Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PRO AGENC	OVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (1221 OAK STREET, #555	if applicable)			Date Stamp	California Form For Official Use	802 a Only
Street Address OAKLAND, CA 94612						
Area Code/Phone Number E-n	nail			Amendment (Must	explain in Part 5.)	
(510) 272-3882 cry Agency Contact (name and title)	/stal.hishida@a	cgov.org		Date of Original Filing		-
Crystal Hishida Graff, Principal	Analyst, Count	y Administrato	or's Office			
2. Event For Which Tickets We Date(s) of Event:0421			t: Oakland A's	s Skybox		
	Face	Value of Ticke	et: \$7	00		
Agency Event ☐ Yes ☑ Name of Outside Source of Tick	No (Identify set(s) Provided t		DIV	land A's		
Number of Tickets Received:				y: 🔲 Gratuitously	⊠ Pursuant to 0	Contract
3. Agency Official(s) Receivin	g Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Official (Last, First)		Number of Tickets		her the Distribution is I be the Public Purpose		or
4. Individual or Organization F	Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency Offic	cial: <u>Alameda C</u>	County Superv	isor Scott Hag	gerty, District 1		
Name of Individual or Organizat					ber of Tickets:	20
Description of Organization: <u></u>	le League					
Address of Organization:	and Street		City		State	Zip Code
Purpose for Distribution: (Descri	be the public pur	pose for the dis	tribution to the o	organization.)		
To reward a school or nonprofit	organization fo	r it's contributi	ons to the con	nmunity		
5. Verification						
I have determined that the distributi	on of tickets set f	orth above is in	accordance wit	h the provisions of FPF	PC Regulation 18944	4.1.
		HISHIDA GRA Print Name	FF PRIN	ICIPAL ANALYST	(month, c	14/10 Jay, 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 Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		,	Date Stamp	California 802 Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Crystal Hishida Graff, Principal Analyst, Count		or's Office	Amendment (Must e) Date of Original Filing: .	
2. Event For Which Tickets Were Distribute Date(s) of Event:06 / 27 / 10 Descr 07 / 23 / 10 Face Agency Event □ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to Number of Tickets Received:4	ription of Even Value of Ticke ource of ticket o Agency:	et: \$	s TICKETS	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is Ind be the Public Purpose fo	
4. Individual or Organization Receiving Tic Name of Behesting Agency Official: <u>Alameda C</u> Name of Individual or Organization: <u>GRANADA</u> Description of Organization: <u>Hugh Sch</u>	County Superv	risor Scott Hag	gerty, District 1	er of Tickets:4
Address of Organization: P.O. BOX 48 LIVERN Number and Street Purpose for Distribution: (Describe the public pur to reward a nonprofit organization for its contril	pose for the dis	City stribution to the c	organization.)	State Zip Code
	forth above is in HISHIDA GRA Print Name		h the provisions of FPP0 ICIPAL ANALYST Title	C Regulation 18944.1. <u> </u>

Tickets Provided by		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrat	or's Office	☐ Amendment <i>(Must ex</i> Date of Original Filing: -	
2. Event For Which Tickets Date(s) of Event:	09 <u>, 10</u> Descr Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u>	et: \$ _ <u>85</u> ts below.) akland Athletics		⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)	The substantiant of the substantiant strategy and substantiants and substantiants and substantiants and substant	se a continuation Number of Tickets	State Whet	tional names) her the Distribution is Ind be the Public Purpose fo	
Address of Organization.	Official: <u>Alameda C</u> nization: <u>Center for</u> Senior Transporta 10 - 17th Street, 4th Imber and Street	County Super Elders Indep tion and Serv n FI - Oakland	visor Nate Mile endence ices , CA 94612 City stribution to the	y, District 4 Numb	er of Tickets:4
5. Verification I have determined that the disk Signature of Agency Head of Desig Comment: (Use this space or a 1 Parking Pass	CRYSTAL I	HISHIDA GRA		NCIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by			lic Docume	unt .	TICKETS PROVIDED BY
Agency Report		Arub	ne Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	ion (if applicable)				I of Onicial Ose Only
1221 OAK STREET, #555		P			
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	blain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		-	
Agency Contact (name and title	<i>i</i>)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		(
2. Event For Which Ticket	s Were Distribut	ed	4		
Date(s) of Event:		ription of Ever	at Base	ball Game	2
			SE	5-	_
/	/ Face	Value of Tick	et: \$		
Agency Event	⊠ No (Identify s	source of ticke	ts below.)	- -	
Name of Outside Source of		0		Allahes	
Name of Outside Source of	A Provided 1	to Agency:	and a ver	01100431000	
Number of Tickets Received	1: <u> </u>	Ticket(s) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addit	tional names)	
Name of Office	cial	Number	State Whet	her the Distribution is Inco	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
G					
					(1
4. Individual or Organizati	-			A 177 B 179	
Name of Behesting Agency	Official. Alameda (County Super	visor Nate Miley	y, District 4	
Name of Benesting Agency	011icial.	(D	*		1
Name of Individual or Orgar	nization: 4mm	ng the	ventor	Numbe	r of Tickets:
Description of Organization:	Alcohol 4	ducash			
Address of Organization:	mber and Street	58 b	> Stref	- Mayhar	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rnose for the di	stribution to the c	prognization)	
1					Le d'an outlin
10 remand a was	V-bufor on	zamzon	ar fix 1	B CONTINUNC	2 to the pue
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ii	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
	1 - 12 P - 17 P 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				11-1-2
Signature of Agency Head or Design	1946 - 177 - 18 - 18 - 18 - 18 - 18 - 18 - 1	Print Name	AFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	lditional informati	on including amend	dment explanation.)	

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 apple 1221 OAK STREET, #555 Street Address	icable)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Crystal Hishida Graff, Principal Analy	Consectivities commences whether and	Date of Original Filing: _	
2. Event For Which Tickets Were D Date(s) of Event:05 /_17 /_10 05 /_18 /_10 Agency Event □ Yes ⊠ No Name of Outside Source of Ticket(s) Number of Tickets Received:4	_ Description of Event: <u>Oakland A</u> _ Face Value of Ticket: \$ (Identify source of tickets below.) Provided to Agency: <u>Oaklan</u>	\$40.00 Atthentics	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Tic Name of Official (Last, First)	Number State Whe	ther the Distribution is Inc ribe the Public Purpose for	
4. Individual or Organization Rece Name of Behesting Agency Official:	Alameda County Supervisor Scott Ha	ggerty, District 1	r of Tickets:4
Address of Organization: Number and Stree Purpose for Distribution: (Describe the to reward a nonprofit organization fo 5. Verification	eet City e public purpose for the distribution to the or its contributions to the community.	organization.)	State Zip Code
Signature of Agency Head of Designee		NCIPAL ANALYST Title	(month, dáy, year)

Tickets Provided by Agency Report A Public Docume	nt TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp Form For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Amendment (Must explain in Part 5.) Date of Original Filing:
2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 19 / 10 Description of Event: Oakland A's 06 / 05 / 10 Face Value of Ticket: \$ Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: 4 Ticket(s) Provided to Agency	2 Athletics
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number State Whet	
4. Individual or Organization Receiving Ticket(s) (Provided at the behase Name of Behesting Agency Official: Alameda County Supervisor Scott Hage Name of Individual or Organization: MISSION SAN JOSE H.S. Description of Organization: High School	
Address of Organization: P.O. BOX 3252 FREMONT CA 94539 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization for its contributions to the community.	State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance with CRYSTAL HISHIDA GRAFF PRIN Signature of Agency Head of Designee Print Name	h the provisions of FPPC Regulation 18944.1. ICIPAL ANALYST Title (month, day, year)

Comment: (Use this space or an attachment for any additional informatic	ion including	g amendment	explanation.)
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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 applicable) 1221 OAK STREET, #555 Street Address	Date Stamp Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Date of Original Filing:
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 06 / 10 Description of Event: Oakland A	\$40.00 MQ Athletics hcy: □ Gratuitously ⊠ Pursuant to Contract
	ether the Distribution is Income to the Official or cribe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the behavior Name of Behesting Agency Official: Alameda County Supervisor Scott Havior Name of Individual or Organization: MISSION SAN JOSE H.S. Description of Organization: MISSION SAN JOSE H.S. Description of Organization: High School Address of Organization: P.O. BOX 3252 FREMONT CA 94539 Number and Street Cit Purpose for Distribution: (Describe the public purpose for the distribution to the to reward a nonprofit organization for its contributions to the community.	nggerty, District 1 Number of Tickets:4 y State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance w CRYSTAL HISHIDA GRAFF PRI Signature of Agency Head of Designee Comment: (Use this space or an attachment for any additional information including ame	INCIPAL ANALYST <u>HELO/10</u> Title (month, day, year)

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Fickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
I. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	on (if applicable)			Date Stamp	California Form 802 For Official 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 litle)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		
. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:05_/_0	4 <u>/ 10</u> Desc	ription of Ever	nt: Oakland A's	s tickets	
	E 40	Value of Ticke		\$40.00	
Agency Event Yes	🗵 No (Identify s	source of ticke	ts below.)	O Allotics	
Name of Outside Source of	Ticket(s) Provided	to Agency:	Junian	2 ATRICET	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
. Agency Official(s) Rece	ving Ticket(s) (u	se a continuatio		a second and a second	
Name of Offic (Last, First)	bial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
l. Individual or Organizati	Source and the second secon				
Name of Behesting Agency					
Name of Individual or Orgar	ization: WEST CC				er of Tickets: <u>4</u> out of fown ever
Description of Organization:	To pause +	unds th			our of town ever
Address of Organization.	14 RANCHO COL	JRT PLEASAN	NTON CA 9458 City	38	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the d	organization.)	
to reward a nonprofit organ					
5. Verification					
I have determined that the dist		forth above is ir HISHIDA GRA		th the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's / Face Value of Ticket: \$ Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:	\$40.00
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's / Face Value of Ticket: \$ S Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:	Date of Original Filing:(month, day, year) tickets \$40.00
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's / Face Value of Ticket: \$	Date of Original Filing:(month, day, year) tickets \$40.00
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's	Date of Original Filing:(month, day, year) tickets \$40.00
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's / Face Value of Ticket: \$ Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:	(month, day, year) tickets \$40.00
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 05/08/10 Description of Event: Oakland A's	tickets \$40.00
2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's // Face Value of Ticket: \$ S Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:	\$40.00
Date(s) of Event: 05 / 08 / 10 Description of Event: Oakland A's	\$40.00
/ Face Value of Ticket: \$\$ Agency Event ☐ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency:	\$40.00
Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: 2 Ticket(s) Provided to Agency 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for addition sheet for a	
Number of Tickets Received: 2 Ticket(s) Provided to Agency 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additive provided to Agency Name of Official Number	
Number of Tickets Received: 2 Ticket(s) Provided to Agency 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additive provided to Agency Name of Official Number	
Name of Official Number State Wheth	
Name of Official Number State Wheth	ional names)
(Last, First) of Tickets Descrit	ner the Distribution is Income to the Official or
	be the Public Purpose for the Distribution
Individual or Organization Receiving Ticket(s) (Provided at the behest	
Name of Behesting Agency Official: <u>Alameda County Supervisor Scott Hag</u>	
Name of Individual or Organization: WEST COAST HURRICANE YOUTH E	ASEBA Number of Tickets: 2
Description of Organization: To Raise funds to transpor-	t youth to out of town g
Address of Organization: 6714 RANCHO COURT PLEASANTON CA 9458	8 State Zip Cod
Purpose for Distribution: (Describe the public purpose for the distribution to the o	rganization.)
to reward a nonprofit organization for its contributions to the community.	
5. Verification	
I have determined that the distribution of tickets set forth above is in accordance with	h the provisions of FPPC Regulation 18944.1.
	CIPAL ANALYST

Agency Report A Public Docum		AGENCY REPORT
1. Agency Name	Date Stamp 0	California 802
COUNTY OF ALAMEDA	_	Form 002 For Official Use Only
Division, Department, or Region (if applicable)		
1221 OAK STREET, #555	-	
Street Address		
OAKLAND, CA 94612 Area Code/Phone Number E-mail		
2014/04/ 2017/2 10/4422/1 1/2017/2 1/2017/2 1/2017/2 1/2017	Amendment (Must explain	in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	(n	nonth, day, year)
2. Event For Which Tickets Were Distributed		
	's Skybox & 3 parking pass	es
Date(s) of Event: 04 / 25 / 10 Description of Event: Oakland A)	
// Face Value of Ticket: \$		
Agency Event Yes No (Identify source of tickets below.)	cland A's	
Name of Outside Source of Ticket(s) Provided to Agency:		
Number of Tickets Received: 20 Ticket(s) Provided to Agen	cy: 🔲 Gratuitously 🛛 🕅	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	litional names)	
	other the Distribution is Income	
(Last, First) of Tickets Desc	ribe the Public Purpose for the	Distribution
		ii M
Individual or Organization Receiving Ticket(s) (Provided at the behad		
Name of Behesting Agency Official: <u>Alameda County Supervisor Scott Ha</u>	ggerty, District 1	
Name of Individual or Organization: Bank of the West	Number of	Tickets: 20
Description of Organization: Bank		
Address of Organization: 7533 Dublen Me Du	ublined 945	G State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the Centri, put mote facility for tostering arts in support of mogram, including the East Bay comonic. Devel	organization.) to evaluation of the country's come	ite theo,
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance w	ith the provisions of FPPC Reg	gulation 18944.1.
1166 11	NCIPAL ANALYST	1/17/11
Signature of Agency/Flead or Designee Print Name PRI	Title	(month, day, year)

Agency Report A Public Document Mathematication I. Agency Name Column Yor ALAMEDA Date Stamp California 80.22 COUNTY OF ALAMEDA Date Stamp California 80.22 Division, Department, or Region (# applicable) 1221 OAK STREET, #555 For Official Use Outy For Official Use Outy Street Address Crystal.hishida@acgov.org Date of original Filing:	Fickets Provided by					
COUNTY OF ALAMEDA Form CUX COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Per Official Use Only 121 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail Image: Address Date of Original Filing:	Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
COUNTY OF ALAMEDA Per Official Use Only Division, Department, or Region (# applicable) 121 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (610) 272-3882 crystal hishida@acgov.org Agency Contact (mane and the) crystal hishida@acgov.org Agency Contact (mane and the) crystal hishida@acgov.org Agency Contact (mane and the)	I. Agency Name				Date Stamp	
Division, Department, or Region of Replicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area God/Phone Number Area God/Phone Number Crystal Hishida@agacgov.org Agency Contact (name and tille) Crystal Hishida@ardt, Principal Analyst, County Administrator's Office Date of Original Filing:	COUNTY OF ALAMEDA					· •••
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agencey Contact (name and Rite) Crystal.hishida@acgov.org Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:	Division, Department, or Region (if	applicable)				For Official Use Only
OAKLAND, CA 94612 Image: Code/Phone Number (struct (ame and file)) (S10) 272-3882 crystal.Liskida@acgov.org Agency Contact (ame and file) crystal.Liskida@acgov.org Agrency Contact (ame and file) Date of Original Filing:	1221 OAK STREET, #555					
Area Code/Phone Number E-mail crystal.hishida@acgov.org Date of Original Filing:	Street Address					
(510) 272-3832 crystal.hishida@acgov.org Date of Original Filing:						
Agency Contact (name and title) Date of Original Filing:	Area Code/Phone Number E-ma	ail			Amendment (Muste	xplain in Part 5.)
		stal.hishida@acgov	v.org			
2. Event For Which Tickets Were Distributed Date(s) of Event: 04 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 10 / 21 / 21					Date of Original Filing:	(month, day, year)
Date(s) of Event: 04 21 10 Description of Event: Baseball Game	Crystal Hishida Graff, Principal A	Analyst, County Ac	dministrate	or's Office		
	Date(s) of Event:04 /_21 /_	10 Descriptic	on of Ever	nt: Baseball Ga	ame	
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of Ticket (s) (use a continuation sheet for additional names) Name of Official Number of Ticket (s) State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution (Last, First) of Ticket (s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Christian Hodges Number of Tickets: 2 Description of Organization: Christian Hodges Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Stepfaulter of Agency Metal Agency				A0.		
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number Itest, First Of Tickets Describe the Public Purpose for the Distribution Itest, First of Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Christian Hodges Name of Individual or Organization: Christian Hodges Address of Organization: Christian Hodges Address of Organization: Number and Street Outstation: City State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mame of Agging/ Hagd of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Title month, day, year Comment: (Use this space or an attachment for any additional information including amendment explanation.) Title						
Number of Tickets Received: 2 Ticket(s) Provided to Agency: □ Gratuitously ☑ Pursuant to Contract S. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution Name of Official Number State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution st. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alarneda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Christian Hodges Name of Individual or Organization: Christian Hodges Number of Tickets: 2 Description of Organization: Christian Hodges Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Sterification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined in that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined in that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. </td <td>· · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td>	· · ·					
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Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Christian Hodges Number of Tickets: 2 Description of Organization: Christian Hodges Number of Tickets: 2 Address of Organization: Christian Hodges Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification Inawe determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mamber of Agency Head of Designee Print Name PRINCIPAL ANALYST Miland Mathematical Mathematical Information Including amendment explanation.)						come to the Official or
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Name of Individual or Organization: Christian Hodges Number of Tickets: 2 Description of Organization:						
Name of Individual or Organization: Christian Hodges Number of Tickets: 2 Description of Organization:	Name of Behesting Agency Offic	ial: Alameda Coun	ity Superv	lisor Nate Mile	y, District 4	
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5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Head of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 41/21/1 Signature of Agency Head of Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) Image: Comment including amendment explanation.)	Purpose for Distribution: (Descri	be the public purpose	e for the di	stribution to the	organization.)	
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Signature of Agency Head of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4//2/// Signature of Agency Head of Designee Print Name Title 4//2/// Comment: (Use this space or an attachment for any additional information including amendment explanation.) (month, day, year)	I have determined that the distribution	on of tickets set forth	above is ii	n accordance wi	ith the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) Item (month, day, year)	114 mar had					4/2/11
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Signature of Agency Head or Designee					(month, day, year)
				on including amen	dment explanation.)	
		entry addition		4		

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regio	on (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, 0	DAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must exp	nlain in Part 5)
(510) 272-3882	crystal.hishida@a	cgov.org			
Agency Contact (name and title)		-99		Date of Original Filing: _	04/20/10
Crystal Hishida Graff, Princip	bal Analyst, County	y Administrate	or's Office		(month, day, year)
2. Event For Which Tickets					
Date(s) of Event:	7 <u>/ 10</u> Desci	ription of Ever	nt: Oakland A's		
//	/ Face	Value of Tick	et: \$	85.00	
Agency Event	⊠ No (Identify s		Construction of the second		
Name of Outside Source of T	icket(s) Provided t	o Agency: <u>Oa</u>	akland Athletics	5	
Number of Tickets Received:					⊠ Pursuant to Contract
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		ther the Distribution is Inc be the Public Purpose for	
				1999 Kolley de Colempi e 1999 Kolempi e	
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency C	Official: <u>Supervisor</u>	r Alice Lai-Bitl	ker, District 3		
Name of Individual or Organi	zation: San Leand	Iro Boys and	Girls Club		er of Tickets: 20
Description of Organization:	The Club is a safe	place where	young people	can come to enjoy ther	nselves & their friends
Address of Organization.	1 Marina Blvd., Sa ber and Street	n Leandro, C	A 94577 City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the di	stribution to the	organization.)	
To reward a school or nonpr		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		575) State 1	
F. Marilliandian					
5. Verification		landle alexande in i		lh lha araidalana - (5000	Degulation (00111
I have determined that the distri		forth above is if		th the provisions of FPPC	regulation 18944.1.
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED I AGENCY REPO
1. Agency Name COUNTY OF ALAMEDA	Agency Name				California Form 802 For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			04/20/10
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>06</u> / <u>0</u>	<u>5 / 10</u> Desc	ription of Even	nt:Oakland A's	s Game	
/	/ Face	Value of Ticke	et: \$	85.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	kland Athletics	3	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)		Number of Tickets	State Whet	her the Distribution is In be the Public Purpose for	
5					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	Alice Lai-Bitk	er, District 3		
Name of Individual or Organ	ization: Leadership	o San Leandro	>		per of Tickets: 20
Description of Organization:	Program open to i	ndividuals with	h desire to edu	cate themselves with	community information
Address of Organization.	5555 East 14th Stre mber and Street	et, Suite 100,	Oakland, CA S	94578	State Zip Code
Purpose for Distribution: (D	escribe the public pur	nose for the dis	stribution to the a	organization.)	
To reward a community volu					
5. Verification					
I have determined that the distr	ibution of tickets set i	forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
left matt		HISHIDA GRA		ICIPAL ANALYST	4/21/1

(month, day, year)

 Signature of Agency Head or Designee
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYS

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

Tickets Provided by		A Dub	lic Docume	and a	TICKETS PROVIDED BY
Agency Report		APUD	ne Docume	int	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Region	(if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	mail				
(510) 272-3882 ci	rystal.hishida@a	caoy ora		Amendment (Must ex)	plain in Part 5.)
Agency Contact (name and title)	ystai.msnida@a	icgov.org		Date of Original Filing: _	
Crystal Hishida Graff, Principa	I Analyst, Coun	ty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets W	Vere Distribute	ed		A	
Date(s) of Event:04 / 22			Baseball G	ame	
Date(s) of Event:			1 ^		
/	J Face	Value of Tick	et:\$40		
Agency Event Ves	X No (Identify s	ource of ticke	ts below)		
Name of Outside Source of Ticl	ket(s) Provided t	o Agency: 0	akianu Atmetics	5	
Number of Tickets Received:	1	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official		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
(<u>1</u>					
4. Individual or Organization	Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Off	icial: Alameda C	county Super	visor Nate Mile	y, District 4	
					1
Name of Individual or Organiza	tion: Enclothes			Numbe	er of Tickets:1
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
			2		
Purpose for Distribution: (Desc	ribe the public pur	pose for the di	stribution to the o	organization.)	
To reward a community volunte	eer for his servic	e to the publi	с		
-					
5. Verification		(
I have determined that the distribut	tion of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
111. 6				13	11.1.
Lett mit		ISHIDA GRA	PRIN	ICIPAL ANALYST	
Signature of Agency Head or Designee		Print Name	5 3 25	Title	(month, day, year)
Comment: (Use this space or an att	lachment for any add	ditional information	on including amend	dment explanation.)	
PLAZA SEATS					

