Tickets Provided by	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report       A Public Docume         1. Agency Name       COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612		Date Stamp	California Form 802 For Official Use Only	
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.his         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst	one Number E-mail 32 crystal.hishida@acgov.org			xplain in Parl 5.) (monih, day, year)
	Description of Ever Face Value of Ticke dentify source of ticke ovided to Agency: <u>Go</u>	et: \$ ts below.) olden State Wa	95.00	
3. Agency Official(s) Receiving Tick	et(s) (use a continuation Number		ional names) her the Distribution is In	come to the Official or
(Last, First) Carson, Keith	2	Descril	be the Public Purpose for	or the Distribution
<b>4. Individual or Organization Receiv</b> Name of Behesting Agency Official:	repervisor	Kerth (	<u>brson</u> , Drs	er of Tickets:
Address of Organization: Number and Street Purpose for Distribution: (Describe the p  5. Verification I have determined that the distribution of tic	public purpose for the dis			State Zip Code
Signature of Agency Head or Designee	YSTAL HISHIDA GRA Print Name for eny additional information		CIPAL ANALYST Title Iment explanation.)	(month, day, year)

Tickets Provided by			_		TICKETS PROVIDED BY
Agency Report A Public Docum			ent	AGENCY REPORT	
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					1
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	icaov ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ		tv Administrato	r's Office		(month, day, year)
2. Event For Which Ticket		-			
			. Golden Sta	te Warriors vs. Detroit l	Pistons
Date(s) of Event:2					
/	/ Face	Value of Ticke	t: \$	95.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
•			-		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Go	iden State wa	imors	
Number of Tickets Received	1:	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously .	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (or	se a continuatio	h sheet for addi	tional names)	
				her the Distribution is Inc	ome to the Official or
Name of Offi (Last, First)		Number of Tickets		be the Public Purpose for	
					<u> </u>
· · · · · · · · · · · · · · · · · · ·					
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provide	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Keith Cars	on, Superviso	r Fifth District		
Name of Benesting Agency		r I			
Name of Individual or Organ	nization. Daniel Lyo	ons		Numbe	er of Tickets:2
Name of Individual of Organ					
Description of Organization	·				
Address of Organization:					
- Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the a	organization.)	
To promote attendance at a	a County facility in o	order to maximi	ize potential C	county revenue from pa	arking and concession
5. Verification					
I have determined that the dist	ribution of tickets set 1	forth above is in	accordance wit	th the provisions of FPPC	Regulation 18944.1.
111			•		2/25/10
20 Hanst		HISHIDA GRA	<u> </u>	ICIPAL ANALYST	(month day year
Signature of Agency Head of Desig			a iaaludie e ew		(In Sinni, day, your)
Comment: (Use this space or a	m allacriment for any ad	ulional informatio	n nouuing amen	ument explanation.)	

Tickets Provided by		Δ Publ	ic Docume	ant	
Agency Report			ie bocume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form
Division, Department, or Regio	<b>n</b> (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	E-mail			Amendment (Must e)	xolain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			
Agency Contact (name and title)		· · · ·		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	ty Administrat	or's Office		
2. Event For Which Tickets	Were Distribute	əd			
Date(s) of Event: 27	/ 10 Desci	ription of Ever	nt: Golden Sta	te Warriors vs. Detroit	Pistons
				95.00	
/	_/ Face	value of TICK	∋t: ֆ		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ti	cket(s) Provided t	o Agency. Go	olden State Wa	rriors	
Number of Tickets Received:	0			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia	al	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
	_				
Name of Behesting Agency O	fficial: <u>Keilin Cars</u>	on, Superviso	or Fifth District		
	Isetta Rode	aers		N huma la	an of Tielester 2
Name of Individual or Organiz	ation:	<u> </u>			er of Tickets:2
Description of Organization: _					
Address of Organization:	per and Street		City	· · · · · · · · · · · · · · · · · · ·	State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the dis	stribution to the a	proanization.)	
To promote attendance at a (					arking and concession
5. Verification				· · · · · · · · · · · · · · · · · · ·	
I have determined that the distrib	ution of tickote eat f	orth above is ir	annordanna wil	h the provisions of FDD(	Regulation 18944 1
					Jostio
- WH part		HISHIDA GRA	NF PRIN		
Signature of Agency Head or Designee	9	Print Name		Title	(nhonth, day, year)

	· ^	Public Docume	ent	TICKETS PROVIDED E AGENCY REPOR
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				
	-mail			
(510) 272-3882	crystal.hishida@acgov.or	a	Amendment (Must ex,	plain in Part 5.)
Agency Contact (name and title)	aryonaninonina (Bacgornor	3	Date of Original Filing:	
Crystal Hishida Graff, Princip	al Analyst County Admi	nistrator's Office		(month, day, year)
2. Event For Which Tickets				
		Golden Sta	te Warriors vs. Detroit	Pistons
Date(s) of Event:27			0 E 0 0	
/	_/ Face Value of	f Ticket: \$	95.00	
	VI No (Identify course o	f tiekota bolow \		
Agency Event 🛛 Yes	No (Identify source o	•		
Name of Outside Source of Ti	cket(s) Provided to Agene	cy: Golden State Wa	arriors	·····
Number of Tickets Received:			cy: 🔲 Gratuitously .	Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (use a con	tinuation sheet for add	itional names)	
Name of Officia	al Num	ber State Whe	ther the Distribution is Inc	ome to the Official or
(Last, First)	of Tic		ibe the Public Purpose for	
4. Individual or Organizatio	n Receiving Ticket(s)	(Provided at the beher	st of an agency official.)	
-	• •			
<b>4. Individual or Organizatio</b> Name of Behesting Agency O	• •			
Name of Behesting Agency C	fficial: <u>Keith Carson, Sup</u>			er of Tickets: 2
-	fficial: <u>Keith Carson, Sup</u>			er of Tickets:2
Name of Behesting Agency O Name of Individual or Organiz	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u>			er of Tickets:2
Name of Behesting Agency C	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u>			er of Tickets:2
Name of Behesting Agency O Name of Individual or Organiz Description of Organization:	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u>	ervisor Fifth District	Numbe	er of fickets:
Name of Behesting Agency O Name of Individual or Organiz Description of Organization:	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u>		Numbe	er of fickets:
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: _ Address of Organization:	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u>	ervisor Fifth District	Numbe	er of fickets:
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u> er and Street scribe the public purpose for	pervisor Fifth District	organization.)	State Zip Code
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: _ Address of Organization:	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u> er and Street scribe the public purpose for	pervisor Fifth District	organization.)	State Zip Code
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at a O	fficial: <u>Keith Carson, Sup</u> ation: <u>Melvin Scott</u> er and Street scribe the public purpose for	pervisor Fifth District	organization.)	State Zip Code
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at a O	fficial: <u>Keith Carson, Sup</u> ration: <u>Melvin Scott</u> er and Street scribe the public purpose for County facility in order to	ervisor Fifth District City the distribution to the maximize potential C	organization.)	State Zip Code
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at a O	fficial: <u>Keith Carson, Sup</u> ration: <u>Melvin Scott</u> er and Street scribe the public purpose for County facility in order to	ervisor Fifth District City the distribution to the maximize potential C	organization.)	State Zip Code
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at a O	fficial: <u>Keith Carson, Sup</u> ration: <u>Melvin Scott</u> er and Street scribe the public purpose for County facility in order to	ervisor Fifth District City the distribution to the maximize potential ( ve is in accordance wi	organization.)	State Zip Code

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				-	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 (Must ex	volais in Port 5 \
(510) 272-3882	crystal.hishida@a	acgov.org			tpiain in Part 5.7
Agency Contact (name and title	-	<u> </u>		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrato	r's Office		(monar, ody, your)
2. Event For Which Ticket					
Date(s) of Event: $\frac{02}{2}$			. Golden Sta	te Warriors vs. Detroit	Pistons
				95.00	
/	/ Face	Value of Ticket	t: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets	s below.)		
	The last (a) Duran data at (	Gol	den State Wa	rriors	
Name of Outside Source of	Ticket(s) Provided i	to Agency:			
Number of Tickets Received	l:2	Ticket(s) Prov	ided to Agend	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	n sheet for addi	tional names)	
Name of Offi	cial	Number	State Whet	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	or the Distribution
		ļ			
		ļ			
4. Individual or Organizati Name of Behesting Agency	-			t of an agency official.)	<u></u>
Name of Individual or Organ	nization: <u>Robert Be</u>	njamon		Numb	er of Tickets:2
Description of Organization	·				
Address of Organization:	mber and Street		City	<u>.</u>	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dist	tribution to the	organization.)	
To promote attendance at a		-			arking and concession
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in	accordance wil	h the provisions of FPPC	C Regulation 18944.1,
LILA 11					alastin
Signature of Agency Head/or/Desig		HISHIDA GRAF		ICIPAL ANALYST	(month day year)
Comment: (Use this space or a			n includina amen		(, oug, your)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA	on (formalizable)				For Official Use Only
Division, Department, or Regi	on (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	-				
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.}
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title)	)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	ipal Analyst, Count	ty Administrat	or's Office		
2. Event For Which Tickets	Were Distribute	ed		· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event: <u>02</u>	7 / 10 Desci	ription of Ever	, Golden Stat	te Warriors vs. Detroit	Pistons
				0 F 00	
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	rriors	
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
				• •	
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (Provid	l ied at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ	ization: <u>Sylvester</u> E	Brooks		Numbe	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a					arking and concession
			inze potentiar o		
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
bet muth		HISHIDA GRA		ICIPAL ANALYST	2/25/10
Signature of Agency Head of Design		Print Name		Title	

