Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	, , , ,				
Street Address			· · · · · · · · · · · · · · · · · · ·		
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	ectov ord		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title	• •	iegov.org		Date of Original Filing:	
Crystal Hishida Graff, Princ		tv Administrat	or's Office		(month, day, year)
2. Event For Which Ticket		-			
			Golden Sta	te Warriors vs. Miami	Heat
Date(s) of Event:1	Desc	ription of Ever	nt:		
/	/ Face	Value of Ticke	et: \$	95.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts helow)		
• · · –	· ·		-	priore	
Name of Outside Source of	Ticket(s) Provided t	to Agency: GC	biden State wa		
Number of Tickets Received				cy: Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio			
Name of Offi (Last, First)	cial	Number		ther the Distribution is Ir ibe the Public Purpose f	
(L831, 1 131)		of Tickets	Desci		
	•				·····
		-			
4. Individual or Organizati	on Receiving Tio	:ket(s) (Provid	led at the behes	st of an agency official.)	
		on Superviso	or Fifth District		
Name of Behesting Agency	Official:	ion, ouportio			
Name of Individual or Orgar	nization: Pastor Bro	ondon Rheems	5	Numł	ber of Tickets: 2
Description of Organization:		<u></u>			
Address of Organization:			-		
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the	organization.)	
To reward a community vol	unteer for his or he	r service to the	e public.		
	······				·
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ir	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
Set Onal		HISHIDA GRA		NCIPAL ANALYST	1/11/10
Signature of Agenov Alead or Desig	nee	Print Name		Title	(month, day, year)
		ener er er son at		dwast evolution)	

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555 Street Address	(if applicable)			Date Stamp	California Form 802 For Official Use Only
	mail rystal.hishida@a Il Analyst, Count		or's Office	Amendment (Must explanation) Date of Original Filing: .	
	<u>, 10</u> Descr J Face ¹ ⊠ No (Identify so ket(s) Provided to 2	iption of Ever Value of Ticke ource of ticke o Agency: <u>Go</u> Ticket(s) Pro	et: \$ ts below.) blden State Wa vided to Agenc	95.00 rriors y: Gratuitously	Heat
Name of Official (Last, First) Carson, Keith		Number of Tickets 2	State Whet Descri	her the Distribution is In be the Public Purpose fo ight of facilities	
 Individual or Organization Name of Behesting Agency Off Name of Individual or Organization Description of Organization: Address of Organization: Numbe Purpose for Distribution: (Desc 	r and Street	visore Ke	city	SON, Distri	er of Tickets: State Zip Code
5. Verification I have determined that the distribut Signature of Agency Flead & Designee Comment: (Use this space or an at	CRYSTAL H	IISHIDA GRA Print Name	AFF PRIN	CIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docum	ent	AGEN	ROVIDED B'
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)			Date Stamp	California Form For Official U	
Street Address						
OAKLAND, CA 94612 Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@a	caov.ora		Amendment (Must ex	plain in Part 5.)	
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrat	or's Office		(,), . ,	, ,
2. Event For Which Tickets	s Were Distribute	d				
Date(s) of Event:01 /1	3 <u>/ 10</u> Descr	iption of Eve	nt: Golden Sta	te Warriors vs. Miami H	leat	
	Face `			95.00		
			σι. ψ	<u></u>		
Agency Event 🛛 Yes	🗵 No (Identify s					
Name of Outside Source of	Ticket(s) Provided to	o Agency: <u>G</u>	olden State Wa	arrios		
Number of Tickets Received					⊠ Pursuant to	o Contrac
3. Agency Official(s) Recei	iving Ticket(s) (us	e a continuatio	on sheet for add	itional names)		
Name of Offic (Last, First)	bial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo		
				· · · · · · · · · · · · · · · · · · ·		
4. Individual or Organization	on Receiving Tic	ket(s) (Provi	ded at the behe	et of an agency official.)		
Name of Behesting Agency	Official. Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ					er of Tickets:	2
Description of Organization:						
Address of Organization:	mber and Street		City		State	Zip Code
Purpose for Distribution: (D To reward a community vol	• •	•		organization.)		
5. Verification	ribution of tickets set f					

loft Mak	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/10/10
Signature of Agency Head or Designee	Print Name	Title	(mónth, day, year)

Agency Report		A Publ	lic Docume	ent		ROVIDED E
I. Agency Name				Date Stamp	California	000
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	on (if applicable)				For Official U	se Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@ad	caov ora		Amendment (Muste	explain in Part 5.)	
Agency Contact (name and title		Syov.org		Date of Original Filing:		<u>. </u>
Crystal Hishida Graff, Princ		Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets						
			Golden Sta	te Warriors vs. Miami	Heat	
Date(s) of Event: <u>01</u>				0 E 00		
///////	/ Face \	Value of Ticke	et: \$	95.00		
Agency Event 🛛 Yes	🗵 No (Identify so	ource of ticke	ets helow)			
	· ·			rriore		
Name of Outside Source of	Ticket(s) Provided to	Agency:				
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to	Contra
3. Agency Official(s) Recei	i ving Ticket(s) (us	e a continuatio	on sheet for addi	tional names)		
3. Agency Official(s) Recei Name of Offic (Last, First)		e a continuation Number of Tickets	State Whet	tional names) ther the Distribution is Ir be the Public Purpose f		
Name of Office		Number	State Whet	ther the Distribution is Ir		
Name of Office		Number	State Whet	ther the Distribution is Ir		
Name of Office		Number	State Whet	ther the Distribution is Ir		
Name of Offic (Last, First)	sial	Number of Tickets	State Whet Descri	ther the Distribution is Ir be the Public Purpose f		
Name of Offic (Last, First)	on Receiving Tic	Number of Tickets ket(s) (Provid	State Whet Descri	ther the Distribution is Ir ibe the Public Purpose f t of an agency official.)		
Name of Offic (Last, First)	o n Receiving Tic l	Number of Tickets ket(s) (Provio on, Superviso	State Whet Descri	ther the Distribution is Ir ibe the Public Purpose f t of an agency official.)		
Name of Offic (Last, First)	o n Receiving Tic l Official: <u>Keith Carso</u> vization: <u>Bishop Kei</u> t	Number of Tickets ket(s) (Provid on, Superviso	State Whet Descri	ther the Distribution is Ir ibe the Public Purpose f it of an agency official.)	for the Distribution	<u> </u>
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	o n Receiving Tic l Official: <u>Keith Carso</u> vization: <u>Bishop Kei</u> t	Number of Tickets ket(s) (Provid on, Superviso	State Whet Descri	ther the Distribution is Ir ibe the Public Purpose f it of an agency official.)	for the Distribution	2
Name of Offic (Last, First) 4. Individual or Organizatio Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	on Receiving Ticl Official: <u>Keith Carso</u> ization: <u>Bishop Keit</u>	Number of Tickets ket(s) (Provid on, Superviso	State When Descri	ther the Distribution is Ir ibe the Public Purpose f it of an agency official.)	for the Distribution	2
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	on Receiving Ticl Official: <u>Keith Carso</u> ization: <u>Bishop Keit</u> nber and Street escribe the public purp	Number of Tickets ket(s) (Provid on, Superviso th Clark	State Whe Descri ded at the behes or Fifth District City stribution to the o	ther the Distribution is Ir ibe the Public Purpose f it of an agency official.)	for the Distribution	<u> </u>

Joff Grath	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST
Signature of Agency Heelf or Designee	Print Name	Title

(month, day, year)

	A Public b	ocument		TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA	•			Form OUZ
Division, Department, or Reg	lon (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		nendment (Mustexp	olain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org			
Agency Contact (name and title			of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County Administrator's C	Office		
2. Event For Which Ticket				
Date(s) of Event:01 /_2	29 / 10 Description of Event: Ba	sketball Game		
	/ Face Value of ⊺icket: \$ _	95-		
Agency Event 🛛 🗌 Yes	No (Identify source of tickets be	ow.)		
Name of Outside Source of	Ticket(s) Provided to Agency: Golden	State Warrirors		······································
Number of Tickets Received	d:1 Ticket(s) Provided	to Agency: 🔲	Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a continuation she	et for additional na	ames)	
Name of Offi	cial Number S	state Whether the	Distribution is Inco	ome to the Official or
(Last, First)	of Tickets	Describe the F	Public Purpose for	the Distribution
L				
4. Individual or Organizati	on Receiving Ticket(s) (Provided at	the behest of an a	(dency official)	
Name of Behesting Agency	Official: <u>Alameda County Supervisor I</u>	nate Miley, Distr	<u>ct 4</u>	
Name of Individual or Orgar	nization: <u>Vy Le</u>		Numbe	r of Tickets:1
Description of Organization:				
		City		State Zip Code
Address of Organization:	mber and Street			7 3 4 4
- Nu	^{mber} and Street escribe the public purpose for the distributi	on to the organiza	tion.)	
Nu Purpose for Distribution: (D	^{mber} and Street escribe the public purpose for th <u>e</u> distributi ment	on to the organiza	tion.)	
- Nu		on to the organiza	tion.)	
Nu Purpose for Distribution: (D		on to the organiza	tion.)	
Nu Purpose for Distribution: (D to encourage staff developr 5. Verification				Regulation 18944.1.
Nu Purpose for Distribution: (D to encourage staff developr 5. Verification	nent ribution of tickets set forth above is in acco		ovisions of FPPC	Regulation 18944.1.

