAGER</u>	<u>05/26/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 24 / 11 Description of Event: Lil Wayne concert
 _____ / _____ / _____ Face Value of Ticket: \$ 142.95

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

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

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

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

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

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

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

Name of Individual or Organization: Diann Castleberry Number of Tickets: 2

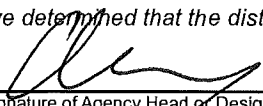
Description of Organization: _____

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.

 Alexandria Bostovich supervisor's assistant 4/22/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by
Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 04 / 24 / 11 Description of Event: Lil Wayne concert

Face Value of Ticket: \$ 142.95

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

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

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

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

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

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

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

Name of Individual or Organization: Regina Jackson Number of Tickets: 2

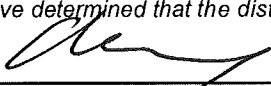
Description of Organization: _____

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.

 Alexandria Boskovich Supervisor's Assistant 4/22/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 29 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Castro Valley/Eden Area Chamber of Commerce Number of Tickets: 2

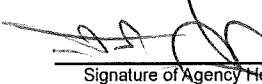
Description of Organization: Provide business services to the Unincorporated Areas of District 4

Address of Organization: 3467 Castro Valley Blvd, Castro Valley, CA 94546
 Number and Street City State Zip Code

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

5. Verification

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


Anna Gree Operations Manager 5/5/11
 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.)

Field Tickets

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 28 / 11 Description of Event: Oakland A's Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

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

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

Name of Individual or Organization: Amir Arman Number of Tickets: 2

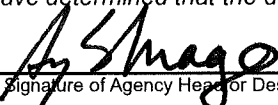
Description of Organization: _____

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

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

5. Verification

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

 Amy Shrago Policy Analyst 05/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #555			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6685	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
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: 05 / 30 / 11 Description of Event: Oakland A's Baseball Game
_____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Brooks, Rodney	2	To promote attendance at a County facility

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

Name of Behesting Agency Official: _____

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


Description of Organization: _____

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

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

5. Verification

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

 _____ Amy Shrago _____ Policy Analyst _____ 05/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

Name of Official <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Shrago, Amy	2	To promote attendance at a County facility

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

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

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.

	<u>Amy Shrago</u>	<u>Policy Analyst</u>	<u>05/24/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #526			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Lee Ann Ferguson, Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 14 / 11 Description of Event: A's seat 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: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

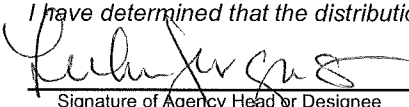
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Anna Pope Number of Tickets: 2
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county facility in order to maximize potential county revenue from parking and concession

5. Verification

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

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

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

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Lee Ann Ferguson, Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 13 / 11 Description of Event: A's seat tickets
06 / 01 / 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)

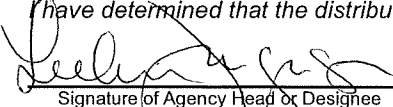
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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: Wanda Thompson Number of Tickets: 4
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county 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.

 Lee Ann Ferguson Ticket Administrator 5/9/11
Signature of Agency Head or Designee Print Name Title (month, day, year)
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 31 / 11 Description of Event: Oakland A's
_____/_____/_____ Face Value of Ticket: \$ 22.00

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

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

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

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

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

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

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

Name of Individual or Organization: Neal Hickey Number of Tickets: 2

Description of Organization: _____

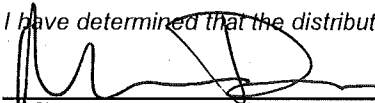
Address of Organization: _____
Number and Street City State Zip Code

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

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/26/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 18 / 11 Description of Event: Rammstein
 _____ / _____ / _____ Face Value of Ticket: \$ 49.50

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

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

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

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

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

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

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

Name of Individual or Organization: Ethan Shrago 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	05/24/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 28 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 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: Sunol Glen Community Club Number of Tickets: 4

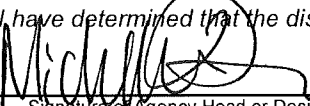
Description of Organization: Organizes and supports school's extra-curricular activities like art, library, technology, etc.

Address of Organization: 11601 Main Street, Sunol CA 94586
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.

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/3/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 16 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 22.00

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

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

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

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

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

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

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

Name of Individual or Organization: Jon Dunckel Number of Tickets: 2

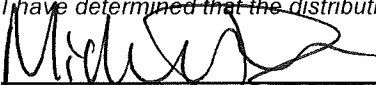
Description of Organization: _____

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 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.