Tickets Provided by Agency Report	A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicabl 1221 OAK STREET, #555	e)	Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612	÷		
Area Code/Phone Number         E-mail           (510) 272-3882         crystal.hish           Agency Contact (name and title)         Contact (name and title)	ida@acgov.org	Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst,	-		(month, day, year)
2. Event For Which Tickets Were Dist Date(s) of Event: <u>02</u> <u>10</u>		ate Warriors vs. Oklahor	na City Thunder
	Face Value of Ticket: \$		
Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Pro	entify source of tickets below.) wided to Agency. Golden State W	arriors	
Number of Tickets Received: $\frac{2}{2}$			☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticker	<b>t(s)</b> (use a continuation sheet for ad	ditional names)	
Name of Officiał (Last, First)		ether the Distribution is Inco oribe the Public Purpose for	
4. Individual or Organization Receiving			
Name of Behesting Agency Official:	h Carson, Supervisor Fifth Distric	t	· · · · · · · · · · · · · · · · · · ·
Name of Individual or Organization:	ell MacKinney	Numbe	r of Tickets: <u>2</u>
Description of Organization:	<u> </u>		ww.tst
Address of Organization:	Cit	У	State Zip Code
Purpose for Distribution: (Describe the pu		-	
To promote attendance at a County facil	ity in order to maximize potential	County revenue from pa	rking and concession
5. Verification I have determined that the distribution of ticke		vith the provisions of FPPC	Regulation 18944.1.
Signature of Agency Headfor Designee Comment: (Use this space or an attachment for	Print Name	Title	(mohth, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address	den das 21 oct.				
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	plain in Pert 5 \
(510) 272-3882	crystal.hishida@a	cgov.org			plantin Facto.y
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		(menul cell feel)
2. Event For Which Ticket		-			·
Date(s) of Event: $\frac{02}{2}$			. Golden Stat	te Warriors vs. Detroit l	Pistons
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticket	ts below.)		
	, -			rriors	
Name of Outside Source of	Ticket(s) Provided t	o Agency:			
Number of Tickets Received	l:	Ticket(s) Prov	vided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Offi	cial	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official )	
_	-			e or an agonoy onioidily	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
					2
Name of Individual or Organ	nization: Valiene Se	:815		Numbe	er of Tickets:2
Description of Organization					
Address of Organization:	mber and Street		City	<u></u>	State Zip Code
Purpose for Distribution: (D		nose for the dis	stribution to the a	organization )	
1 ,	• •	-		•	whing and concession
To promote attendance at a	a County facility in o		lize potential C	ounty revenue from pa	arking and concession
5. Verification					
I have determined that the dist	nbution of tickets set f	iorth above is ir	accordance wit	in the provisions of FPPC	Regulation 18944.1.
68 Mull	CRYSTAL F	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	2/25/10
Signature of Agenoy Head or Desig	nee	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name				Date Stamp	California 002
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Region (i	f applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number [E-m	ail		· · · ·		
	stal.hishida@ad			Amendment (Muste	explain in Part 5.)
Agency Contact (name and title)	stat.msmda@at	Jgov.org		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst County	/ Adminietrat	or's Office		(month, day, year)
			or s onice		
2. Event For Which Tickets We			Goldon Sta	to Marrior's come	
Date(s) of Event:0413 _/					
//	Face \	alue of Ticke	et: \$	95.00	
• • –	No (Identify so				
Name of Outside Source of Ticke	et(s) Provided to	Agency: Go	olden State Wa	arriors	
Number of Tickets Received:					I Pursuant to Contrac
3. Agency Official(s) Receiving	<b>g Ticket(s)</b> (us	e a continuatio	on sheet for add	itional names)	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Ir ibe the Public Purpose f	
					,, , <u>"****</u>
4. Individual or Organization F				st of an agency official.)	
Name of Behesting Agency Offic	ial: <u>Supervisor</u>	Scott Hagge	rty District 1		
Name of Individual or Organizati	on: Well's Midd	lle School		Numl	per of Tickets: 20
Description of Organization: <u>Mic</u>	Idle School				
	Penn Drive, Dub	olin CA 94568	3 City		State Zip Code
Purpose for Distribution: (Descri	be the public pur	oose for the dis	stribution to the	organization.)	
to be used as a fundraiser item	to benefit the so	hool as a fur	nding source fo	or their campus	
5. Verification					
I have determined that the distribution	on of tickets set fo	orth above is ir	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
PILA A					alilio
	CRYSIALE	IISHIDA GRA		NCIPAL ANALYST	91110

 Signature of Agency-Head or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report	A Put	olic Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
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Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must exp	plain in Part 51
(510) 272-3882	crystal.hishida@acgov.org			
Agency Contact (name and title	5		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County Administra	ator's Office		,
2. Event For Which Ticket		· · · ·		
Date(s) of Event:2	Le <u>10</u> Description of Eve	ent: Mana	h Carey	<u> </u>
2 die(e) of 2 total	Face Value of Ticl	109	.25 (	
/		Kel. 9 <u>19 1</u>		<u>^</u>
Agency Event 🛛 🗌 Yes	No (Identify source of tick	ets below.)	· · ·	1
Name of Outside Source of	Ticket(s) Provided to Agency:	Joden C	State 14	Arnors
Number of Tickets Received	l: Ticket(s) Pr	ovided to Agency	: Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (use a continuat	tion sheet for additi	onal names)	
Name of Offi (Last, First)	1		er the Distribution is Inc.	
(Lasi, 1130)	of Tickets	Describ	e the Public Purpose for	
· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organizati	on Receiving Ticket(s) (Prov			yong-4
	accin Mater ANNON	Mament-	Panto Bras	of a hipeneric
Name of Behesting Agency				
Name of Individual or Orgar		$l \sim$	Vumbe	r of Tickets:
Hame of manual of organ		•		
Description of Organization				
Address of Organization:	mber and Street	City		State Zip Code
	·	-		1
Purpose for Distribution: (D	escribe the public purpose for the $a$	distribution to the or	rganization.)	PUDL
To remaral a sport to	mmmy voluntar	for her	genne to t	he been
5. Verification	0			
	ribution of tickets set forth above is	in accordance with	the provisions of FPPC	Regulation 18944.1.
11/2 -11				ofanti
Signature of Agency Head or Design	CRYSTAL HISHIDA GR		Title	
V	n attachment for any additional informa	tion including amendr		

Tickets Provided by		lic Docume	nt	TICKETS PROVIDED BY
Agency Report	Arub	nc Docume	;     L	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
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				
	താരായന്മ		Amendment (Must exp	plain in Part 5.)
(510) 272-3882 crystal.hishida Agency Contact (name and title)			Date of Original Filing: _	
				(month, day, year)
Crystal Hishida Graff, Principal Analyst, C		or's Unice		
2. Event For Which Tickets Were Distrik				
Date(s) of Event: <u>02 / 06 / 10</u> D	escription of Eve	nt: Golden Stat	te Warriors vs. Oklahor	na City Thunder
<i></i>				
		σι. ψ		
Agency Event 🛛 Yes 🖾 No (Ident	ify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provid	ad to Aconour Go	olden State Wa	rriors	
Name of Outside Source of Ticket(s) Provid	eu to Agency.			
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously.	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	) (use a continuatio			
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
Carson, Keith	4	To obtain oversight of facilities or events.		
,				
4. Individual or Organization Receiving	Ticket(s) (Provi	ded at the behes	t of an agency official.)	_
Name of Behesting Agency Official:	pervisor K	with Car	ron, Distri	ct 5
Name of Individual or Organization:				r of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public	purpose for the di	stribution to the c	organization.)	
5. Verification				
I have determined that the distribution of tickets	set forth above is il	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
CRYST	AL HISHIDA GRA		ICIPAL ANALYST	2/2/17
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for an		on including among	dment explenation )	
	,		······································	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY	
1. Agency Name					AGENCY REPORT	
COUNTY OF ALAMEDA				Date Stamp	California Form 802	
Division, Department, or Reg	on (if applicable)				For Official Use Only	
	ion (ir appricable)					
1221 OAK STREET, #555 Street Address						
OAKLAND, CA 94612 Area Code/Phone Number	E-mail					
				Amendment (Muste	xplain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org		Data of Original Filing		
Agency Contact (name and title				Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Princ		-	tor's Office			
2. Event For Which Ticket			Mariah Oar			
Date(s) of Event:/_2	2 <u>5 / 10</u> Desc	ription of Eve	nt: Marian Car	ey		
/	/ Face	Value of Tick	<sub>et: \$</sub> <u> 29.25</u>			
Agency Event 🛛 Yes	🛛 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u> </u>	olden State Wa	arriors		
Number of Tickets Received				sy: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is In ibe the Public Purpose fo		
Carson, Keith		4	To obtain ov	oversight of facilities or events		
4. Individual or Organizati	on Receiving Tic	l : <b>ket(s)</b> (Provi	I ded at the behes	t of an agency official.)		
Name of Behesting Agency	STAR STONEY	1502 Ker	the Carso	n, District 5	-	
Name of Behesting Agency	Official: QAA					
Name of Individual or Organ					er of Tickets:	
Description of Organization:						
Address of Organization:	mber and Street		City		State Zip Code	
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)		
5. Verification						
I have determined that the dist	ribution of tickets set t	forth above is i	n accordance wi	th the provisions of FPP(	C Regulation 18944.1.	
Lost Ant		HISHIDA GR		ICIPAL ANALYST	2/17/1	
Signature of Agency Head or Design	lee	Print Name		Title	(month, day, year)	

,

Tickets Provided by		Δ Publ	ic Docume	ont	TICKETS PROVIDED BY
Agency Report					AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA			-	Date Stamp	Form 802
Division, Department, or Region	/if annlicable)				For Official Use Only
1221 OAK STREET, #555	(in approable)				
Street Address					
OAKLAND, CA 94612					
	mail				
	ystal.hishida@a	caoy ora		Amendment (Mustex)	plain in Part 5.)
Agency Contact (name and title)	ystati.nisnida@d	0901.019		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	l Analvst. Count	v Administrat	or's Office		(montn, day, year)
2. Event For Which Tickets W	-			· · · · ·	
Date(s) of Event: 27			, MONSTER	JAM	
				30.00	
//////	J Face	Value of Licke	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticl	ket(s) Provided t	o Agency: <u>GC</u>	DLDEN STATE	WARRIORS	,
Number of Tickets Received: _					Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	<u> </u>
Name of Official (Last, First)		Number		her the Distribution is Inc.	
		of Tickets	Desch	be the Public Purpose for	
4. Individual or Organization	Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Off	ALAMEDA	COUNTY SL	JPERVISOR S	COTT HAĠGERTY, DI	ISTRICT ONE
Name of Individual or Organiza	tion: DE DE DA	VIS		Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:					
Number	and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a community volunte	eer for her servic	e to the publi	с		
F 3/					
5. Verification I have determined that the distribut	tion of ticksta act t	iarth chove in ir	accordonce wit	h the provisions of EPPC	Population 18044-1
I have determined that the distribut					
Signature of Agency Head or Designee		HISHIDA GRA		ICIPAL ANALYST	<u></u>
Comment: (Use this space or an at			on including amend		

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi Street Address		······································	Date Stamp	California Form 802	
1221 OAK STREET, #555, Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princi 2. Event For Which Tickets	E-mail crystal.hishida@a ipal Analyst, Count	acgov.org y Administrato ed		Amendment (Must e	02/24/10 (month, day, year)
Date(s) of Event: <u>03</u> / 0	04 <u>/ 10</u> Desc / Face	ription of Ever Value of Tick	nt: <u>Disney on I</u> et: \$	ce Presents Princess 49.00	
Agency Event ☐ Yes Name of Outside Source of Number of Tickets Received		to Agency: <u>Go</u>	olden State Wa	arriors cy:	☑ Pursuant to Contract
3. Agency Official(s) Recei		se a continuation Number of Tickets	State Whe	itional names) ther the Distribution is In ibe the Public Purpose fr	
4. Individual or Organization	-			t of an agency official.)	
Name of Benesting Agency Name of Individual or Organ Description of Organization:	ization: <u>Kealani Ma</u>	ande		Numb	per of Tickets:4
Address of Organization: Nur Purpose for Distribution: (De To promote attendance at a		-			State Zip Code
5. Verification I have determined that the distr <u>Signature of Agency Head or Design</u>	CRYSTAL I	forth above is ir HISHIDA GRA Print Name		th the provisions of FPP NCIPAL ANALYST Title	C Regulation 18944.1. 2/35// (month, day/year)
Comment: (Use this space or a	n attachment for any ad	ditional informatio	-	dment explanation.)	FPPC Form 802 (Feb/05