gency Report		A Public	Docume	nt	TICKETS PROVIDED AGENCY REPO
Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				F	Form 8U
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@	acdov.ord		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst. Cour	ntv Administrator's	Office		(monin, day, year)
Event For Which Ticket					
Date(s) of Event:			Basketball (Game	
			05	- /	
/	/ Face	Value of Ticket: \$			
Agency Event 🛛 Yes	🗵 No (Identify	source of tickets b	elow.)		
				rritors	
Name of Outside Source of	licket(s) Provided	to Agency:			······································
Number of Tickets Received	<u>d: 1</u>	Ticket(s) Provide	d to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (ເ	use a continuation sh	eet for addit	iona l names)	
Name of Offi		Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descril	be the Public Purpose for	or the Distribution
				·····	
	12				
	· · · · ·				
_	-				
Individual or Organizati Name of Behesting Agency	-				
_	Official: Alameda	County Supervisor		y, District 4	er of Tickets:1
Name of Behesting Agency	Official: <u>Alameda</u>	County Supervisor		y, District 4	er of Tickets:1
Name of Behesting Agency Name of Individual or Orgar Description of Organization:	Official: <u>Alameda</u>	County Supervisor		y, District 4	er of Tickets:1
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda</u> nization: <u>Stacy Zha</u>	County Supervisor	Nate Miley	v, District 4 Numb	
Name of Behesting Agency Name of Individual or Orgar Description of Organization: Address of Organization:	Official: <u>Alameda (</u> nization: <u>Stacy Zha</u> : mber and Street	County Supervisor	Nate Miley	v, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D to encourage staff developm	Official: <u>Alameda (</u> nization: <u>Stacy Zha</u> : mber and Street	County Supervisor	Nate Miley	y, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D to encourage staff developm Verification	Official: <u>Alameda (</u> nization: <u>Stacy Zha</u> mber and Street Describe the public pu ment	County Supervisor	City	rganization.)	State Zip Cod
Name of Individual or Organ Description of Organization: Address of Organization: _{Nu} Purpose for Distribution: (D	Official: <u>Alameda (</u> nization: <u>Stacy Zha</u> mber and Street Describe the public pu ment	County Supervisor	City Ution to the o	rganization.)	State Zip Cod

Agency Report	blic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crystal.hishida@acgo		
Agency Contact (name and title)	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Ac	ator's Office	
2. Event For Which Tickets Were Distributed		
Date(s) of Event: <u>01 / 29 / 10</u> Description	ent: Basketball Game	
/ Face Valu	(harring and here)	
	· · · · · · · · · · · · · · · · · · ·	
Agency Event 🔲 Yes 🖾 No (Identify source		
Name of Outside Source of Ticket(s) Provided to Ag	Jolden State Warrirors	
Number of Tickets Received:1 Tick	rovided to Agency:	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a	tion sheet for additional names)	
Name of Official N (Last, First) of	State Whether the Distribution is Inc Describe the Public Purpose for	
ж		
4. Individual or Organization Receiving Ticket(
Name of Behesting Agency Official: Alameda Coun	rvisor Nate Miley, District 4	
		······································
Name of Individual or Organization: Maria Tosco	Numbe	er of Tickets:1
Description of Organization:		
Address of Organization:		
Number and Street	City	State Zip Code
Purpose for Distribution: (Describe the public purpose	distribution to the organization.)	
to encourage staff development		
5. Verification	and the second se	
	in accordance with the provisions of EDDC	CRegulation 18944 1
I have determined that the distribution of tickets set forth a		
I have determined that the distribution of tickets set forth a		ster to

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
				Amendment (Muster	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	-			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
2. Event For Which Tickets					
Date(s) of Event:/_2	29 <u>/ 10</u> Desc	ription of Eve	nt: Basketball	Game	
	/ Face			5-	
/			θι. φ <u> </u>		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(a) Dravided	to Agonavi Go	olden State Wa	rrirors	
		to Agency:			
Number of Tickets Received	l:	Ticket(s) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece		se a continuatio		· ·	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
					<u></u>
4. Individual or Organization	on Receiving Tic	 : ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Alameda (County Superv	/isor Nate Mile	y, District 4	
				or athle	
Name of Individual or Organ	ization: <u>Alejandro</u>	Garcia		Numbe	er of Tickets:1
Description of Organization:				1 1999 P 1	<u></u>
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	eeriba tha public pur	noco for the di	tribution to the -	rannization)	
to encourage staff developn				iganization.)	
5. Verification					
I have determined that the distr	ibution of tickets set i	forth above is ir	accordance wit	h the provisions of FPPC	Regulation 18944.1.
ella 1	J				1/2-1-
Signature of Agence Head or Design		HISHIDA GRA			
° °/ ' °					(month, day, year)
Comment: (Use this space or a	a allachment tor any ad	ulional informatio	n incluaing amend	iment explanation.)	

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		blic Document	AGENCY REPOR
1. Agency Name		Date Sta	
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Reg	ion (if applicable)		For Onicial Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612	15		
Area Code/Phone Number	E-mail	🗌 Amendmei	nt (Must explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org	Pate of Origina	
Agency Contact (name and title		Date of Origina	(month, day, year)
	cipal Analyst, County Administr	ator's Office	
2. Event For Which Ticket		Deskathell Come	
Date(s) of Event:/	29 <u>10</u> Description of Ev	ent: Basketball Game	· ····································
/	/ Face Value of Tic	ket: \$95	
Agency Event 🛛 Yes	No (Identify course of tiel	(ata halayı)	
	No (Identify source of tick		
Name of Outside Source of	Ticket(s) Provided to Agency:	Solden State Warnrors	- server diministra
Number of Tickets Received	l: <u>1</u> Ticket(s) Pr	rovided to Agency: 🛛 Gratuito	ously IX Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a continua	tion sheet for additional names)	
Name of Offi			tion is Income to the Official or
(Last, First)	of Tickets		urpose for the Distribution
			· · · · · · · · · · · · · · · · · · ·
4. Individual or Organizati	on Receiving Ticket(s) (Prov	vided at the behest of an agency c)fficial.)
Name of Behesting Agency	Official: <u>Alameda County Supe</u>		
Name of Individual or Organ	ization: <u>Reynato Gloria</u>		Number of Tickets:1
Description of Organization			
Address of Organization:	mber and Street	City	State Zip Code
Durposo for Distributions (D	opprihe the nublic summers for the		
	escribe the public purpose for the o	distribution to the organization.)	
to encourage staff developr	nent		
5. Verification			
	ribution of tickets set forth above is	in accordance with the provisions	of FPPC Regulation 18944.1.
	ribution of tickets set forth above is CRYSTAL HISHIDA GF		

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Tickets Provided by Agency Report	A Publ	ic Document	
Agency Name		Date Stamp	AGENCY REPOR
COUNTY OF ALAMEDA			Form 802
Division, Department, or Region	(if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-	mail	Amendment (Must	explain in Part 5.)
(510) 272-3882 cr	rystal.hishida@acgov.org		spicini ni r circ o.y
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	Analyst, County Administrate	or's Office	
2. Event For Which Tickets W	/ere Distributed		
Date(s) of Event:01 /29	<u>10</u> Description of Ever	nt: <u>Basketball Game</u>	
	J Face Value of Ticke		
Agency Event 🛛 Yes	No (Identify source of ticked	ts below.)	
Name of Outside Source of Ticl	ket(s) Provided to Agency: Go	olden State Warrirors	
Number of Tickets Received: _		vided to Agency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	ות Ticket(s) (use a continuatio	n sheet for additional names)	
Name of Official	Number	State Whether the Distribution is Ir	come to the Official or
(Last, First)	of Tickets	Describe the Public Purpose 1	or the Distribution
			· ·
<u> </u>			
4. Individual or Organization	Receiving Ticket(s) (Provid	led at the behest of an agency official.)	
Name of Behesting Agency Off	Alameda County Superv	risor Nate Miley, District 4	
Name of Behesting Agency Off	cial: <u>Additional opening superv</u>		· · · · · · · · · · · · · · · · · · ·
Name of Individual or Organiza	tion. Douglas Bond	Num	per of Tickets: 1
Description of Organization:			
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Desc		stribution to the organization.)	
to encourage staff developmen			
5. Verification			
	tion of tickate eat forth chous is in	accordance with the provisions of FPP	C Degulation 19011 1
	www.www.accos.sec.u.u.u.autuve is in	accordance with the provisions of FPP	0 NGUUIAUUH 10944.1.
Allo G AIL			. / . /
Signature of Agegicy Head or Designee	CRYSTAL HISHIDA GRA	FF PRINCIPAL ANALYST	1/12/10

Tickets Provided by Agency Report		A Public	: Docume	nt	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	icgov.org		Amendment (Must	explain in Part 5.)
Agency Contact (name and title		<u> </u>		Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrator	's Office		(monar, day, year)
2. Event For Which Ticket		-			·
Date(s) of Event:			Basketball (Game	
			01		
/	/ Face	Value of Ticket:	\$\$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of tickets	below.)		
Name of Outside Course of	The last (a) Dava data da	Gold	len State Wa	rrirors	
Name of Outside Source of	Hicket(s) Provided t	o Agency:			
Number of Tickets Received	<u>1 </u>	Ticket(s) Provid	ded to Agency	y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Rece		se a continuation	sheet for addit	ional names)	
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is Ir be the Public Purpose t	ncome to the Official or
		OF HEReis	Deseri		
•**********					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	d at the behest	of an agency official.)	
Name of Behesting Agency	Alameda C	ounty Supervis	or Nate Miley	/. District 4	
Name of Benesung Agency				,	
Name of Individual or Orgar	nization. Scot Allan			Num	ber of Tickets:1
name er manna-ar er gar					301 01 Hokets.
Description of Organization:					
Address of Organization:	mbor and Street		City		
Nu.					State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distri	bution to the o	rganization.)	
to encourage staff developr	nent				
5. Verification					
I have determined that the dist	ibution of tickets set f	orth above is in a	ccordance with	n the provisions of FPP	C Regulation 18944.1
111-A 1.					
Signature of Agency Head or Design		ISHIDA GRAF	PRIN	CIPAL ANALYST	