 MICHELLE DIANDA TICKET ADMINISTRATOR 5/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 14 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Ashland Little League Number of Tickets: 2


Description of Organization: Provided outdoor recreation to Ashland youth

Address of Organization: 444 'C' Street - Hayward, CA 94541
Number and Street City State Zip Code

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

5. Verification

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


Anna Glee Operations Manager 5/15/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 14 / 11 Description of Event: Oakland A's
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
 Number of Tickets Received: 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: Resurrection Greek Orthodox Church Number of Tickets: 4

Description of Organization: Holding golf tournament to raise funds for local chairities

Address of Organization: 20104 Center Street, Castro Valley, CA 94546
Number and Street City State Zip Code

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

5. Verification

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

Michelle Dianda MICHELLE DIANDA TICKET ADMINISTRATOR 5/10/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 21 / 11 Description of Event: Baseball Game
 _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Castro Valley/Eden Area Chamber of Commerce Number of Tickets: 2

Description of Organization: Provide business services to the Unincorporated Areas of District 4

Address of Organization: 3467 Castro Valley Blvd, Castro Valley, CA 94546
Number and Street City State Zip Code

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

5. Verification

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


Anna Gee Operations Manager 5/5/11
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.)

Field Tickets

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 13 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

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

Name of Individual or Organization: Community Prevention Number of Tickets: 2

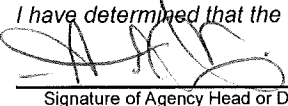
Description of Organization: Education on prevention of alcohol sales to minors

Address of Organization: 1558 'B' Street, Suite 201 - Hayward, CA 94541
Number and Street City State Zip Code

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

5. Verification

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

 Anna Cree Operations Manager 5/5/11
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.)

Field Tickets _____

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

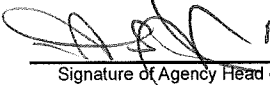
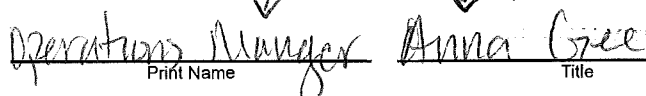
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Castro Valley Elementary PATA Number of Tickets: 10
 Description of Organization: Supports Castro Valley Elementary School
 Address of Organization: 20185 San Miguel Avenue, Castro Valley, CA 94546
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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


 Signature of Agency Head or Designee
 
 Print Name
 Anna Gree
 Title
 Operations Manager
5/5/11
 (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 27 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 1,500

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
 Number of Tickets Received: 20-23 Ticket(s) 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: Black Women Organized for Political Action Number of Tickets: 20-23

Description of Organization: Empower African American women through public service

Address of Organization: 18550 Carlton - Castro Valley, CA 94546
Number and Street City State Zip Code

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

5. Verification

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

[Signature] Anna Gree Operations Manager 5/5/11
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.)

4 parking pass

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 02 / 11 Description of Event: Oakland A's Baseball Game
05 / 05 / 11 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 A's

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

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

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

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

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

Name of Individual or Organization: Scott Spencer 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.

	<u>Amy Shrago</u>	<u>Policy Analyst</u>	<u>05/24/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 13 / 11 Description of Event: Oakland A's vs. Chicago White Sox
05 / 15 / 11 Face Value of Ticket: \$ 38.00

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

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


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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
 Name of Individual or Organization: Amir Arman Number of Tickets: 4
 Description of Organization: _____
 Address of Organization: _____
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. Verification

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

 Amy Shrago Policy Analyst 05/12/11
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.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #536, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6692	E-mail District2@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Michelle Dianda, District 2 Ticket Administrator, BOS			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 18 / 11 Description of Event: Oakland A's

 _____ Face Value of Ticket: \$ 22.00

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

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

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: Barbara Cody 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.

Michelle Dianda MICHELLE DIANDA TICKET ADMINISTRATOR 4/26/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 30 / 11 Description of Event: Oakland A's Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

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

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

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

Name of Individual or Organization: Ronnie Caplane Number of Tickets: 4

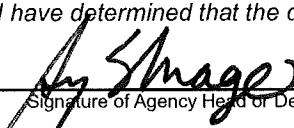
Description of Organization: _____

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

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

5. Verification

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

 Amy Shrago Policy Analyst 05/24/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 01 / 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: Mark Salinas Number of Tickets: 2

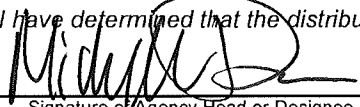
Description of Organization: _____

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 school or nonprofit organization for its contributions to the community.