Agency Report	-	A Public Doc	ument	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California Form 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Reg	Division, Department, or Region (if applicable)			For Official Use Only
Street Address				
1221 OAK STREET, #555.	OAKLAND, CA 946	512		
Area Code/Phone Number	E-mail			- (allo in Dent 5.)
(510) 272-3882	crystal.hishida@a	caov.ora	Amendment (Must e	· . ·
Agency Contact (name and title			Date of Original Filing:	02/25/2010 (month, day, year)
Crystal Hishida Graff, Prin		v Administrator's Office		(monun, day, year)
2. Event For Which Ticket				
			h Carev	
Date(s) of Event:/_			400.05	
/////////_	/ Face	Value of Ticket: \$	129.20	
Agency Event	No (Identify s	ource of tickets below.	)	
Name of Outside Source of	Ticket(s) Provided t	o Agency: Golden Sta		
Number of Tickets Receive			Agency: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sheet for	or additional names)	
Name of Off			e Whether the Distribution is In	
(Last, First)		of Tickets	Describe the Public Purpose for	or the Distribution
A Individual or Organizat	on Pocolying Tic	kot(s) (Provided at the	behast of an agency official )	
=	=			
=	=			
Name of Behesting Agency	Official: Supervisor	Alice Lai-Bitker, Distri	ict 3	
Name of Behesting Agency	Official: Supervisor	Alice Lai-Bitker, Distri	ict 3	er of Tickets:4
Name of Behesting Agency Name of Individual or Orga	Official: <u>Supervisor</u> nization: <u>Joseph La</u>	Alice Lai-Bitker, Distri	ict 3	er of Tickets:4
Name of Behesting Agency	Official: <u>Supervisor</u> nization: <u>Joseph La</u>	Alice Lai-Bitker, Distri	ict 3	er of Tickets:4
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Supervisor</u> nization: <u>Joseph La</u>	Alice Lai-Bitker, Distri	ict 3	er of Tickets:4
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Supervisor</u> nization: <u>Joseph La</u>	Alice Lai-Bitker, Distri	ict 3	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Supervisor</u> nization: <u>Joseph La</u> :	Alice Lai-Bitker, Distri	ict 3 Numb	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I	Official: <u>Supervisor</u> nization: <u>Joseph La</u> : Imber and Street	Alice Lai-Bitker, Distri	ict 3 Numb	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Supervisor</u> nization: <u>Joseph La</u> : Imber and Street	Alice Lai-Bitker, Distri	ict 3 Numb	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at 5. Verification	Official: Supervisor nization: Joseph La 	Alice Lai-Bitker, Distri rkin pose for the distribution to ounty facility in order t	ict 3 Numb  city to the organization.) o maximize County revenue	State Zip Code
Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: ([	Official: Supervisor nization: Joseph La 	Alice Lai-Bitker, Distri rkin pose for the distribution to ounty facility in order t	ict 3 Numb  city to the organization.) o maximize County revenue	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at 5. Verification	Official: Supervisor nization: Joseph La mber and Street Describe the public pur an event held at a C	Alice Lai-Bitker, Distri rkin pose for the distribution to ounty facility in order t	ict 3 Numb  city to the organization.) o maximize County revenue	State Zip Code

Tickets Provided by Agency Report	A Pubi	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ For Official Use Only
<b>Division, Department, or Region</b> (if applicable)	Division, Department, or Region (if applicable)			
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 9	4612			
Area Code/Phone Number E-mail			Amendment (Must ex)	nlain in Part 5 }
(510) 272-3882 crystal.hishida@acgov.org				
Agency Contact (name and title)			Date of Original Filing: _	02/22/10 (month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				
2. Event For Which Tickets Were Distribution				
Date(s) of Event: <u> </u>	scription of Ever	nt: <u>Monster Ja</u>	m	
/ Fac	ce Value of Ticke	et: \$	30.00	
Agency Event 🔲 Yes 🗵 No (Identify	source of ticker	ts below.)		
Name of Outside Source of Ticket(s) Provide	d to Agency: <u>Go</u>	olden State Wa	rriors	
Number of Tickets Received:3				Pursuant to Contract
	Hoket(S) FIG	vided to Agenc		A rusuan to comac
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 Inc be the Public Purpose for	
	DI TICKEIS	Desci		
-			·····	
4. Individual or Organization Receiving 1			t of an agency official.)	
Name of Behesting Agency Official: <u>Supervis</u>	or Alice Lai-Bitk	er, District 3	•	
Name of Individual or Organization: Laura B			Numbe	er of Tickets: <u>3</u>
Description of Organization:				<u></u>
Address of Organization:				
		City		State Zip Code
Purpose for Distribution: (Describe the public r	-		-	
To promote attendance at an event held at a	County facility i	in order to max	imize County revenue	from concession sales
5. Verification				
I have determined that the distribution of tickets s	et forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
	L HISHIDA GRA		ICIPAL ANALYST	Hay/10
Signature of Agency Flead or Designee	Print Name	<u></u>	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Regio	on (if applicable)				For Onicial 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@acgov.org					
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					
Date(s) of Event: <u>03</u> /06	<u> </u>	ription of Ever	nt: <u>Disney on l</u>	ce - Worlds of Fantas	у
	/ Face	Value of Ticke	et <sup>.</sup> \$	74.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	icket(s) Provided t	o Agency: Go	olden State Wa	rriors	
Number of Tickets Received:					⊠ Pursuant to Contrac
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offici (Last, First)	al	Number of Tickets		her the Distribution is In be the Public Purpose f	
4. Individual or Organizatio	n Receiving Tic	<b>ket(s)</b> (Provid	l ded at the behes	t of an agency official.)	
Name of Behesting Agency C	Official: <u>Keith Cars</u>	on, Superviso	or Fifth District		
Name of Individual or Organi					er of Tickets:4
Description of Organization: .					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dis	stribution to the a	organization.)	
To reward a community volu	nteer for his or her	service to the	e public		
5. Verification					and the second
I have determined that the distril	bution of tickets set I	forth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
					- 1
111/2 24	COVETALL	HISHIDA GRA		ICIPAL ANALYST	DAM. I

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

FPP	C Toll-Free Helplin	FPPC Form 802 (Feb/09) e: 866/ASK-FPPC (866/275-3772)

Fickets Provided by		A Publ	ic Docume	nt	TICKETS PROVIDED E AGENCY REPOR
Agency Name				Date Stamp	California <b>Q0</b> 2
COUNTY OF ALAMEDA	· · · · · · · · · · · · · · · · · · ·				
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882 Agency Contact (name and title				Date of Original Filing: _	02/24/10 (month_day_year)
Crystal Hishida Graff, Princ	cipal Analyst, Coun	ty Administrate	or's Office		·····
, Event For Which Ticket		÷			
Date(s) of Event:03 /(			nt. Disney on le	ce Presents Princess C	lassics
				49.00	
/	/Face	e value of Tick	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency. Go	olden State Wa	rriors	
Number of Tickets Received	_				Represent to Contrac
	<b>.</b>				
. Agency Official(s) Rece	iving Ticket(s) (	use a continuatio	on sheet for addi	tional names)	
Name of Offi		Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
		-			
. Individual or Organizati	on Receiving Ti	<b>cket(s)</b> (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official, Superviso	or Alice Lai-Bitl	ker, District 3		
					······
Name of Individual or Organ	nization: Anabella	Rodriguez		Numbe	er of Tickets:4
C C					
Description of Organization				······································	
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		urnose for the di	stribution to the c	vagnization )	
					from concession color
To promote attendance at a	an event neid at a v		in order to max	imize County revenue	from concession sales
Verification					Description 490444
		' tonn above is il	n accordance wit	n the provisions of FPPC	Regulation 10944.1.
5. Verification I have determined that the dist	ribution of tickets set				
I have determined that the dist	CRYSTAL	HISHIDA GRA	FF PRIN	CIPAL ANALYST	2/24/
I have determined that the dist	CRYSTAL	HISHIDA GRA		Title	(mónth, day, year)
CH AM	nee CRYSTAL	HISHIDA GRA	on including amend	Title	 (mónth, day, year)

Tickets Provided by Agency Report A Public Documer	tickets provided B Agency Report
1. Agency Name         COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612	Date Stamp California Form 802 For Official Use Only
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Amendment (Must explain in Part 5.) Date of Original Filing:
2. Event For Which Tickets Were Distributed     Date(s) of Event:/ Description of Event: _U2    / Face Value of Ticket: \$ Agency Event □ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: _Golden State Warn Number of Tickets Received:4 Ticket(s) Provided to Agency	
	onal names) er the Distribution is Income to the Official or e the Public Purpose for the Distribution
<ul> <li>Individual or Organization Receiving Ticket(s) (Provided at the behest Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Alameda County Meals on Wheels Description of Organization: Enable frail elders to maintain their independent Address of Organization: 6955 Foothill Boulevard, Suite 300 Oakla</li> </ul>	Number of Tickets:4 ce at home by providing them with meals. nd CA 94605
Number and Street     City       Purpose for Distribution:     (Describe the public purpose for the distribution to the or       To reward a school or nonprofit organization for its contributions to the comm       5. Verification	- ,

Job Mr.M.	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/24/10
Signature of Agency Head or Designee	Print Name	Title	(month, dáy, year)

	gency Report			lic Docume	711L	AGENCY REP
1.	. Agency Name				Date Stamp	California 80
Ì	COUNTY OF ALAMEDA					Form OU For Official Use Only
	Division, Department, or Region (if applicable)				· ·	For Onicial Use Only
	1221 OAK STREET, #555					
	Street Address					
	OAKLAND, CA 94612					
	Area Code/Phone Number	E-mail			Amendment (Must ex	plain 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, Princi	pal Analyst, Coun	ty Administrat	tor's Office		
2.	. Event For Which Tickets	Were Distribut	ed		•	
	Date(s) of Event:/_1	6 / 10 Desc	ription of Eve	nt: U2		
					<u>(</u> )	
	· · · · · · · · · · · · · · · · · · ·	/ ⊦ace	Value of Tick	et: ֆ		
	Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
	Name of Outside Source of	Cickof(n) Drevided	Gianna Gi	OLDEN STATE	EWARRIORS	
	Name of Outside Source of	ICKet(S) Provided	to Agency:			
	Number of Tickets Received	4	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contr
3.	Agency Official(s) Recei					
	Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
	ALAMEDA COUNTY SUPE	ALAMEDA COUNTY SUPERVISOR			FACILITIES OR EVEN	NTS THAT REQUIRE
	SCOTT HAGGERTY- DIST	RICT ONE	4	COUNTY FL	UNDING OR SUPPORT	<b></b>
4.	Individual or Organizatio	on Receiving Tid	ket(s) (Provi	ded at the behes	t of an agency official.)	• J • J
	Name of Behesting Agency	Official: <u>Aype</u>	rveor,	Dcott Ha	goury, Distr	ret /
	Name of Individual or Organ	zation:			Numbe	er of Tickets:
	Description of Organization:		· · ·			
	Address of Organization:	ber and Street		City	·······	State Zip Co
	Purpose for Distribution: (De	scribe the public pur	pose for the di	stribution to the	organization.)	
	· · · · · · · · · · · · · · · · · · ·					
5.	Verification					
5.	. Verification I have determined that the distri	bution of tickets set i	forth above is ir	n accordance wil	h the provisions of FPPC	Regulation 18944.1.
5.			forth above is in HISHIDA GRA		th the provisions of FPPC	Regulation 18944.1.