Agency Report	A Public Docu	ıment	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name		Date Stamp	California
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (if applicable)			For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			
(510) 272-3882 crystal.hishida@a	acdov ord	Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	.0901.019	Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrator's Office		(month, day, year)
2. Event For Which Tickets Were Distribut			
		hall Game	
Date(s) of Event: <u>01 / 29 / 10</u> Desc			
/ Face	Value of Ticket: \$	95.100	
Agency Event 🔲 Yes 🖾 No (Identify s	source of tickets below.)		
Name of Outside Source of Ticket(s) Provided t	to Agency: Golden State	e warrirors	
Number of Tickets Received:1		gency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (us	se a continuation sheet for	additional names)	
Name of Official	Number State	Whether the Distribution is Ind	come to the Official or
(Last, First)	of Tickets D	escribe the Public Purpose for	r the Distribution
•			
······································			
4. Individual or Organization Receiving Tic	Ket(S) (Provided at the be	ehest of an agency official.)	
Name of Behesting Agency Official: Alameda C	County Supervisor Nate I	Miley, District 4	
Name of Individual or Organization: Kevin Bark	paro	Numb	er of Tickets:1
Description of Organization:			
		City	State Zip Code
Address of Organization:		-	
Number and Street			
Number and Street Purpose for Distribution: (Describe the public pur	pose for the distribution to	the organization.)	
Number and Street	pose for the distribution to	the organization.)	
Number and Street Purpose for Distribution: (Describe the public pur to encourage staff development	pose for the distribution to	the organization.)	
Number and Street Purpose for Distribution: (Describe the public pur to encourage staff development 5. Verification		- · · ·	Regulation 18944.1.
Number and Street Purpose for Distribution: (Describe the public pur to encourage staff development 5. Verification I have determined that the distribution of tickets set f	forth above is in accordance	e with the provisions of FPPC	Regulation 18944.1.
Number and Street Purpose for Distribution: (Describe the public pur to encourage staff development 5. Verification I have determined that the distribution of tickets set f	forth above is in accordance	- · · ·	Regulation 18944.1.

Tickets Provided by Agency Report	A Pub	lic Docume	ent	
Agency Neport 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	AGENCY REPOR California Form 802 For Official Use Only
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@ Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cou 2. Event For Which Tickets Were Distribut	inty Administrat	tor's Office	☐ Amendment <i>(Must</i> Date of Original Filing	
Date(s) of Event: <u>01 / 08 / 10</u> Des // Fac	cription of Even e Value of Ticke source of ticke to Agency: <u>G</u>	ets below.) olden State Wa	5	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (Name of Official (Last, First)	use a continuatio	State Whet		ncome to the Official or for the Distribution
 Individual or Organization Receiving Tine Advantscription Advances of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Joe Rode</u> Description of Organization: 	County Superv gers	visor Nate Miley	y, District 4 Numt	ber of Tickets:1
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public pu volunteer contribution to community	urpose for the dis	City stribution to the o	organization.)	State Zip Code
5. Verification I have determined that the distribution of tickets set CRYSTAL Signature of Agency Head or Designee Comment: (Use this space or an attachment for any a	HISHIDA GRA	FF PRIN	CIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report	AP	ublic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	
COUNTY OF ALAMEDA			Form OU
Division, Department, or Region	(if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
······································	mail		
(510) 272-3882 cr	ystal.hishida@acgov.org	Amendment ((Must explain in Part 5.)
Agency Contact (name and title)	ystal.msmdd@dcgov.org	Date of Original F	iling:
Crystal Hishida Graff, Principal	Analyst, County Admini		(month, day, year)
2. Event For Which Tickets W			
Date(s) of Event:01_/_08		Event: Basketball Game	
Date(s) of Event:/		and an	
/	/ Face Value of	Ticket: \$7S	
Agency Event 🛛 Yes	⊠ No (Identify source of	ickets below.)	
- •	• •	·	
Name of Outside Source of Tick	(et(s) Provided to Agency		
Number of Tickets Received:	Ticket(s)	Provided to Agency: Gratuitous	sly I Pursuant to Contrac
3. Agency Official(s) Receivir	ig Ticket(s) (use a contir	uation sheet for additional names)	
Name of Official (Last, First)	Numbe of Ticke		
)	
4. Individual or Organization	Receiving Ticket(s) (F	ovided at the behest of an agency offic	sial.)
Name of Behesting Agency Offi	cial: <u>Alameda County Su</u>	pervisor Nate Miley, District 4	
Name of Individual or Organizat			lumber of Tickets:1
Description of Organization:			
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Descr volunteer contribution to comm	· · ·	e distribution to the organization.)	
5. Verification	· · · · · · · · · · · · · · · · · · ·		
	ion of tickets set forth above	is in accordance with the provisions of	FPPC Regulation 18944.1.
ad a si			
Signature of Agency Head or Designee	CRYSTAL HISHIDA	BRAFF PRINCIPAL ANALYST	1/1///

A 51		ublic Document	L .	AG	PROVIDED E
Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA	*			Form	
Division, Department, or Region (if a	ipplicable)			For Official	Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mai		Г	Amendment (Muste	xolain in Part 5.)	
(510) 272-3882 cryst	tal.hishida@acgov.org			, ,	
Agency Contact (name and title)		D	ate of Original Filing:	(month, day, yea	ar)
Crystal Hishida Graff, Principal Ar	nalyst, County Adminic	trator's Office			
. Event For Which Tickets Wer					
Date(s) of Event:	10 Description of	vent: WARRIOR'S C	GAME		
02 / 25 /	10 Face Value of	icket: \$9	5.00		
	•				
	No (Identify source of t				
Name of Outside Source of Ticket((s) Provided to Agency	GOLDEN STATE W	/ARRIORS		
Number of Tickets Received:				🗵 Pursuant f	o Contros
Number of fickets Received.		Provided to Agency:			lo Contrac
Agency Official(s) Receiving	Ticket(s) (use a contin	uation sheet for additior	nal names)		
Name of Official	Numbe		r the Distribution is Ir	come to the Off	icial or
(Last, First)	of Ticke		the Public Purpose f	or the Distributio	n
Individual or Organization Re	 ceiving Ticket(s) (P	ovided at the behest of	an agency official)		
					_
Name of Behesting Agency Officia		SUPERVISOR SCC	JTT HAGGERTT, I		<u> </u>
Name of Individual or Organization	FOOTHILL HIGH S	HOOL	Numak	er of Tickets: .	20
				er of fickets:	
Description of Organization: HIGH	I SCHOOL				
				~.	0.4500
Address of Organization:	AIROAKS COURT	PLEASANT	ЭN	CA	94588
	Street	City		State	Zip Code
Number and	- 1 k k P	e distribution to the orga	anization.)		1
Purpose for Distribution: (Describe	the public purpose for th			COMMUNITY	FUNE
Number and		N FOR ITS CONTRIE	BUTIONS TO THE		
Number and Purpose for Distribution: (Describe		N FOR ITS CONTRIE	BUTIONS TO THE		11 0010 8
Number and Purpose for Distribution: (Describe		N FOR ITS CONTRIE	BUTIONS TO THE		11 00101
Number and Purpose for Distribution: (Describe TO REWARD A SCHOOL/NONP	ROFIT ORGANIZATIO				
Number and Purpose for Distribution: (Describe TO REWARD A SCHOOL/NONP	ROFIT ORGANIZATIO	is in accordance with th	he provisions of FPP		
Number and Purpose for Distribution: (Describe TO REWARD A SCHOOL/NONP	ROFIT ORGANIZATIO	is in accordance with th			