Tickets Provided by					TOKETO BROWDER DV
Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY 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			Amendment (Must	explain in Part 5.)
	rystal.hishida@a	cgov.org		Data of October 1 Filling	
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	and the second se	and the second se	or's Office		
2. Event For Which Tickets V			D		
Date(s) of Event:04 / 22	_/ <u>10</u> Descr	ription of Ever	nt: Baseball Ga	ame	
/		Value of Ticke	1.7)	
		anne af Nala	4		
Agency Event 🛛 Yes	X No (Identify s				
Name of Outside Source of Tic	ket(s) Provided t	o Agency: Oa	akland Athletics	5	
Number of Tickets Received: _				cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	ng Ticket(s) (us	se a continuatio			
Name of Official (Last, First)		Number of Tickets		ther the Distribution is li ibe the Public Purpose	ncome to the Official or for the Distribution
(Last, Filat)		of fickets	Descri	be the Fublic Fulpose	
4. Individual or Organization					
Name of Behesting Agency Of	ficial. Alameda C	County Superv	visor Nate Mile	y, District 4	
Name of Individual or Organiza	ation: Michael Ca	ampell		Num	ber of Tickets:1
Description of Organization:					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des		mose for the di	stribution to the	organization.)	
To reward a community volunt					
To reward a community volume	teer for his servic	to the publi	с		
5. Verification					
I have determined that the distribution	ution of tickets set :	forth above is ii	n accordance wi	th the provisions of FPF	C Regulation 18944.1.
					11/21/11
fittant		HISHIDA GRA		Title	(month, day, year)
Signature of Agency Head or Designee		Print Name	on including owen		(month, day, year)
Comment: (Use this space or an a	ttachment for any ad	allonal informati	on including amen	ament explanation.j	
PLAZA SEATS					

ickets Provided by gency Report	A Pul	blic Document	TICKETS PROVIDED B
. Agency Name		Date Stamp	
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		
	(179-1642)(Solid)	Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org	Date of Original Filing	n Na managana ang kanang kana
Agency Contact (name and title		5 81 90 W	(month, day, year)
	ipal Analyst, County Administra	ator's Office	
Event For Which Ticket			
Date(s) of Event:	8 / 10 Description of Ev	ent: Baseball Game	
<u> </u>	/ Face Value of Tic	A D	
Agency Event 🛛 Yes	☑ No (Identify source of tick		
	Ticket(s) Provided to Agency:	Dakland Athletics	
Number of Tickets Received	1:2 Ticket(s) Pr	rovided to Agency: Gratuitously	Pursuant to Contrac
Agency Official(s) Rece	iving Ticket(s) (use a continua	tion sheet for additional names)	
Name of Offi	and a state of the	State Whether the Distribution is I	
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution
Individual or Organizati	on Receiving Ticket(s) (Pro	vided at the behest of an agency official.)	
Name of Behesting Agency	Official: <u>Alameda County Supe</u>	ervisor Nate Miley, District 4	
			0
Name of Individual or Organ	nization: Peralta College Found	lation Num	ber of Tickets: 2
	Scholarships for college stude		
Address of Ordanization.	33 East 8th Street - Oakland, C mber and Street	A 94606 City	State Zip Code
Purpose for Distribution: (D	escribe the public purpose for the	distribution to the organization.)	
To reward a school for its c	ontribution to the community		
Verification			
I have determined that the dist	ribution of tickets set forth above is	in accordance with the provisions of FPI	PC Regulation 18944.1.
111 0			11/- 1
	ODVOTAL LUCLUDA OF		41111
Signature of Agency Head or Desig	CRYSTAL HISHIDA GR	RAFF PRINCIPAL ANALYST	(month, day, year)

PLAZA SEATS

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA				10 E-1107 - 10 E-10 E-10 E-10	Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
	2			Amendment (M	lust explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Fil	lina:
				Date of Original I in	(month, day, year)
Crystal Hishida Graff, Princ	and any strength of the second se		or's Office		
2. Event For Which Tickets					
Date(s) of Event:	<u>2 / 10</u> Desc	ription of Even	t: Oakland A's	s vs. New York Ya	inkees
/	/ Face			40.00	
Agency Event 🛛 Yes	🗵 No (Identify s		003 - 18 A 3 A 04 6 7 6 7 7 8 4		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oal	kland A's		
Number of Tickets Received				y: 🔲 Gratuitousl	y 🛛 Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution	is Income to the Official or
(Last, First)	Abish	of Tickets	Descri	be the Public Purpo	se for the Distribution
4. Individual or Organization	on Receiving Tic	cket(s) (Provide	ed at the behes	t of an agency officia	al.)
Name of Behesting Agency	Official: Keith Cars	son, Supervisor	Fifth District		
Name of Individual or Organ				NI	umber of Tickets:2
Description of Organization:					
n newer water en een water water op in the second of the					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		1997년 - 김희대왕에 영향의		organization.)	
To reward a community volu	unteer for his or he	r service to the	public.		
5. Verification					
I have determined that the distr	ibution of tickets set	forth above is in	accordance wit	h the provisions of F	-PPC Regulation 18944 1
. have determined that the distr				175	
Signature of Agency Head or Design		HISHIDA GRAI	FF PRIN	CIPAL ANALYST	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	lditional information	n including amend	dment explanation.)	

Tickets Provided by Agency Report		A Publi	ic Docume	nt		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555				Date Stamp	California Form For Official U	802 Jse Only
Street Address						
OAKLAND, CA 94612	1					
Area Code/Phone Number	E-mail			Amendment (Must exp	plain in Part 5.)	
(510) 272-3882 Agency Contact (name and title		x 7 2 0 10 11 15	ar 19-33300	Date of Original Filing: _	(month, day, yea	·)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office			
2. Event For Which Ticket					10.00 (20.00)	
Date(s) of Event:2	2 <u>5 / 10</u> Desc	ription of Even	t:	s vs. San Francisco Gia	ants	
/		Value of Ticke		85.00		
Agency Event Yes	🗙 No (Identify s	ource of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided 1	to Agency: <u>Oa</u>	kland A's			
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant to	o Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)		
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose for		
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Orgar	nization: Berkeley E	Boosters Police	e Activity Leau		er of Tickets: _	4
Description of Organization:	Educate and prep	are young peo	ple to become	productive members	of our society	
Address of Organization:	482 University Aver mber and Street	nue, #3	Berkele	Эу	CA State	94702 Zip Code
Purpose for Distribution: (D	oporibo the public pur	roose for the die	tribution to the c	reconstruction)		
To reward a school or nonp						
5. Verification						
I have determined that the dist	ribution of tickets set i	forth above is in	accordance wit	h the provisions of FPPC	Regulation 189	44.1.
left anofit	CRYSTAL H	-IISHIDA GRA		ICIPAL ANALYST	4	1191
Signature of Agency Head or Design	nee	Print Name		Title	(mont	h, day, year)

 Signature of Agency Head or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report		A Publi	c Docume	nt		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (/ 1221 OAK STREET, #555 Street Address	if applicable)			Date Stamp	California Form For Official U	802 Ise Only
OAKLAND, CA 94612						
Area Code/Phone Number E-m	ail			Amendment (Must ex	nlain in Part 5 1	
(510) 272-3882 cry Agency Contact (name and title)	stal.hishida@acgo	ov.org		Date of Original Filing: _		,
Crystal Hishida Graff, Principal	Analyst, County A	dministrato	r's Office			
2. Event For Which Tickets We						
Date(s) of Event:0625	10 Descripti	on of Event	Oakland A's	s vs. San Francisco Gi	ants	
		ue of Ticket		85.00		
Agency Event ☐ Yes ⊠ Name of Outside Source of Ticke	☑ No (Identify sour et(s) Provided to A					
Number of Tickets Received:	- 101			y: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a	continuation	n sheet for addi	tional names)		
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo		
4. Individual or Organization F	Receiving Ticke	t(s) (Provide	ed at the behes	t of an agency official.)		
Name of Behesting Agency Offic	a essence o de la manage insidae de la com					
Name of Individual or Organizati	on: <u>Alameda Cou</u>	nty Health	Care Foundati		er of Tickets: _	4
Description of Organization: <u>To</u>	provide support fo	r the Alame	eda County Me	edical Center and its p	rograms.	
Address of Organization: 2001	Broadway, Suite M	Л	Oaklan _{City}	d	CA State	94612 Zip Code
Purpose for Distribution: (Descri	be the public purpos	e for the dist	ribution to the o	organization.)		
To reward a school or nonprofit	organization for its	s contributio	ons to the com	imunity.		
5. Verification		h		h the eventeiner of EDDC	Dogulation 400	44.4
I have determined that the distribution	CRYSTAL HIS			ICIPAL ANALYST	4	144.1. 1919 h, day, year)

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Tickets Provided by		A Dubli	Decume		TICKETS F	ROVIDED BY
Agency Report		A Publi	ic Docume	ent		NCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Regi	ion (if applicable)				For Official L	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail				- ANTINA DEPARTMENT	
(510) 272-3882	crystal.hishida@a	agov org		Amendment (Must e.	xplain in Part 5.)	
Agency Contact (name and title,	-	icgov.org		Date of Original Filing:		
		A		Suite et engina rung.	(month, day, year	9
Crystal Hishida Graff, Princ		• 18 STREET - 18 STREET	ors Office			
2. Event For Which Tickets			~		5 Y	
Date(s) of Event:05_/_2	<u>2 / 10</u> Descr	ription of Even	t: Oakland A's	s vs. San Francisco G	lants	
7		Value of Ticke		85.00		
		value of field				
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	kland A's			
Number of Tickets Received					🗵 Pursuant to	Contract
Number of fickets Received	i	ficket(s) Prov	nded to Agenc	y: 🔲 Gratuitously	M Pursuant to	Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Offic	ial	Number		her the Distribution is Inc		
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution	۱ <u> </u>
<u>.</u>						
					_	
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official)		
				tor an agency emolally		
Name of Behesting Agency	Official: Keith Carso	on, Supervisoi	r Fifth District			
Name of Individual or Organ	ization: Filipino Adv	vocates for Ju	stice	Numb	er of Tickets: _	4
Description of Organization:				munity by organizing	constituents.	
		2350			107.51	
Address of Organization:	0 8th Street, Suite	308	Oakla	nd	CA	94607
Nun	nber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dist	tribution to the c	organization.)		
To reward a school or nonpi	ofit organization for	r its contributio	ons to the com	imunity.		
5. Verification						
I have determined that the distri	ibution of tickets set fi	orth above is in	accordance wit	h the provisions of FPPC	C Regulation 189	44.1
				4	- logalation 100	1 . 1
attont	And the second s	ISHIDA GRAI	FF PRIN	ICIPAL ANALYST	4/	19/10
Signature of Agency Head or Design	ae F	Print Name		Title	(month	n, day, year)

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Tickets Provided by			lic Docume	nt	TICKETS PROVIDED BY
Agency Report		AFUD	ic Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org		5 - 31	N N
Agency Contact (name and title	<i>i</i>)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office		•
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event:2	22 / 10 Desc	ription of Ever	nt: Oakland A's	s vs. San Francisco G	iiants
		Value of Ticke		85.00	
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland A's		
Number of Tickets Received	i:4	Ticket(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	⊠ Pursuant to Contract
				• • • • • • • • • • • • • • • • • • • •	
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	ther the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organization		2 No. 3		t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Supervisc	or Fifth District		
					4
Name of Individual or Orgar	nization: Richard Mi	usic		Numb	per of Tickets:4
Description of Organization:					
Description of Organization.					
Address of Organization:			Oakla	nd,	
Nur	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the o	organization.)	
To promote attendance at a	an event held at a C	ounty facility	in order to max	imize potential Count	y revenue.
5. Verification					
I have determined that the distr	ribution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
elle A la	CRYSTAL I	HISHIDA GRA		ICIPAL ANALYST	Alialia
Signature of Agency Head of Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a			on including amen		
p. pass	ang carattering a children for 2018 - Mariet Card			e en	

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555				California Form 802 For Official Use Only
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain 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		-	or's Office		
2. Event For Which Ticket			0.11.1.1.1	N. T. I.	
Date(s) of Event: <u>06</u> / <u>(</u>	<u>14 / 10</u> Descr	ription of Even	t: <u>Oakland A's</u>	s vs. Minnesota Twins	;
/	/ Face	Value of Ticke	t: \$	85.00	
Agency Event 🛛 Yes	🗵 No (Identify s		ener and the		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	kland A's		
Number of Tickets Received	l: <u>4</u>	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 (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose fo	이 가슴 가슴 가슴 걸 못했다. 것이 가 아이는 것이 아이가 잘 알 수 있는 것이 가 가 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 가 다 가 다 가 다 가 다 가 다 가 가 다 가 다 가 다 가 다 가 다 가 다 가 다 다 가 다 다 가 다 다 가 다 다 가 다 다 가 다 다 다 가 다 다 다 가 다
4. Individual or Organizati				t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District		
Name of Individual or Orgar					per of Tickets:4
Description of Organization:	provide profession	al leadership t	training and ca	areer development res	search
Address of Organization:	223 Fulton Street #3	327	Berkel	ey,	CA 94720-1580 State Zip Code
Purpose for Distribution: (D	agoriba tha public pur	none for the dist	tribution to the c	vector)	
To reward a school or nonp	and the second second second second second				
5. Verification					
I have determined that the dist		orth above is in		h the provisions of FPP CIPAL ANALYST	C Regulation 18944.1.
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report A Public Docum	ent	TICKETS PROVIDED I AGENCY REPO
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office	☐ Amendment <i>(Must explain</i> Date of Original Filing:(n in Part 5.) month, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 25 / 10 Description of Event: Oakland A / Face Value of Ticket: \$ Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 8 Ticket(s) Provided to Agency	85.00	Pursuant to Contra
	litional names) other the Distribution is Incom ribe the Public Purpose for th	
4. Individual or Organization Receiving Ticket(s) (Provided at the behe Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth District</u> Name of Individual or Organization: <u>Emery Ed Fund</u>	Number c	
Description of Organization: To provide local public schools with resources Address of Organization: P.O. Box 8926 Eme Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the To reward a school or nonprofit organization for its contributions to the corr	organization.)	CA 94662 State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance w	ith the provisions of FPPC Re NCIPAL ANALYST Title	egulation 18944.1.

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Tickets Provided by Agency Report		A Publi	ic Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form For Official U	802 Jse Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			or's Office	☐ Amendment (Must		<u>)</u>
2. Event For Which Ticket Date(s) of Event:/ Agency Event □ Yes Name of Outside Source of Number of Tickets Received	07 <u>, 10</u> Descr / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Even Value of Ticke ource of ticket o Agency: <u>Oa</u>	t: \$ s below.) kland A's	s vs. Tampa Bay Ray 85.00 y: □ Gratuitously	s ⊠ Pursuant to	o Contract
3. Agency Official(s) Rece Name of Offi (Last, First)		se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is Ir be the Public Purpose f		
 Individual or Organizati Name of Behesting Agency Name of Individual or Organ 	Official: Keith Carson	on, Superviso	r Fifth District	Numl	ber of Tickets: _	4
Address of Organization:	330 Broadway, Suite mber and Street Describe the public pur	e 1030 pose for the dis	Oaklan ^{City} tribution to the c	nd, organization.)	Ces that improve CA State	94612 Zip Code
5. Verification I have determined that the dist	CRYSTAL H	forth above is in HISHIDA GRA Print Name		h the provisions of FPF ICIPAL ANALYST Title	411	044.1.

Comment: (Use this space or an attachment for any additional information including amendment explain	ation.)
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Tickets Provided by Agency Report A Public Do	cument TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp California 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Offi	Date of Original Filing:
2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 20 / 10 Description of Event: 0ak / Face Value of Ticket: \$ Agency Event □ Yes ⊠ No (Identify source of tickets below Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: 2 Ticket(s) Provided to	\$40.00 N.)
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet Name of Official Number Sta (Last, First) of Tickets	for additional names) ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at th Name of Behesting Agency Official: <u>Alameda County Supervisor Sc</u> Name of Individual or Organization: <u>National Alliance on Mental Illne</u>	ess (NAMI) Number of Tickets:2
Description of Organization: <u>a non-profit organization to help person</u> Address of Organization: <u>NAMI TRI-VALLEY P.O. BOX 5563 PLEA</u> Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to reward a nonprofit organization for its contributions to the commu	SANTON CA 94566 City State Zip Code In to the organization.)
5. Verification I have determined that the distribution of tickets set forth above is in accords	ance with the provisions of FPPC Regulation 18944.1. PRINCIPAL ANALYST 4/1/9/1/0 Title (month, day, year)

Agency Report I. Agency Name COUNTY OF ALAMEDA Division, Department, or Re 1221 OAK STREET, #555 Street Address				D. I. Olama	
1221 OAK STREET, #555 Street Address				Date Stamp	California Form 802
Street Address	gion (if applicable)				For Official Use Only
0.414 AND 04 04040					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e)	volain in Part 6 1
(510) 272-3882	crystal.hishida@a	acgov.org			kpiain in Part 5.)
Agency Contact (name and tit	and the second se	0 0		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Coun	ty Administrate	or's Office		(monu), duy, yeury
2. Event For Which Ticke	NUMBER OF STREET, STRE				
Date(s) of Event:08_/_			nt: Oakland A's	SKYBOX	
/	/ Face	Value of Ticke	et: \$\$1,	700.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)	a A'S	
Name of Outside Source o	f Ticket(s) Provided	to Agency:	Jakran	and	
Number of Tickets Receive	d: <u>20</u>			y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Reco	eiving Ticket(s) (u	se a continuatio	on sheet for addit	ional names)	
Name of Of (Last, First		Number of Tickets		her the Distribution is Inc be the Public Purpose for	
(200,110		Of fickets	Deschi	be the Fublic Fulpose to	
ù		·			
I. Individual or Organizat	ion Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	gerty, District 1	
Name of Individual or Orga					er of Tickets:20
Description of Organizatior	A SAFE PLACE F	OR WOMEN	ESCAPING VI	DLENCE	
Address of Organization.	900 MOWRY AVE, umber and Street	SUITE 204 FF	REMONT CA 9	4538	State Zip Code
Purpose for Distribution: (I	Describe the public pur	rpose for the dis	stribution to the o	rganization.)	
to reward a nonprofit orga	nization for its contri	butions to the	community.		
5. Verification					
I have determined that the dis	tribution of tickets set i	forth above is in	accordance with	h the provisions of FPPC	C Regulation 18944.1.
ff mall		HISHIDA GRA	FF PRIN	CIPAL ANALYST	4/19/1
Signature of Agency Head or Designation	nee an attachment for any ad	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report A Public E	TICKETS PROVIDED BY
Agency Report	AGENCY REPORT
1. Agency Name	Date Stamp California 802
COUNTY OF ALAMEDA	i cim
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	Amondment (Must surfale in Ded 51)
(510) 272-3882 crystal.hishida@acgov.org	Amendment (Must explain in Part 5.)
Agency Contact (name and title)	Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Administrator's	Office
2. Event For Which Tickets Were Distributed	
	aseball Game
Date(s) of Event: <u>04 / 22 / 10</u> Description of Event: <u>B</u>	85
/ Face Value of Ticket: \$.	
Agency Event 🔲 Yes 🗵 No (Identify source of tickets be	low.)
Name of Outside Source of Ticket(s) Provided to Agency: <u>Oaklan</u>	d Athletics
4	i to Agency: 🔲 Gratuitously 🛛 🗵 Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation she	eet for additional names)
	State Whether the Distribution is Income to the Official or
(Last, First) of Tickets	Describe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at	t the behest of an agency official.)
Alameda County Supervisor	Nate Miley, District 4
Name of Behesting Agency Official: <u>Alameda County Supervisor</u>	Nate Miley; District 4
Name of Individual or Organization: Christopher Dobbins	Number of Tickets:1
Description of Organization:	
Address of Organization:	City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution)	tion 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 acco	ordance with the provisions of FPPC Regulation 18944.1.
Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF	

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio	on (if applicable)			Date Stamp	California Form 802 For Official Use 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	cgov.org		Data of Original Fillings	6
Agency Contact (name and title)			1.	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princip			or's Office		
2. Event For Which Tickets			Desekall O	1922	
Date(s) of Event:04 /_22	2 <u>/_10</u> Descr	ription of Even	t: Baseball Ga	ame	
/	/ Face	Value of Ticke	et: \$	85	
Agency Event 🛛 Yes	区 No (Identify s				
Name of Outside Source of T	icket(s) Provided t	o Agency: <u>Oa</u>	kland Athletics	5	
Number of Tickets Received:				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio			
Name of Offici (Last, First)	al	Number of Tickets		ther the Distribution is Indi ibe the Public Purpose fo	
4. Individual or Organizatio		An and an address of the second second			
Name of Behesting Agency C	Official: <u>Alameda C</u>	County Superv	risor Nate Mile	y, District 4	
Name of Individual or Organi	zation: <u>Phil Dobbi</u> r	ns		Numb	er of Tickets:1
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	organization.)	
To reward a community volu	inteer for his servic	e to the public	0		
5. Verification					
I have determined that the distri	bution of tickets set f	forth above is in	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
Signature of Agency Mean or Designed		HISHIDA GRA	AFF PRIM	NCIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report	A Publ	ic Document		TICKETS PROVIDED BY AGENCY REPORT
gency Report A Public Document Agency Name Date Stam COUNTY OF ALAMEDA Date Stam Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Date of Original Agency Contact (name and tife) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Event For Which Tickets Were Distributed Date size 85.00 Agency Event 06 / 25 / 10 Description of Event: Oakland A's vs. Pittsburgh	ate Stamp	California Form 802 For Official Use Only		
(510) 272-3882 cryst Agency Contact (name and title) Crystal Hishida Graff, Principal Ar	al.hishida@acgov.org nalyst, County Administrat	Date of	endment <i>(Must expl</i> Original Filing:	lain in Part 5.) (month, day, year)
Date(s) of Event: <u>06 / 25 /</u> ///	10 Description of Ever Face Value of Ticke No (Identify source of ticke 's) Provided to Agency: Or	et: \$85.00 ts below.) ikland A's		⊠ Pursuant to Contract
Name of Official	Number	State Whether the D	istribution is Inco	
Name of Behesting Agency Officia Name of Individual or Organization	I: Keith Carson, Supervison	r Fifth District ter of the East Bay	Number	r of Tickets: <u>4</u>
Address of Organization: $rac{4390 { m Te}}{{ m Number and}}$	legraph Ave. ^{Street} the public purpose for the dis	Oakland ^{City} stribution to the organizati		CA 94609 State Zip Code
5. Verification I have determined that the distribution Signature of Agency Head or Designee				Regulation 18944.1.