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applic Street Address	able)	······	Date Stamp	California 802 Form 802
1221 OAK STREET, #555, OAKLANE Area Code/Phone Number E-mail	), CA 94612			
	shida@acgov.org	or's Office	Amendment (Must e	02/10/10
2. Event For Which Tickets Were D	-			
Date(s) of Event: <u>03 / 06 / 10</u>	. Description of Ever	nt: Disney on lo	ce Presents Princess	Classics
	Face Value of Tick		74.00	
	Identify source of ticke			
Name of Outside Source of Ticket(s) F	rovided to Agency: G	olden State Wa	rriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticl	<b>(et(s)</b> (use a continuation	on sheet for addit	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is In be the Public Purpose fo	
4. Individual or Organization Recei	ving Ticket(s) (Provid	l ded at the behest	t of an agency official.)	
Name of Behesting Agency Official: <u>S</u>	upervisor Alice Lai-Bit	ker, District 3	, 	
Name of Individual or Organization: <u>K</u>			Numb	er of Tickets:4
Description of Organization:				
Address of Organization:	et ·	City		State Zip Code
Purpose for Distribution: (Describe the	public purpose for the di	stribution to the c	organization.)	
To promote attendance at an event he			-	e from concession sales
5. Verification				
I have determined that the distribution of ti	ckets set forth above is ii	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
the matt CF	YSTAL HISHIDA GR/	AFF PRIN	CIPAL ANALYST	2/22/10
Signature of Agency Head or Designee Comment: (Use this space or an attachment	Print Name	on including amend	Title	(month, day, year)
	· ····································	<u>و</u>		
				FPPC Form 802 (Feb/09) 866/ASK-FPPC (866/275-3772)
			ly sta	

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612				Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office				Amendment (Must ex	02/10/10
2. Event For Which Tickets Date(s) of Event:030// Agency EventYes Name of Outside Source of T Number of Tickets Received:	7 <u>, 10</u> Desc / Face ⊠ No (Identify s Ficket(s) Provided f	ription of Ever Value of Ticke source of ticke to Agency: <u>Go</u>	et: \$ ts below.) olden State Wa	74.00 rriors	Classics
3. Agency Official(s) Received and the second secon		se a continuatio	State Whet	tional names) her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization Name of Behesting Agency ( Name of Individual or Organi Description of Organization: Address of Organization:	Official: <u>Superviso</u> ization: <u>Elizabeth</u>	r Alice Lai-Bitk Briones	ker, District 3	Numbe	er of Tickets:4
Address of Organization. Num Purpose for Distribution: (De To promote attendance at an <b>5. Verification</b> I have determined that the distribution Signature of Agency Head of Designed	n event held at a C ibution of tickets set	County facility	in order to max	imize County revenue	
Comment: (Use this space or ar	n attachment for any ao	lditional informatio			FPPC Form 802 (Feb/09) 66/ASK-FPPC (866/275-3772)

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Agency Report		A Publ	ic Docume	ent		PROVIDED
. Agency Name				Date Stamp	California	001
COUNTY OF ALAMEDA	Ţ.				Form	004
Division, Department, or Regi	on (if applicable)				For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)	
(510) 272-3882	crystal.hishida@ac	gov.org				
Agency Contact (name and title)				Date of Original Filin	g:(month, day, yea	r)
Crystal Hishida Graff, Princi			or's Office			
2. Event For Which Tickets						
Date(s) of Event:/_0			it: Disney On I			
<i></i> /	/ Face \	/alue of Ticke	et \$49-			
Agency Event 🛛 Yes						
	🗵 No (Identify so					
Name of Outside Source of T	Ticket(s) Provided to	Agency: Go	lden State Wa	rrirors		
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	🛛 🛛 Pursuant to	o Contra
. Agency Official(s) Recei	ving Ticket(s) (use	e a continuatio	n sheet for addi	ional names)		
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is be the Public Purpose		
				٠		
. Individual or Organizatio	-				.)	
Name of Behesting Agency (	Official. Alameda Co	ounty Superv	isor Nate Miley	, District 4		
Name of Individual or Organi	ization: Shonda Sco	ott	· · · · · · · · · · · · · · · · · · ·	Nur	nber of Tickets: _	1
Description of Organization:						
Address of Organization:	aber and Street		City		State	Zip Cod
		•	-		Club	<b></b>
Purpose for Distribution: (De				rganization.)		
To reward a community volu	inteer for her service	e to the public	3			
5. Verification						

1st mate	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2122/10
Signature of Agency Head of Designee	Print Name	Title	(fnonth, day, year)

		A Publ	lic Docume	ent	TICKETS PROVIDED AGENCY REPC
Agency Name		·.		Date Stamp	California
COUNTY OF ALAMEDA					Form OU
Division, Department, or Reg	gion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address			·····		
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	xolain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org			,
Agency Contact (name and title	e)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Prine			or's Office		
Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:03 /	05 <u>/ 10</u> Desc	cription of Ever	nt: Disney On	Ice	
	/ Face		10		
Agency Event 🛛 Yes	🛛 No (Identify		•		
Name of Outside Source of	Ticket(s) Provided	to Agency: Go	olden State Wa	arrirors	
Number of Tickets Received					Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (u	use a continuatio	on sheet for add	itional names)	
Name of Off		Number	State Whe	ther the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	or the Distribution
•					
	· · · ·				
Individual or Organizati	ion Receiving Tid	cket(s) (Provid	led at the behes	st of an agency official.)	
—	•	•••			
Name of Behesting Agency	Official: <u>Alameda</u>	County Superv			
Name of Behesting Agency	Official: <u>Alameda</u>	County Superv		y, District 4	er of Tickets:1
Name of Behesting Agency	Official: <u>Alameda</u>	County Superv		y, District 4	er of Tickets:1
Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda</u>	County Superv	visor Nate Mile	y, District 4	er of Tickets:1
Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda</u>	County Superv	visor Nate Mile	y, District 4	er of Tickets:1
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: _	Official: <u>Alameda</u>	County Superv	visor Nate Mile	y, District 4	er of Tickets:1 
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Alameda</u>	County Superv	risor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <sub>Nu</sub> Purpose for Distribution: (E	Official: <u>Alameda (</u> nization: <u>Shonnell (</u> mber and Street	County Superv Gibbs	risor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Alameda (</u> nization: <u>Shonnell (</u> mber and Street	County Superv Gibbs	risor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E To reward a student for out	Official: <u>Alameda (</u> nization: <u>Shonnell (</u> mber and Street	County Superv Gibbs	risor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E To reward a student for out	Official: <u>Alameda (</u> nization: <u>Shonnell (</u> :	County Superv Gibbs rpose for the dis	risor Nate Mile City	y, District 4 Numb organization.)	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E To reward a student for out	Official: <u>Alameda (</u> nization: <u>Shonnell (</u> :	County Superv Gibbs rpose for the dis	risor Nate Mile	y, District 4 Numb organization.)	State Zip Co

Tickets Provided by	·	۸ D	D		TICKETS PROVIDED B
Agency Report		A Public	Docume	ent	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form UUZ
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	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			s Office		
2. Event For Which Tickets					
Date(s) of Event:03 /_0	<u>5 / 10</u> Desc	ription of Event:	Disney On	ce	
/	/ Face	Value of Ticket;	<u>s 491</u>		
Agency Event 🛛 Yes	-	source of tickets			
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Gold</u>	en State Wa	irrirors	
Number of Tickets Received	. 1	Ticket(a) Dravid	ad to Arana		⊠ Pursuant to Contrac
Number of fickets Received		fickel(s) Floviu	eu to Ageno		
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation s	sheet for addi	tional names)	
Name of Offic (Last, First)	zial	Number		her the Distribution is In	
(LdSt, Filst)		of Tickets	Descri	be the Public Purpose for	
			·		
					-
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (Provided	at the behes	t of an agency official.)	
Name of Behesting Agency	orrigion, Alameda (	County Supervise	or Nate Mile	v. District 4	
Name of Benesting Agency					
Name of Individual or Organ	ization: Karayah G	Gibbs		Numb	er of Tickets:1
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Dummene fen Distributiens (D				· · ·	
Purpose for Distribution: (D		-	oution to the d	organization.)	
To reward a student for outs	standing scholastic	achievement			
- Varification		·····			
5. Verification		faulta a faulta da 1			
I have determined that the distr	ibution of tickets set i	torth above is in ac	cordance wit	n the provisions of FPP(	CREGULATION 18944.1.
affanto	CRYSTAL I	HISHIDA GRAFF	PRIN	ICIPAL ANALYST	
Signature of Agency, Head of Design	ee	Print Name		Title	(month, day, year)

 Signature of Agency, Head of Designee
 Print Name
 Title

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

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED E AGENCY REPOI
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OU2
Division, Department, or Region (i	f applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address	***			
OAKLAND, CA 94612				
Area Code/Phone Number E-m	ail		Amendment (Must e	xplain in Part 5.)
	stal.hishida@acgov.org			,
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal		tor's Office		
2. Event For Which Tickets We				
Date(s) of Event: <u>03</u> / 05 /	Description of Ever	nt: <u>Disney On I</u>	ce	
	Face Value of Tick			
	] No (Identify source of ticke	-		
Name of Outside Source of Ticke	et(s) Provided to Agency: Go	olden State Wa	rrirors	
Number of Tickets Received:				Pursuant to Contra
. Agency Official(s) Receiving	<b>Ticket(s)</b> (use a continuation	on sheet for addit	ional names)	
Name of Official (Last, First)	Number		her the Distribution is Inc	
	of Tickets	Descrit	be the Public Purpose fo	or the Distribution
. Individual or Organization R	eceiving Ticket(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency Offici	al. Alameda County Superv	visor Nate Miley	, District 4	
Name of Individual or Organization	on: <u>Jazlynn Gibbs</u>		Numb	er of Tickets:1
Description of Organization:				
Address of Organization:	nd Street	City		State Zip Cod
Purpose for Distribution: (Describ	e the public purpose for the div	stribution to the o	manization )	•
To reward a student for outstand			iganization.)	
	ing scholastic achievement			
. Verification				
I have determined that the distribution	n of tickets set forth above is in	accordance with	h the provisions of FPD/	Regulation 18944 1
				* 10941011 10077.1.
Jaff Mart	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	
Signature of Agency Headlor 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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(month, day, year)