gency Report		A Publi	c Docume	nt	TICKETS PROVIDE AGENCY REP
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612		4			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	-		r's Office		
Event For Which Tickets					
Date(s) of Event:2	<u>:7 / 10</u> Desc	ription of Event	t: Golden Stat	e Warrior's game	······································
/		Value of Ticket		95.00	
Agency Event 🛛 Yes	🖾 No (Identify s				
Name of Outside Source of	Ticket(s) Provided f	to Agency: Gol	den State War	riors	
Number of Tickets Received				r: 🔲 Gratuitously	⊠ Pursuant to Contr
Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	n sheet for addit	onal names)	
Name of Offic	cial	Number		er the Distribution is In	
(Last, First)		of Tickets	Descrit	e the Public Purpose f	or the Distribution
·····					
Individual or Organization	on Receiving Tic	ket(s) (Provide	ed at the behest	of an agency official.)	·
-		COUNTY SUB			
-	Official: <u>ALAMEDA</u>	COUNTY SU			
Name of Behesting Agency					. 10
Name of Behesting Agency	ization: LIVERMO	RE HERITAGE	GUILD	Numb	er of Tickets:12
Name of Behesting Agency Name of Individual or Organ	ization: LIVERMO	RE HERITAGE	GUILD		er of Tickets:12
Name of Behesting Agency Name of Individual or Organ Description of Organization:	ization: LIVERMO	RE HERITAGE ARENESS ANI	GUILD	Numb	er of Tickets:12
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>P</u> .	ization: LIVERMO TO ENSURE AW O. BOX 961 LIVER	RE HERITAGE ARENESS ANI	GUILD D PROTECTIO	Numb	er of Tickets:12 S RICH HERITAGE
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>P.</u>	ization: LIVERMO TO ENSURE AW O. BOX 961 LIVER	RE HERITAGE ARENESS ANI RMORE CA 945	GUILD D PROTECTIO 551 City	Numb	er of Tickets:12 S RICH HERITAGE
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>P.</u>	ization: LIVERMO TO ENSURE AW O. BOX 961 LIVER	RE HERITAGE ARENESS ANI RMORE CA 945	GUILD D PROTECTIO 551 City	Numb	er of Tickets:12 S RICH HERITAGE
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>P.</u>	IZATION: LIVERMON TO ENSURE AW O. BOX 961 LIVER Inber and Street escribe the public pur	RE HERITAGE ARENESS ANI RMORE CA 945 pose for the dist	E GUILD D PROTECTIO 551 City ribution to the or	DN OF LIVERMORE	er of Tickets: <u>12</u> S RICH HERITAGE State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{P.}{Nur}$ Purpose for Distribution: (De TO REWARD A SCHOOL C	IZATION: LIVERMON TO ENSURE AW O. BOX 961 LIVER Inber and Street escribe the public pur	RE HERITAGE ARENESS ANI RMORE CA 945 pose for the dist	E GUILD D PROTECTIO 551 City ribution to the or	DN OF LIVERMORE	er of Tickets: <u>12</u> S RICH HERITAGE State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: P. Num Purpose for Distribution: (De TO REWARD A SCHOOL O	ization: LIVERMO TO ENSURE AW O. BOX 961 LIVER nber and Street escribe the public pur DR NONPROFIT O	RE HERITAGE ARENESS ANI MORE CA 945 pose for the distr RGANIZATION	E GUILD D PROTECTIO 551 City ribution to the or I FOR ITS CO	DN OF LIVERMORE	er of Tickets:12 S RICH HERITAGE State Zip Co HE COMMUNITY
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>P.</u> Nur Purpose for Distribution: (De	ization: LIVERMO TO ENSURE AW O. BOX 961 LIVER nber and Street escribe the public pur DR NONPROFIT O	RE HERITAGE ARENESS ANI MORE CA 945 pose for the distr RGANIZATION	E GUILD D PROTECTIO 551 City ribution to the or I FOR ITS CO	DN OF LIVERMORE	er of Tickets:12 S RICH HERITAGE State Zip Co HE COMMUNITY
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: P. Num Purpose for Distribution: (De TO REWARD A SCHOOL O	ization: LIVERMOI TO ENSURE AW O. BOX 961 LIVER nber and Street escribe the public pur DR NONPROFIT OI	RE HERITAGE ARENESS ANI MORE CA 945 pose for the distr RGANIZATION	E GUILD D PROTECTIO 551 City ribution to the or I FOR ITS CO	DN OF LIVERMORE	er of Tickets:12 S RICH HERITAGE State Zip Co HE COMMUNITY

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Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	volein in Pert 5 }
(510) 272-3882	crystal.hishida@a	cgov.org			xpiain in r art 0.y
Agency Contact (name and title		<u> </u>		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrat	tor's Office		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Event For Which Ticket		-			
Date(s) of Event:2			nt. Monster Ja	m	
/	/ Face	Value of Tick	et: \$	<u>. 00</u>	
Agency Event	🗵 No (Identify s	ource of ticke	ets below.)		
	•			rriors	
Name of Outside Source of	licket(s) Provided t	o Agency:			
Number of Tickets Received	l:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	
Scott Haggerty, Alameda C	o. Supervisor, D-1	4	To review fac	cilities or events that re	equire County funding
			or support.		
4. Individual or Organizati					
Name of Behesting Agency	Official:	risor S	. Hageger	+, District	
Name of Individual or Orgar	nization:	11 10 1		Numb	er of Tickets:
ijanio or inarriaasi or orgen					
Description of Organization:					
Description of Organization:					State Zip Code
Description of Organization:	mber and Street		City		State Zip Code
Description of Organization: Address of Organization: Purpose for Distribution: (D	mber and Street		City		State Zip Code
Description of Organization: Address of Organization: Purpose for Distribution: (D 5. Verification	mber and Street escribe the public pur	pose for the di	City stribution to the e	organization.)	
Description of Organization: Address of Organization: _{Nu}	mber and Street escribe the public pur	pose for the di	City stribution to the o n accordance wit	organization.)	
Description of Organization: Address of Organization: Purpose for Distribution: (D 5. Verification	mber and Street escribe the public pur ribution of tickets set i CRYSTAL H	pose for the di	City stribution to the o n accordance wit	organization.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA				·	Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	mail				
(510) 272-3882 ci	rystal.hishida@a	icdov ord		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	yotan normaa we	.0901.019		Date of Original Filing: _	La sulla deve used
Crystal Hishida Graff, Principa	I Analyst, Count	tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets W		-			
			. BILLY JOE	L/ELTON JOHN	
Date(s) of Event: <u>02</u> / 13	<u> </u>	ription of Ever	nt:		
/	J Face	Value of Ticke	et: \$		
Agency Event	🗵 No (Identify s	ource of ticke	ts below)		
	· ·		•		
Name of Outside Source of Ticl	ket(s) Provided t	to Agency:	JLDEN STATE		
Number of Tickets Received: _	4	Ticket(s) Pro	vided to Agenc	sy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivir	ng Ticket(s) (u	se a continuatio	on sheet for addi	itional names)	
Name of Official (Last, First)	-	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
ALAMEDA COUNTY SUPERV	ISOR		TO REVIEW	FACILITIES OR EVE	NTS THAT REQUIRE
SCOTT HAGGERTY DISTRIC	T 1	4	COUNTY FL	INDING OR SUPPOR	Γ
4. Individual or Organization					
Name of Behesting Agency Off	icial: <u>Supe</u> r	visor S	. Hagger	ty, District	
Name of Individual or Organiza	tion:			Numbe	er of Tickets:
Description of Organization:			+ + + + + + + + + + + + + +		
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	rpose for the di	stribution to the	organization.)	
5. Verification					
· I have determined that the distribution	tion of tickets set i	forth above is ir	n accordance wit	th the provisions of FPPC	Regulation 18944.1.
left matt-		HISHIDA GRA		ICIPAL ANALYST	1/22/10
Signature of Agency Head or Designee		Print Name	• • • • • • • • • • • • • • • • •	Title	(month, day, year)

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Agency Report		A Publi	c Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5 }
(510) 272-3882	crystal.hishida@a	acgov.org			, , , , , , , , , , , , , , , , , , ,
Agency Contact (name and title	• •			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrato	r's Office		
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:02 /	0 / 10 Desc	ription of Even	t: WARRIOR'	S GAME	
				95.00	
/	/ Face	value of ficke	ι. φ	·	
Agency Event 🛛 🗋 Yes	🔀 No (Identify s	ource of ticket	s below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency. GO	LDEN STATE	WARRIORS	
Number of Tickets Received	<u>:</u>	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatior	n sheet for addil	ional names)	
Name of Offi (Last, First)	cial	Number		her the Distribution is In	
		of Tickets	Descri	be the Public Purpose f	
		-			
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the behest	t of an agency official.)	
Name of Behesting Agency			PERVISOR S	COTT HAGGERTY- I	DIST. 1
Name of Behesting Agency	Official:			<u></u>	
Name of Individual or Orgar	vization. SOROPTI	MIST INTERN	ATIONAL	Numł	per of Tickets:4
Name of mulvidual of Organ					
Description of Organization:	SOROPTIMIST IN	ITERNATIONA	L OF PLEAS	ANTON/DUBLIN	
· · ·					
Address of Organization:	.O. BOX 51 PLEAS	ANTON CA 94			State Zip Code
			City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dist	tribution to the c	organization.)	
TO REWARD A SCHOOL	OR NONPROFIT O	RGANIZATION	N FOR ITS CC	NTRIBUTIONS TO 1	THE COMMUNITY
5. Verification					
	-ihutian aftiskata antu	forth above is in	accordance with	h the provisions of FPP	C Regulation 18944.1.
I have determined that the dist	nninnn ni niekaie ear			a care presentention of the full	
I have determined that the dist					1hal.
I have determined that the dist.	CRYSTAL I	HISHIDA GRA		CIPAL ANALYST	1/22/10

Agency Report			AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if	аррисареј		
1221 OAK STREET, #555 Street Address	antiere a		
OAKLAND, CA 94612 Area Code/Phone Number E-ma			
		Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crys Agency Contact (name and title)	tal.hishida@acgov.org	Date of Original Filing:	
	nalyst, County Administrator's Of		(month, day, year)
2. Event For Which Tickets We			
		sketball Game	
Date(s) of Event://_	10 Description of Event: Bas	95,00	
//	—— Face Value of Ticket: \$	-15,00	
Agency Event 🔲 Yes 🗵	No (Identify source of tickets belo	w.)	
		,	
Name of Outside Source of Licke	t(s) Provided to Agency: Golden S		
Number of Tickets Received:	1 Ticket(s) Provided t	o Agency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuation shee	t for additional names)	
Name of Official (Last, First)	Number St of Tickets	ate Whether the Distribution is In Describe the Public Purpose for	
4. Individual or Organization R	eceiving Ticket(s) (Provided at t	he behest of an agency official.)	
Name of Behesting Agency Offici	al: Alameda County Supervisor N	ate Miley, District 4	
Name of Individual or Organization			er of Tickets:1
Address of Organization:	d Street	City	State Zip Code
		- •	
•	e the public purpose for the distributio	n to the organization.)	
volunteer contribution to commun	lity		
	Contract Con		
5. Verification			
I have determined that the distributio	of tickets set forth above is in accord	lance with the provisions of FPP(CRegulation 18944.1.
Chilling	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/22/10
Signature of Agency Flead or Designee	Print Name	Title	(month. day, year)