1

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	The second second
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)				For Official U	Jse 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	icgov.org		—	11 - 22 -	
Agency Contact (name and title	9			Date of Original Filing: .	(month, day, year	7
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office			
2. Event For Which Ticket			19 2.2 X 19 19			
Date(s) of Event:07_/_0	09 <u>/ 10</u> Desci	ription of Ever	nt: <u>Oakland A's</u>	s vs. Anaheim Angels		
/			et: \$	05.00		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	akland A's			
Number of Tickets Received	l: <u>15</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to	O Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	cial	Number		her the Distribution is Inc		
(Last, 115)		of Tickets	Descri	be the Public Purpose fo	r the Distribution	
4. Individual or Organizati				t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Orgar	nization: <u>Men of Iror</u>	<u>1</u>			er of Tickets: _	15
Description of Organization:	To mentor young r	men and boys	in fitness, sch	olastics and spirituality		
Address of Organization: 4	336 Shetland Ave.		Oaklan	d	CA	94605
Nu	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)		
To reward a school or nonp	rofit organization for	r its contributi	ons to the com	munity.		
5. Verification						
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 189	44.1.
Atarath		ISHIDA GRA		CIPAL ANALYST	-41/	19/10
Signature of Agency Head or Design	ee	Print Name		Title	(monti	n, day, year)

(month, 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 Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			—	
(510) 272-3882	crystal.hishida@a	acdov ord		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)				Date of Original Filing:	formath day word
Crystal Hishida Graff, Princ		tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets	and the second sec	and other states and the state of the state	010 01100		
			. Baseball G	ame	
Date(s) of Event: <u>04</u> /_2			0		
/	/ Face	Value of Ticke	et: \$ 8	5	
Agency Event	🗵 No (Identify s	ource of ticke	te below)		
	CONTRACTOR OF CONTRACTOR OF STREET				
Name of Outside Source of	Ticket(s) Provided t	o Agency: 0	akianu Athletics)	
Number of Tickets Received	22			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	ial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets		be the Public Purpose for	
Stewart, Darryl		1	To evaluate	the ability of a facility	to attract business and
			contribute to	the local economy	
			_		
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Alameda C	County Superv	visor Nate Mile	y, District 4	
Name of Denesting Agency					
Name of Individual or Organ	ization:			Numb	er of Tickets:
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 o	organization.)	
F Verification					
5. Verification I have determined that the distr	ibution of tickets act t	forth shows is it	accordance wil	h the provisions of EPD	C Regulation 18044 1
i nave determined that the distr	ibution of tickets set f	ortri above is li	r accordance wit	n die provisions of PPP	G Regulation 10944.1.
Signature of Agency Head of Design	: 2012 - 11 J 22 A. J. A 201	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or a		ditional informatio	on includina amen	dment explanation.)	

Tickets Provided by		A Dubl	. Desume		TICKETS PROVIDED BY
Agency Report		A Publ	ic Docume	nt	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Onicial Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	a loga				
Area Code/Phone Number	E-mail		3	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		
2. Event For Which Ticket					
Date(s) of Event:04 / 2	22 / 10 Desci	ription of Ever	nt: Baseball Ga	ame	
		Value of Ticke	110	5	
Agency Event	区 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	kland Athletics	1	
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 addit	tional names)	
Name of Office	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Alameda (County Superv	visor Nate Mile	v. District 4	
				,,	
Name of Individual or Orgar	nization: Joe DeVrie	es & Amy Len	tricchia	Numbe	er of Tickets: 2
Description of Organization:					
Address of Organization:	10		0.1.		State Zip Code
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a community vol	unteer for his & her	service to the	public		
5. Verification					
I have determined that the dist	ribution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
1 - la A with					Alla 1.
Signature of Agenting	CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCT OF	HISHIDA GRA		ICIPAL ANALYST	(month, day, year)
Signature of Agency Head of Design				1 MG	(monut, day, year)

Tickets Provided by		A Publ	ic Docume	nt	TICKETS PROVIDED BY
Agency Report					AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California 802
Division, Department, or Reg	on (if applicable)				For Official Use Only
	on (ir applicable)				
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612	10				
Area Code/Phone Number	E-mail			Amendment (Muste	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org		Data of Oslainal Filling	
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Tickets	Were Distribute	əd			
Date(s) of Event:04_/_1	<u>4 / 10</u> Desc	ription of Ever	nt: <u>Muse</u>		
1		Value of Ticke		49.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State Wa	rriors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addit	ional names)	
Name of Offic	sial	Number	1 Distance in the part of t	her the Distribution is In	
(Last, First)		of Tickets	Descrit	be the Public Purpose for	or the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	L ded at the behest	of an agency official.)	
Name of Behesting Agency	Official. Keith Cars	on, Superviso	or Fifth District		
Name of Benesting Agency					
Name of Individual or Organ	ization: <u>Andy Katz</u>			Numb	per of Tickets:4
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 o	rganization.)	
To Reward a volu	이상 이상에 집에 가지 않는 것 같아. 이상 것 같아.			(T) ()	
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in	n accordance witl	h the provisions of FPP(C Regulation 18944.1.
Let mall	CRYSTAL	HISHIDA GRA	FF PRIN	CIPAL ANALYST	4/1/10
Signature of Agency Head of Design		Print Name		Title	(month, day, year)

Tickets Provided by	AP	ublic Docume	ent		ROVIDED BY
Agency Report 1. Agency Name			Date Stamp	California	
COUNTY OF ALAMEDA				Form	802
Division, Department, or Reg	ion (if applicable)			For Official U	Jse Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		D A 1 1 1 1 1 1 1 1 1 1		
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)	
Agency Contact (name and title			Date of Original Filing: _	(month, day, year	4
Crystal Hishida Graff, Princ	ipal Analyst, County Adminis	strator's Office		(month, day, year	/
2. Event For Which Ticket					
Date(s) of Event:04_/_0	07 / 10 Description of I	Event: Oakland A	s vs. Seattle Mariners		
/	/ Face Value of 7		40.00		
		юкеі. ф			
Agency Event 🛛 🗌 Yes	☑ No (Identify source of t	ickets below.)			
Name of Outside Source of	Ticket(s) Provided to Agency	Oakland A's			
Number of Tickets Received	I:2 Ticket(s)	Provided to Agend	:y: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (use a contin	uation sheet for add	tional names)		
Name of Offi (Last, First)	cial Numbe of Ticke		ther the Distribution is Inc ibe the Public Purpose fo		
4. Individual or Organizati	on Receiving Ticket(s) (P	rovided at the behes	t of an agency official.)		
Name of Behesting Agency					
	ization: <u>Kori Chen, The Utilit</u>			er of Tickets: _	2
Description of Organization:	Save utility customers millio	ns and advance g	roundbreaking policies	and programs	
Address of Organization: 1	15 Sansome St., Suite 900,	San Fra	ncisco	CA,	94104
Nu	mber and Street	City		State	Zip Code
Purpose for Distribution: (D	escribe the public purpose for th	e distribution to the	organization.)		
To reward a school or nonp	rofit organization for its contr	ibutions to the con	nmunity.	μ.	
5. Verification I have determined that the dist	ribution of tickets set forth above	is in accordance wi	h the provisions of FPPC	Regulation 189	44.1.

CRYSTAL HISHIDA GRAFF Signature of Agency Head or Designee

PRINCIPAL ANALYST Title

(month, day, year)

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

Print Name

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	and a state of the second state of the
Division, Department, or Region (if applicable)					For Official L	Jse 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@acgov.org					
Agency Contact (name and title	le)		Date of Original Filing: _	(month, day, year	7)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				1412/04/07/14/07/14/07		
2. Event For Which Tickets						
Date(s) of Event: <u>04</u> / <u>1</u>	5 / 09 Desci	ription of Ever	nt: Oakland A'	s vs. Baltimore Orioles		
	40.00					
		value of ficke	et: \$			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland A's			
Number of Tickets Received	2	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for add	itional names)		
Name of Official		Number	State Whe	Whether the Distribution is Income to the Official or		
(Last, First)		of Tickets	Descr	Describe the Public Purpose for the Distribution		
			8			
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)		
	Keith Cars	on. Superviso	or Fifth District			
Name of Behesting Agency						
Name of Individual or Orgar	vization. Community	y Health Acad	lemy, Place M	atters Number	er of Tickets: _	2
Description of Organization:	Build the capacity,	skills of resid	lents & neighb	orhoods to achieve a h	ealthier comm	unity
26	647 International Blv	vd., Suite 600	Oakl	and	CA	94601
Address of Organization: 2047 International Biv			City		State	Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)		
To reward a school or nonp	and the second second second	* 23 * 2 × 2 × 2				
	ion organization to			interney.		
5. Verification						
I have determined that the distr	ibution of tickets set f	forth above is in	accordance wi	th the provisions of EDDC	Regulation 190	1 1
				ICIDAL ANALYST	10.00	1-111

Signature of Agency Head of Designee

CRYSTAL HISHIDA GRAFF Print Name

Title

(month, day, year)

Tickets Provided by Agency Report A Public Docume	nt TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp Form For Official Use Only	
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Amendment (Must explain in Part 5.) Date of Original Filing:(month, day, year)	
Agency Event Yes X No (Identify source of tickets below.)	700.00 rd A's	
	tional names) her the Distribution is Income to the Official or be the Public Purpose for the Distribution	
4. Individual or Organization Receiving Ticket(s) (Provided at the behase Name of Behesting Agency Official: <u>Alameda County Supervisor Scott Hage</u> Name of Individual or Organization: <u>Livermore Valley Winegrowers Founda</u>	gerty, District 1	
Description of Organization: to promote wine growing in the Livermore Vall Address of Organization: 3585 Greenville Road, Suite 4 Livermore, CA 945 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the other street)	9y 550 State Zip Code	
to reward a nonprofit organization for its contributions to the community. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with CRYSTAL HISHIDA GRAFF PRIN	h the provisions of FPPC Regulation 18944.1.	
Agency Report A Public	c Document TICKETS PROVIDED BY AGENCY REPORT	
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1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 1221 OAK STREET, #555 Street Address	Date Stamp California Form 802 For Official Use Only	
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Amendment (Must explain in Part 5.) Date of Original Filing:	
2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 03 / 10 Description of Event 05 / 09 / 10 Face Value of Ticket Agency Event Yes No (Identify source of tickets Name of Outside Source of Ticket(s) Provided to Agency:	s <u>40</u>	
3. Agency Official(s) Receiving Ticket(s) (use a continuation Name of Official (Last, First) Of Tickets	sheet for additional names) State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution	
I. Individual or Organization Receiving Ticket(s) (Provide Name of Behesting Agency Official: <u>Alameda County Supervis</u> Name of Individual or Organization: <u>Al Co Commission on the</u> Description of Organization: <u>Received women for</u> Address of Organization: <u>24100 Amador Street Hayward CA S</u> Number and Street Purpose for Distribution: (Describe the public purpose for the distribution)	Status of Women Number of Tickets: <u>4</u> OutStanding Contributions to Common 04544 City State Zip Code	
to reward a nonprofit organization for its contributions to the c	ommunity.	

Tickets Provided by Agency Report	ă.	A Publ	ic Docume	ent	TICKETS PROV AGENCY	
1. Agency Name		in the second		Date Stamp	0.00	1000 1000
COUNTY OF ALAMEDA					Form O	02
Division, Department, or Reg	j ion (if applicable)				For Official Use O	inly
Street Address						
1221 OAK STREET, #555,	OAKLAND, CA 946	612				
Area Code/Phone Number	E-mail			Amendment (Must e	untain in Port E)	
(510) 272-3882	crystal.hishida@a	cgov.org			Second the Part of the	
Agency Contact (name and tille)			Date of Original Filing:	04/15/10	÷	
Crystal Hishida Graff, Princ	cipal Analyst, Count	y Administrato	r's Office		(monun, day, year)	
2. Event For Which Ticket				1504		
Date(s) of Event:04 /2	23 <u>/ 10</u> Desc	ription of Even	t: Oakland A'	s Game		
/		Value of Ticke				
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	kland Athletics	S		
Number of Tickets Received				cy: 🔲 Gratuitously	⊠ Pursuant to Co	ontract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	itional names)		
Name of Offi	cial	Number	State When	ther the Distribution is In-	come to the Official of	or
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	or the Distribution	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitk	er, District 3			
Name of Individual or Organ				Numb	er of Tickets:	4
Description of Organization	Maximizes parity f	or women by s	supporting the	elimination of non-dis	criminatory service	es
2	4100 Amador, Sixth					
Address of Organization.	mber and Street	Theor, Haywa	City		State Z	ip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the	organization.)		
To reward a school or nonp	profit organization fo	r its contribution	ons to the com	nmunity		
5. Verification						
I have determined that the dist	ribution of tickets set f	forth above is in	accordance wit	th the provisions of FPP0		
left and	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	4/16	110

Job ang	ON OTAL MONDA ONAL	1 I MAG
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
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				12102200866.129999890022012	Form 802
Division, Department, or Region (i	f applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OAK	LAND, CA 946	612			
Area Code/Phone Number E-m	ail			Amendment (Must ex	colain in Part 5.)
(510) 272-3882 cry	stal.hishida@a	cgov.org			04/13/10
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal /	Analyst, County	y Administrato	or's Office		
2. Event For Which Tickets We	re Distribute	ed			
Date(s) of Event: <u>05</u> / <u>09</u> /	10 Descr	ription of Ever	nt: Oakland A's	s Game	
	Face			40.00	
] No (Identify s				
Name of Outside Source of Ticke	t(s) Provided t	o Agency: Oa	akland Athletics	3	
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	J Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Ind be the Public Purpose fo	집 가지 않고 가지 않지? 그는 것 같은 것 것 같은 것 같은 것 같은 것 같이 다.
4. Individual or Organization R	eceiving Tic	ket(s) (Provic	led at the behes	t of an agency official.)	
Name of Behesting Agency Offic	al. Supervisor	Alice Lai-Bitk	ker, District 3		
Name of Individual or Organization				Numb	er of Tickets:2
Description of Organization: <u>Nor</u>	partisan politic	al organizatic	on encouraging	informed, active parti	cipation in government
Address of Organization: PO Bo	x 1645, Alame	da, CA 94501	City		State Zip Code
Purpose for Distribution: (Descrit	e the public pur	pose for the dis	stribution to the c	organization.)	
To reward a school or nonprofit					
5. Verification			ų (20		
I have determined that the distribution	n of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	C Regulation 18944.1.
Signature of Agency Head or Designee	-	HISHIDA GRA	FF PRIN	CIPAL ANALYST	(month, day, year)

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

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if ap	plicable)		Date Stamp	California Form 802 For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLA Area Code/Phone Number E-mail	ND, CA 94612			
			Amendment (Must exp	plain in Part 5.)
(510) 272-3882 crysta Agency Contact (name and title)	I.hishida@acgov.org		Date of Original Filing: _	04/15/10
			Date of Original Timig. =	(month, day, year)
Crystal Hishida Graff, Principal Ana	And a second	or's Office		
2. Event For Which Tickets Were		Optional Ala	Came	
Date(s) of Event: <u>07 / 11 /</u> 1	Description of Ever	nt:		
///////	Face Value of Ticke	et: \$	85.00	
	o (Identify source of ticke	000 120000000000		
Name of Outside Source of Ticket(s) Provided to Agency:	Initiana Atmetica		
Number of Tickets Received:2) Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving T	icket(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	
4. Individual or Organization Rec	eiving Ticket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Official:	Supervisor Alice Lai-Bitk	er, District 3		
Name of Individual or Organization:	Alameda County Health	Care Foundati	onNumbe	er of Tickets: 20
Description of Organization: <u>Missio</u>	n is to raise funds and co	mmunity suppo	ort for the Alameda Co	unty Medical Center
Address of Organization: 2001 Brok Number and S	adway, Suite M, Oakland, ^{treet}	CA 94612 City		State Zip Code
Purpose for Distribution: (Describe t	he public purpose for the dis	stribution to the c	proanization.)	
To reward a school or nonprofit org				
P. Maultinetien				
5. Verification				
I have determined that the distribution of	f tickets set forth above is in CRYSTAL HISHIDA GRA		h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	ic Docume	ent		OVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio	on (if applicable)			Date Stamp		802
Street Address						
1221 OAK STREET, #555, 0	A summer and the second s	612				
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)	
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@a	cgov.org		Date of Original Filing:	04/13/10 (month, day, year)	_
Crystal Hishida Graff, Princip	al Analyst, County	Administrato	r's Office			
2. Event For Which Tickets	Contraction of the Owner of the	and the second se				
Date(s) of Event:05_/_07			t: <u>Oakland A's</u>	Game		
/	/ Face	Value of Ticke	t: \$	85.00		
Agency Event ☐ Yes Name of Outside Source of T	⊠ No (Identify s			5		
Number of Tickets Received:				y: 🔲 Gratuitously	⊠ Pursuant to (Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuation	n sheet for addi	tional names)		
Name of Offici (Last, First)	al	Number of Tickets		her the Distribution is In be the Public Purpose f		il or
3						
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)		
Name of Behesting Agency C	official: Supervisor	Alice Lai-Bitke	er, District 3			
Name of Individual or Organia	zation: <u>Citizens fo</u>	r Better Comm	nunity		per of Tickets:	4
Description of Organization:	To initiate and pro	mote commun	ity events to a	ffect the well being of	f Chinese Americ	ans
Address of Organization.	Box 1, Fremont, (CA 94537-000	1 City		State	Zip Code
Purpose for Distribution: (De	scribe the public pur	nose for the dist	tribution to the c	organization.)		
To reward a school or nonpre						
5. Verification						
I have determined that the distril	oution of tickets set f	orth above is in	accordance wit	h the provisions of FPP	C Regulation 1894	4.1.
10Hants	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	4/1	5/10
Signature of Agency Head of Designe	e	Print Name		Title	(month,	day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Crystal.hishid Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, C 2. Event For Which Tickets Were Distri	County Administrat	or's Office	Amendment <i>(Must e</i> Date of Original Filing:	
Date(s) of Event: <u>07 / 06 / 10</u> / F	Description of Ever Face Value of Ticke tify source of ticke ded to Agency:	et: \$ ts below.) O a.	4 700	passes 区 Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	s) (use a continuation Number of Tickets	State When	itional names) ther the Distribution is In ibe the Public Purpose fo	
 Individual or Organization Receiving Name of Behesting Agency Official: <u>Alame</u> Name of Individual or Organization: <u>KIDAI</u> Description of Organization: <u>Mission is to p</u> Address of Organization: <u>44000</u> Purpose for Distribution: (Describe the publito reward a school or nonprofit organization) 	eda County Superv NGO CHILDREN'S provide quality chil OUAWa ic purpose for the dia	visor Scott Hag S CENTERS d care and chi M Spn City stribution to the	ggerty, District 1 Numk Id development service Nys Bl. Frem organization.)	
5. Verification I have determined that the distribution of tickets	s set forth above is it FAL HISHIDA GRA Print Name	accordance wi	th the provisions of FPP NCIPAL ANALYST Title	C Regulation 18944.1.

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

Tickets Provided by Agency Report A Public Docur	nent TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp California 802 Form 802
OAKLAND, CA 94612 Area Code/Phone Number E-mail 510-272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed	(month, day, year)
Date(s) of Event: 07 / 05 / 10 Description of Event: A's v. Ya 07 / 06 / 10 Face Value of Ticket: \$	40
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a Name of Official Number State W	dditional names) /hether the Distribution is Income to the Official or
(Last, First) of Tickets De	scribe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the be	hest of an agency official.)
Name of Behesting Agency Official: Supervisor Gail Steele	4
Name of Individual or Organization: <u>Hayward Chamber of Commerce</u> Description of Organization: <u>promotes business opportunities for large a</u>	nd small businesses in Hayward area
Address of Organization: 22561 Main St. Haywa	
Purpose for Distribution: (Describe the public purpose for the distribution to t to reward a nonprofit organization for its contributions to the community	ne organization.)
5. Verification I have determined that the distribution of tickets set forth above is in accordance CRYSTAL HISHIDA GRAFF Print Name Print Name	with the provisions of FPPC Regulation 18944.1. RINCIPAL ANALYST Title (month, day, year)

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

Tickets Provided by Agency Report	A Public De	ocume	nt	TICKETS PROVIDE AGENCY REI
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 80 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, Cour	nty Administrator's O	ffice		
2. Event For Which Tickets Were Distribut			0 0 2 4 6 5 4	
Date(s) of Event: <u>04 / 20 / 10</u> Desc	cription of Event: Oa	kland A's	vs. New York Yanke	es
	Value of Ticket: \$		85.00	
Agency Event 🛛 Yes 🛛 No (Identify s	source of tickets belo	ow.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Oakland	A's		
Number of Tickets Received:4	Ticket(s) Provided	to Agency	y: 🔲 Gratuitously	⊠ Pursuant to Cont
3. Agency Official(s) Receiving Ticket(s) (u	use a continuation shee	et for addit	ional names)	
Name of Official		1201	her the Distribution is In	
(Last, First)	of Tickets	Descrit	be the Public Purpose f	or the Distribution
			4	
4. Individual or Organization Receiving Tie	141 147 18		of an agency official.)	
Name of Behesting Agency Official: <u>Keith Car</u>				
Name of Individual or Organization: <u>Korean Co</u>				per of Tickets:4
Description of Organization: Empower the Kor	ean American and o	ther com	munities of the Bay A	Area.
Address of Organization: 4390 Telegraph Ave		Oaklar _{City}	nd	CA 946 State Zip C
Purpose for Distribution: (Describe the public pu	rpose for the distributio		rganization.)	
To reward a school or nonprofit organization for				
5. Verification I have determined that the distribution of tickets set	forth above is in accor	dance with	h the provisions of EPP	C Regulation 18944 1
SHE CRYSTAL	HISHIDA GRAFF		CIPAL ANALYST	4/16/1
Signature of Agency Head or Designee Comment: (Use this space or an attachment for any ad	Print Name	dina omor	Title	(month, day, ye
Comment. (Use this space of an attachment for any ac	autional mormation inclue	any amend	ment explanation.)	

Tickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA				a contrata presidenti de la calega	A CONTRACTOR OF A CONTRACTOR O
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5)
(510) 272-3882	crystal.hishida@a	acgov.org			xprain in Part 5.7
Agency Contact (name and title		0 0		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		(month, day, your)
2. Event For Which Ticket					
Date(s) of Event:2			. Oakland A's	s vs. New York Yanke	es
Date(s) of Event:/				40.00	
/	/ Face	Value of Ticke	et: \$	40.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticket	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Oa</u>	kland A's		
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	
I. Individual or Organizati	on Receiving Tic	cket(s) (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Official:	son, oupervise	TT IIII DIStrict		
Name of Individual on One	Ethan Shr	ago		Numb	er of Tickets: <u>1</u>
Name of Individual or Orgar	lization:	3		Numb	
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		rpose for the dis		organization.)	
To promote attendance at a	an event held at a C	County facility i	n order to max	imize potential Count	y revenue.
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
111.6	 No. 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	HISHIDA GRA		ICIPAL ANALYST	21/11/1
Signature of Agency Head of Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a			n including amen		(

Fickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED B
. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (if applicable)			For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			
(510) 272-3882 crystal.hishida@	Dacqov.org	Amendment (Mo	ust explain in Part 5.)
Agency Contact (name and title)	33	Date of Original Fili	ng:
Crystal Hishida Graff, Principal Analyst, Cou	untv Administrat	or's Office	(nonin, day, year)
. Event For Which Tickets Were Distribu			
Date(s) of Event:042010 De		Oakland A's vs. New York Yar	nkees
		40.00	
/ Fac	ce Value of Ticke	et: \$	
Agency Event 🔲 Yes 🗵 No (Identify	y source of ticke	ts below.)	
	 Press of the state of the strength of the state. 		
Name of Outside Source of Ticket(s) Provide	d to Agency:		
Number of Tickets Received:1	Ticket(s) Pro	vided to Agency: 🔲 Gratuitously	✓ I Pursuant to Contract
. Agency Official(s) Receiving Ticket(s)	2		
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution i Describe the Public Purpos	se for the Distribution
Amy De Reyes	1	To reward a Country	semployee for s
I. Individual or Organization Receiving 1			al.)
Name of Behesting Agency Official: Keith Ca	arson, Superviso	or Fifth District	
Name of Individual or Organization:			mber of Tickets:
Description of Organization:			
Address of Organization:			
Number and Street		City	State Zip Code
Purpose for Distribution: (Describe the public p	purpose for the di	stribution to the organization.)	
. Verification			
I have determined that the distribution of tickets se	et forth above is in	n accordance with the provisions of F	PPC Regulation 18944.1.
	L HISHIDA GRA		4/11/11
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 REPORT
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		
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
2. Event For Which Ticket			Oakland A's	ve New York Yank	665
Date(s) of Event:/_					668
/	/ Face	Value of Ticke	et: \$	85.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	kland A's		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Off		Number		AND TRUE OF A PRODUCT OF A PROPERTY OF	ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
4. Individual or Organizati				t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District		
Name of Individual or Orga				Num	ber of Tickets: <u>4</u>
Description of Organization					
n e solitistis da la festa da constructiva da la casa d e la seconda esta da se					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	tribution to the c	organization.)	
To reward a community vol	and the second	12 as reading			
5. Verification	ribution of ticksta	lath chains is in	occordence with	h the previolence of FDF	O Doculation 190414
I have determined that the dist					C Regulation 18944.1.
ft min		HISHIDA GRA	FF PRIN	ICIPAL ANALYST	- 4/16/1
Signature of Agency Head or Desig	лее	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form 802 For Official Use Only	
Street Address					
OAKLAND, CA 94612	1				
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing:	
Crystal Hishida Graff, Prind		v Administrato	or's Office		(month, day, year)
	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER		of s Office		
2. Event For Which Ticket	21 10 -	3 0	. Oakland A's	s vs. New York Yanke	ees
Date(s) of Event:04/				40.00	
	/ Face	Value of Ticke	t: \$	40.00	
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of ticket	s below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	kland A's		
Number of Tickets Receive	0			y: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Rece	viving Ticket(s) (us	se a continuatio	n sheet for addi	itional names)	0
Name of Off (Last, First)		Number of Tickets		ther the Distribution is Ir ibe the Public Purpose	
4. Individual or Organizat				t of an agency official.)	
Name of Individual or Orga	nization: Michael H	utchings		Num	ber of Tickets:2
Description of Organization					
Address of Organization:	umber and Street		City		State Zip Code
Purpose for Distribution: (I	Describe the public put	rpose for the dis	tribution to the	organization.)	
To promote attendance at	an event held at a C	County facility i	n order to max	ximize potential Coun	ity revenue.
5. Verification					
I have determined that the dis					C Regulation 18944.1.
Signature of Agency Head of Desig		HISHIDA GRA		Title	(mónth, day, year)
Comments in the		lelikie en et indemne ble		dmont ovaloantion)	

Tickets Provided by Agency Report	A Public Do	ocument	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555 Street Address	f applicable)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title)	ail stal.hishida@acgov.org Analyst, County Administrator's Of	Date of Original Filing:	
//Agency Event □ Yes 区	10 Description of Event: Oal Face Value of Ticket: \$ No (Identify source of tickets belo et(s) Provided to Agency: Oakland	85.00 w.)	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Name of Official (Last, First)		t for additional names) ate Whether the Distribution is In Describe the Public Purpose f	
4. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio	ial: Keith Carson, Supervisor Fifth	District	per of Tickets:10
Description of Organization: <u>Cre</u>	ate a world in which all kids have s	ports opportunities that teach Oakland	CA 94607
Purpose for Distribution: (Descrit	ghth Street, Suite 300 ^{nd Street} be the public purpose for the distribution organization for its contributions to	City on to the organization.)	State Zip Code
5. Verification I have determined that the distribution	on of tickets set forth above is in accord CRYSTAL HISHIDA GRAFF Print Name	dance with the provisions of FPP PRINCIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Regi	on (if applicable)				For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612				X		
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org				
Agency Contact (name and title)				Date of Original Filing:	(month, day, yea	1)
Crystal Hishida Graff, Princ	pal Analyst, Count	y Administrate	or's Office			
2. Event For Which Tickets			0.000			
Date(s) of Event:04 _/_2	4 <u>10</u> Desc	ription of Even	nt: Oakland A's	s vs. Cleveland Indian	S	
/			et: \$	85.00		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of tickel	ts below.)			
Name of Outside Source of	Ficket(s) Provided t	o Agency: <u>Oa</u>	kland A's			
Number of Tickets Received				y: 🔲 Gratuitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Offic		Number		her the Distribution is In	come to the Offic	cial or
(Last, First)		of Tickets		be the Public Purpose for		
<u>,</u>						
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	ed at the behas	t of an agency official)		
				tor an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Organ				Numb	er of Tickets: _	10
Description of Organization:	Educate African-A	merican Yout	h for personal	and social change.		
Address of Organization:	24 Franklin St. #20)1	Oakla	nd	CA	94612
Nun	nber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	tribution to the o	organization.)		
To reward a school or nonp	ofit organization fo	r its contributi	ons to the com	imunity.		
	n e en consta 🗮 aport d'an charachtail de la ch			yers readed with the		
5. Verification						
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPP	C Regulation 189	944.1.
11 min		ISHIDA GRA		ICIPAL ANALYST		16/11

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

- --

Tickets Provided by Agency Report		A Publi	ic Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi 1221 OAK STREET, #555 Street Address	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612				California Form For Official U	802
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princi	crystal.hishida@a pal Analyst, Coun	ty Administrate	or's Office	☐ Amendment <i>(Must</i> Date of Original Filing)
2. Event For Which Tickets Date(s) of Event:/ / Agency Event □ Yes Name of Outside Source of T Number of Tickets Received	5 <u>, 10</u> Desc / Face ⊠ No (Identify s Ficket(s) Provided t	ription of Even Value of Ticke source of ticket to Agency: <u>Oa</u>	it: \$ ts below.) kland A's	s vs. Cleveland India 40.00 y: □ Gratuitously	ns ⊠ Pursuant to) Contract
3. Agency Official(s) Recein Name of Offic (Last, First)		se a continuatio Number of Tickets	State Whe	itional names) ther the Distribution is I ibe the Public Purpose		
4. Individual or Organization Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: Keith Cars	on, Superviso and Foundatior	r Fifth District 1	Num	ber of Tickets: _	2
Address of Organization: 81				organization.)	CA State	94621 Zip Code
5. Verification I have determined that the distri	ibution of tickets set	forth above is in	accordance wi	th the provisions of FPF	PC Regulation 189)44.1.

Jet ann	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/16/10
Signature of Agency Head or Designee	Print Name	Title	(month, daý, year)

4

Tickets Provided by Agency Report	A	A Public Doc	ument	TICKETS PROVIDED I AGENCY REPOI
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555 Street Address	Date Stan	Form 802 For Official Use Only		
Agency Contact (name and title) Crystal Hishida Graff, Principal A	stal.hishida@acgov. nalyst, County Adn		Date of Origina	t (Must explain in Part 5.) Filing:(month, day, year)
2. Event For Which Tickets We Date(s) of Event:04 / 23 / 04 / 24 / Agency Event □ Yes ⊠ Name of Outside Source of Ticke Number of Tickets Received:	10 Description 10 Face Value No (Identify source t(s) Provided to Age	of Ticket: \$ of tickets below.) ncy: <u>Oakland A's</u>	40.00	
3. Agency Official(s) Receiving Name of Official (Last, First)	Nu	mber State	Whether the Distributi	on is Income to the Official or rpose for the Distribution
 Individual or Organization R Name of Behesting Agency Offici Name of Individual or Organization Description of Organization: <u>To e</u> 	al: <u>Keith Carson, Su</u> n: <u>Lend-a-Hand Fo</u>	upervisor Fifth Dis undation	strict	ficial.) Number of Tickets:4
	apwell Dr. ^{d Street} e the public purpose f	C or the distribution to	Dakland ^{City} the organization.)	CA 94621 State Zip Code
5. Verification I have determined that the distributio	n of tickets set forth al CRYSTAL HISHII Print Na	DA GRAFF	ce with the provisions PRINCIPAL ANALY Title	같이 같다. 같은 가슴가 물건해 가지만 가장한 것이 것 것 것 것 같다. ~~~~~

Tickets Provided by Agency Report	A Public Docur	ment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if app 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 802 For Official Use Only	
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal Agency Contact (name and title) Crystal Hishida Graff, Principal Ana 2. Event For Which Tickets Were		Date of Original Filing: .	
Date(s) of Event: <u>04</u> , <u>20</u> , <u>10</u> //	Description of Event: Oakland Face Value of Ticket: \$ (Identify source of tickets below.) Provided to Agency: Oakland A's	85.00	es ⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ti Name of Official (Last, First)	Number State W	additional names) /hether the Distribution is In scribe the Public Purpose fo	
4. Individual or Organization Rec Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization:	Keith Carson, Supervisor Fifth Distr Jemahl Ämen	rictNumb	er of Tickets:4
Address of Organization: <u>Number and S</u> Purpose for Distribution: (Describe the <u>To reward a community volunteer for</u>	^{treet} he public purpose for the distribution to t	City	State Zip Code
5. Verification I have determined that the distribution of <u>January Head or Designee</u>		e with the provisions of FPP RINCIPAL ANALYST Title	C Regulation 18944.1.

Tickets Provided by Agency Report	م	Public Docum	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Res 1221 OAK STREET, #555 Street Address	Date Stamp	Contra Martin	802		
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and titl Crystal Hishida Graff, Prin			Date of Original Filing: _		
2. Event For Which Ticker Date(s) of Event:/ Agency Event □ Yes Name of Outside Source of Number of Tickets Receive	09 <u>/</u> 10 Description / Face Value ⊠ No (Identify source [†] Ticket(s) Provided to Age	of Ticket: \$ of tickets below.)	85.00	⊠ Pursuant to	Contract
3. Agency Official(s) Rece Name of Off (Last, First	icial Nu	mber State Whe	ditional names) other the Distribution is Inc ribe the Public Purpose fo		
4. Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organizatior	Official: <u>Keith Carson, Su</u> nization: <u>Oakland Chinato</u>	upervisor Fifth District	merce Numbe	er of Tickets:	5
Address of Organization: $rac{3}{N}$	88 - 9th Street, Suite 258 Imber and Street Describe the public purpose fi	Oakl City	and,	CA State	94607 Zip Code

Set and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/19/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Public	c Docume	nt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California 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 (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	cipal Analyst, Coun	ity Administrator	r's Office		
2. Event For Which Ticket	s Were Distribut	ed		SAN TE MANY NA DATE OF SAN	
Date(s) of Event:	22 <u>10</u> Desc	ription of Event	Oakland A's	s vs. San Francisco G	ants
		Value of Ticket		85.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oak	land A's		
Number of Tickets Received	d:4	Ticket(s) Provi	ded to Agenc	y: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	use a continuation			
Name of Offi (Last, First)		Number of Tickets		her the Distribution is In- be the Public Purpose fo	
		Of Hokels	Desen		
4. Individual or Organizati	ion Receiving Ti	cket(s) (Provide	d at the hehes	t of an agency official.)	
Name of Behesting Agency				, or an agoing) summing	
Name of Individual or Orga				Numb	er of Tickets:4
Description of Organization	•				
Address of Organization:	umber and Street		City		State Zip Code
Purpose for Distribution: (D	Describe the public pu	irpose for the disti	ribution to the d	organization.)	
To reward a community vo		A second second			
5. Verification					
I have determined that the dist	tribution of tickets set	forth above is in a	accordance wit	h the provisions of FPP	C Regulation 18944.1.
last and	CRYSTAL	HISHIDA GRAF		ICIPAL ANALYST	4/19/11
Signature of Agency Head or Desig	nee	Print Name	95 (A. 1967)	Title	(month, day, year)
Comment: (Use this space or a	an attachment for any ac	dditional information	including amen	dment explanation.)	

1	O.	pa	85
-	1	1	

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					1 OIIII
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xolain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:2	22 / 10 Desc	ription of Even	. Oakland A's	s vs. San Francisco G	liants
Date(s) of Event:					
/	/ Face	Value of Ticke	et: \$	00100	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	ikland A's		
Number of Tickets Received				cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio			
Name of Offi	cial	Number		ther the Distribution is Ir	
(Last, First)		of Tickets	Descri	ibe the Public Purpose f	or the Distribution
4. Individual or Organizati					
Name of Behesting Agency	Official: Keith Cars	son, Superviso	or Fifth District		ā1
Name of Individual or Organ					per of Tickets:4
Description of Organization					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the	organization.)	
To promote attendance at a					ty revenue.
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ir	n accordance wi	th the provisions of FPF	C Regulation 18944.1.
left and		HISHIDA GRA		NCIPAL ANALYST	H116/1
Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)

Гіckets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Onicial Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org		_	
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)		
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		
2. Event For Which Ticket					- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Date(s) of Event:2	22 <u>/ 10</u> Descr	ription of Ever	nt: Oakland A's	s vs. San Francisco G	Biants
		Value of Ticke		85.00	
Agency Event	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided to	o Agency: Oa	kland A's		
Number of Tickets Received				y: 🔲 Gratuitously	I Pursuant to Contract
. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offi	cial	Number		her the Distribution is Ir	
(Last, First)		of Tickets	Descri	be the Public Purpose f	for the Distribution
. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
11-57	Keith Cars	on Superviso	r Fifth District		
Name of Behesting Agency	Official:	on, oupervise	in Thur Blounde		
Name of Individual or Organ	aization. Byron Fish	er		Num	ber of Tickets:4
Name of individual of Organ	112a(1011.				
Description of Organization					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)	
To reward a community vol	unteer for his or her	service to the	e public.		
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is ir	n accordance wi	th the provisions of FPF	C Regulation 18944.1.
byan)	CRYSTAL F	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	4/19/12
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Public	Docume	nt	TICKETS PR AGENO	OVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form For Official Use	802 • Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.	org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, County Adr		Office	Date of Original Filing	:(month, day, year)	_
2. Event For Which Ticket Date(s) of Event://///////	s Were Distributed			s vs. Seattle Mariner 85.00	S	
Agency Event ☐ Yes Name of Outside Source of						
Number of Tickets Received				y: Gratuitously tional names)	⊠ Pursuant to	Contract
Name of Offi (Last, First)	or on the second s	umber Tickets		her the Distribution is be the Public Purpose		al or
4. Individual or Organizati	ion Receiving Ticket(R) (Provided	at the behas	t of an agency official		
Name of Behesting Agency	Official: Keith Carson, S	upervisor F	ifth District			
Name of Individual or Orga	nization: Kim Gillette, Da	ly City You	th Health Co	enter Nun	nber of Tickets:	4
Description of Organization Address of Organization: _2	780 Junipero Serra Boul		Daly	City,	CA 940	
Address of Organization.	imber and Street Describe the public purpose	for the distri			State	Zip Code
5. Verification I have determined that the dis	tribution of tickets set forth a	above is in ad	ccordance wi	th the provisions of FP	PC Regulation 1894	44.1.

Job any	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	419/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date(s) of Event: Ostate(s) of Event: 05 / 17 / 10 Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs	⊡ Gratuitously ⊠ Pursuant to Contr
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event:	For Official Use Only Amendment (Must explain in Part 5.) The of Original Filing:(month, day, year) . Seattle Mariners 5.00 Gratuitously I Pursuant to Contra
Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date(s) of Event: Of Line Code (S) of Event: 05 / 17 / 10 Date(s) of Event: 05 / 17 / 10 Description of Event: 0akland A's vs	Amendment (Must explain in Part 5.) Ante of Original Filing:(month, day, year) . Seattle Mariners 5.00 Gratuitously I Pursuant to Contra
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs	ate of Original Filing:(month, day, year) . Seattle Mariners 5.00
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da Revent For Which Tickets Were Distributed Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs	ate of Original Filing:(month, day, year) . Seattle Mariners 5.00
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs / Face Value of Ticket: 85 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Ticket(s) Provided to Agency:	ate of Original Filing:(month, day, year) . Seattle Mariners 5.00
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs / Face Value of Ticket: 85 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Ticket(s) Provided to Agency:	ate of Original Filing:(month, day, year) . Seattle Mariners 5.00
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date Date(s) of Event: 05 / 17 / 10 _ Description of Event: Oakland A's vs	ate of Original Filing:(month, day, year) . Seattle Mariners 5.00
Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs	(monin, day, year) . Seattle Mariners 5.00 □ Gratuitously ⊠ Pursuant to Contr
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs //// Face Value of Ticket: \$ Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional	. Seattle Mariners 5.00 □ Gratuitously ⊠ Pursuant to Contr
Event For Which Tickets Were Distributed Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs	⊡ Gratuitously ⊠ Pursuant to Contr
Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs	⊡ Gratuitously ⊠ Pursuant to Contr
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additionation she	⊡ Gratuitously ⊠ Pursuant to Contr
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additionation she	☐ Gratuitously ⊠ Pursuant to Contr
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional strength of the strengt of the strengend of the strength of the strength of the	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 4 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional strength of the strengt of the strengend of the strength of the strength of the	
Number of Tickets Received: 4 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional structure)	
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additionation	
	al names)
Name of Official Number State Whether	
	the Distribution is Income to the Official or he Public Purpose for the Distribution
. Individual or Organization Receiving Ticket(s) (Provided at the behest of	an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District	
Name of Individual or Organization: First Place Fund for Youth	Number of Tickets:4
Description of Organization: serve current and former foster youth providing ac	ccess to housing and counseling service
E19 17th Street Suite 600 Oakland	CA 9461
Address of Organization: Number and Street City	State Zip Co
	ningting \
Purpose for Distribution: (Describe the public purpose for the distribution to the orga	
To reward a school or nonprofit organization for its contributions to the commu	nity.