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	·····			
I. Agency Name COUNTY OF ALAMEDA			Date Stamp	California 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@	Dectory ord		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	gaogov.org	·/	Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, Cou	untv Administra	tor's Office		(month, day, year)
. Event For Which Tickets Were Distribu				
Date(s) of Event: 02 / 17 / 10 Det		nt. Basketball	Game	
		61	~	
// Fac	ce Value of Tick	tet: \$	<b>)</b>	
Agency Event 🔲 Yes 🖾 No (Identify	y source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provide	d to Agonovi G	olden State Wa	arriors	
Number of Tickets Received: <u>1</u>	Ticket(s) Pro	ovided to Agence	sy: 🔲 Gratuitously	Pursuant to Contra
Agonov Official(a) Possiving Ticket(a)		·	::::::::::::::::::::::::::::::::::::::	
Agency Official(s) Receiving Ticket(s)				
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
Darryl Stewart	1	To obtain ov	ersight of facilities or e	vents that have
		received Co	unty funding or support	
····				
•				
	,	ded at the behes	t of an agency official.)	
	,	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Alameda	a County Super	ded at the behes visor Nate Mile	it of an agency official.) y, District 4	
	a County Super	ded at the behes visor Nate Mile	it of an agency official.) y, District 4	er of Tickets:1
Name of Behesting Agency Official: <u>Alameda</u>	a County Super	ded at the behes visor Nate Mile	it of an agency official.) y, District 4	
Name of Behesting Agency Official: Alameda	a County Super	ded at the behes visor Nate Mile	it of an agency official.) y, District 4	
Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: Description of Organization:	a County Super	ded at the behes visor Nate Mile	st of an agency official.) y, District 4 Numbe	er of Tickets:1
Name of Behesting Agency Official: Alameda Name of Individual or Organization: Description of Organization:	a County Super	ded at the behes visor Nate Mile	st of an agency official.) y, District 4 Numbe	
Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: Description of Organization:	a County Super	ded at the behes visor Nate Mile	st of an agency official.) y, District 4 Numbe	er of Tickets:1
Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: Description of Organization: Address of Organization:	a County Super	ded at the behes visor Nate Mile	st of an agency official.) y, District 4 Numbe	er of Tickets:1
Name of Behesting Agency Official: Alameda Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public p	a County Super	ded at the behes visor Nate Mile	st of an agency official.) y, District 4 Numbe	er of Tickets:1
Name of Behesting Agency Official: Alameda Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p	a County Super	ded at the behes visor Nate Mile City istribution to the o	it of an agency official.) y, District 4 Numbe	er of Tickets:1 State Zip Code
Name of Behesting Agency Official: Alameda Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public p	a County Super	ded at the behes visor Nate Mile City istribution to the o	it of an agency official.) y, District 4 Numbe	er of Tickets:1 State Zip Code
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public p	a County Super	ded at the behes visor Nate Mile City istribution to the n accordance with	it of an agency official.) y, District 4 Numbe	er of Tickets:1 State Zip Code

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Agency Report				nt	AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
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@a	acgov.org			
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		-	s Office	·	
2. Event For Which Ticket					
Date(s) of Event:02_/	<u>14 / 10</u> Desc	ription of Event:	Jeff Dunhar	n ,	
/	/ Face	Value of Ticket:	<u>\$ 75</u>	·	
Agency Event 🛛 Yes	M No (Identify a		holow)		
• •		source of tickets	-		
Name of Outside Source of	Ticket(s) Provided	to Agency: Gold	en State wa		
Number of Tickets Received	d: <u>4</u>	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addit	ional names)	
Name of Off		Number		ner the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
		1 1			
I. Individual or Organizati	on Receiving Tic	:ket(s) (Provided	l at the behesi	of an agency official.)	
-	-	•••			
Name of Behesting Agency	Official: Alameda	County Supervise			
Name of Behesting Agency	Official: Alameda	County Supervise		, District 4	er of Tickets:4
-	Official: Alameda	County Supervise		, District 4	er of Tickets:4
Name of Behesting Agency	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u>	County Supervis	or Nate Miley	, District 4	er of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u>	County Supervis	or Nate Miley	, District 4	er of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u>	County Supervis	or Nate Miley	, District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u>	County Supervise	or Nate Miley	n, District 4 Numb	
Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u> :	County Supervise eterson rpose for the distri	or Nate Miley	n, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u> :	County Supervise eterson rpose for the distri	or Nate Miley	n, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u> :	County Supervise eterson rpose for the distri	or Nate Miley	n, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E To reward a community vol	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u> : 	County Supervise eterson rpose for the distri ce to the public	or Nate Miley City bution to the c	v, District 4 Numb	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: Purpose for Distribution: (E To reward a community vol	Official: <u>Alameda (</u> nization: <u>Tara H. Pe</u> :	County Supervise eterson rpose for the distri ce to the public	City bution to the c	v, District 4 Numb	State Zip Code

		ocume)	nt	AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form UUZ
Division, Department, or Region (if applicable)				
Street Address				
1221 OAK STREET, #555, OAKLAND, CA	94612			
Area Code/Phone Number E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.hishida	a@acgov.org			02/09/2010
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Co		ffice		
2. Event For Which Tickets Were Distril			- Martiero Cama	
Date(s) of Event: <u>02 / 19 / 10</u> D	escription of Event:	olden Stat	e warnors Game	
/ F	ace Value of Ticket: \$.		95.00	
Agency Event 🛛 Yes 🖾 No (Ident				
Name of Outside Source of Ticket(s) Provid	-		riors	
Number of Tickets Received:4	Ticket(s) Provideo	I to Agency	/: ☐ Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s	b) (use a continuation she	et for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		ner the Distribution is Inc be the Public Purpose for	
(2005, 1 100)		Descin		
		<u></u>		
		•		
		the behest	of an agency official.)	
		the behest	of an agency official.)	
Name of Behesting Agency Official:	visor Alice Lai-Bitker, I	the behest	of an agency official.)	
	visor Alice Lai-Bitker, I	the behest	of an agency official.)	er of Tickets:4
Name of Behesting Agency Official: <u>Super</u> Name of Individual or Organization: <u>Mei-Li</u>	visor Alice Lai-Bitker, [ ng Bitker	the behest District 3	of an agency official.)	
Name of Behesting Agency Official: <u>Super</u> Name of Individual or Organization: <u>Mei-Li</u>	visor Alice Lai-Bitker, I	the behest District 3	of an agency official.)	
Name of Behesting Agency Official: <u>Super</u> Name of Individual or Organization: <u>Mei-Li</u> Description of Organization:	visor Alice Lai-Bitker, [ ng Bitker	the behest District 3	of an agency official.)	er of Tickets:4
Name of Behesting Agency Official: Super- Name of Individual or Organization: Mei-Li Description of Organization: Address of Organization: Number and Street	visor Alice Lai-Bitker, [ ng Bitker	the behest District 3	of an agency official.)	er of Tickets:4
Name of Behesting Agency Official:       Super-         Name of Individual or Organization:       Mei-Li         Description of Organization:       Address of Organization:         Address of Organization:       Number and Street         Purpose for Distribution:       (Describe the public)	visor Alice Lai-Bitker, D ng Bitker c purpose for the distribu	the behest District 3 City	of an agency official.) Numbe	er of Tickets:4 State Zip Code
Name of Behesting Agency Official: Super- Name of Individual or Organization: Mei-Li Description of Organization: Address of Organization: Number and Street	visor Alice Lai-Bitker, D ng Bitker c purpose for the distribu	the behest District 3 City	of an agency official.) Numbe	er of Tickets:4 State Zip Code
Name of Behesting Agency Official:       Super-         Name of Individual or Organization:       Mei-Li         Description of Organization:       Address of Organization:         Address of Organization:       Number and Street         Purpose for Distribution:       (Describe the publication)	visor Alice Lai-Bitker, D ng Bitker c purpose for the distribu	the behest District 3 City	of an agency official.) Numbe	er of Tickets:4 State Zip Code
Name of Behesting Agency Official: <u>Super-</u> Name of Individual or Organization: <u>Mei-Li</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public To promote attendance at an event held at	visor Alice Lai-Bitker, D ng Bitker c purpose for the distribu t a County facility in ord	the behest District 3 City tion to the o ler to maxi	of an agency official.) Numbe rganization.)	er of Tickets:4 
Name of Individual or Organization: <u>Mei-Li</u> Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the publite To promote attendance at an event held at <b>5. Verification</b> I have determined that the distribution of tickets	visor Alice Lai-Bitker, D ng Bitker c purpose for the distribu t a County facility in ord	the behest District 3 City tion to the o der to maxi	of an agency official.) Numbe rganization.)	er of Tickets:4 

Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OOL
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1221 OAK STREET, #555, O	AKLAND, CA 946	512			
	-mail			Amendment (Must ex	plain in Part 5 \
(510) 272-3882	rystal.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing: _	02/18/2010 (month, day, year)
Crystal Hishida Graff, Principa	al Analyst, County	y Administrator	's Office		(
2. Event For Which Tickets \	Nere Distribute	ed			
Date(s) of Event:02_/_23	, 10 Desci	ription of Event	. Golden Sta	te Warriors Game	
	J Face				
		value of ficket	φ		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets	s below.)		
Name of Outside Source of Tic	ket(s) Provided t	o Agency: Gol	den State Wa	arriors	
Number of Tickets Received: _	<u> </u>	Ticket(s) Provi	ded to Agenc	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivi	ng Ticket(s) (us	se a continuatior	sheet for add	itional names)	
Name of Officia	l	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descr	ibe the Public Purpose fo	r the Distribution
4. Individual or Organization	-				
Name of Behesting Agency Of	Finial Supervisor	Alice Lai-Bitke	er, District 3		
Name of Individual or Organization	ation: <u>Albert Teix</u>	eira		Numbe	er of Tickets:4
Description of Organization:	· · · · · · · · · · · · · · · · · · ·				
Address of Organization:					
Numbe	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dist	ribution to the	organization.)	
To promote attendance at an	event held at a C	ounty facility in	order to may	kimize County revenue	from concession sales
· · ·					
5. Verification					
I have determined that the distribution	ution of tickets set f	orth above is in a	accordance wi	th the provisions of FPPC	Regulation 18944.1.
				ICIPAL ANALYST	Shalo
6140h.11/	CRYSTALE			ICIERE ANALIST	
Signature of Agency Head or Designee	CRYSTAL I	Print Name		Title	(mónth, day, year)