5. Verification

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

	<u>MICHELLE DIANDA</u>	<u>TICKET ADMINISTRATOR</u>	<u>5/10/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 03 / 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: 12 Ticket(s) 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: East Bay Regional Parks District Number of Tickets: 12

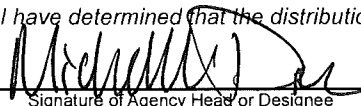
Description of Organization: Managing and maintaining parks within East Bay communities

Address of Organization: 2950 Peralta Oaks Court, Oakland CA 94605
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward community volunteers for their service to the public

5. Verification

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

 MICHELLE DIANDA TICKET ADMINISTRATOR 4/27/11
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Lee Ann Ferguson, Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 14 / 11 Description of Event: A's seat 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: 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: Clint Conrad Number of Tickets: 2
Description of Organization: _____
Address of Organization: _____
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a county facility in order to maximize potential county revenue from parking and concession

5. Verification

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

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

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 01 / 11 Description of Event: Baseball Game
 _____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
 Name of Individual or Organization: Ever Forward Club Number of Tickets: 4
 Description of Organization: Provides education to underserved youth
 Address of Organization: 3301 East 12th Street, Suite 205-Oakland, CA 94601
Number and Street City State Zip Code
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a nonprofit organization for its contributions to the community

5. Verification

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

[Signature] Anna Gee Operations Manager 5/5/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			For Official Use Only
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Lee Ann Ferguson, Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 18 / 11 Description of Event: Rammstein
 _____ / _____ / _____ Face Value of Ticket: \$ _____

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

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

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

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

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

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

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

Name of Individual or Organization: Eric Hassett 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 services

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 5/13/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 17 / 11 Description of Event: Oakland A's game

 _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

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

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

Name of Individual or Organization: Frances Chow Number of Tickets: 2

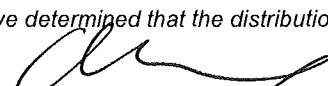
Description of Organization: _____

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 5/12/11
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.)

Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 27 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

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

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

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

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

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

Name of Individual or Organization: Anna Jones Number of Tickets: 2

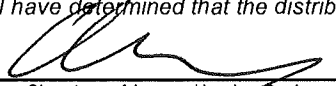
Description of Organization: _____

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 5/13/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 15 / 11 Description of Event: Oakland A's game
 _____ / _____ / _____ Face Value of Ticket: \$ 38.00

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

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

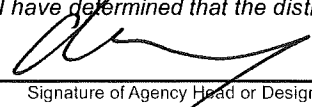
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

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

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3
 Name of Individual or Organization: Jim Oddie 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 Boskanich Supervisor's Assistant 5/3/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Agency Report**

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TICKETS PROVIDED BY
AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07 / 28 / 11 Description of Event: Oakland A's

_____ / _____ / _____ Face Value of Ticket: \$ 43.75

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

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

Number of Tickets Received: 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: Zoneil Maharaj Number of Tickets: 4

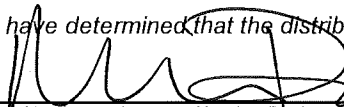
Description of Organization: _____

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

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

5. Verification

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

	MICHELLE DIANDA	TICKET ADMINISTRATOR	<u>5/20/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			For Official Use Only
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Anna Gee - Operations Manager		Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

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

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

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

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

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

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

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

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

Name of Individual or Organization: Tesse Sullivan Number of Tickets: 10


Description of Organization: _____

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

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

5. Verification

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

	ANNA GEE	OPERATIONS MANAGER	05/26/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) 1221 OAK STREET, #536			
Street Address OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Anna Gee - Operations Manager			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 10 / 11 Description of Event: R. Kelly Concert
 _____ / _____ / _____ Face Value of Ticket: \$ 95.80

Agency Event Yes No (Identify source of tickets below.)
 Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: 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
Jackson, Shelisa	1	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

Name of Individual or Organization: Jomeca Coats Number of Tickets: 2

Description of Organization: _____

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

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

5. Verification

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

	ANNA GEE	OPERATIONS MANAGER	05/26/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 18 / 11 Description of Event: Rammstein

_____ / _____ / _____ Face Value of Ticket: \$ 49.50

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

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

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

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

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

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: Ethan Shrago Number of Tickets: 2

Description of Organization: _____

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

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

5. Verification

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

	<u>Amy Shrago</u>	<u>Policy Analyst</u>	<u>05/24/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 21 / 11 Description of Event: Oakland A's Skybox

 _____ Face Value of Ticket: \$ 1,500

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

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

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

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

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

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

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

Name of Individual or Organization: Fallon School Number of Tickets: 20

Description of Organization: Elementary School

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 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.

 Lee Ann Ferguson Ticket Administrator 5/16/11
 Signature of Agency Head of Designee Print Name Title (month, day, year)

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