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

Signature of Agency Head or Designee

Print Name

r

4/4/10 (month, day, year)

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

Title

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form 802 For Official Use Only
Area Code/Phone NumberE-mail(510) 272-3882crystal.hishida@Agency Contact (name and title)Crystal Hishida Graff, Principal Analyst, Court	nty Administrat	or's Office	Amendment (Must e	
2. Event For Which Tickets Were Distribut Date(s) of Event: <u>04</u> , <u>15</u> , <u>10</u> Des / Face Agency Event □ Yes ⊠ No (Identify Name of Outside Source of Ticket(s) Provided Number of Tickets Received: <u>2</u>	cription of Ever e Value of Ticke source of ticke to Agency: <u>Oa</u>	et: \$AC)	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (Name of Official (Last, First)	use a continuatio	State Whet	tional names) her the Distribution is In be the Public Purpose f	
 Individual or Organization Receiving Tic Name of Behesting Agency Official: Alameda Name of Individual or Organization: United Security Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Number and Street Purpose for Distribution: (Describe the public p To motivate and provide expanded opportuni 	County Super eniors of Oakla / Ste 178 - Oak urpose for the di	visor Nate Mile and & Alameda land, CA 9460 City stribution to the	y, District 4 <u>County</u> Numl 5 organization.)	ber of Tickets: 2 State Zip Code
5. Verification I have determined that the distribution of tickets se	t forth above is i . HISHIDA GR/ Print Name	n accordance wi	th the provisions of FPF NCIPAL ANALYST Title	

Tickets Provided by	A Publ	ic Docume	nt	TICKETS PROVIDED BY
Agency Report		ie became		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA	00 U. 1.1.1			For Official Use Only
Division, Department, or Region	(if applicable)			
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-I	mail		Amendment (Must	explain in Part 5.)
	ystal.hishida@acgov.org			
Agency Contact (name and title)		tere distance	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrat	or's Office		
2. Event For Which Tickets W				
Date(s) of Event:04 /16	/ 10 Description of Ever	nt: Baseball Ga	ame	
	/ Face Value of Tick	A1	0-	
Agency Event	No (Identify source of ticke	ts below.)		
Name of Outside Source of Tick	(et(s) Provided to Agency: Or	akland Athletics		
Number of Tickets Received:	Ticket(s) Pro	vided to Agency	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (use a continuation	on sheet for addit	tional names)	
Name of Official	Number			ncome to the Official or
(Last, First)	of Tickets	Descri	be the Public Purpose	for the Distribution
4. Individual or Organization	Receiving Ticket(s) (Provi	l ded at the behest	t of an agency official.)	
	Contraction of the strategy of			
Name of Behesting Agency Offi	icial: Alameda County Super	visor Nate Miley	y, District 4	
				2 and Tickston
Name of Individual or Organiza	tion:	na a Alamoaa	Num	ber of Tickets:2
Service of Occupientian Se	enior Advocacy			
Description of Organization:				
Address of Organization, 7200	Bancroft Ave, Ste 178 - Oak	and, CA 94605	i	
Address of Organization:	r and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di	stribution to the o	organization.)	
				e seniors
To motivate and provide expar	ided opportunities to vulnerat	bie populations	In the County such a	5 5611015.
5. Verification				
I have determined that the distribut	tion of tickets set forth shove is i	n accordance wit	th the provisions of FPF	C Regulation 18944.1.
r nave determined that the distribu				
lott graff	CRYSTAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	4/19/10
Signature of Agency Head or Designee	Print Name		Title	(month/ day, year)
Comment: (Use this space or an at	tachment for any additional informati	on including amend	dment explanation.)	
PLAZA SEATS				

Tickets Provided by A Public Document			nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ For Official Use Only
Division, Department, or Region (if a	oplicable)			T of official cost only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5.)
	al.hishida@acgov.org		Date of Original Filing:	
Agency Contact (name and title)			Date of Original Filling.	(month, day, year)
Crystal Hishida Graff, Principal An	Statements and a statement of the statem	or's Office		
2. Event For Which Tickets Were		Dessball Of		
Date(s) of Event:04 17	10 Description of Even	t: Baseball Ga	ame	
///////	Face Value of Ticke	t: \$ <u>40</u>	/	
Agency Event □ Yes ☑ 1	No (Identify source of ticket			
Name of Outside Source of Ticket(s) Provided to Agency: Oa	kiand Autieucs		
Number of Tickets Received:			y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving				
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
		ī		
4. Individual or Organization Re				
Name of Individual or Organization	n: United Seniors of Oakla	nd & Alameda	County Num	ber of Tickets:2
Description of Organization:	or Advocacy			
Address of Organization: 7200 Ba	ancroft Ave, Ste 178 - Oakl I Street	and, CA 94605 City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the di	stribution to the	organization.)	
To motivate and provide expande				s seniors.
E Varification				
5. Verification I have determined that the distribution	of tickate cat forth above is h	accordance wi	th the provisions of FPI	PC Regulation 18944.1
I have determined that the distribution				111-1
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRA Print Name		NCIPAL ANALYST	(month, day,/year)
Comment: (Use this space or an attact	ment for any additional information	on including amen	dment explanation.)	
PLAZA SEATS				

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-m	ail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crystal Agency Contact (name and title) Crystal Hishida Graff, Principal /	stal.hishida@acc		or's Office	Date of Original Filing:	(month, day, year)
2. Event For Which Tickets We Date(s) of Event:04_/_18_/ // Agency EventYes Name of Outside Source of Ticket Number of Tickets Received:	10 Descrip Face Va No (Identify sou et(s) Provided to a	ntion of Ever alue of Ticke urce of ticke Agency: <u>O</u> a	et: \$40 ts below.) akland Athletics		⊠ Pursuant to Contract
B. Agency Official(s) Receiving Name of Official	j Ticket(s) (use	a continuatio		tional names) her the Distribution is In	come to the Official or
			1		
• Individual or Organization F Name of Behesting Agency Offic					
Name of Individual or Organizati		ors of Oakla	nd & Alameda	County Numl	ber of Tickets: <u>2</u>
Address of Ordanization.	Bancroft Ave, Ste		City		State Zip Code
To motivate and provide expand					s seniors.
5. Verification I have determined that the distribution Signature of Agency Head or Designee	CRYSTAL HI			th the provisions of FPF NCIPAL ANALYST Title	PC Regulation 18944.1.
Comment: (Use this space or an atta PLAZA SEATS	chment for any addit	tional informati	on including amen	dment explanation.)	<i>n</i>

Tickets Provided by	A Publ	ic Document	TICKETS PROVIDED BY
1221 OAK STREET, #555	cy Name NTY OF ALAMEDA n, Department, or Region (if applicable) OAK STREET, #555		np California 802 Form For Official Use Only
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-ma (510) 272-3882 crys Agency Contact (name and title) Crystal Hishida Graff, Principal A	tal.hishida@acgov.org	Date of Origina	t (Must explain in Part 5.) I Filing:(month, day, year)
2. Event For Which Tickets Wer Date(s) of Event: <u>04 / 23 /</u> / Agency Event □ Yes ⊠ Name of Outside Source of Ticket Number of Tickets Received:	10 Description of Even Face Value of Ticket No (Identify source of ticket t(s) Provided to Agency: Or	et: \$40 ts below.)	ously ⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Number of Tickets	State Whether the Distribut	ion is Income to the Official or urpose for the Distribution
 Individual or Organization Revealed Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>Senial</u> Address of Organization: <u>7200 B</u> Number an Purpose for Distribution: (Describe To motivate and provide expanded) 	al: <u>Alameda County Super</u> n: <u>United Seniors of Oakla</u> or Advocacy ancroft Ave, Ste 178 - Oakla ^{d Street} e the public purpose for the di	visor Nate Miley, District 4 nd & Alameda County and, CA 94605 ^{City} stribution to the organization.)	Number of Tickets:2
5. Verification I have determined that the distribution Signature of Agency Head or Designee Comment: (Use this space or an attac PLAZA SEATS	n of tickets set forth above is i CRYSTAL HISHIDA GR/ Print Name	n accordance with the provisions	of FPPC Regulation 18944.1. YST(month, day,/year)

Tickets Provided by				
Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY 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				
	mail			eveloie in Ded 5.)
(510) 272-3882 cr	rystal.hishida@acgov.org		Amendment (Must	explain in Part 5.)
Agency Contact (name and title)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	Analyst, County Administra	tor's Office		(monun, day, year)
2. Event For Which Tickets W				
Date(s) of Event:0424			ame	
Date(s) of Event://		A ()	/	
/	Face Value of Tick	et: \$40		
Agency Event	No (Identify source of ticke	ets below.)		
	anna di sela			
Name of Outside Source of Tic	ket(s) Provided to Agency:			
Number of Tickets Received:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	ng Ticket(s) (use a continuati			
Name of Official			her the Distribution is Ir be the Public Purpose f	ncome to the Official or
(Last, First)	of Tickets	Descri	be the Public Purpose i	
4. Individual or Organization	Receiving Ticket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Off	Alameda County Super	visor Nate Mile	v. District 4	
Name of Behesting Agency Off	icial:	neer nate nine,	, Diolitici 1	
Name of Individual or Organiza	stion. Sobrante Park TimeBa	nking	Num	ber of Tickets: <u>2</u>
Name of Individual of Organiza				ber of fickets.
Description of Organization:	rganizes community member	s to give back to	o their community	
Address of Organization.	Capistrano Drive - Oakland, C			State Zie Code
Number	r and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the d	istribution to the o	organization.)	
To reward a non profit for its co	ontribution to the community			
5. Verification				
I have determined that the distribu	tion of tickets set forth above is i	n accordance wit	h the provisions of FPF	C Regulation 18944.1.
111-0 11				11/01.0
Softmark	CRYSTAL HISHIDA GR		Title	(month, dáy, year)
Signature of Agéncy Head or Designee	Print Name	lan inaluding and		(month, day, year)
Comment: (Use this space or an al	tachment for any additional informat	ion including amen	ument explanation.)	
PLAZA SEATS				

Tickets Provided by Agency Report	A Public Docu	ment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	California 802 Form 802
Street Address 1221 OAK STREET, #555, OAKLAND, CA	A 94612		
Area Code/Phone Number E-mail		Amendment (Must e	volain in Part 51
(510) 272-3882 crystal.hishid	la@acgov.org	I I A CONTRACTOR AND A CONTRACT AND A CONTRACTACT AND A CONTRACT AND A	
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	ounty Administrator's Office		
2. Event For Which Tickets Were Distri	ibuted		
Date(s) of Event: <u>04 / 03 / 10</u> I	Description of Event: Oakland	I A's Game	
	Face Value of Ticket: \$	85.00	
Agency Event 🛛 Yes 🛛 No (Ider	tify source of tickets below.)		
Name of Outside Source of Ticket(s) Provi	ded to Agency. Oakland Athle	etics	
Number of Tickets Received:4	Ticket(s) Provided to Ag	ency: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(영화 이야 한다. 영화 가지 않는 것은 것은 것이 없는 것이 없 않는 것이 없는 것이 없이 않이		
Name of Official (Last, First)		Vhether the Distribution is In escribe the Public Purpose for	
			5
4. Individual or Organization Receiving			
Name of Behesting Agency Official: Supe	rvisor Alice Lai-Bitker, District	3	
Name of Individual or Organization: Kriste	n Washburn	Numb	er of Tickets:4
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the public	lic purpose for the distribution to t	the organization.)	
To promote attendance at an event held a	at a County facility in order to r	maximize County revenue	e from concession sales
5. Verification			
I have determined that the distribution of ticket	s set forth above is in accordance	with the provisions of FPP	C Regulation 18944.1.
A CAPPAN	TAL HISHIDA GRAFF P	RINCIPAL ANALYST	(month, day, year)
Signature of Agéricy Héad or Designee Comment: (Use this space or an attachment for a			(month, day, year)

Tickets Provided by				
Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable	ə)		Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, O	CA 94612			
Area Code/Phone Number E-mail (510) 272-3882 crystal.hish Agency Contact (name and title)	ida@acgov.org		Amendment <i>(Must</i> ex	02/21/10
Crystal Hishida Graff, Principal Analyst,		or's Office		
2. Event For Which Tickets Were Dist Date(s) of Event:/			0 2 0 0	
	ntify source of ticke vided to Agency: <u>O</u> a	ts below.) akland Athletics	3	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets	State Whet	her the Distribution is Inc be the Public Purpose fo	
Wilson, Shawn	4	To promote a	attendance at a County	/ facility to max sales
		2		
4. Individual or Organization Receiving Name of Behesting Agency Official: Supersonal Su	•		t of an agency official.)	
Name of Individual or Organization: Description of Organization:				er of Tickets:
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the put	blic purpose for the dis	stribution to the c	organization.)	·
5. Verification				
I have determined that the distribution of ticke	ts set forth above is ir	n accordance with	h the provisions of FPPC	Regulation 18944.1.
1 11 - 1	TAL HISHIDA GRA Print Name		CIPAL ANALYST	415/10 (month, day, year)
Comment: (Use this space or an attachment for	any additional informatio	on including amend	Iment explanation.)	4. 5. 5334 3

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA				Dute etamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
The man discover and an and the second of the	ion (il applicable)				
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	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		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:04_/_0	5,10 Desci	ription of Even	t. Oakland A's	s vs. Seattle Mariners	
Date(s) of Event.				35-	
/	/ Face	Value of Ticke	et: \$	<u> </u>	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	ikland A's		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization	9946469 (1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997) - 1997)	STREETSS STREETS DATE THE STREET		t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District		
Name of Individual or Orgar	ization: <u>Kim Gillett</u>	e		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	pose for the dis	stribution to the d	organization.)	
To reward a school or nonp		annaar 1960 - Secha Sech		an an ann agus an Airtean Ann	
5. Verification					
I have determined that the dist	ribution of tickets set a	forth above is in	n accordance wil	h the provisions of FPPC	CRegulation 18944.1.
At But		HISHIDA GRA		ICIPAL ANALYST	415/10
Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802 For Official Use Only	
1221 OAK STREET, #555						
Street Address				2		
OAKLAND, CA 94612	15					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org		Date of Original Filing:		
Agency Contact (name and title				Date of Original Filling.	(month, day, year)	
Crystal Hishida Graff, Princ			or's Office			
2. Event For Which Ticket	s Were Distribute	ed	<u> </u>	0		
Date(s) of Event:04_/_0	05 <u>/ 10</u> Desc	ription of Ever	nt: Oakland A's	s vs. Seattle Mariners		
/		Value of Ticke		40.00		
Agency Event	🛛 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland A's			
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract	
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio				
Name of Office	cial	Number		ther the Distribution is Income to the Official or ibe the Public Purpose for the Distribution		
(Last, First)		of Tickets	Descri	be the Fublic Fulpose it		
4. Individual or Organizati	an a			t of an agency official.)		
Name of Behesting Agency	Official:	ion, oupervise	in the block			
Name of Individual or Orgar	nization: <u>Geoffrey F</u>	Peete		Numb	per of Tickets: 2	
Description of Organization						
Address of Organization:	mber and Street		City		State Zip Code	
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the	organization.)		
To reward a community vol	unteer for his or he	r service to the	e public			
5. Verification						
I have determined that the dist	ribution of tickets set	forth above is in	n accordance wi	th the provisions of FPP	C Regulation 18944.1.	
Jatt Anth	CRYSTAL	HISHIDA GRA		NCIPAL ANALYST	415/10	
Signature of Agency Head of Desig	nee	Print Name		Title	(month, dáy, year)	

ickets Provided by A Public Docume				nt	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp		302
OAKLAND, CA 94612						
	mail			Amendment (Must e	xplain in Part 5.)	
	crystal.hishida@acgov.org			Date of Original Filing:		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			Date of original range.	(month, day, year)	_	
2. Event For Which Tickets V			or s Office	i.		
Date(s) of Event:0406			Baseball Ga	ame		
Date(s) of Event:			A- 1	- 1		
/	J Face	Value of Ticke	et: \$			
Agency Event 🛛 Yes	No (Identify so	ource of ticket	ts below.)			
Name of Outside Source of Tic	ket(s) Provided to	o Agency: Oa	kland Athletics	3		
Number of Tickets Received: _				y: 🔲 Gratuitously	⊠ Pursuant to 0	Contract
3. Agency Official(s) Receiving	ng Ticket(s) (us	e a continuatio	n sheet for addi	tional names)		
Name of Official		Number		her the Distribution is In		lor
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution	
4. Individual or Organization						
Name of Behesting Agency Of	ficial: <u>Alameda C</u>	County Superv	risor Nate Mile	y, District 4		
Name of Individual or Organiza	ation: <u>James Ker</u>	nnedy		Numb	per of Tickets:	2
Description of Organization:						
Address of Organization:	er and Street		City		State	Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the	organization.)		
To reward a community volun	teer for his servic	e to the public	C	4		
5. Verification						
I have determined that the distribu	ition of tickets set f	forth above is ir	n accordance wi	th the provisions of FPP	C Regulation 1894	4.1.
Signature of Agency Head of Designee	CRYSTAL H	HISHIDA GRA Print Name		VCIPAL ANALYST	A//C	110

 Signature of Agency Head of Designee
 Print Name
 Title

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

Tickets Provided by Agency Report A Public	c Document	TICKETS PROVIDED BY AGENCY REPOR		
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 802 For Official Use Only		
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrato	Date of Original Filing:	lain in Part 5.) (month, day, year)		
2. Event For Which Tickets Were Distributed Date(s) of Event:/ Description of Event / Face Value of Ticket Agency Event □ Yes ⊠ No (Identify source of tickets Name of Outside Source of Ticket(s) Provided to Agency: Oak Number of Tickets Received: Ticket(s) Provided	: \$40.00 : below.) land A's	⊠ Pursuant to Contract		
3. Agency Official(s) Receiving Ticket(s) (use a continuation Name of Official Number (Last, First) of Tickets	State Whether the Distribution is Inco Describe the Public Purpose for			
4. Individual or Organization Receiving Ticket(s) (Provide Name of Behesting Agency Official: <u>Keith Carson, Supervisor</u> Name of Individual or Organization: <u>Evan Tubera</u> Description of Organization:	Fifth District Numbe	er of Tickets:2		
Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the dist To promote attendance at an event held at a County facility ir		State Zip Code		
5. Verification I have determined that the distribution of tickets set forth above is in Signature of Agercy Head or Designee Comment: (Use this space or an attachment for any additional information	FF PRINCIPAL ANALYST	Regulation 18944.1. <u> </u>		

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDE	
1. Agency Name				Date Stamp		500
COUNTY OF ALAMEDA					Form 80	2
Division, Department, or Region (ii	f applicable)				For Official Use Only	5
1221 OAK STREET, #555	n na senar na senar da se na senar da se na					
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-m	ail					
510-272-3882 crv	stal.hishida@ac	aov.ora		Amendment (Must e	xplain in Part 5.)	
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal	Analyst, County	Administrator	's Office		(month, day, year)	
2. Event For Which Tickets We	and a second design of the second					
Date(s) of Event:0924			, A's v. Rang	ers		
				40		
//_	Face V	/alue of Ticket	:\$			
	No (Identify so					
Name of Outside Source of Ticke	et(s) Provided to	Agency: Oak	dand A's			_
Number of Tickets Received:	2 1	Ticket(s) Provi	ded to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Cont	ract
3. Agency Official(s) Receiving	g Ticket(s) (use	e a continuation	sheet for addi	tional names)		
Name of Official (Last, First)		Number of Tickets		ther the Distribution is In be the Public Purpose f		
						_
	_					
4. Individual or Organization R	leceiving Tick	(et(s) (Provide	ed at the behes	t of an agency official.)		
Name of Behesting Agency Offic	ial: Supervisor (Gail Steele	, idistru	it 2		
			vices		2	
Name of Individual or Organization: Bay Area Community Services				ber of Tickets:	72	
Description of Organization: <u>prov</u>	vides mental hea	alth and other	support serv	ices to adults in Alam	eda County	
1814 F	ranklin Street		Oakland,	C	A 94612	
Address of Organization:			City		State Zip C	Code
Purpose for Distribution: (Descrit	a the public purp	ose for the dist	ribution to the	organization)		
to reward a local non-profit which	and the second			organization.)		
to reward a local non-profit which	n is neiping the	community				
5. Verification						
I have determined that the distribution	on of tickets set fo	uth shove is in	accordance wi	h the provisions of EDD	C Regulation 18944 1	
nave determined that the distributio					Cragulaton 10344.1.	-
10H Mall		ISHIDA GRAF	F PRIN	Title	(month, day, ye	Parl
Signature of Agency Head or Designee	P	THE PARTIC		1110	(month, day, ye	2 CM /

 Signature of Agency Head or Designee
 Print Name
 Title

 Comment:
 (Use this space or an attachment for any additional information including amendment explanation.)
 Title
Tickets Provided by	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report 1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if app	licable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must	ovoloin in Part 5.)
510-272-3882 crystal	.hishida@acgov.org			explain in Part 5.7
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Ana	lyst, County Administrate	or's Office		, , , , , , , , , , , , , , , , , , , ,
2. Event For Which Tickets Were				
Date(s) of Event:071010) Description of Eve	nt: <u>A's v. Ange</u>	S	
	Face Value of Tick		1,700	
	o (Identify source of ticke			
Name of Outside Source of Ticket(s)	Provided to Agency: O	akland A's		
			y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation		and the second	
Name of Official (Last, First)	Number of Tickets		her the Distribution is I be the Public Purpose	ncome to the Official or for the Distribution
				×
4. Individual or Organization Rec	eiving Ticket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:	Supervisor Gail Steele	Distr	ict 2	
Name of Individual or Organization:	Purple Silk Music Educa	ation Foundatio	n Num	ber of Tickets:20
Description of Organization:	ts low-income children b	y exposing the	m to classical music	
1122 Win	sor Avenue	Piedmon		CA 94610
Address of Organization: Number and S		City		State Zip Code
Purpose for Distribution: (Describe the	he public purpose for the di	stribution to the	organization.)	
to reward a local non-profit which is				
to reward a local non-profit which is	holping the commandy			
5. Verification				
I have determined that the distribution o	f tickets set forth above is i	n accordance wi	th the provisions of FPI	PC Regulation 18944.1.
BAL MART	CRYSTAL HISHIDA GRA		ICIPAL ANALYST	4/13/10
Signature of Agency Head or Désignee	Print Name	lan hadudhan am ar	Title	(month, day, year)
Comment: (Use this space or an attachm	ent for any additional informati	ion including amen	oment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Docume	nt		ROVIDED BY
1. Agency Name			Date Stamp		802
COUNTY OF ALAMEDA					1
Division, Department, or Region (if ap	plicable)			For Official U	lse Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must exp	plain in Part 5.)	
510-272-3882 crysta	al.hishida@acgov.org				
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year	1
Crystal Hishida Graff, Principal An	alyst, County Administrate	or's Office			
2. Event For Which Tickets Were					
Date(s) of Event: <u>06 / 26 / 1</u>	0 Description of Ever	nt: <u>A's v. Pirate</u>	S		
///////	Face Value of Ticke		1,700		
Agency Event 🗌 Yes 🛛 🕅	lo (Identify source of ticke	ets below.)			
Name of Outside Source of Ticket(s	s) Provided to Agency: Or	akland A's			
Number of Tickets Received: <u>2</u>			y: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Receiving 1	icket(s) (use a continuation	on sheet for addi	tional names)		
Name of Official	Number		her the Distribution is Inc	ome to the Offic	ial or
(Last, First)	of Tickets		be the Public Purpose for		
<u></u>					
				-	
4. Individual or Organization Red	ceiving Ticket(s) (Provi	ded at the behes	t of an agency official.)		
Name of Behesting Agency Official	Supervisor Gail Steele	Distric	+2		
Name of Individual or Organization		ition	Numbe	er of Tickets: _	20
Description of Organization:	ises for Chabot College t	o augment aca	demic and other colleg	e programs	
Address of Organization: 25555 He	esperian Blvd.	Hayward,	CA	945	45
Address of Organization. Number and	Street	City		State	Zip Code
Purpose for Distribution: (Describe		stribution to the o	organization.)		
to reward a local non-profit which is	s helping the community				
5. Verification			NT TAP	122 J. 192	
I have determined that the distribution	of tickets set forth above is in	n accordance wit	h the provisions of FPPC	and the second	
. bit Bust	CRYSTAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	41	13/10