Agency Report	A Publ	lic Documer	nt	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (i	applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-m	ail			
(510) 272-3882 cry	stal.hishida@acgov.org		Amendment (Muste	ixpiain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrat	or's Office		(monui, day, year)
2. Event For Which Tickets We	re Distributed			
Date(s) of Event:02 /_17 /		, Basketball G	ame	
		". <u> </u>	.00	
//_	— Face Value of Ticke	et: \$7		
Agency Event 🛛 Yes 🗵	No (Identify source of ticke	ts below.)		
	•	-	iors	
Name of Outside Source of Ticke	t(s) Provided to Agency:			
Number of Tickets Received:	4 Ticket(s) Pro	vided to Agency:	Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for additio	nal names)	
Name of Official	Number	State Whethe	er the Distribution is In	come to the Official or
(Last, First)	of Tickets	Describe	e the Public Purpose f	or the Distribution
<u></u>		<u>.</u>		
4. Individual or Organization R	eceiving Ticket(s) (Provid	led at the behest o	of an agency official)	
Name of Behesting Agency Offic	al: Alameda County Superv	lsor nate miley,	District 4	
	Camps In Common			
Name of Individual or Organization	on: <u>eurips in common</u>		Numb	er of Tickets: 4
Description of Organization: prov	ides camp scholarships for	oakland youth		
		_		
Address of Organization: 462 El	vood Avenue Oakland, CA	94610		
Number a	d Street	City	· · · · ·	State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the dis	stribution to the org	anization.)	
volunteer contribution to commu		-		
	···· ·································			
5. Verification				
	n of tickets set forth above is in	accordance with	the provisions of FPD	Regulation 18044 1
5. Verification I have determined that the distribution	n of tickets set forth above is in CRYSTAL HISHIDA GRA		the provisions of FPP	C Regulation 18944.1.

Agency Report		A Public Do	cumen	L	AGENCY REPO
1. Agency Name		· · · · ·		Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		[Amendment (Mustex)	olain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org			
Agency Contact (name and title	-			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ		•	ice		
2. Event For Which Ticket					
Date(s) of Event: <u>02</u>	17 <u>/ 10</u> Des	cription of Event: <u>Bask</u>	ketball Ga	ime	
		e Value of Ticket: \$		50	
Agency Event		source of tickets below			
Name of Outside Source of	Ticket(s) Provided	to Agency: Golden St	ate Warri	ors	
Number of Tickets Received	1:1	Ticket(s) Provided to	Agency:	Gratuitously	I Pursuant to Contra
3. Agency Official(s) Rece	iving Ticket(s) (use a continuation s heet	for addition	nal names)	
Name of Offi (Last, First)	cial	Number Stat		r the Distribution is Inc the Public Purpose for	
			Describe	the rubble rubble lo	
1077 000-001-001-001-001-001-001-001-001-001	- 				
· · · · · · · · · · · · · · · · · · ·					
4. Individual or Organizati	on Receiving Ti	cket(s) (Provided at the	e behest of	f an agency official.)	
Name of Behesting Agency	Official: Alameda	County Supervisor Nat	te Miley, I	District 4	
Name of Individual or Orgar					r of Tickets:1
Description of Organization:				·	, <u></u>
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	mose for the distribution	to the ora	anization)	1
volunteer contribution to co			to the elg		
					· · · · · · · · · · · · · · · · · · ·
5. Verification					
I have determined that the dist	ibution of tickets set	forth above is in accorda	ance with ti	he provisions of FPPC	Regulation 18944.1.
Left Ant	CRYSTAL	HISHIDA GRAFF	PRINCI		1/22/1

Tickets Provided by		ic Documen	.+	TICKETS PROVIDED BY
Agency Report		ic Documen	ll.	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicabl	e)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				
		1	Amendment (Must exp	plain in Part 5.)
	ida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst,	County Administrat	or's Office		
2. Event For Which Tickets Were Dist				
Date(s) of Event: <u>01 / 08 / 10</u>	Description of Ever	_{nt} . Basketball Ga	ame	
		ar		
//	Face Value of Ticke	et: \$ 2	,	
Agency Event 🔲 Yes 🗵 No (Ide	entify source of ticke	ts below.)		
	·			
Name of Outside Source of Ticket(s) Pro	vided to Agency:	biden State warn	lors	
n				
Number of Tickets Received:	TICKEt(S) Pro	vided to Agency:	Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticker	t (s) (use a continuatio	on sheet for additio	nal names)	
Name of Official	Number	State Whethe	er the Distribution is Inco	ome to the Official or
(Last, First)	of Tickets	Describe	the Public Purpose for	the Distribution
- 				
7				
4. Individual or Organization Receiving	n g Ticket(s) (Provid	led at the behest o	f an agency official.)	
Name of Behesting Agency Official: Alar	neda County Superv	/isor Nate Milev	District 4	
Name of Benesting Agency Official:				
Jim	Kennedv		.	2
Name of Individual or Organization:	· · · ·		Numbe	r of Tickets:
Description of Organization:				
Description of Organization:				
Address of Opponization:	· · · · ·			
Address of Organization:		City		State Zip Code
				·
Purpose for Distribution: (Describe the pu	olic purpose for the dis	stribution to the org	anization.)	
volunteer contribution to community				
5. Verification				
I have determined that the distribution of ticke	ts set forth above is in	accordance with t	he provisions of FPPC	Regulation 18944.1.
ALLA IL			-	, 1, 1 , 1
	STAL HISHIDA GRA			
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for	any additional informatio	on including amendm	ent explanation.)	1
volunteer contribution to community				

A		A Public		nt	TICKETS PROVIDED AGENCY REPO
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUA
Division, Department, or Regio	n (if applicable)	~ ~			For Official Use Only
Street Address					
1221 OAK STREET, #555, O	AKLAND. CA 946	512			
	-mail				
(510) 272-3882	crystal.hishida@a	icaov.ora		Amendment (Must ex	-
Agency Contact (name and title)		<u> </u>		Date of Original Filing:	01/06/2010 (month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	y Administrator'	s Office		(monur, day, year)
Event For Which Tickets	Were Distribute	əd			
Date(s) of Event:16	<u>10</u> Desc	ription of Event:	Harlem Glo	betrotters	
	_/ Face			33.00	
Agency Event 🛛 Yes	🗵 No (Identify s		-		
Name of Outside Source of Ti	cket(s) Provided t	to Agency: Gold	len State Wa	rriors	
Number of Tickets Received:					☑ Pursuant to Contra
Agency Official(s) Receiv	ing Ticket(s) (u	se a continuation	sheet for addi	tional names)	·
Name of Officia	1	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	
······					
Individual or Organization	n Receiving Tic	ket(s) (Provide	d at the behes	t of an agency official.)	
Name of Behesting Agency O	fficial: <u>Superviso</u>	r Alice Lai-Bitke	r, District 3		
Name of Denesting Agency O					-
Name of Individual or Organiz	ation:	litker		Numbe	er of Tickets: 2
	ation: Mei-Ling E	litker		Numbe	er of Tickets:2
Name of Individual or Organiz Description of Organization:	er and Street	litker	City	Numbe	
Name of Individual or Organiz Description of Organization: Address of Organization:	er and Street		City		
Name of Individual or Organiz Description of Organization:	er and Street	pose for the distr	City ibution to the c	organization.)	State Zip Co
Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at an	er and Street	pose for the distr	City ibution to the c	organization.)	State Zip Co
Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at an	er and Street cribe the public pur event held at a C	pose for the distr county facility in	City ibution to the c order to max	organization.) imize County revenue	State Zip Co from concession sale
Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at an	er and Street scribe the public pur event held at a C ution of tickets set i	pose for the distr county facility in	City ibution to the c order to max accordance wit	organization.) imize County revenue	State Zip Co from concession sale

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regio	n (if applicable)		•• • •		For Official Use Only
1221 OAK STREET, #555					
Street Address			*****		
OAKLAND, CA 94612					
Area Code/Phone Number	-mail			Amendment (Muste	explain in Part 5.)
	crystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princip		-	or's Office		
2. Event For Which Tickets					
Date(s) of Event:	_/ <u>10</u> Desc	ription of Ever	nt: Basketball	Game	
/	_/ Face	Value of Ticke	et: \$9	<u> </u>	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of Ti	cket(s) Provided t	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received:	1			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Officia (Last, First)	a)	Number of Tickets		ther the Distribution is In be the Public Purpose f	
Han an a					
4. Individual or Organization					
Name of Behesting Agency O	fficial: Alameda C	County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organiz					per of Tickets:1
Description of Organization: _					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the a	organization.)	
volunteer contribution to com					19 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. Verification				<u> </u>	
I have determined that the distrib	ution of tickets set i	forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Designed		HISHIDA GRA	FF PRIN	ICIPAL ANALYST	1/7/10 (models and series
Comment: (Use this space or an a			n including omen		(monur, day, year)
volunteer contribution to com		anonai momalik 1	a mouting ament	anoni ozpianauon.)	a fan i se
	попату				· · · · · · · · · · · · · · · · · · ·