			ic Docume	, , , , , , , , , , , , , , , , , , , ,	AGENCY R
1. Agency Name				Date Stamp	California <b>R</b>
COUNTY OF ALAMED					Form
Division, Department, or I	Region (if applicable)				For Official Use On
Street Address					
1221 OAK STREET, #5	55. OAKLAND. CA 94	4612			
Area Code/Phone Numbe					
(510) 272-3882	crystal.hishida@	acdov ord		Amendment (Must e	
Agency Contact (name and		Jacyonary		Date of Original Filing:	02/16/2010
Crystal Hishida Graff, P		ntv Administrato	or's Office		(month, day, year)
2. Event For Which Ticl		-			
Date(s) of Event:02	, 23 , 10 Des	cription of Ever	nt: Golden Sta	te Warriors Game	
	// Fac				
Agency Event 🛛 Yes					
	· · ·		-	rriors	
Name of Outside Source					
Number of Tickets Recei	ved:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Cor
3. Agency Official(s) Re	coiving Tickot(e) (	uno a continuatio	n nhoot for addi	tional namos)	
Name of		Number		her the Distribution is In	come to the Official or
(Last, F		of Tickets		be the Public Purpose f	
		•			
4. Individual or Organiz					
Name of Behesting Ager	cy Official: Supervise	or Alice Lai-Bitk			4
	cy Official: Supervise	or Alice Lai-Bitk			per of Tickets:4
Name of Behesting Ager Name of Individual or Or	ncy Official: <u>Supervision</u> ganization: <u>Shawn W</u>	or Alice Lai-Bitk			er of Tickets:4
Name of Behesting Ager	ncy Official: <u>Supervision</u> ganization: <u>Shawn W</u>	or Alice Lai-Bitk		· · · · · · · · · · · · · · · · · · ·	per of Tickets:4
Name of Behesting Ager Name of Individual or Or	ncy Official: <u>Supervise</u> ganization: <u>Shawn W</u> on:	or Alice Lai-Bitk	er, District 3	· · · · · · · · · · · · · · · · · · ·	
Name of Behesting Ager Name of Individual or Or Description of Organization	ncy Official: <u>Supervise</u> ganization: <u>Shawn W</u> on:	or Alice Lai-Bitk	cer, District 3	Numt	per of Tickets:4
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution:	acy Official: <u>Supervise</u> ganization: <u>Shawn W</u> on: Number and Street (Describe the public p	or Alice Lai-Bitk /ilson urpose for the dis	er, District 3	Numt	State Zip
Name of Behesting Ager Name of Individual or Or Description of Organization	acy Official: <u>Supervise</u> ganization: <u>Shawn W</u> on: Number and Street (Describe the public p	or Alice Lai-Bitk /ilson urpose for the dis	er, District 3	Numt	State Zip
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution: To promote attendance	acy Official: <u>Supervise</u> ganization: <u>Shawn W</u> on: Number and Street (Describe the public p	or Alice Lai-Bitk /ilson urpose for the dis	er, District 3	Numt	State Zip
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution: To promote attendance	acy Official: Supervise ganization: Shawn W on:	or Alice Lai-Bitk /ilson urpose for the dis County facility i	city city stribution to the o	Numb organization.) imize County revenue	State Zip e from concession sa
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution: To promote attendance	acy Official: Supervise ganization: Shawn W on:	or Alice Lai-Bitk /ilson urpose for the dis County facility i	city city stribution to the o	Numb organization.) imize County revenue	State Zip e from concession sa
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution: To promote attendance 5. Verification I have determined that the	acy Official: Supervise ganization: Shawn W on: Number and Street (Describe the public plat an event held at a distribution of tickets se CRYSTAL	or Alice Lai-Bitk /ilson urpose for the dis County facility i t forth above is in	city city stribution to the o n order to max	Numb prganization.) imize County revenue h the provisions of FPP	State Zip e from concession sa
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution: To promote attendance <b>5. Verification</b> I have determined that the Manual Signature of Agency Head or D	acy Official: Supervise ganization: Shawn W on: Number and Street (Describe the public plat an event held at a distribution of tickets se CRYSTAL esignee	or Alice Lai-Bitk /ilson urpose for the dis County facility i t forth above is in . HISHIDA GRA Print Name	city city tribution to the of n order to max accordance with FF PRIN	Numt	State Zip e from concession sa
Name of Behesting Ager Name of Individual or Or Description of Organization Address of Organization Purpose for Distribution: To promote attendance 5. Verification I have determined that the	acy Official: Supervise ganization: Shawn W on: Number and Street (Describe the public plat an event held at a distribution of tickets se CRYSTAL esignee	or Alice Lai-Bitk /ilson urpose for the dis County facility i t forth above is in . HISHIDA GRA Print Name	city city tribution to the of n order to max accordance with FF PRIN	Numt	State Zip e from concession sa

Tickets Provided by Agency Report A Public Do	cument	TICKETS PROVIDED E
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp	AGENCY REPOR
OAKLAND, CA 94612	· · ·	
Area Code/Phone Number     E-mail       (510) 272-3882     crystal.hishida@acgov.org       Agency Contact (name and title)     Operated Michael Contact (name and title)	Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office.	ce	
Date(s) of Event: <u>2 / 21 / 10</u> Description of Event: <u>Bask</u>	etball Game	
/ Face Value of Ticket: \$		
Agency Event		
Name of Outside Source of Ticket(s) Provided to Agency: Golden St	ate Warriors	
2	Agency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet	for additional names)	
Name of Official Number Stat (Last, First) of Tickets	te Whether the Distribution is Inc Describe the Public Purpose for	
	<u>a ya ana ana ana ana ana ana ana ana ana</u>	
4. Individual or Organization Receiving Ticket(s) (Provided at the	behest of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nat</u>	te Miley, District 4	- 1999 (Fig. 1)
Name of Individual or Organization: Christopher Miley	Numbe	er of Tickets:2
Description of Organization:		
Address of Organization:	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 accorda		Regulation 18944.1.
Signature of Agenoy Head or Designee CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	(month, dáy, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
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	E-mail			Amendment (Must ex	
(510) 272-3882	crystal.hishida@ad	cgov.org			plain in Part 5.j
Agency Contact (name and title)	-			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, County	y Administra	tor's Office		(monon, cop, yeary
2. Event For Which Tickets	Were Distribute	d			· · · · ·
Date(s) of Event: <u>02</u> /26	/ 10 Descr	intion of Eve	nt: Mariah Care	ey	
	Face \				
/		Value of Lick	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify so	ource of ticke	ets below.)		
Name of Outside Source of Ti	cket(s) Provided to	o Agency: <u>G</u>	olden State Wa	rrirors	
Number of Tickets Received:	4				⊠ Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (us	e a continuati	on sheet for addi	tional names)	
Name of Officia	al	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
					· · · · · · · · · · · · · · · · · · ·
4. Individual or Organizatio	n Receiving Ticl	<b>ket(s)</b> (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency O		ountv Super	visor Nate Milev	/ District 4	
Name of Benesting Agency O	fficial:			,, =	
Name of Individual or Organiz	ation. Christopher	r Miley		Numbe	er of Tickets:1
Description of Organization: _					
			•		
Address of Organization:	er and Street		City		State Zip Code
			-		
Purpose for Distribution: (Des				rganization.)	
To reward a community volur	teer for his service	e to the publi	C		
5. Verification					<del>***</del>
I have determined that the distrib	ution of tickets set fo	orth above is i	n accordance with	h the provisions of FPPC	Regulation 18944.1
, 1/2 /2 , , , /					nlal
Consture of Manny Lindow Dag	CRYSTAL H	IISHIDA GR/	AFF PRIN	CIPAL ANALYST	
Signature of Agency Head or Designed					(monin, way, year)
Comment: (Use this space or an a	auachment for any add	uonal informati	on including amend	iment explanation.)	
3-GS, 2NM					

Tickets Provided by			· ·	
Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
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-n	nail			
	/stal.hishida@acgov.org		Amendment (Mustex	plain in Part 5.)
(510) 272-3882 cry Agency Contact (name and title)	/stat.nishiua@acgov.org		Date of Original Filing:	
	An alter the Andrew State		Date of Original Finity.	(month, day, year)
Crystal Hishida Graff, Principal		tor's Uffice		
2. Event For Which Tickets W				
Date(s) of Event: <u>02</u> / <u>26</u> /	<u>10</u> Description of Eve	nt: Mariah Care	ey	
	Face Value of Tick	et: \$ <u>[29 .</u>	25	
Agency Event 🛛 Yes 🛛	No (Identify source of ticke	ets below.)		
Name of Outside Source of Tick	et(s) Provided to Agency: <u>G</u>	olden State Wa	rrirors	
Number of Tickets Received:	A			I Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a continuati	on sheet for addit	ional names)	<u>.</u>
Name of Official	Number	State Whetl	ner the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Descrit	be the Public Purpose for	r the Distribution
4. Individual or Organization F	Receiving Ticket(s) (Provi	ded at the behest	of an agency official.)	
	Alameda County Super	visor Nate Milev	District 4	
Name of Behesting Agency Offic	sial: Anameda County Super-	visor ruate macy		
	Stephanie McLeod		<b>N</b> L	
Name of Individual or Organizati	on:			er of Tickets:1
Description of Organization:				
Address of Organization:				
Number a	and Street	City		State Zip Code
Purpose for Distribution: (Descri	be the public purpose for the di	stribution to the o	rganization.)	
To reward a community volunted			,	
To reward a community voluntee		с		
5. Verification	<u></u>			······
I have determined that the distribution	on of tickets set forth above is in	n accordance with	the provisions of EPPC	Regulation 18944 1
				. D . L
Coff MM	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	<u> </u>
Signature of Agency Head or Designee	Print Name		Title	(month, dáy, year)
Comment: (Use this space or an atta	chment for any additional informati	on including amend	ment explanation.)	
3-GS, 2NM				