Signature of Agency Head or Designee

Print Name

PRINCIPAL ANALYST Title

(month, day, year)

Tickets Provided by Agency Report	A Public Docun	nent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	Date Stamp	California Form 802 For Official Use Only	
Area Code/Phone Number E-mail 510-272-3882 crystal.hishi Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst,		Date of Original Filing: .	
	Description of Event: <u>A's v. Ma</u> Face Value of Ticket: \$ entify source of tickets below.) vided to Agency: <u>Oakland A's</u>	40	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket Name of Official (Last, First)	Number State W	dditional names) hether the Distribution is In scribe the Public Purpose fo	
4. Individual or Organization Receiving Name of Behesting Agency Official: Super Name of Individual or Organization: Kida Description of Organization: helps low-in	ervisor Gail Steele Distr	ict 2. Numb	er of Tickets:2 g them for the future
	rm Springs Blvd. Frem c blic purpose for the distribution to th	nont,	CA 94538 State Zip Code
5. Verification I have determined that the distribution of ticker Signature of Agency Head of Designee CRYS		with the provisions of FPP RINCIPAL ANALYST Title	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publi	c Docume	nt		ROVIDED BY
. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form For Official U	802 se Only	
Street Address OAKLAND, CA 94612						
Area Code/Phone Number 510-272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			r's Office	Amendment (Must	n de la constanti de la constante de la constan No	
2. Event For Which Tickets Date(s) of Event:	2 <u>∂ / 10</u> Descrip 20 / 10 Face Va ⊠ No (Identify sou	ntion of Even alue of Ticke urce of ticket	t: \$ <u>06/08/10</u> s below.)	; A's v. Tigers; \$40	A's v. Ange	ls
Number of Tickets Received 3. Agency Official(s) Rece		er de la composition de la composition Composition de la composition de la comp		y: Gratuitously	⊠ Pursuant to	Contract
Name of Offi (Last, First)	pial	Number of Tickets		her the Distribution is be the Public Purpose		
4. Individual or Organizati Name of Behesting Agency			ed at the behes District)	
Name of Individual or Organ Description of Organization	nization: <u>Volunteer</u> Ha	ayward	in City of Hay		nber of Tickets: _ ool Dist. and HAF	6 RD
Address of Organization:	099 E Street		Hayward,		CA State	94541 Zip Code
Purpose for Distribution: (E to promote health, motivate					e County	
5. Verification I have determined that the dist Underward Agency Head or Designature of Agency Head or Designature of Agency Head or Designation (Construction)	CRYSTAL HI	SHIDA GRA		th the provisions of FP NCIPAL ANALYST Title	41))44.1. 1 <u>3/10</u> h, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi	COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form For Official	802 Use Only
Street Address OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Muste	evelain in Dart E)	
510-272-3882 Agency Contact (name and title)	crystal.hishida@a	cgov.org		Date of Original Filing:	<i>1</i> 32	ar)
Crystal Hishida Graff, Princi	pal Analyst, County	y Administrato	or's Office		(moniii, day, yo	
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:/_1	9 <u>, 10</u> Descr	ription of Ever	nt: <u>A's v. Red S</u>	Sox		
/		Value of Ticke		1,700		
Agency Event Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ficket(s) Provided t	o Agency: Oa	akland A's			
Number of Tickets Received				y: 🔲 Gratuitously	🗵 Pursuant 1	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Ir be the Public Purpose f		
					r.	
4. Individual or Organizatio	1.00		<u></u>			
Name of Behesting Agency	Official: <u>Supervisor</u>	Gail Steele	District	6		
Name of Individual or Organ	ization: Hayward E	Education Fou	Indation		ber of Tickets: .	20
Description of Organization:	involves Hayward	community to	help fund grai	nts to strengthen edu	. experience of	students
Address of Organization:	O. Box 56444		Haywarc ^{City}	l,	CA State	94545 Zip Code
Purpose for Distribution: (De	round an allow a substances and a substances of the		stribution to the o	organization.)		
	which is helping the	e community				
to reward a local non-profit						
to reward a local non-profit v 5. Verification I have determined that the distr					99191 y 89 50 100	222.0.5

1. Agency Name Date Stamp Cellifornia 8.02 COUNTY OF ALAMEDA For Official Ose City For Official Ose City Division, Department, or Region (# applicable) 1221 OAK STREET, #555 For Official Ose City OAKLAND, CA 94612 Amendment (#dast explain in Part 6) For Official Ose City Area Code/Phone Number E-mail Image: Contract (mame and the) Crystal Hishida @acgov.org Agency Ontact (mame and the) Crystal Hishida @araft, Principal Analyst, County Administrator's Office Date of Orginal Filing:	Tickets Provided by Agency Report		A Publi	ic Docume	ent		PROVIDED BY
COUNTY OF ALAMEDA Form OUL Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail S10-272-3882 crystal.hishida@acgov.org Agency Contact (mane and tille) crystal.hishida@acgov.org Agency Contact (mane and tille) Crystal.hishida@acgov.org Agency Which Tickets Were Distributed Date of Original Filing:			20 million and Decare becare		Date Stamp	A REAL PROPERTY AND INCOME.	A REAL PROPERTY AND
Diston, bepartment, or region in Application 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail Area Code/Phone Number Crystal.hishida@acgov.org Agency Contact (name and title) Crystal.hishida@acgov.org Agency Which Tickets Were Distributed Date of Original Filing:						Form	002
Street Address OAKLAND, CA 94612 Are: Gode/Phone Number E-mail Glo_272-3882 Are; Gode/Phone Number Zency Contact (name and life) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event:	Division, Department, or Region (if applicable)				For Official	Use Only	
OAKLAND, CA 94612 Area Code/Phone Number 510-272-3882 Crystal Hishida Graft, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 06 / 10 Description of Event: 96 / 06 / 00 Agency Event Yes Personant of ticket(s) Provided to Agency: Gratuitously Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Number of Ticket(s) (provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele / bicktytck 2 Name of Individual or	1221 OAK STREET, #555						
Area Code/Phone Number E-mail 510-27Z-3882 Crystal.hishida@acgov.org Agency Contact (name and title) Control of State (name and title) Crystal.Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:	Street Address						
510-272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:	OAKLAND, CA 94612						
510-272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filling:	Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office (month, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 06 / 10 Description of Event: 40 Agency Event Yes Exercised of Ticket: 40 Agency Event Yes Exercised of Ticket: 40 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Event to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Intervention State Whether the Distribution is Income to the Official Describe the Public Purpose for the Distribution (Last, First) of Tickets Describe the Public Purpose for the Distribution Andre of Behesting Agency Official: Supervisor Gail Steele XiStrick 2 Name of Individual or Organization: A.C. Commission on Status of Women Number of Tickets: 2 Description of Organization: 24100 Amador Street, Sixth Floor Hayward, CA 94544 Address of Organization: 24100 Amador Street, Sixth Floor Hayward, <	510-272-3882	crystal.hishida@a	acgov.org				
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 00 / 10 Description of Event: A's v. Twins	Agency Contact (name and title)			Date of Original Filing:	(month, day, ye	ar)
Date(s) of Event: 06 / 06 / 10 	Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	r's Office			45.8
	Date(s) of Event:06 /_0	06 <u>/ 10</u> Desc	ription of Even	t: <u>A's v. Twin</u> s	5		
Agency Event □Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: □ Gratuitously ⊠ Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Name of Official (Last, First) of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: All the distribution of Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele Image: All the distribution of Tickets: 2 Name of Individual or Organization: A.C. Commission on Status of Women Number of Tickets: 2 Description of Organization: funds activities and services to benefit the women of Alameda County 2 2 Address of Organization: 24100 Amador Street, Sixth Floor Hayward, CA 94544 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5 5 Yerification I have determined that the distribution of tickets set forth above is in acco					40		
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3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gall Steele Act. Commission on Status of Women Number of Tickets: Description of Organization: Act. Commission on Status of Women Address of Organization: funds activities and services to benefit the women of Alameda County Address of Organization: 24100 Amador Street, Sixth Floor Hayward, City CA 94544 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) to provide opportunities to those who are receiving services from County agenciesfor particular population 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oa</u>	kland A's			
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Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele Individual 2 Name of Individual or Organization: A.C. Commission on Status of Women Number of Tickets: Name of Individual or Organization: A.C. Commission on Status of Women Number of Tickets: Description of Organization: funds activities and services to benefit the women of Alameda County Address of Organization: 24100 Amador Street, Sixth Floor Hayward, City CA 94544 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To provide opportunities to those who are receiving services from County agenciesfor particular population 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)		
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Name of Individual or Organization: A.C. Commission on Status of Women Number of Tickets: 2 Description of Organization: funds activities and services to benefit the women of Alameda County Address of Organization: 24100 Amador Street, Sixth Floor Hayward, CA 94544 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) to provide opportunities to those who are receiving services from County agenciesfor particular population 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.							
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Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) to provide opportunities to those who are receiving services from County agenciesfor particular population 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. 1.	Address of Organization: 24	4100 Amador Stree	t, Sixth Floor	Haywa	ırd,	CA	94544
to provide opportunities to those who are receiving services from County agenciesfor particular population 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Nucless of Organization.	mber and Street		City		State	Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Purpose for Distribution: (D	escribe the public pur	rpose for the dis	tribution to the	organization.)		
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	to provide opportunities to t	hose who are recei	ving services f	rom County a	genciesfor particula	r population	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	anna fha stainn a stainn a bhaile bailtean a stainn B						
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	5. Verification						
		ribution of tickets set :	forth above is in	accordance wi	th the provisions of FPP	C Regulation 18	3944.1.
CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 2/1/3//	14a 11						112/1

1 Albert	CRYSTAL HISHIDA
Signature of Agency Head or Designee	Print Name

(month, day, year)

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

Title

Tickets Provided by Agency Report	A Publ	ic Documen	t		PROVIDED BY
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 For Official	802 Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail 510-272-3882 cryst Agency Contact (name and title) Crystal Hishida Graff, Principal Ar 2. Event For Which Tickets Wer	al.hishida@acgov.org nalyst, County Administrate	c	☐ Amendment <i>(Must exµ</i> Date of Original Filing: _	, A	<i>r</i>)
Date(s) of Event: <u>05 / 23 /</u> // Agency Event □ Yes ⊠ Name of Outside Source of Tickete	10 Description of Ever Face Value of Ticke No (Identify source of ticke (s) Provided to Agency: Oa	et: \$1 ts below.)	,700 ☐ Gratuitously	⊠ Pursuant t	o Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuation Number of Tickets	State Whethe	nal names) r the Distribution is Inc the Public Purpose for		
4. Individual or Organization Re Name of Behesting Agency Officia	: Supervisor Gail Steele	, District			
Name of Individual or Organization Description of Organization: <u>provi</u>	n: <u>Hispanic Community Aff</u> des scholarship opportuniti	fairs Council ies to Hispanic st		er of Tickets: _ ameda Count	20 y
Address of Organization: <u> 4335 Re</u> Number and Purpose for Distribution: (Describe to reward a local non-profit which	the public purpose for the dis	Castro Valley ^{City} stribution to the org		CA State	94546 Zip Code
5. Verification I have determined that the distribution Signature of Agency Head or Designee	of tickets set forth above is ir CRYSTAL HISHIDA GRA Print Name		he provisions of FPPC IPAL ANALYST Title	41	944.1. 13/10 th, day, year)

Tickets Provided by Agency Report	A Public Doc	ument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number 510-272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Coun 2. Event For Which Tickets Were Distribut	ty Administrator's Office	Date of Original Filing:	N 0
Date(s) of Event: <u>05 / 22 / 10</u> Desc / Face	cription of Event: <u>A's v.</u> Value of Ticket: \$ source of tickets below. to Agency: <u>Oakland A'</u>	40	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u Name of Official (Last, First)	Number State	or additional names) Whether the Distribution is In Describe the Public Purpose f	
4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Supervisor</u> Name of Individual or Organization: <u>Hayward</u> Description of Organization: <u>promotes opportu</u>	or Gail Steele , Dis South Alameda County	NAACP Numb	per of Tickets:4 sely disadvantaged
Address of Organization: P.O. Box 363 Number and Street Purpose for Distribution: (Describe the public pu to reward a local non-profit which is helping th		City	94543 State Zip Code
5. Verification I have determined that the distribution of tickets set <u>JHOM</u> Signature of Agency Head or Designee	forth above is in accordar HISHIDA GRAFF Print Name	nce with the provisions of FPP PRINCIPAL ANALYST Title	C Regulation 18944.1. 4/113/1 (month, day, year)

 1. Jack 28, 34 1, 19 (17 1 Jack 19 12)	
	Print Name

(month, day, year)

Tickets Provided by Agency Report	A Public	c Document		TICKETS PR	ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if app</i> 1221 OAK STREET, #555 Street Address	Date S	tamp C		802	
Agency Contact (name and title) Crystal Hishida Graff, Principal Ana	Columna in succession of the second se	Date of Origi	ent (Mustexplain i nal Filing:(m	in Part 5.) onth, day, year)	
2. Event For Which Tickets Were Date(s) of Event:///////	Description of Event Face Value of Ticket (Identify source of tickets Provided to Agency: Oak	:: \$1,700 s below.)	itously 区 F	Pursuant to	Contrac
3. Agency Official(s) Receiving Ti Name of Official (Last, First)	cket(s) (use a continuation Number of Tickets	n sheet for additional names) State Whether the Distrib Describe the Public			
4. Individual or Organization Rec Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: <u>provide</u>	Supervisor Gail Steele	District 2	Number of	Tickets:	
Address of Organization: 525 H Stre Number and St	eet Irreet	Union City, ^{City} ribution to the organization.)	CA	9458 State	

(month, day, year)

 Signature of Agency Head or Designee
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYS

 Signature of Agency Head or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	0.111
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Region (if applicable)				For Official Use Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			— •	
510-272-3882	crystal.hishida@a	caoy ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title,		logottorg		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		v Administrato	or's Office		(month, day, year)
2. Event For Which Tickets		the second se			
Date(s) of Event:08 /1			, A's v. Blue	Jays	
Date(s) of Event:/				40	
/	/ Face	Value of Ticke	et: \$	40	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland A's		
Number of Tickets Received				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	sial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	Gall Steele	, 0101110	1	
Name of Individual or Organ					per of Tickets:4
Description of Organization:	medical institution	that treats Me	edi-Care childro	en in Alameda County	/ and others, too
Address of Organization, 57	00 Martin Luther K	ing, Jr. Way	Oakla	and,	CA 94609-1673
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the d	organization.)	
to promote health, motivate	그는 것 같은 것 이렇게 많아? 이 아이지?	청양 방송이 되어 지지만, 매일			County
to promote nearth, motivate	and provide expanse	ded opportun	ities to vullera	bie populations in the	County
5. Verification					
I have determined that the distr	ibution of tickets set (forth above is in	accordance wit	h the provisions of EPD	C Regulation 18944 1
				na and second as a second second	
Signature of Acade Hard at Design		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	<u>4/13/10</u>
Signature of Agency Head of Design		i init ivanite		1110	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	on (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	cgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	y Administrato	or's Office		
2. Event For Which Tickets			283.0 (ALBAN 8)		
Date(s) of Event: <u>06</u> / <u>2</u>	5 <u>10</u> Desc	ription of Ever	nt: <u>A's v. Pirate</u>	9S	
			et: \$	10	
S and S a					
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland A's		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Tickot(e) (m	o a continuatio	on cheet for addi	tional names)	
a i i		Number		her the Distribution is In	come to the Official or
Name of Offic (Last, First)	lai	of Tickets		be the Public Purpose for	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
- Name of Behesting Agency	Official: <u>Superviso</u>	Gail Steele	, instru	it Z	
Name of Individual or Orgar	ization: <u>New Have</u>	n Schools Fo	undation	Numb	per of Tickets:2
Description of Organization:	serves as fund rai	sing arm of N	ew Haven Sch	ool District to augmen	t monies for classes
Address of Organization:	3377 Western Aven	ue	Unior	n City	CA 94587 State Zip Code
		mana fariha di		organization)	2074-000 00 - POTENA BURGERA
Purpose for Distribution: (D			Subulion to the	Jiganization.)	
to reward a local non-profit	which is helping the	ecommunity			
5. Verification		-			

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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST ha ft 10 Signature of Agency Head or Designee Print Name Title

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

(month, day, year)

ickets Provided by Agency Report	A Public Do	cument	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable, 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 802 For Official Use Only	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst,	and the second se	Date of Original Filing	
Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Prov	Description of Event: MUS Face Value of Ticket: \$ ntify source of tickets below rided to Agency: Golden Si	w.) tate Warrirors	Pursuant to Contract
Number of Tickets Received:1 3. Agency Official(s) Receiving Ticket	(S) (use a continuation sheet	o Agency: Gratuitously for additional names) ate Whether the Distribution is I	
(Last, First)	of Tickets	Describe the Public Purpose	
4. Individual or Organization Receiving Name of Behesting Agency Official: <u>Alan</u> Name of Individual or Organization: <u>Sam</u> Description of Organization: <u></u>	neda County Supervisor Na nantha Fukui	ate Miley, District 4) nber of Tickets:1
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the pu To reward a student for outstanding sch		City n to the organization.)	State Zip Code
5. Verification I have determined that the distribution of ticke	ets set forth above is in accord	dance with the provisions of FF PRINCIPAL ANALYST	PPC Regulation 18944.1.