Agency Report		A Public	Docume	ent		PROVIDED B
1. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	jion (if applicable)	·			For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)	
510-272-3882	crystal.hishida@a	cgov.org				
Agency Contact (name and title))			Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Princ	cipal Analyst, County	y Administrator's	Office			
2. Event For Which Ticket Date(s) of Event:			Eddie Izzar	d		
		Value of Ticket: \$		70		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of tickets t	elow.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: Golde	en State Wa	arriors		
Number of Tickets Received	d: <u>12</u>	Ticket(s) Provide	ed to Ageno	cy: 🔲 Gratuitously	⊠ Pursuant t	o Contrac
Name of Offi		Number		ther the Distribution is Ir	come to the Offi	cial or
(Last, First)		of Tickets		ibe the Public Purpose f		
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	at the behav	t of an agency official)		
-	-	• • •		~		
	Official: Supervisor	Gail Steele	Distric	97 V		
Name of Behesting Agency				-		40
Name of Behesting Agency Name of Individual or Organ	nization: Eden Yout		er	Numi	per of Tickets: _	12
Name of Behesting Agency Name of Individual or Organ Description of Organization	nization: <u>Eden Yout</u>	h & Family Cente	er Itaged yout			
Name of Individual or Organ Description of Organization Address of Organization: <u>6</u>	provides mulit-sen 80 W.	h & Family Cente	itaged yout Ha		ayward environ CA	s 94144
Name of Individual or Organ Description of Organization Address of Organization: <u>6</u>	provides mulit-ser	h & Family Cente	taged yout	h and families from H	ayward environ	s 94144
Name of Individual or Organ Description of Organization Address of Organization: <u>6</u>	80 W.	h & Family Cente vices to disadvar Tennyson Road	taged yout Ha ^{City}	h and families from H yward	ayward environ CA	S

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

1/11/10
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYS

 Signature of Agency blead or Designee
 Print Name
 Title

 Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Title
 PRINCIPAL ANALYST (month, day, yaa

Tickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED I AGENCY REPO
1. Agency Name		Date	Stamp California 802
COUNTY OF ALAMEDA			Form OU2
Division, Department, or Region (if applicab	le)		For Official Use Only
Street Address	. <u></u>		
1221 OAK STREET, #555, OAKLAND,	CA 94612		
Area Code/Phone Number E-mail			ment (Must explain in Part 5.)
(510) 272-3882 crystal.hisł	nida@acgov.org		. , .
Agency Contact (name and title)		Date of Ori	ginal Filing:01/08/2010 (month, day, year)
Crystal Hishida Graff, Principal Analyst,	County Administrate	or's Office	(
2. Event For Which Tickets Were Dis	tributed		
Date(s) of Event:01 /_20 /_10	Description of Ever	t. Golden State Warriors	Game
	Face Value of Ticke	05.00	
	entify source of ticke		
· · ·	-		
Name of Outside Source of Ticket(s) Pro	ovided to Agency:	Aden State Warners	
Number of Tickets Received:4	_ Ticket(s) Prov	vided to Agency: 🔲 Grat	uitously 🛛 🛛 Pursuant to Contra
3. Agency Official(s) Receiving Ticke	et(s) (use a continuation	on sheet for additional names	\$)
Name of Official	Number		ibution is Income to the Official or
(Last, First)	of Tickets	Describe the Publi	c Purpose for the Distribution
4. Individual or Organization Receivi	ng Ticket(s) (Provid	led at the behest of an agen	cy official.)
Name of Behesting Agency Official:	pervisor Alice Lai-Bitk	ker, District 3	
Name of Individual or Organization: Rus			Number of Tickets:4
Description of Organization:			
Address of Organization:		City	State Zip Cod
Purpose for Distribution: (Describe the pu	ublic nurnose for the dis	-)
To promote attendance at an event held			
To promote allendance at an event heid			
5. Verification			
I have determined that the distribution of tick	ets set forth above is in	accordance with the provisi	ons of FPPC Regulation 18944.1.
GH MAN CRY	STAL HISHIDA GRA	FF PRINCIPAL AN	ALYST //////

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address				-	
1221 OAK STREET, #555,	OAKLAND CA 946	512			
Area Code/Phone Number	E-mail				(
(510) 272-3882	crystal.hishida@a	action ord		Amendment (Mustex	-
Agency Contact (name and title				Date of Original Filing: .	01/08/2010 (month, day, year)
Crystal Hishida Graff, Princ		v Administrator's	Office		(month, day, year)
2. Event For Which Ticket		-			
			Harlem Glo	betrotters	
Date(s) of Event:01	Desc	ription of Event:		33.00	
/	/ Face	Value of Ticket:	\$	33.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of tickets	below)		
•	•			rriors	
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	d:2	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation	sheet for addi	tional names)	
Name of Offi		Number		ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets		be the Public Purpose for	
					· · · · · · · · · · · · · · · · · · ·
		ļ			
4. Individual or Organizati	ion Receiving Tid	ket(s) (Provided	I at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitker	, District 3		
Name of Individual or Orga				Numb	er of Tickets:2
Description of Organization					
					State Zip Code
Address of Organization:		······································	C11.		
Address of Organization:	umber and Street		City		
Address of Organization:		rpose for the distri		organization.)	
- Nu	Describe the public pu		bution to the		
Purpose for Distribution: (E To promote attendance at a	Describe the public pu		bution to the		
Purpose for Distribution: (E To promote attendance at a 5. Verification	Describe the public pul an event held at a C	County facility in	bution to the order to may	kimize County revenue	from concession sales
Purpose for Distribution: (E To promote attendance at a	Describe the public pul an event held at a C tribution of tickets set	County facility in a forth above is in a	bution to the order to may	kimize County revenue	from concession sales
Purpose for Distribution: (E To promote attendance at a 5. Verification	Describe the public pull an event held at a C tribution of tickets set	County facility in	bution to the order to may	kimize County revenue	from concession sales

		AGENCY REPOR
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must expl	ain in Parl 5)
(510) 272-3882 crystal.hishida@acgov.org		antin t an o.y
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrate	or's Office	(110113), dog, youry
2. Event For Which Tickets Were Distributed	·····	
Date(s) of Event: <u>01 / 08 / 10</u> Description of Even	_t . Basketball Game	
	O m	
/ Face Value of Ticke	t: \$	
Agency Event 🛛 Yes 🛛 No (Identify source of ticket	s below.)	
Name of Outside Course of Tislat(s) Denside the Association Go	Iden State Warriors	
Name of Outside Source of Ticket(s) Provided to Agency: <u>Go</u>	·····	
Number of Tickets Received: Ticket(s) Prov	ided to Agency: Gratuitously	✓ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	n sheet for additional names)	
Name of Official Number (Last, First) of Tickets	State Whether the Distribution is Inco Describe the Public Purpose for t	
		. <u></u>
4. Individual or Organization Receiving Ticket(s) (Provid	ed at the behest of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Superv</u>	sor Nate Miley, District 4	
Name of Individual or Organization: Jim Kennedy	Number	of Tickets:1
Description of Organization:		
Address of Organization:	City	State Zip Code
Purpose for Distribution: (Describe the public purpose for the dis	ribution to the organization.)	
volunteer contribution to community	······································	
5. Verification		
I have determined that the distribution of tickets set forth above is in	accordance with the provisions of FPPC F	Regulation 18944.1.
	-	
CRYSTAL HISHIDA GRA	FF PRINCIPAL ANALYST	116110
Signaturé of Ageric/ Head of Designee CRYSTAL HISHIDA GRA Print Name Comment: (Use this space or an attachment for any additional information	Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612 Area Code/Phone Number E-mail		• · · · · · · · · · · · · · · · · · · ·		
(510) 272-3882 crystal.hishida@	acuov oru		Amendment (Muster	xplain in Part 5.)
Agency Contact (name and title)	eacyov.org		Date of Original Filing: .	tere attender and
Crystal Hishida Graff, Principal Analyst, Cou	inty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets Were Distribu	-			
Date(s) of Event:01_/_08_/_10Des	scription of Eve	nt: Basketball (Game	
/ Fac				
Agency Event 🔲 Yes 🗵 No (Identify	source of ticke	ets below.)		**
Name of Outside Source of Ticket(s) Provided	to Agency: G	olden State Wa	rriors	
Ý				
Number of Tickets Received:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
4. Individual or Organization Receiving T	icket(s) (Provi	led at the behes	t of an agency official.)	
Name of Behesting Agency Official: Alameda	County Super	visor Nate Mile	y, District 4	
Name of Individual or Organization: Alan Dor				er of Tickets:1
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public p	urpose for the di	stribution to the c	organization.)	
volunteer contribution to community				
5. Verification				
I have determined that the distribution of tickets se	t forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
Liffa Rd - CRYSTAL	. HISHIDA GRA	FF PRIN	CIPAL ANALYST	1/10/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any a	additional information	on including amend	Iment explanation.)	
volunteer contribution to community				

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California 802 Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida(Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cou 2. Event For Which Tickets Were Distribut	unty Administrat uted		☐ Amendment <i>(Must</i> Date of Original Filing	. ,
Name of Outside Source of Ticket(s) Provide Number of Tickets Received:	ce Value of Tick y source of ticke d to Agency: <u>Ge</u> Ticket(s) Pro	et: \$ ets below.) olden State Wa vided to Agenc	rriors y: □Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) Name of Official (Last, First)	(use a continuation Number of Tickets	State Whet		ncome to the Official or for the Distribution
Darryl Stewart	2	Oversee faci	lity	
4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: Description of Organization:	a County Superv	visor Nate Miley	/, District 4 Numl	per of Tickets:
Address of Organization: Number and Street Purpose for Distribution: (Describe the public p	ourpose for the dis	City stribution to the o	rganization.)	State Zip Code
5. Verification I have determined that the distribution of tickets see Signature of Agency Head or Designee Comment: (Use this space or an attachment for any sector)	L HISHIDA GRA	AFF PRIN	CIPAL ANALYST Title	C Regulation 18944.1.
			PPC Toll-Free Helpling	FPPC Form 802 (Feb/09) 866/ASK-FPPC (866/275-3772)