Agency Report	AFUD	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
. 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	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, Principal Analyst, Coun	-	or's Office		
2. Event For Which Tickets Were Distribut		Deskathall	C	:
Date(s) of Event: <u>2 / 21 / 10</u> Desc			Game	
/ Face	Value of Tick	et: \$95		
Agency Event 🔲 Yes 🗵 No (Identify s				r
• · · – – ( ,		•	rriors	
Name of Outside Source of Ticket(s) Provided	to Agency:			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contrac
. Agency Official(s) Receiving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is In	
(Last, First)	of Tickets	Descri	be the Public Purpose for	or the Distribution
<b>NULL 1111</b>				
. Individual or Organization Receiving Tic		ded at the behes	t of an agency official.)	
Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Alameda (</u>				
Name of Behesting Agency Official: <u>Alameda (</u>	County Super		y, District 4	per of Tickets:2
Name of Behesting Agency Official: <u>Alameda (</u> Name of Individual or Organization: <u>Nathaniel</u>	County Super	visor Nate Mile	y, District 4 Numb	per of Tickets:2
Name of Behesting Agency Official: <u>Alameda (</u>	County Super	visor Nate Mile	y, District 4 Numb	per of Tickets:2
Name of Behesting Agency Official: <u>Alameda (</u> Name of Individual or Organization: <u>Nathaniel</u> Description of Organization:	County Super	visor Nate Mile	y, District 4 Numb	per of Tickets:2
Name of Behesting Agency Official: <u>Alameda (</u> Name of Individual or Organization: <u>Nathaniel</u>	County Super	visor Nate Mile	y, District 4 Numb	per of Tickets:2 State Zip Code
Name of Behesting Agency Official: <u>Alameda O</u> Name of Individual or Organization: <u>Nathaniel</u> Description of Organization: <u>Address of Organization</u> :	County Superv	visor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Official:       Alameda O         Name of Individual or Organization:       Nathaniel         Description of Organization:       Address of Organization:         Address of Organization:       Number and Street         Purpose for Distribution:       (Describe the public public)	County Superv Harrison	visor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Official: <u>Alameda O</u> Name of Individual or Organization: <u>Nathaniel</u> Description of Organization: <u>Address of Organization</u> :	County Superv Harrison	visor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Official: Alameda O Name of Individual or Organization: Nathaniel Description of Organization: Address of Organization: Address of Organization: To reward a community volunteer for his service	County Superv Harrison	visor Nate Mile	y, District 4 Numb	
Name of Behesting Agency Official: Alameda O Name of Individual or Organization: Nathaniel Description of Organization: Address of Organization: Address of Organization: Output and Street Purpose for Distribution: (Describe the public put To reward a community volunteer for his service	County Superv Harrison rpose for the dis ce to the publi	visor Nate Mile City stribution to the o	y, District 4 Numb	State Zip Code
Name of Behesting Agency Official: Alameda O Name of Individual or Organization: Nathaniel Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public pur To reward a community volunteer for his service)	County Superv Harrison rpose for the dis ce to the public forth above is in	visor Nate Mile City stribution to the o c	y, District 4 Numb organization.)	State Zip Code
Name of Behesting Agency Official:       Alameda O         Name of Individual or Organization:       Nathaniel         Description of Organization:       Address of Organization:         Address of Organization:       Number and Street         Purpose for Distribution:       (Describe the public put To reward a community volunteer for his service)         S. Verification       I have determined that the distribution of tickets set if Mathematical Address of Mathematical Address of Individual Address	County Superv Harrison rpose for the dia ce to the public forth above is ir HISHIDA GRA	visor Nate Mile City stribution to the o c	y, District 4 Numb organization.)	State Zip Code
Name of Behesting Agency Official: Alameda O Name of Individual or Organization: Nathaniel Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public pur To reward a community volunteer for his service <b>5. Verification</b> I have determined that the distribution of tickets set to Mark Mark CRYSTAL	County Superv Harrison rpose for the dis ce to the publi forth above is ir HISHIDA GRA Print Name	visor Nate Mile City stribution to the o c n accordance wit	y, District 4 Numb Drganization.) h the provisions of FPP ICIPAL ANALYST Title	State Zip Code

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

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg			Date Stamp	California Form 802 For Official Use Only	
Street Address					
1221 OAK STREET, #555, Area Code/Phone Number	OAKLAND, CA 940	612			
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing: _	02/16/2010
Crystal Hishida Graff, Princ	pal Analyst, Count	y Administrate	or's Office		
2. Event For Which Ticket			<u> </u>		
Date(s) of Event:2	23 <u>10</u> Desc	ription of Eve	nt: Golden Sta	te Warriors Game	
/	/ Face	Value of Tick	et: \$	95.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided	to Agency:	olden State wa	imors	······································
Number of Tickets Received	1:	Ticket(s) Pro	vided to Agend	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organizati					
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitl	ker, District 3		
Name of Individual or Organ	nization: Kale Jenk	S		Numbe	er of Tickets:4
Description of Organization		-			and a second
Address of Organization:	Imber and Street		City		State Zip Code
Purpose for Distribution: (D	)escribe the public pu	roose for the di	stribution to the	organization.)	
To promote attendance at a	•	· · ·			from concession sales
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ii	n accordance wil	th the provisions of FPPC	Regulation 18944.1.
-615 mapt		HISHIDA GRA		ICIPAL ANALYST	
Signature of Agenos Head of Desig Comment: (Use this space or a		Print Name Iditional informati	on including amen	Title dment explanation.)	(month, dáy, year)
••••••••		· · . 2-	·····	. : <u>.</u>	FPPC Form 802 (Feb/0
		<i>a</i> .		FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-377
		2	s		
				×	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	·····			Date Stamp	California 000
COUNTY OF ALAMEDA				F	Form 802
Division, Department, or Region	n (if applicable)				For Official Use Only
Street Address					-
1221 OAK STREET, #555, O	AKLAND, CA 946	612			
Area Code/Phone Number E	-mail			Amendment (Must e	xplain in Part 5.)
	crystal.hishida@a	icgov.org			02/11/2010
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, Count	y Administrato	or's Office		
2. Event For Which Tickets \					
Date(s) of Event:02 /_19	<u>10</u> Desc	ription of Ever	nt: Golden Sta	te Warriors Game	
	_/ Face			95.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
• •	· · ·			arriors	
Name of Outside Source of Tid					
Number of Tickets Received: -	<b>T</b>	Licket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (u				
Name of Officia (Last, First)		Number of Tickets		ther the Distribution is Ir ibe the Public Purpose f	
		OFTICKELS			
490				· · · · · · · · · · · · · · · · · · ·	- <u> </u>
4 Individual or Organization		kot(c) /Drové		t of an address official )	
4. Individual or Organization				at of an agency official.)	
Name of Behesting Agency O	fficial: <u>Superviso</u>	r Alice Lai-Biti	ker, District 3		
Name of Individual or Organiz	ation: Doug Rier	]		Numt	per of Tickets:4
Description of Organization:					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	1			organization.)	
To promote attendance at an	event held at a C	County facility	in order to ma	ximize County revenu	e from concession sales
5. Verification	· · · · · · · · · · · · · · · · · · ·				
I have determined that the distrib	oution of tickets set	forth above is i	n accordance w	ith the provisions of FPP	C Regulation 18944.1.
			AFF PRI	NCIPAL ANALYST	2/16/10 (month, day, year)
Comment: (Use this space or an i			on includina amer		· · ·
Commente pas ana apace or diri	and any any au				
			· .	······	FPPC Form 802 (Feb/09

Fickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California 002
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address	······				
OAKLAND, CA 94612					
	E-mail				
				Amendment (Must	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@a	icgov.org		Date of Original Filing:	
·		hu Administrat	orla Officia		(month, day, year)
Crystal Hishida Graff, Prince 2. Event For Which Tickets					
			Golden Sta	te Warrior's game	
Date(s) of Event: <u>03</u> / <u>1</u>					
//	/ Face	Value of Ticke	et: \$	95.00	
• , —					
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	Iden State Wa	ITTIOTS	
Number of Tickets Received		•			☑ Pursuant to Contra
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio			
Name of Offic (Last, First)	ial	Number		her the Distribution is Ir	
(Last, 113)		of Tickets	Descri	be the Public Purpose	
					teritigener teritigener
					A STATUTE A
. Individual or Organization	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
	-				
Name of Behesting Agency	Official: <u>ALAMEDA</u>		PERVISOR 3		
Name of Individual or Organ		REMONT HU	MAN SERVIC	ES DEP	4
Name of Individual or Organ	ization:			<u> </u>	per of Tickets:4
Description of Organization:	SENIOR PROGR/	AMS			
Address of Organization: P.	O. BOX 5006, FRE	MONT CA 94	537		
Nun	nber and Street		City		State Zip Cod
Purpose for Distribution: (De	escribe the public pur	pose for the dis	tribution to the a	organization.)	
to be used as a fundraiser it		•			
				· · · · · · · · · · · · · · · · · · ·	
5 Verification					
	ibution of tickate act t	forth above in in	accordance wit	h the provisions of EDD	C Regulation 18044 1
5. Verification I have determined that the distr		forth above is in HISHIDA GRA		h the provisions of FPP	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
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 (Muste	xplain in Part 5.)
	rystal.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principa	_	_	or's Office		
2. Event For Which Tickets W					
Date(s) of Event: <u>03</u> / 17	<u>10</u> Desc	ription of Even	nt: Golden Sta	te Warrior's game	
	Face			~	
	No (Identify s				
Name of Outside Source of Tic	ket(s) Provided t	to Agency: <u>Go</u>	lden State Wa	arriors	
Number of Tickets Received: _				y: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Receivi	na Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Official		Number		ther the Distribution is In-	come to the Official or
(Last, First)		of Tickets		ibe the Public Purpose fo	
				8.101	
4. Individual or Organization	Possiving Tig	Kot(c) (Drouid	ad at the behag	t of an agonou official )	
-	-	• • •			
Name of Behesting Agency Off	icial: <u>Alameda C</u>	County Superv	isor Scott Hag	gerty District One	
Name of Individual or Organiza	ition:	League of Voit			er of Tickets: 4
Description of Organization:	on-profit organiza	ation providing	g food and ser	vices for the needy in	the Tri-City area
Description of Organization.					
Address of Organization:	0 Ruschin Drive	Newark, CA 9	94560		
Number	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	pose for the dis	tribution to the	organization.)	
to be used as a fundraiser item	n to benefit the L	eague of Volu	nteers various	s programs	
		_			
5. Verification					
I have determined that the distribu	tion of tickets set f	forth above is in	accordance wil	h the provisions of FPPC	CRegulation 18944.1.
1.14/2- 11		HISHIDA GRA		ICIPAL ANALYST	Stalu
Signature of Approximation		Print Name			(month flav vearl

Stant.	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u> </u>
Signature of Agency Aead or Designee	Print Name	Title	(month, day, year

				AGENCY REPO
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Former OU2
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 a	explain in Part 5.)
(510) 272-3882 crystal.hishida@	Dacgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	inty Administrat	or's Office		
. Event For Which Tickets Were Distribu	ited			
Date(s) of Event:2610 Des	scription of Ever	nt: <u>Mariah Car</u>	ey concert	
/ Fac	· · · · · · · · · · · · · · · · · · · ·	+ \$ 129	.25	
Agency Event 🗌 Yes 🗵 No (Identify	source of ticke	ts below.)		· ·
Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received: <u>4</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is In	come to the Official or
(Last, First)	of Tickets		be the Public Purpose f	
			· · · · · · · · ·	
· ·				
. Individual or Organization Receiving T	• • •		• .• ,	
Name of Behesting Agency Official: Alameda	County Superv	isor Scott Hag	gerty, District 1	
		•		
Name of Individual or Organization: Denise N	Iguyen		Numb	per of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Cod
Purpose for Distribution: (Describe the public p	urnose for the dis	tribution to the c	manization )	
to reward a community volunteer for her serv	-		iganization.	
to reward a community volunteer for her serv				
. Verification		· .		· · · · · · · · · · · · · · · · · · · ·
I have determined that the distribution of tickets se	t forth above is in	Laccordance with	h the provisions of FPP	C Regulation 18944 1
Artice 1				01.09414001 10077.1.
	HISHIDA GRA	FF PRIN	CIPAL ANALYST	
Signature of Agéacy Head or Designee	Print Name		Title	(month,/day, year)
Company to the state of the sta				
Comment: (Use this space or an attachment for any a	additional informatic	on including amend	fment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	<u> </u>			Date Stamp	California Form 802
COUNTY OF ALAMEDA					Form 0022 For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Onicial Ose Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		1100
2. Event For Which Ticket					
Date(s) of Event:03_/_1	7 / 10 Desci	ription of Ever	nt: Golden Sta	te Warrior's game	
	/ Face			95.00	
		Value of ficke	σι. φ		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Go</u>	olden State Wa	arriors	
Number of Tickets Received	l:	Ticket(s) Prov	vided to Agend	cy: Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
4. Individual or Organizati	_				
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	gerty, District 1	-////
Name of Individual or Orgar	nization: <u>Mel Luna</u>			Numb	er of Tickets:4
Description of Organization:	, 				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	mose for the dis	stribution to the	organization.)	
to be reward a community	-	•		-,	
5. Verification					· · · · · · · · · · · · · · · · · · ·
I have determined that the dist	ribution of tickets set i	forth above is ir	n accordance wi	th the provisions of FPPC	C Regulation 18944.1.
_					