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Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	The state of the second s
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 e	avalain in Part 5.)
(510) 272-3882	crystal.hishida@a	caov.ora			xplain in Part 5.7
Agency Contact (name and title		generg		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		y Administrat	or's Office		
2. Event For Which Ticket	the second se				
Date(s) of Event:/	14 / 10 Desci	ription of Ever	nt: MUSE con	cert	
Date(s) of Event.			64	9-	
/	/ Face	Value of Tick	et. ə		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided f	o Agency: Go	olden State Wa	arrirors	
					Repursuant to Contract
Number of Tickets Receive	d:	Ticket(s) Pro	wided to Agend	cy: 🔲 Gratuitously	A Fursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	litional names)	
Name of Off		Number	State Whe	ther the Distribution is I	ncome to the Official or
(Last, First		of Tickets	Descr	ribe the Public Purpose	for the Distribution
4. Individual or Organizat	tion Receiving Tic	ket(s) (Provi	ided at the behe	st of an agency official.)	
4. Individual of Organizat	John Receiving The		uiser Nista Mik	ov District 4	
Name of Behesting Agenc	y Official: Alameda	County Super	visor nate with	ey, District 4	
					ber of Tickets: <u>1</u>
Name of Individual or Orga	anization:			Null	
Description of Organization	n:				
Description of organization					
Address of Organization:			City	W.	State Zip Code
					99900 ···· 100.053/10
Purpose for Distribution: (e organization.)	
To reward a student for ou	utstanding scholastic	c achievemen	t		
5. Verification					
I have determined that the di	stribution of tickets set	forth above is	in accordance w	vith the provisions of FP	PC Regulation 18944.1.
IKAI	CRYSTAL	HISHIDA GR	AFF PRI	INCIPAL ANALYST	4/14/10
Signature of Agéncy Head or Des		Print Name		Title	(month, day, year)
Comment: (Use this space of		dditional informa	tion including ame	andment explanation.)	
	urset manterestiment relationshift - Re				
					FPPC Form 802 (Feb/

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					
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	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org		Data of Original Filing	
Agency Contact (name and title		03 1910 0		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	the second se		or's Office		
2. Event For Which Ticket			MUSE con	oort	
Date(s) of Event:04_/	<u>14 / 10</u> Descr	ription of Ever	nt: MUSE cond	cen	
/	/ Face	Value of Ticke	et: \$40	1	
Agency Event 🛛 🗌 Yes	⊠ No (Identify s			Anna 🖬 Antonio A	
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State Wa	arrirors	
Number of Tickets Received	d:1	Ticket(s) Pro	vided to Agenc	cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	viving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Off	icial	Number	State Whe	ther the Distribution is In	ncome to the Official or
(Last, First)	1	of Tickets	Descr	ibe the Public Purpose	for the Distribution
4. Individual or Organizat	ion Receiving Tic	cket(s) (Provi	ded at the behes	st of an agency official.)	
4. Individual of organizat	Alamada (County Super	visor Nate Mile	av District 4	
Name of Behesting Agency	/ Official: Alameda C	Sounty Super	visor ivate ivine	y, District 4	
Name of Individual or Orga					ber of Tickets: <u>1</u>
Description of Organizatior					
Address of Organization:	umber and Street		City		State Zip Code
Purpose for Distribution: (Describe the public pu	rpose for the di	stribution to the	organization.)	
To reward a community vo	olunteer for his servic	ce to the publi	ic		
E. Marilla Allow					
5. Verification I have determined that the dis	stribution of tickets set	forth above is i	n accordance w	ith the provisions of FPI	PC Regulation 18944.1.
Thave determined that the dis	/				,1110/11
6H hall		HISHIDA GR	AFF PRI	NCIPAL ANALYST	(month, day, year)
Signature of Agéncy Héad or Desi		Print Name	ion including amo		1
Comment: (Use this space or	an attachment for any at	uallonal informat	ion including ame	nument explanation.)	
					EPPC Form 802 (Feb/09

Tickets Provided by Agency Report		A Public Do	cument		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555				ate Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		□ Am	endment (Must exp	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			
Agency Contact (name and title			0.000/0.000/0.000/0	Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrator's Offi	ice		
2. Event For Which Tickets	3 Were Distribute	d			
Date(s) of Event:04_/_1	<u>0 / 10</u> Descr	iption of Event: ALIC	JIA KEYS		
/		Value of Ticket: \$	600 MM		
Agency Event 🛛 Yes		ource of tickets below	w.)		
Name of Outside Source of	Ticket(s) Provided to	o Agency: <u>GSW</u>			
Number of Tickets Received		Ticket(s) Provided to	Agency: 🔲 🤇	Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation sheet	for additional na	mes)	
Name of Offi (Last, First)	cial	Number Sta of Tickets			ome to the Official or r the Distribution
·					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided at th	e behest of an a	gency official.)	
Name of Behesting Agency	Alameda (County Supervisor So	ott Haggerty, D	District 1	
Name of Behesting Agency	Official:	Joanny Superviser -	33 91		
Name of Individual or Orga	nization: TERRICA	MUNDY		Numbe	er of Tickets:4
Description of Organization	i				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (E To reward a COMMUNITY				tion.)	
5. Verification					
I have determined that the dis	ribution of tickets set i	forth above is in accord	lance with the pr	ovisions of FPPC	CRegulation 18944.1.
Signature of Approv Head or Design	CRYSTAL	HISHIDA GRAFF	PRINCIPAL		4/9/10 (month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form
Division, Department, or Region (f applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-m	nail		Amendment (Must ex	olain in Part 5.)
	vstal.hishida@acgov.org			Jan In Parco.y
(510) 272-3882 cry Agency Contact (name and title)	atai.manida@acgev.org		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst County Administra	tor's Office		(month, day, year)
2. Event For Which Tickets We Date(s) of Event:0504	<u>10</u> Description of Eve	ent: Oakland A's	s Skybox	
/	Face Value of Tick	(et: \$ <u>1,70</u>	0	
Agency Event 🛛 Yes 🛛	No (Identify source of tick	ets below.)		
Name of Outside Source of Tick	et(s) Provided to Agency:	Ockland	(A ⁰	
Number of Tickets Received:	20 Ticket(s) Pr	ovided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continuat	ion sheet for add	itional names)	
Name of Official	Number	State Whe	ther the Distribution is Inc	come to the Official or
(Last, First)	of Tickets	Descr	ibe the Public Purpose fo	r the Distribution
4. Individual or Organization	Receiving Ticket(s) (Prov	vided at the behes	st of an agency official.)	
Name of Behesting Agency Offi	cial. Alameda County Supe	rvisor Scott Hag	ggerty, District 1	
Name of Benesting Agency On				20
Name of Individual or Organiza	tion: <u>Alameda County Meal</u>	s on Wheels	Numb	er of Tickets: 20
Description of Organization: Se	rving food to homebound se	eniors		
Address of Organization:	and Street	City	1	State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the	distribution to the	organization.)	•
To Reward a nor	· profit for its	contribut	ion to the con	munity
5. Verification				
I have determined that the distribut	tion of tickets set forth above is	in accordance w	ith the provisions of FPP	C Regulation 18944.1.
1 HB M	CRYSTAL HISHIDA GF		NCIPAL ANALYST	4/14/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an at	lachment for any additional informa	ation including ame	ndment explanation.)	

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Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title,	crystal.hishida@a	cgov.org		Date of Original Filing:	
		. Administrate	orla Offica		(month, day, year)
Crystal Hishida Graff, Princ	Children of the Children of th	And the second se	of s Office		
2. Event For Which Tickets			Oakland A'	8	
Date(s) of Event: <u>04</u> / <u>2</u>	<u>Z 10</u> Descr	ription of Even			
/	/ Face	Value of Ticke	et: \$ <u>40</u> ,	00	
Agency Event ☐ Yes Name of Outside Source of	VI No (Identify e	ource of ticket	ts helow)		
Name of Outside Source of	nokel(s) Flovided i	o Agency.			
Number of Tickets Received	: <u> </u>	Ticket(s) Prov	vided to Agence	cy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio			
Name of Offic	cial	Number		ther the Distribution is In ibe the Public Purpose for	
(Last, First)		of Tickets	Desci	be the Fublic Fulpose in	
28					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	st of an agency official.)	
Name of Behesting Agency	Alameda C	County Superv	visor Scott Hag	gerty, District 1	
Name of Benesting Agency	Official:				
Name of Individual or Orgar	nization: <u>Mel Luna</u>			Numb	per of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)	
To reward a community vo					
······································		•			4
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is ir	n accordance wi	ith the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Desig	CRYSTAL I	HISHIDA GRA		NCIPAL ANALYST	4/14/10 (month, day, year)

1019 MANNI	ON TOTAL THOMBA OF AT		119110
gnature of Agency Head or Designee	Print Name	Title	(month, day, year)
0			

Tickets Provided by Agency Report		A Public Do	cument	97 2	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				Date Stamp	California Form 802 For Official Use Only
Street Address					
1221 OAK STREET, #555,		512			
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org	Date	e of Original Filing:	04/13/10
Agency Contact (name and title				of Original Filling.	(month, day, year)
Crystal Hishida Graff, Princ		the second se	ce		
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:06/	04 <u>/ 10</u> Desc	ription of Event: Oak	land A's Gar	ne	
		Value of Ticket: \$		00	
Agency Event 🛛 Yes	1. CHEMIC MERINE AND A SECTION AND A	source of tickets below			
Name of Outside Source of	Ticket(s) Provided	to Agency: Oakland A	Athletics		
Number of Tickets Receive		Ticket(s) Provided to] Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u				
Name of Off (Last, First		Number Sta of Tickets			ncome to the Official or for the Distribution
4. Individual or Organizat				n agency official.)	
Name of Behesting Agency	Official: Superviso	r Alice Lai-Bitker, Dis	strict 3		
Name of Individual or Orga	nization: Asian Em	ployees Association			ber of Tickets:4
Description of Organization	: To inspire and rev	ward academic achie	vement amo	ng Oakland high	school students
Address of Organization	530 Water Street, Oa umber and Street	akland, CA 94607	City		State Zip Code
Purpose for Distribution: (Describe the public su	more for the distributio	on to the organ	vization.)	
To reward a student for ou			in to the organ		
5. Verification					
I have determined that the dis	tribution of tickets sot	forth above is in accorr	dance with the	provisions of FPI	PC Regulation 18944.1.
Thave determined that the dis					
Jots and	CRYSTAL	HISHIDA GRAFF Print Name		AL ANALYST	(month, day, year)

Jost aut	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	
Signature of Agency Head of Designee	Print Name	Title	Ī

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio	on (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address					
1221 OAK STREET, #555, (and the second	12			
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org			Amendment (Must	explain in Part 5.)	
				04/13/10	
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, County	/ Administrato	or's Office	-	han an a
2. Event For Which Tickets	Were Distribute	d		277. I	
Date(s) of Event:04 /_2	3 <u>10</u> Descr	iption of Ever	nt: Oakland A'	s Game	
			et: \$		
Agency Event ☐ Yes Name of Outside Source of 1	⊠ No (Identify s	ource of ticke	ts below.)		
Number of Tickets Received				cy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is In the the Public Purpose	
4. Individual or Organization				st of an agency official.)	
Name of Behesting Agency	Official. Supervisor	Alice Lai-Bit	ker, District 3		
Name of Individual or Organ	ization: San Loren	zo Village Ho	mes Associati	onNum	ber of Tickets: 2
Description of Organization:	Oversees the adm	ninistration of	CC&Rs as we	ll as improve the qua	lity of life in San Lorenzo
Address of Organization.	7 Paseo Grande, S	San Lorenzo,	CA 94580 ^{City}	,	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the	organization.)	
To reward a school or nonp					
5. Verification	10 10 10 10 10 10 10 10				
I have determined that the distr	ibution of tickets set .	forth above is il	n accordance w	ith the provisions of FPI	PC Regulation 18944.1.
Signature of Agency Head or Design		HISHIDA GRA	AFF PRI	NCIPAL ANALYST	(month, day, year)

CRYSTAL HISHIDA GRAFF

Tickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if		Date Stamp	California Form 802 For Official Use Only	
Street Address				
1221 OAK STREET, #555, OAK				
Area Code/Phone Number E-ma			Amendment (Must exp	lain in Part 5.)
·	tal.hishida@acgov.org		a of Original Filing:	04/13/10
Agency Contact (name and title)		()A 10,000,000	e of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal A	and the second se	or's Office		
2. Event For Which Tickets We		Oakland Ala Car		
Date(s) of Event: <u>06 / 05 /</u>	10 Description of Eve	ent: Oakland A's Gar		
07 / 07 /	10 Face Value of Tick	et: \$40.	00	
Agency Event 🛛 Yes 🛛	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticke	t(s) Provided to Agency: <u>O</u>	akland Athletics		
Number of Tickets Received:		ovided to Agency: [] Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuati	ion sheet for additional	names)	
Name of Official (Last, First)	Number of Tickets		he Distribution is Inco e Public Purpose for	ome to the Official or the Distribution
4. Individual or Organization R			n agency official.)	
Name of Behesting Agency Offici	al: <u>Supervisor Alice Lai-Bi</u>	tker, District 3		
Name of Individual or Organization			Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:	nd Street	City		State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the d	listribution to the organ	ization.)	
To reward a community voluntee	r for his or her service to th	ne public		
E Varifiantian				
5. Verification	n of tickolo oct forth obsure in	in accordance with the	provisions of EPPC	Regulation 18044 1
I have determined that the distribution				Regulation room. r.
Signature of Agenov Head/or/Designee	CRYSTAL HISHIDA GR	AFF PRINCIP	AL ANALYST Title	(month, day, year)

Tickets Provided by Agency Report	A Public	Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, C/	A 94612			
Area Code/Phone Number E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-3882 crystal.hishid	a@acgov.org		And Contraction of the second	a substantia
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	ounty Administrator	s Office		
2. Event For Which Tickets Were Distri	of a local division of the local division of			
Date(s) of Event:05 /07 /10		Oakland A's	Game	
	Face Value of Ticket:		85.00	
	tify source of tickets			
Name of Outside Source of Ticket(s) Provi	ded to Agency: Oak	land Athletics		
Number of Tickets Received:4			/: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation	sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is Ind	come to the Official or
(Last, First)	of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organization Receiving	g Ticket(s) (Provide	d at the behes	of an agency official.)	
Name of Behesting Agency Official: Supe				
Name of Individual or Organization: Oakla	and Chinatown Chan	nber of Comn	nerce Numb	er of Tickets:4
Description of Organization:	ousiness in the Asiar	n community a	and provide a forum fo	or discussion of policies
Address of Organization: 388 - 9th Street	, Oakland, CA 94607	City		State Zip Code
Purpose for Distribution: (Describe the pub	lic purpose for the distr		organization.)	
To promote attendance at a County spon	sored event held at a	a County facil	ity in order to maximiz	e County revenue
5. Verification				
I have determined that the distribution of ticket	s set forth above is in a	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency Flead or Designee	TAL HISHIDA GRAF	F PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an attachment for	any additional information	including amen	dment explanation.)	

Fickets Provided by Agency Report		A Publi	c Docume	nt	TICKETS PR	OVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555	(if applicable)			Date Stamp	California Form For Official Use	802 • Only
Street Address						
OAKLAND, CA 94612			0.000			
Area Code/Phone Number E-	mail			Amendment (Must e	explain in Part 5.)	
Agency Contact (name and title)	crystal.hishida@acgov.org			Date of Original Filing:	(month, day, year)	_
Crystal Hishida Graff, Principa	the second se	Name and Address of the Owner, which the	or's Office			
2. Event For Which Tickets V	Vere Distribute	d	Ookland Al	ve San Francisco (Siants	
Date(s) of Event: <u>06 / 06</u>	_/_10_ Descr	iption of Even	t: <u>Uakiand As</u>	s vs. San Francisco e	Janto	
/		Value of Ticke		85.00		
Agency Event 🛛 Yes	⊠ No (Identify so					
Name of Outside Source of Tic						
Number of Tickets Received: _				cy: 🔲 Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Receivi	ng Ticket(s) (us	se a continuatio				
Name of Officia (Last, First)		Number of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	ncome to the Offici for the Distribution	al or
					X	
4. Individual or Organization						
Name of Behesting Agency O	fficial: Keith Cars	on, Supervisc	or Fifth District			
Name of Individual or Organiz	ation: <u>Veronica</u> T	lubera, East N	Meets West	Num	ber of Tickets:	10
Description of Organization:	Fransform the hea	alth, education	and commun	ities of disadvantage	d people.	
Address of Urganization	1 Telegraph Aver er and Street	nue, Suite 142	20 Oakla		CA State	94612 Zip Code
Purpose for Distribution: (Des	scribe the public pu	rpose for the di	stribution to the	organization.)		
To reward a school or nonpro						
5. Verification				11 M		 M2991244
I have determined that the distrib	oution of tickets set	forth above is i	n accordance w	ith the provisions of FP	PC Regulation 189	44.1.
Signature of Agency Head or Designe	CRYSTAL	HISHIDA GR/ Print Name		NCIPAL ANALYST	41	h, daý, year)

 Signature of Agency Head or Designee
 Print Name
 Title

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

Tickets Provided by	A Public Document			TICKETS PROVIDED BY AGENCY REPORT
Agency Report				
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-n	nail		Amendment (Must e	xplain in Part 5.)
	ystal.hishida@acgov.org		Date of Original Filings	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal		or's Office		
2. Event For Which Tickets W	ere Distributed			
Date(s) of Event:06 /04	/ 10 Description of Ever	t: Baseball Ga	me	
	Face Value of Ticke		-	
Agency Event 🛛 Yes 🛛	☑ No (Identify source of ticke)	ts below.)		
Name of Outside Source of Tick	ret(s) Provided to Agency: Oa	kland Athletics		
Number of Tickets Received:	Ticket(s) Prov	vided to Agency	/: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continuation	n sheet for addit	ional names)	
Name of Official	Number	State Wheth	ner the Distribution is Ir	ncome to the Official or
(Last, First)	of Tickets	Describ	be the Public Purpose f	or the Distribution
4. Individual or Organization	Receiving Ticket(s) (Provi	led at the behest	of an agency official.)	
Name of Behesting Agency Off	Alameda County Super	isor Nate Miley	, District 4	
Name of Behesting Agency Off	icial: <u>Manibua boarty bapor</u>			
Name of Individual or Organiza				ber of Tickets: 2
Name of Individual of Organiza		1 0		
Description of Organization:	support for stemp	stan C	7Chuo 1	
Description of organization		n Q I		GISA
Address of Organization: Number	and Street	- Casto City	Valley, UT	State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di	stribution to the c	organization.)	
To reward a school for its servi	ice to the public			
5. Verification				
I have determined that the distribu	tion of tickets set forth above is i	n accordance wit	th the provisions of FPI	PC Regulation 18944.1.
11/12 11/	CRYSTAL HISHIDA GRA		ICIPAL ANALYST	2/19/10
Slanding of Arrow Hind or Decisions	Print Name		Title	(month, day, year)
Signature of Agency Head or Designee Comment: (Use this space or an al		ion including amen		
	taonment for any additional mormat	on mendering amon		
PLAZA SEATS				

Tickets Provided by Agency Report		A Pub	lic Docume	ent		PROVIDED E
I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form For Official U	802	
Street Address OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5)	
(510) 272-3882	crystal.hishida@a	acgov.org			*********	
Agency Contact (name and title			o de Office	Date of Original Filing: .	(month, day, year	<i>)</i>
Crystal Hishida Graff, Princ	and the second se		or's Office			
2. Event For Which Tickets			Oakland A'	s vs. Minnesota Twins		
Date(s) of Event: <u>06</u> / <u>0</u>	Desc	ription of Ever	nt:			
/	/ Face	Value of Tick	et: \$	85.00		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided	o Agency. Oa	akland A's		9	
Number of Tickets Received				:y: 🔲 Gratuitously	I Pursuant to	o Contra
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for add	tional names)		
Name of Offic (Last, First)	cial	Number of Tickets		hether the Distribution is Income to the Official or scribe the Public Purpose for the Distribution		
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)		
Name of Behesting Agency	Official: <u>Keith Cars</u>	on, Superviso	or Fifth District			
Name of Individual or Organ	nization: <u>KIPP Bride</u>	ge Charter Sc	hool		er of Tickets: _	10
Description of Organization:	Develop the acade	emic knowled	ge, skills, char	acter traits necessary	for students to	achieve
Address of Ordanization.	91 - 14th Street		Oaklar	nd,	CA	94607 Zip Code
			101 1. de la companya de			
Purpose for Distribution: (D To reward a school or nonp	was she can been	N: 200 200033 045				
5. Verification						
I have determined that the distr	ribution of tickets set i	forth above is ir	n accordance wil	h the provisions of FPPC	Regulation 189	44.1.

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

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

PRINCIPAL ANALYST

Tickets Provided by		1. 1212 ATT 4		
Agency Report	ΑΡι	iblic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				10111
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-	mail		Amendment (Must	explain in Part 5.)
	ystal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	Analyst, County Adminis	trator's Office		
2. Event For Which Tickets W				
Date(s) of Event:04 /_10	<u>10</u> Description of E	vent: Alicia Keyes	S	
	J Face Value of T	C/1	8-	
	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	SARAN Watersteinen einem		
	No (Identify source of tight			
Name of Outside Source of Ticl	ket(s) Provided to Agency:	Golden State Wa	rrirors	
				I Durauant to Contract
Number of Tickets Received:	licket(s) l	Provided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (use a continu	ation sheet for addi	tional names)	
Name of Official	Number			ncome to the Official or
(Last, First)	of Ticket	C= 270,23=0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	be the Public Purpose	
4. Individual or Organization	Receiving Ticket(s) (P	rovided at the behes	t of an agency official.)	
Name of Behesting Agency Off	icial: Alameda County Su	pervisor Nate Mile	y, District 4	
				1
Name of Individual or Organiza	tion:		Num	ber of Tickets:
Description of Organization:				
Description of organization.				
Address of Organization:				
Number	and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the	e distribution to the	organization.)	
To reward a community volunt	eer for her service to the p	ublic		
5. Verification				
I have determined that the distribu	tion of tickets set forth above	is in accordance wit	th the provisions of FPI	PC Regulation 18944.1.
111- 8 -			NCIPAL ANALYST	Alalix
Sindly	CRYSTAL HISHIDA C		Title	Amonth, day, year)
Signature of Agency Head or Designee		mallan keskullar sur-		, manual any youry
Comment: (Use this space or an at	taonment for any additional mon	nadon noduling anten	amont explanation.)	