Tickets Provided by			~
Agency Report	A Publ	c Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	
COUNTY OF ALAMEDA		· · · · · · · · · · · · · · · · · · ·	Form OUZ For Official Use Only
Division, Department, or Region (<i>if a</i>	iplicable)		For Onicial Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612 Area Code/Phone Number E-mail			
		🗌 Amendment ((Must explain in Part 5.)
(510) 272-3882 crysta Agency Contact (name and title)	al.hishida@acgov.org	Date of Original F	ilina:
Crystal Hishida Graff, Principal An	alvet County Administrat		(month, day, year)
2. Event For Which Tickets Were			
Date(s) of Event: $\frac{02}{27}$		/ Monster Jam	
		24	
/	— Face Value of Ticke	t: \$	
Agency Event 🔲 Yes 🛛 🕅	lo (Identify source of ticket	s below.)	
Name of Outside Source of Ticket(Desided to America Go	Iden State Warrirors	
	Frovided to Agency:		
Number of Tickets Received:	Ticket(s) Prov	ided to Agency: Gratuitous	sly I Pursuant to Contrac
3. Agency Official(s) Receiving 1	icket(s) (use a continuatio	n sheet for additional names)	
Name of Official	Number	State Whether the Distribution	is Income to the Official or
(Last, First)	of Tickets	Describe the Public Purp	ose for the Distribution
4. Individual or Organization Red	ceiving Ticket(s) (Provid	ed at the behest of an agency offic	sial.)
Name of Behesting Agency Official	Alameda County Superv	sor Nate Milev. District 4	
		······································	
Name of Individual or Organization	Robert & Kristine Coffelt	N	Number of Tickets:5
Ũ			
Description of Organization:			
Address of Organization:	Street	City	State Zip Code
Purpose for Distribution: (Describe	the public purpose for the dis	ribution to the organization)	
volunteer contribution to communit		installon to the organization.y	
	y		
5. Verification			
I have determined that the distribution (of tickets set forth above is in	accordance with the provisions of	FPPC Regulation 18944.1
	CRYSTAL HISHIDA GRA	-	بر <i>ل</i> ر
Signature of Agency Head of Designee	Print Name		i (month day year)
Comment: (Use this space or an attachn			(monin, cay, year)
3-GS, 2NM			

Agency Report A Public Docun	nent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	Date Stamp	California
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must e)	volain in Part 5)
(510) 272-3882 crystal.hishida@acgov.org		pianini i art 5.y
Agency Contact (name and title)	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		(
2. Event For Which Tickets Were Distributed	I	
Date(s) of Event: <u>02 / 27 / 10</u> Description of Event: <u>Monster</u>	Jam	
	N.O O	
/Face Value of Ticket: \$		
Agency Event Yes X No (Identify source of tickets below.)		
	Varrirors	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State V		
Number of Tickets Received: Ticket(s) Provided to Age	ncy: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ac		
	nether the Distribution is Inc cribe the Public Purpose fo	
		· · · · · · · · · · · · · · · · · · ·
	r ran nin der Mild I	
4. Individual or Organization Receiving Ticket(s) (Provided at the beh	est of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mi</u>	ley, District 4	
Name of Individual or Organization: <u>Danny Chu</u>	Numbe	er of Tickets:2
Description of Organization:		
Address of Organization:	ity	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	e organization)	
	e organization.)	
volunteer contribution to community		
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance v	with the provisions of FPPC	Regulation 18944 1
	-	- / /
	INICIDAL ANIALYOT	
Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PR		1/19/10

Tickets Provided by A Public Doo	cument	TICKETS PROVIDED BY AGENCY REPORT
. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)	Date Stamp	California Form 802
1221 OAK STREET, #555 Street Address		
OAKLAND, CA 94612 Area Code/Phone Number E-mail	Amendment (Must e	xplain in Part 5.)
510-272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Official	Date of Original Filing:	(month, day, year)
Event For Which Tickets Were Distributed Date(s) of Event: 03 22 10 Description of Event: Warr	iors v. Suns	
Agency Event Yes No (Identify source of tickets below	V.)	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Number of Tickets Received: 2 Ticket(s) Provided to	Agency: Gratuitously	☑ Pursuant to Contract
. Agency Official(s) Receiving Ticket(s) (use a continuation sheet Name of Official Number Stat	for additional names) te Whether the Distribution is In	
(Last, First) of Tickets	Describe the Public Purpose for	or the Distribution
. Individual or Organization Receiving Ticket(s) (Provided at the Name of Behesting Agency Official: Supervisor Gail Steele	e behest of an agency official.) strict 2	
Name of Individual or Organization: Lighthouse Community Center		per of Tickets:2
Description of Organization: serves LGBTQ community and allies in	Southern Alameda County	
Address of Organization: 1217 A Street	Hayward City	CA 94541 State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to promote health, motivate and provide expanded opportunities to v	-	County Commun
. Verification I have determined that the distribution of tickets set forth above is in accorda	ance with the provisions of FPP PRINCIPAL ANALYST	C Regulation 18944.1.
Signature of Ageneric Head or Designee CRYSTAL HISHIDA GRAFF		(month. dav. vear)

 Signature of Ageney/Head/or Designee
 Print Name
 Title

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

Agency Report		A Publi	ic Docum€	ent	TICKETS PI Agen	ICY REPO
. Agency Name				Date Stamp	California Form	001
COUNTY OF ALAMEDA					Form	004
Division, Department, or Reg	ion (if applicable)		<u></u>		For Official Us	se Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	Amendment (Must explain in Part 5.)					
510-272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)	1
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	r's Office			
. Event For Which Ticket						
Date(s) of Event:2	22 <u>/ 10</u> Desc	ription of Even	t: <u>Warriors v.</u>	Suns		
	/ Face			95		
Agency Event 🗌 Yes	🛛 No (Identify s		-			
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Go</u>	Iden State Wa	Irriors		
Number of Tickets Received	l: <u>4</u>	Ticket(s) Prov	vided to Agend	sy: 🔲 Gratuitously	🗵 Pursuant to	Contra
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for add	tional names)		
Name of Offic	cial	Number		ther the Distribution is Ind		
(Last, First)		of Tickets	Descr	be the Public Purpose for	or the Distribution	
······						
. Individual or Organizati	on Receiving Tid	: ket(s) (Provid	ed at the behes	t of an agency official.)		
. Individual or Organizati	on Receiving Tic	: ket(s) (Provid	ed at the behes	t of an agency official.) みていてー		
. Individual or Organizati Name of Behesting Agency	on Receiving Tic Official: <u>Superviso</u>	: ket(s) (Provid r Gail Steele o	ed at the behes	t of an agency official.) S子でi C子		
Name of Behesting Agency	Official: Superviso	r Gail Steele	ed at the behes 2^{nd} b	strict	er of Tickets:	4
Name of Behesting Agency	Official: Superviso	r Gail Steele o	2nd Dr	strict Numb	er of Tickets:	4
Name of Behesting Agency	Official: Superviso	r Gail Steele o	2nd Dr	strict Numb		4
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: Supervison nization: Sunol Bus	r Gail Steele o	S in the Sunol	Strict Numb	County	4
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{P}{P}$	Official: Superviso	r Gail Steele o	2 nd M s in the Sunol Sunol	strict Numb	County	4 Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{P}{Nu}$	Official: Supervisor nization: Sunol Bus promotes econom .O. Box 94 mber and Street	r Gail Steele o iness Guild ic opportunitie	Sunol City	Strict Numb environs of Alameda CA	County 94586	4 Zip Cot
Name of Individual or Organ Description of Organization: Address of Organization: $\frac{P}{Nu}$ Purpose for Distribution: (D	Official: Supervisor nization: Sunol Bus promotes econom .O. Box 94 mber and Street	r Gail Steele of iness Guild ic opportunitie	Sunol City	Strict Numb environs of Alameda CA	County 94586	4 Zip Coc
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{P}{Nu}$	Official: Supervisor nization: Sunol Bus promotes econom .O. Box 94 mber and Street	r Gail Steele of iness Guild ic opportunitie	Sunol City	Strict Numb environs of Alameda CA	County 94586	4 Zip Coc

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

1/19/10 (month, day, year) CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agend Head of Designee Print Name Title

Tickets Provided by Agency Report A Public I	Document	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name	Date Stamp	California 000
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Muster	unlein in Dert 5 l
(510) 272-3882 crystal.hishida@acgov.org		kpiain in Parto.j
Agency Contact (name and title)	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's	Office	(monini, day, your)
2. Event For Which Tickets Were Distributed	I I	
Date(s) of Event: <u>02 / 17 / 10</u> Description of Event: <u>B</u>	asketball Game	
	A	
/Face Value of Ticket: \$.		
Agency Event I Yes I No (Identify source of tickets be	elow.)	
	•	
Name of Outside Source of Ticket(s) Provided to Agency: Golden		
Number of Tickets Received: Ticket(s) Provided	d to Agency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation she	eet for additional names)	
Name of OfficialNumber(Last, First)of Tickets	State Whether the Distribution is Inc Describe the Public Purpose for	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		er er en
4. Individual or Organization Receiving Ticket(s) (Provided at	t the behest of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervisor</u>	Nate Miley, District 4	
Name of Individual or Organization: Stanford Ma	Numbo	er of Tickets:1
Description of Organization:		
Address of Organization:	City	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribut	tion to the organization)	
	uon to the organization.)	
volunteer contribution to community		
Verification		
5. Verification I have determined that the distribution of tickets set forth above is in acco	ordance with the provisions of FPPC	Regulation 18944.1.
		. 1 1
CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/12/10