1 Matt	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	318110
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regio	n (if applicable)		<u>.</u>		For Official Use Only
Street Address	****				
1221 OAK STREET, #555, C	DAKLAND, CA 940	612			
	E-mail				
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Mustex)	-
Agency Contact (name and title)				Date of Original Filing: _	01/21/10 (month, day, year)
Crystal Hishida Graff, Princip	al Analyst. Count	v Administrato	or's Office	, ,	(monin, day, year)
2. Event For Which Tickets	_	_			
Date(s) of Event:			. Golden Sta	te Warriors Game	
					and second s
/	/Face	Value of Ticke	et: \$		
Agency Event	🗵 No (Identify s	source of ticke	ts below.)		
• • –	_ 、 ,		•	arriors	
Name of Outside Source of T	icket(s) Provided 1	to Agency:			
Number of Tickets Received:	4	Ticket(s) Prov	vided to Ageno	cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	v <b>ing Ticket(s)</b> (u	se a continuatio	on sheet for add	itional names)	
Name of Offici (Last, First)	al	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
		:			
4. Individual or Organizatio				t of an agency official.)	
Name of Behesting Agency C	official: Supervisor	r Alice Lai-Bitk	er, District 3	-	. A Marcine and Annual Annu
Name of Individual or Organia	zation:	***1		Numbe	er of Tickets: <u>4</u>
Description of Organization:					
Address of Organization:	per and Street		City		State Zip Code
Purpose for Distribution: (De	oribe the public our	mose for the dis	tribution to the	organization	
•		-			from concession color
To promote attendance at an	event held at a C	ounty facility i	n order to max	cimize County revenue	from concession sales
E Varifiaation					
5. Verification	and an all the second second	ladh abawa is is		th the provisions of FODO	Dogulation 19044.4
I have determined that the distrib	NUTION OF TICKETS SET 1	iorth above is in	accordance Wi	in the provisions of FPPC	NoyulallUll 10944.1.
1oft milt		HISHIDA GRA	FF PRIM	CIPAL ANALYST	<u>H_10</u>
Signature of Agency Head or Designe	9	Print Name	····· ··· ··· ··· ··· ··· ··· ··· ···	Title	(month, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informatio	n including amen	dment explanation.)	e two an anti-constants

Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED BY
1. Agency Name				Date Stamp		
COUNTY OF ALAMEDA				Build Blamp	Form	802
Division, Department, or Regi	on (if applicable)				For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@a	icaov ora		Amendment (Mustex	plain in Part 5.)	
Agency Contact (name and title)		icgov.org		Date of Original Filing: _		
Crystal Hishida Graff, Princ		tv Administrati	or's Office		(month, day, year	)
2. Event For Which Tickets		_				
			. Golden Sta	te Warriors vs. Oklaho	ma City Thund	ler
Date(s) of Event: <u>02</u>						
/	/ Face	Value of Ticke	et: \$	95.00		
Agency Event	⊠ No (Identify s	ource of ticke	ts below.)			
			,	urriors		<i>,</i>
Name of Outside Source of	Ticket(s) Provided t	o Agency:				
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)		
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo		
1. mire						
				······		
4. Individual or Organization	on Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)		
	Keith Cars	on Superviso	r Fifth District			
Name of Behesting Agency	Official: <u>Retart Cars</u>					
Name of Individual or Organ	ization: Mark Fried	lman		Numbe	er of Tickets: _	4
Description of Organization:				·		
Address of Organization:	nber and Street		City		State	Zip Code
		<b>f i</b> h <b>i</b> !	4			
Purpose for Distribution: (D		-		organization.)		
To reward a County employ	ee for his exemplar	ry service to th	ne public.			
5. Verification						
I have determined that the distr	ibution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 189	44.1.

At Arth	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/2/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPOR	
1. Agency Name				Date Stamp	California 802	
COUNTY OF ALAMEDA					Form <b>OUZ</b>	
Division, Department, or Region	<b>n</b> (if applicable)				For Official Use Only	
1221 OAK STREET, #555						
Street Address	·					
OAKLAND, CA 94612						
Area Code/Phone Number E	-mail			Amendment (Must ex	olain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org			<b></b> ,	
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Princip	al Analyst, Count	y Administrate	or's Office			
2. Event For Which Tickets						
Date(s) of Event: <u>02</u> 06	, 10 Descr	intion of Ever	f. Golden Sta	te Warriors vs. Oklaho	ma City Thunder	
/				AC AA		
		Value of TICKE	et: \$	100 <u>5</u>		
Agency Event 🛛 Yes	No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of Ti	akat(a) Browidad t	Agonov, Go	den State Wa	arriors		
		u Agency.				
Number of Tickets Received: .		Ticket(s) Prov	vided to Agenc	cy: Gratuitously	Pursuant to Contrac	
3. Agency Official(s) Receiv	ing Ticket(s) (us	e a continuatio				
		Number		ther the Distribution is Income to the Official or ribe the Public Purpose for the Distribution		
(Last, First)		of Tickets	Descr	be the Public Pulpose to		
					1.1100	
4. Individual or Organization	n Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	at of an agency official.)		
	Koith Care	on Superviso	r Fifth District			
Name of Behesting Agency O	fficial: <u>Refin Cars</u>					
					er of Tickets: 2	
Name of Individual or Organiz	ation:					
Description of Organization: _						
Address of Organization:						
Numb	er and Street		City		State Zip Code	
Purpose for Distribution: (Des	scribe the public pur	pose for the dis	stribution to the	organization.)		
To reward a community volur	nteer for his or her	service to the	e public.			
			•		· · · · · · · · · · · · · · · · · · ·	
5. Verification						
I have determined that the distrib	ution of tickets set f	orth above is in	n accordance wi	th the provisions of FPPC	Regulation 18944.1.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					- ~- 1	
Cot port		HSHIDA GRA		Title	(month day year)	
Signature of Agency Head or Designee	,			1440	(mentri, day, year)	

	A Public Docu	ment	AGENCY REPOR
1. Agency Name	Date Stamp	California 802	
COUNTY OF ALAMEDA	· · · · · · · · · · · · · · · · · · ·		Form UU2 For Official Use Only
Division, Department, or Region (if applicable	)		
Street Address			
1221 OAK STREET, #555, OAKLAND, C	A 94612		
Area Code/Phone Number E-mail		Amendment (Mustex	olain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org			02/09/2010
Agency Contact (name and title)		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, (	County Administrator's Office		
. Event For Which Tickets Were Dist			
Date(s) of Event: <u>02 / 19 / 10</u>	Description of Event: Golden	State Warriors Game	
	Face Value of Ticket: \$		
	ntify source of tickets below.)		
Name of Outside Source of Ticket(s) Prov	ided to Agency. Golden State	Warriors	
Number of Tickets Received:6	Ticket(s) Provided to Ag	gency: Gratuitously	☑ Pursuant to Contract
8. Agency Official(s) Receiving Ticket			
		Whether the Distribution is Inc escribe the Public Purpose for	
Ladividual on Opposization Reasing	Ticket(e) (Descripted et the h		
I. Individual or Organization Receivin			
Name of Behesting Agency Official: Supe	ervisor Alice Lai-Bitker, Distric	t 3	
lohr	Smith		6
Name of Individual or Organization: <u>John</u>		Numbe	er of Tickets:0
Description of Organization:			
Description of Organization:			
Address of Organization:			01.1 75-0-1
Address of Organization:	1.00.000.00V	City	State Zip Code
Address of Organization:	lic purpose for the distribution to	-	State Zip Cod
Address of Organization:		the organization.)	
Address of Organization:		the organization.)	
Address of Organization:	at a County facility in order to	the organization.) maximize County revenue	from concession sales
Address of Organization: Number and Street Purpose for Distribution: (Describe the put To promote attendance at an event held 5. Verification I have determined that the distribution of ticke	at a County facility in order to	the organization.) maximize County revenue	from concession sales

Tickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name	100000			Date Stamp	California Form 802	
COUNTY OF ALAMEDA					Form OUZ	
Division, Department, or Reg	gion (if applicable)				For Official Use Only	
Street Address						
1221 OAK STREET, #555	. OAKLAND, CA 940	612				
Area Code/Phone Number	E-mail					
(510) 272-3882 crystal.hishida@acgov.org		Amendment (Mustex				
Agency Contact (name and title)		Date of Original Filing: .	02/09/2010 (month, day, year)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			r's Office		(monar, day, year)	
2. Event For Which Ticket	ts Were Distribute	ed				
Date(s) of Event://	19 / 10 Desc	ription of Even	<sub>t</sub> . Golden Stat	e Warriors Game		
				95.00		
/	/ Face	value of Ticke	τ. ֆ			
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: Go	lden State Wa	rriors		
Number of Tickets Receive	d:4	Ticket(s) Prov	rided to Agency	y: Gratuitously	Pursuant to Contract	
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation				
		Number of Tickets		ther the Distribution is Income to the Official or ribe the Public Purpose for the Distribution		
······	, 		2000			
	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organizat	-	• • •		t of an agency official.)		
Name of Behesting Agency	Official: Superviso	r Alice Lai-Bitk	er, District 3	-		
					,	
Name of Individual or Orga	nization: Jaime Loz	ano		Numb	er of Tickets: <u>4</u>	
Description of Organization	l:	······				
Address of Organization:						
Address of Organization: <sub>N</sub>	umber and Street		City		State Zip Code	
Purpose for Distribution: (I	Describe the public pu	rpose for the dis	tribution to the c	organization.)		
To promote attendance at					from concession sales	
				<u>,</u>		
5. Verification						
5. Verification	tribution of tickets set	forth above is in	accordance with	h the provisions of FPPC	CRegulation 18944.1.	
5. Verification I have determined that the dis		forth above is in HISHIDA GRA		h the provisions of FPPC CIPAL ANALYST	Regulation 18944.1.	