Agency Report		AFUDIC	Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		·····		Date Stamp	California 000
COUNTY OF ALAMEDA			Form OUZ		
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	mail				
(510) 272-3882 ci	Amendment (Muste)	(plain in Part 5.)			
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	Analyst, County	Administrator's	s Office		(monin, day, year)
2. Event For Which Tickets W					
Date(s) of Event: 17			Basketball (Game	
/	J Face Va	alue of Ticket:	\$ 45.00		
Agency Event	🗵 No (Identify so	urce of tickets I	below.)		
	· ·			rriors	
Name of Outside Source of Ticl	<pre>ket(s) Provided to</pre>	Agency:			
Number of Tickets Received:	<u>1</u> T	icket(s) Provid	ed to Agency	y: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Receivir	n g Ticket(s) (use	a continuation s	heet for addit	ional names)	
Name of Official	··· [Number		ner the Distribution is Inc	
(Last, First)		of Tickets	Descrit	be the Public Purpose for	r the Distribution
		ŀ			
				· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organization	Receiving Tick	et(s) (Provided	at the behest	of an agency official)	
Name of Behesting Agency Off	icial: Alameda Co	unty Superviso	or Nate Miley	r, District 4	
					1
Name of Individual or Organiza	tion:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:					
Number	and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpo	ose for the distrib	oution to the o	rganization.)	
· ····································					
volunteer contribution to comm	annty				
volunteer contribution to comm				- 10 - 10	
volunteer contribution to comm 5. Verification		th above is in ac	cordance wiff	the provisions of FPPC	Regulation 18944 1
	tion of tickets set for				Regulation 18944.1.
volunteer contribution to comm 5. Verification	tion of tickets set for CRYSTAL HIS	th above is in ac SHIDA GRAFF int Name		n the provisions of FPPC CIPAL ANALYST Title	Regulation 18944.1.

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
-	nail			
	ystal.hishida@acgov.org		Amendment (Muster	kplain in Part 5.)
Agency Contact (name and title)	ystal.msrnua@acg0v.org		Date of Original Filing: _	
Crystal Hishida Graff, Principal	Analyst County Administrat	or's Office		(month, day, year)
	-	or s Office		
2. Event For Which Tickets W		Deekstheil	Como	
Date(s) of Event:	/ 10 Description of Ever	nt: Basketball	Game	
/	Face Value of Tick	et: \$	5	
		•		
Agency Event 🛛 Yes 🛛	☑ No (Identify source of ticke	ts below.)		
Name of Outside Source of Tick	et(s) Provided to Agency:	olden State Wa	rrirors	
Number of Tickets Received:	10		y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receivin	g Ticket(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
			, 	
4. Individual or Organization				
Name of Behesting Agency Offic	cial: Alameda County Super	visor Nate Mile	y, District 4	
Name of Individual or Organizat	ion: United Seniors of Oakla	nd & Alameda	County Number	er of Tickets:10
Description of Organization: <u>Se</u>	nior Advocacy			
Address of Organization.	Bancroft Avenue, Suite 178, and Street	Oakland, CA	94605	State Zip Code
		•		
Purpose for Distribution: (Descr		stribution to the c	rganization.)	
volunteer contribution to commu	unity			
				······································
5. Verification				
I have determined that the distributi	ion of tickets set forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
lof mar	CRYSTAL HISHIDA GRA	FF PRIN	CIPAL ANALYST	1/12/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Agency Report	A Public D	ocument	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Reg	jion (if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	Amendment (Mu	ist explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@acgov.org	Data of Original Filip	
. .		Date of Original Filin	(month, day, year)
	cipal Analyst, County Administrator's C	ЛПСЕ	u.
2. Event For Which Ticket		arlom Clabotrattora	
Date(s) of Event:/	16 / 10 Description of Event: Ha		
!	——/ Face Value of Ticket: \$ _	33-	
Agency Event 🛛 Yes	No (Identify source of tickets bel	low)	
÷ ,			
Name of Outside Source of	Ticket(s) Provided to Agency: Golden		· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received	d:4 Ticket(s) Provided	to Agency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a continuation she	et for additional names)	
Name of Offi		State Whether the Distribution is	Income to the Official or
(Last, First)	of Tickets	Describe the Public Purpos	e for the Distribution
·			
			······································
4. Individual or Organizati	on Receiving Ticket(s) (Provided at	the behest of an agency official	.)
	Official: Alameda County Supervisor	Nate Miley District 4	
Name of Behesting Agency	Official:		······
Name of Individual or Orga	nization: <u>Marvin and Linda Tangren</u>	Nu	mber of Tickets:4
Description of Organization	•		
Address of Organization:	mber and Street	City	State Zip Code
Durnaca for Distributions (C) a serie of the public pumpose for the distributi		
-	escribe the public purpose for the distributi	ion to the organization.)	
family's contribution to com	munity	t	
5. Verification			
5. Verification I have determined that the dist	ribution of tickets set forth above is in acco	rdance with the provisions of FF	PPC Regulation 18944.1.
	ribution of tickets set forth above is in accol CRYSTAL HISHIDA GRAFF	rdance with the provisions of Ff PRINCIPAL ANALYST	PPC Regulation 18944.1.

		A FUDIIC D	ocume	nt	TICKETS PROVIDED AGENCY REPO	
1. Agency Name				Date Stamp	California QO	
COUNTY OF ALAMEDA					Form OUA	
Division, Department, or Reg	ion (if applicable)	•			For Official Use Only	
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must		
(510) 272-3882 crystal.hishida@acgov.org				Amendment (Must explain in Part 5.)		
Agency Contact (name and title)				Date of Original Filing:		
Crystal Hishida Graff, Princ	ipal Analyst, Coun	office		(monal, day, year)		
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event:01 /_1		ription of Event: <u>Ha</u>	arlem Glob	etrotters		
Date(s) of Event:			2/	3		
/	Face	Value of Ticket: \$ _	0			
Agency Event	No (Identify s	ource of tickets bel	ow)			
	•			riroro		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Golden				
Number of Tickets Received	:	Ticket(s) Provided	to Agency	: 🔲 Gratuitously	Pursuant to Contra	
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation she	et for additi	onal names)		
Name of Offic	cial	Number S	state Wheth	er the Distribution is I	ncome to the Official or	
(Last, First)		of Tickets	Describ	e the Public Purpose :	for the Distribution	
4. Individual or Organizati	on Bassiving Tis	ltatio) (Duraidadat	4 h	- 6		
4. Individual or Organization						
Name of Behesting Agency	Official: Alameda C	County Supervisor N	late Miley	District 4		
Name of Individual or Organ	ization: David & M	ichelle Haubert		Numl	per of Tickets: <u>2</u>	
Description of Organization:						
Description of Organization:					~	
Description of Organization:			City		State Zin Cod	
Description of Organization: Address of Organization:	nber and Street		City		State Zip Code	
Description of Organization: Address of Organization:	nber and Street escribe the public pur		City		State Zip Code	
Description of Organization: Address of Organization:	nber and Street escribe the public pur		City		State Zip Code	
Description of Organization: Address of Organization:	nber and Street escribe the public pur		City		State Zip Cod	
Description of Organization: Address of Organization: Nur Purpose for Distribution: (Du volunteer contribution to con 5. Verification	nber and Street escribe the public pur mmunity	pose for the distributi	City on to the or	ganization.)		
Description of Organization: Address of Organization:	nber and Street escribe the public pur mmunity ibution of tickets set f	pose for the distributi	City on to the or rdance with	ganization.) the provisions of FPF		
Description of Organization: Address of Organization: Nur Purpose for Distribution: (Du volunteer contribution to con 5. Verification	nber and Street escribe the public pur mmunity ibution of tickets set f	pose for the distributi	City on to the or rdance with	ganization.)		

Agency Report		A Public I	Docume	nt	TICKETS PROVIDED E AGENCY REPOI
1. Agency Name			Ī	Date Stamp	California
COUNTY OF ALAMEDA				Form OU2	
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail	,		Amendment (Must	evaluia in Part 5)
(510) 272-3882 crystal.hishida@acgov.org					xpiain in ran 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	Office	[
2. Event For Which Ticket	s Were Distribute	ed		· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event:	16 / 10 Desc	ription of Event: H	larlem Glob	petrotters	
				3/	
	/ Face	Value of Licket: \$		<u> </u>	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of tickets be	elow.)		
Name of Outside Source of	Tickot(s) Provided (Golder	n State War	Tirors	
		to Agency.			
Number of Tickets Received	l:	Ticket(s) Provided	d to Agency	/: ☐ Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sh	eet for additi	onal names)	
Name of Offi (Last, First)	cial	Number			ncome to the Official or
(Last, Fiist)		of Tickets	Describ	be the Public Purpose f	or the Distribution
<u></u>					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided a	it the behest	of an agency official.)	
Name of Behesting Agency	Alameda (County Supervisor	Nate Milev	District 4	
Name of Behesting Agency	Official:		Trate timey	, District 1	
Name of Individual or Orgar	vization. Karissa &	Courtney Haubert		Num	per of Tickets: <u>2</u>
Name of manadal of organ					
Description of Organization:					
Address of Organization:	mber and Street		0.4		
			City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distribu	ition to the or	rganization.)	
outstanding academic achie	evement	10.101 I			
5. Verification					
5. Verification I have determined that the distri	ibution of tickets set f	orth above is in acco	ordance with	the provisions of FPP	C Regulation 18944.1.
5. Verification I have determined that the district of the second	1				C Regulation 18944.1.
	CRYSTAL H	forth above is in acco HSHIDA GRAFF Print Name		the provisions of FPP CIPAL ANALYST Title	C Regulation 18944.1.