Tickets Provided by			lic Docume	t	TICKETS PROVIDED BY	
Agency Report		APub	ne Docume	in .	AGENCY REPORT	
1. Agency Name				Date Stamp	California 802	
COUNTY OF ALAMEDA					I OIIII	
Division, Department, or Region	(if applicable)			1	For Official Use Only	
1221 OAK STREET, #555						
Street Address				1		
OAKLAND, CA 94612						
Area Code/Phone Number E-	-mail			Amendment (Muster	valain in Part 51	
(510) 272-3882 c	rystal.hishida@a	icaov.ora			piam in Part 5.)	
Agency Contact (name and title)	, or a second			Date of Original Filing: .	(month, day, year)	
Crystal Hishida Graff, Principa	I Analyst, Count	tv Administrat	or's Office	an on the second second second second second	(monin, day, year)	
2. Event For Which Tickets V						
			. Alicia Keve	S		
Date(s) of Event: <u>04</u> / 10			0	8-		
	_/ Face	Value of Tick	et: \$0	8-		
Agency Event	⊠ No (Identify s	ource of ticke	te helow)			
	Sector in the sector is the		Sauce and a second			
Name of Outside Source of Tic	ket(s) Provided t	o Agency: Go	olden State Wa	arrirors		
Number of Tickets Received: _				:y: 🔲 Gratuitously	I Pursuant to Contract	
3. Agency Official(s) Receivin	ng Ticket(s) (us	se a continuatio				
Name of Official		Number		ther the Distribution is Inc		
(Last, First)		of Tickets	Descr	ibe the Public Purpose fo	r the Distribution	
Stewart, Darryl		1	To reward a	To reward a County employee for his exemplary service		
4. Individual or Organization		5				
Name of Behesting Agency Off	ficial: Alameda C	County Super	visor Nate Mile	y, District 4		
Name of Benedang Agency on						
Name of Individual or Organiza	ation:			Numb	er of Tickets:	
Description of Organization:						
Address of Organization:	r and Street		City		State Zip Code	
Purpose for Distribution: (Desc	ribe the public pur	pose for the di	stribution to the	organization.)		
5. Verification						
I have determined that the distribu	ition of tickets set f	forth above is i	n accordance wi	th the provisions of FPP0	Regulation 18944.1.	
Pita II	CRYSTAL I	HISHIDA GR		NCIPAL ANALYST	4/1/10	
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)	
Comment: (Use this space or an al			ion including amen	dment explanation.)		
to the public	sen produktionen de Tabliction († 1757) 19		nnen sin seener sidding faande 193	en order kollentik för som		

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	1				For Official Use Only
Division, Department, or Reg	ion (if applicable)				
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	icgov.org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	and the second se	A COMPANY OF THE OWNER	or's Office		
2. Event For Which Tickets					
Date(s) of Event:05_/_0	01 <u>10</u> Desc	ription of Ever	nt: Rahat Fate	h Ali Khan	
/	/ Face		d	5167.75	
Agency Event 🛛 Yes	🗵 No (Identify s			Not Note that they	
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Go</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 add	itional names)	
Name of Offic (Last, First)	sial	Number	175 (159 (15) (15) (10) (10)	ther the Distribution is Inc ibe the Public Purpose fo	
(Lust, Fist)		of Tickets	Desci	be the Fublic Fulpose to	
¥					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Orgar					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	pose for the di	stribution to the	organization.)	
To reward a community vol	a salaran Sarah Saraha Masa	1. 여기의 강지 백란이 많아			
To reward a community von		3014100 10 11	e public.		÷.
5. Verification					
I have determined that the distr	ribution of tickets set t	forth above is in	n accordance wi	th the provisions of FPPC	C Regulation 18944.1.
1160					ellar 1.
Signature of Agency Head or Design		HISHIDA GRA		Title	(month, day, year)
Signature of Agency nead of Design		i intranio		THE	(monul, day, year)

è

Tickets Provided by Agency Report	A Puk	lic Document			PROVIDED B
1. Agency Name			Date Stamp	California	
COUNTY OF ALAMEDA				Form	802
Division, Department, or Region (if			For Official	Jse Only	
1221 OAK STREET, #555	na n a manana ing karang ka				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-ma	il				
	tal.hishida@acgov.org		Amendment (Must exp	olain in Part 5.)	
Agency Contact (name and title)	aa.manua@acgov.org	Date	of Original Filing:		
Crystal Hishida Graff, Principal A	nalyst County Administra	ator's Office	an orange in the state of the s	(month, day, yea	n
2. Event For Which Tickets We	and the second				
Date(s) of Event:0807		ont. Oakland A's vs. 1	exas Rangers		
Date(s) of Event.		95.0	0		
//_	Face Value of Tic	<et: \$<="" td=""><td></td><td></td><td></td></et:>			
	No (Identify source of tick				
Name of Outside Source of Ticke	t(s) Provided to Agency:	Dakland A's			
Number of Tickets Received:	725	ovided to Agency:] Gratuitously	🗵 Pursuant te	o Contrac
. Agency Official(s) Receiving	Ticket(s) (use a continuat	ion sheet for additional	names)		
Name of Official (Last, First)	Number of Tickets		e Distribution is Inco Public Purpose for	한 가지 한 것 같은 그 것들이 다른 그가 가지?	
		Describe are			
X					
I. Individual or Organization R			agency official.)		
Name of Behesting Agency Offici	al: <u>Keith Carson, Supervis</u>	or Fifth District			
Name of Individual or Organizatio	n: Bay Area Outreach an	d Recreation Program		r of Tickets: _	4
Description of Organization: <u>Acce</u>	essible sports & recreation	opportunities for child	dren & adults w/ph	hysical disabi	lities
Address of Organization: <u>1419 Northside Avenue #A</u> Berke <u>Number and Street</u> City				CA State	94702 Zip Code
Purpose for Distribution: (Describ	a tha public purpose for the c	listribution to the organiz	ration \		
To reward a school or nonprofit o	rganization for its contribu	tions to the communit	.у.		
Varification					
5. Verification		8			
I have determined that the distribution	n of tickets set forth above is	in accordance with the p	provisions of FPPC	Regulation 189	44.1.
SH and	CRYSTAL HISHIDA GR	AFF PRINCIPA	L ANALYST	41	27/
Signature of Agency Head or Designee	Print Name		Title	(mont	h, day, year)

Tickets Provided by Agency Report	A Dudelle Destures and			TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Musi	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		·	
Agency Contact (name and title	5			Date of Original Filing	i:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator	's Office		
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event:05_/_0	07 / 10 Desc	ription of Event:	Oakland A's	s vs. Tampa Bay Ra	ys & Detroit Tigers
	0 10	Value of Ticket:		40.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oak</u>	land A's		
Number of Tickets Received	l: <u>4</u>	Ticket(s) Provid	ded to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation			
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is be the Public Purpose	Income to the Official or for the Distribution
4. Individual or Organizati	이 가지 않는 것을 많은 것을 다 가지 않는 것을 다 가지 않는 것이 같이			t of an agency official.)
Name of Behesting Agency	Official: Keith Cars	son, Supervisor	Fifth District		
Name of Individual or Orgar	ization: <u>Amir Arma</u>	an		Nun	nber of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the distr	ibution to the c	organization.)	
To reward a community vol	unteer for his	service to the	public.		
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in a	accordance wit	h the provisions of FP	PC Regulation 18944.1.
las anto	CRYSTAL I	HISHIDA GRAF		ICIPAL ANALYST	4/27/1
Signature of Agency Head or Design		Print Name		Title	(month, daý, year)
Comment: (Use this space or a	n attachment for any ad	ditional information	including amend	dment explanation.)	

Tickets Provided by Agency Report		A Publi	ic Docume	ent		PROVIDED B
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California 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			Amondment /14	at avalais is Dad 51	
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Mu	st explain in Part 5.)	
Agency Contact (name and title)			Date of Original Filin	g:(month, day, yea	art
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrato	or's Office		(month, day, yee	,
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event:05_/_0			t. Oakland A's	s vs. Texas Ranger	s	
	10	Value of Ticke		40.00		
Agency Event	区 No (Identify s					
Name of Outside Source of						
		to Agency.				
Number of Tickets Received	1:4	Ticket(s) Prov	rided to Agenc	y: Gratuitously	🛛 Pursuant t	o Contrac
. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Offic	sial	Number	이 것이 아무 집안 한 것이 있어요. 것	her the Distribution is		17 C T 1 C T 1 C T
(Last, First)		of Tickets	Descri	be the Public Purpose	a for the Distributio	n
. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.	.)	
Name of Behesting Agency	Official: Keith Cars	on, Supervisor	r Fifth District			
Name of Individual or Organ				Nur	mber of Tickets: _	4
Description of Organization:				ative information, a	nd facilitate netw	orking
Address of Organization:	60 Grand Ave. #57		Oakla	nd,	CA	94610
- Nur	mber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dist	tribution to the c	organization.)		
To reward a school or nonp	rofit organization fo	r its contributio	ons to the com	munity.		
. Verification						
I have determined that the distr	ibution of tickets set f	orth above is in	accordance witi	h the provisions of FP	PC Regulation 18	944.1.
lof ano	CRYSTAL F	HISHIDA GRAI	FF PRIN	CIPAL ANALYST	4	2711
Signature of Agency Head or Design	ee	Print Name		Title	(mont	h, day, year)
Comment: (Use this space or a	n attachment for any add	ditional informatior	n including amend	lment explanation.)		

Tickets Provided by Agency Report		A Publ	lic Docume	nt	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title			0 10/00	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Ticket Date(s) of Event:			nt. Oakland A's	Skybox & 3 parking (basses
Date(s) of Event.				1,700	
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes	🗙 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: 💆	akland	Athleties	
Number of Tickets Received	00			r: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addit	onal names)	
Name of Offi (Last, First)	cial	Number		er the Distribution is Ind	
(Lasi, Fiist)		of Tickets	Deschi	e the Public Purpose fo	r the Distribution
4. Individual or Organizati	전상 그는 것이 같은 것이 가슴을 걸 때 아이는 것이 많이 다.	가지 말 잘 많은 것 같아요. 잘 많은 그 밖에서는 것 지각을 한 것이 같아.			
Name of Behesting Agency	Official: Alameda (County Superv	visor Scott Hag	gerty, District 1	
Name of Individual or Organ					er of Tickets: 20
Description of Organization					VIOLENCE
	70 27TH ST., OAKI mber and Street				
Nu Purpose for Distribution: (D			1003970	rappization)	State Zip Code
					U. and which
To Reward a non	-protot orga	MIZATION	- TOP GTS CO	ntraductor for	we community
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in	n accordance with	the provisions of FPPC	Regulation 18944.1.
Signature of Agerico Head or Design	CRYSTAL I	HISHIDA GRA	AFF PRIN	CIPAL ANALYST	4/27/10
	000	Print Name		Title	(month, day, year)

Tickets Provided by	A Publ	ic Docume	nt	TICKETS PROVIDED BY
Agency Report 1. Agency Name		io Doounie		AGENCY REPORT
COUNTY OF ALAMEDA			Date Stamp	California 802
Division, Department, or Region (if	applicable)			For Official Use Only
1221 OAK STREET, #555				Denoral - Practice Constanting Constants
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-ma	il			
	tal.hishida@acgov.org		Amendment (Must exp	blain in Part 5.)
Agency Contact (name and title)	tai.msmda@acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal A	nalyst. County Administrate	or's Office		(month, day, year)
2. Event For Which Tickets Wei				
Date(s) of Event:05 //_		, Baseball Ga	me	
Date(s) of Event:		11		
//	Face Value of Ticke	et: \$		
	No (Identify source of ticket	ครามการการการที่ และความการก		
Name of Outside Source of Ticket	(s) Provided to Agency: Oa	kland Athletics		
Number of Tickets Received:			: Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuatio	n sheet for additi	onal names)	
Name of Official	Number		er the Distribution is Inco	
(Last, First)	of Tickets	Descrip	e the Public Purpose for	the Distribution
4. Individual or Organization Re	eceiving Ticket(s) (Provid	led at the behest	of an agency official.)	
Name of Behesting Agency Officia	al: Alameda County Superv	isor Nate Miley	, District 4	
Name of Individual or Organization	n: United Seniors of Oaklar	nd & Alameda (County Numbe	r of Tickets: <u>2</u>
Description of Organization: <u>Senio</u>	or Advocacy			
Address of Organization: 7200 Ba	ancroft Ave, Ste 178 - Oakla d Street	and, CA 94605 _{City}		State Zip Code
Durnage for Distributions (Describ	a dha an dhlia annsana faa dha dia		en en sin et inne à	
Purpose for Distribution: (Describe		stribution to the of	ganization.)	
To reward a non-profit for its cont	ribution to the community			
5. Verification				
	afficiale and forth shows to t		the provisions of CODO	Dogulation 190111
I have determined that the distribution	R			Regulation 18944.1.
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRA	FF PRIN	CIPAL ANALYST	(month, day, year)

Tickets Provided by		A Public	: Docume	nt	TICKETS PROVIDED BY
Agency Report			Doounie		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	1				For Official Use Only
Division, Department, or Reg	ion (if applicable)				
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		-	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrator	s Office		
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:05_/_0			Baseball Ga	ame	
Date(s) of Event.				40.	
/	/ Face	Value of Ticket:	\$	10	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oakl	and Athletics	3	
Number of Tickets Received	l:2	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation	sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	d at the behes	t of an agency official.)	
Name of Behesting Agency	Official, Alameda C	County Supervis	or Nate Mile	y, District 4	
Name of Individual or Orgar	nization: United Ser	niors of Oakland	l & Alameda	County Numb	per of Tickets:2
Description of Organization					
Address of Organization.	200 Bancroft Ave, S mber and Street	Ste 178 - Oaklan	id, CA 9460 City	5	State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the distri	ibution to the d	organization.)	
To reward a non-profit for it	en el comparte de la	and the most study of the second			
5. Verification	21 12 - 호텔 31 11 - Al	21 221 - 2 II II- 2- 21 -	2 No.		
I have determined that the dist	ribution of tickets set f	forth above is in a	ccordance wit	h the provisions of FPP	C Regulation 18944.1.
CHAN		HISHIDA GRAF	F PRIN	ICIPAL ANALYST	#12110
Signature of Agency Head or Design		Print Name		Title	(mónth, day, year)
Comment: (Use this space or a	n atlachment for any ad	oitional information	including amend	ament explanation.)	

Agency Report A Public Document	Tickets Provided by					
1. Agency Name Collformin & 8022 CUNTY OF ALAMEDA Date Stamp Division, Bepariment, or Region (*applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal-lishihida@acgov.org Agency Contact (mane and itb) crystal-lishihida@acgov.org Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Calidonal names) Number of Tickets Received: 2 Ticket(s) Provided ta the behest of an agency official.) Name of Individual or Organization: Number of Ticket(s) (Provided at the behest of an agency official.) Name of Individual or Organization: Senior Advocacy	Agency Report		A Publ	ic Docume	ent	
Count of Academic Region (#applicable) 1221 OAK STREET, #555 Street Address Street Address OAKLAND, CA 94612 Area Code/Phone Number Email (510) 272-3882 Crystal Hishida @acgov.org Agency Contact (mane and ith) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event:	1. Agency Name				Date Stamp	California
Distribution, Car and StreET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 Crystal.hishida@acgov.org Agency Contact (name and title) Crystal.hishida@acgov.org Date of Original Filing:	COUNTY OF ALAMEDA					Form OU
Street Address OAKLAND, CA 94612 Area Codd/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) crystal.hishida@acgov.org Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date (of Original Filing:(month, day, year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date (of Original Filing:(month, day, year) Agency Event 05 / 05 / 10 Description of Event: Baseball Game	Division, Department, or Region	(if applicable)				For Official Use Only
OAKLAND, CA 94612 Image: Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Image: Contact (name and title) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:	1221 OAK STREET, #555				· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number (510) 272-3882 E-mail crystall-hishida@acgov.org Immodiate and title Agency Contact (name and title) crystall-hishida@acgov.org Immodiate and title) Crystall-hishida Graft, Frincipal Analyst, County Administrator's Office Date of Original Filing:	Street Address					
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and life) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:	OAKLAND, CA 94612					
(510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:	Area Code/Phone Number E-	mail			Amondmont (Mustor	nlain in Part 51
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, Caunty Administrator's Office Crystal Hishida Graff, Principal Administrator's Office Crystal Hishida Graff, Print Name Crystal Hishida Graff, Print Crystal Hishida Graff, Print Name	(510) 272-3882 c	rystal.hishida@a	acgov.org			plain in Part 3.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 05 / 05 / 10 Description of Event: Baseball Game	Agency Contact (name and title)				Date of Original Filing: _	(month day year)
Date(s) of Event: 05 / 05 / 10 / 10 / 10 / 10 / 10 / 10 /	Crystal Hishida Graff, Principa	I Analyst, Count	ty Administrate	or's Office		(monal, day, your)
Date(s) of Event: 05 / 05 / 10 / 10 / 10 / 10 / 10 / 10 /	2. Event For Which Tickets V	Vere Distribute	ed			
Agency Event Yes El No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets Received: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number of Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPFC Regulation 18944.1. Magnature of Agency Hamily CRYSTAL HISHIDA GRAFF PrintName Number Of Ticket PrintName				. Baseball Ga	ame	
Agency Event Yes No (identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contract Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Public Purpose for the Distribution Image: Public Purpose for the Distribution Image: Public Purpose for the Distribution Image: Public Purpose for the Distribution Image: Public Purpose for the Distribution Image: Public Purpose for the Distribution And the of Individual or Organization: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Enliet Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: T200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Mumber and Street Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community Zip Code Stare determined that the distribution of tickels set forth above is i	Date(s) of Event	J Desci			40	
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Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of Contract Name of Official (Last, First) Number of Tickets State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zup Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zup Code 5. Verification Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Minoh, day, year Signature of Agency Head & Debesignee Print Name PRINCIPAL ANALYST Minoh, day, year	Agency Event 🛛 Yes	X No (Identify s	ource of ticket	ts below.)		
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Behesting Agency Official: Description of Organization: Mame of Individual or Organization: Description of Organization: Mumber and Street United Seniors of Oakland & Alameda County Number of Tickets: Description of Organization: Number and Street Address of Organization: Number and Street City State Purpose for Distribution: I have determined that the distribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mamber of Agency Head for Designee CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST Title Minober (month, day year)	Name of Outside Source of Tic	ket(s) Provided t	to Agency: Oa	kland Athletics	3	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Behesting Agency Official: Description of Organization: Mame of Individual or Organization: Description of Organization: Mumber and Street United Seniors of Oakland & Alameda County Number of Tickets: Description of Organization: Number and Street Address of Organization: Number and Street City State Purpose for Distribution: I have determined that the distribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mamber of Mamber of Tickets Mamber of Ma	Number of Tickets Received	2	Ticket(s) Prov	vided to Agenc	v: Gratuitously	R Pursuant to Contra
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Miles 1100 Miles 2110 Marginal CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Miles 2110 Miles 2110 Signature of Agency/Head or Designee Print Name Title Miles 2110				naca to rigono	, Louision,	
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(Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: Description of Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mile 21/2 Mile 21/2 Mile 21/2 Signature of Agency/Head &r Designee Print Name Title Mile 21/2 Mil	Name of Official		Number	State Whet	her the Distribution is Inc	ome to the Official or
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alf22/1/2 Mammandary CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Alf22/1/2 Title (month, day, year) Title (month, day, year)	(Last, First)			Descri	be the Public Purpose fo	r the Distribution
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Alf22/1/2 Mammandary CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Alf22/1/2 Title (month, day, year) Title (month, day, year)						
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Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy					C 0 3	
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy	Name of Behesting Agency Off	icial: Alameda C	County Superv	isor Nate Miley	y, District 4	
Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency/Head or Designee CRYSTAL HISHIDA GRAFF Print Name Title						2
Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>May May Bar Street</u> CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST <u>Allo 2110</u> (month, day, year)	Name of Individual or Organiza	ition:	noro or ouniar	ia di Alamoda	Numbe	er of Tickets:
Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community State Zip Code 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>May May Bar Street</u> CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST <u>Allo 2110</u> (month, day, year)	Description of Organization:	enior Advocacy				
Address of Organization. Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community To reward a non-profit for its contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumph Signature of Agency/Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST July 2/12 Title (month, day, year)	7200		ste 178 - Oakla	and CA 9460	5	
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a non-profit for its contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency/Head or Designee	Address of Organization.		to the outle			State Zip Cod
To reward a non-profit for its contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>Just Crystal HISHIDA GRAFF</u> Signature of Agency Head or Designee Crystal HISHIDA GRAFF PRINCIPAL ANALYST <u>4//2.2110</u> Title (month, day, year)	Purpose for Distribution: (Deer	ribe the public pur	rooso for the die		rappization)	
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of the provisio	2. 같은 이야지 않는 것을 가지 않는 것은 이상을 가장 있다. 		and the second	andution to the c	liganization.)	
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I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align: center;"/>Image: style="text-align:	5 Verification					
Signature of Agency/Head for Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4//2011/0 Signature of Agency/Head for Designee Print Name Title (month, day, year)		tion of tickets set t	forth shove is in	accordance wit	h the provisions of EPPC	Regulation 18944 1
Signature of Agency Head or Designee Print Name Title (month, day, year)						10guauon 10944.1.
	left and			FF PRIN		
				n includir a success		(monin, day, year)

Tickets Provided by	A Dub		unt	TICKETS PROVIDED BY
Agency Report	APUB	lic Docume	ent	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
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				
			Amendment (Muster	xplain in Part 5.)
	stal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administra	tor's Office		
2. Event For Which Tickets We	ere Distributed			
Date(s) of Event:0507	10 Description of Eve	nt. Baseball Ga	ame	
			10	
//_	— Face Value of Tick	:et: \$	1-	
Agency Event 🔲 Yes 🗵	No (Identify source of tick	ets below)		
	ana se sa na s			
Name of Outside Source of Ticke	et(s) Provided to Agency:	akiand Athletics)	
Number of Tickets Received:			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a continuat	ion sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organization F	Receiving Ticket(s) (Prov	ided at the behes	t of an agency official.)	
Name of Behesting Agency Offic	ial: Alameda County Super	visor Nate Mile	y, District 4	
Name of Individual or Organizati	on: United Seniors of Oakla	and & Alameda	County Numb	er of Tickets:2
Description of Organization: <u></u>	ior Advocacy			
Address of Organization: 7200 E	Bancroft Ave, Ste 178 - Oak	land, CA 9460	5	State Zip Code
				and my adda
Purpose for Distribution: (Descril	be the public purpose for the d	istribution to the o	organization.)	
To reward a non-profit for its cor	ntribution to the community			
Construction when and a subscription of enclosed sectors of each measurement of the sector of the se				
5. Verification				
I have determined that the distribution	on of tickote oot forth above in	in accordance wil	the provisions of EDD	C Regulation 18044 1
Thave determined that the distribution	on or lickets set forth above is			5 Nogulation 10544.1.
Jakt Charl	CRYSTAL HISHIDA GR	AFF PRIN	ICIPAL ANALYST	4/27/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an atta	chment for any additional informa	tion including amen	dment explanation.)	
plaza seats				

Tickets Provided by Agency Report	A Public Docum	nent	TICKETS PROVIDED BY AGENCY REPORT		
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if 1221 OAK STREET, #555 Street Address	applicable)	Date Stamp	California Form 802 For Official Use Only		
Agency Contact (name and title) Crystal Hishida Graff, Principal A	tal.hishida@acgov.org nalyst, County Administrator's Office	Date of Original Filing: _			
// Agency Event □ Yes ⊠	10 Description of Event: Baseball Face Value of Ticket: \$ No (Identify source of tickets below.) (s) Provided to Agency: Oakland Athlet	ics	⊠ Pursuant to Contract		
3. Agency Official(s) Receiving Name of Official (Last, First)		Iditional names) nether the Distribution is Inc cribe the Public Purpose for			
	eceiving Ticket(s) (Provided at the beh al: Alameda County Supervisor Nate Mi				
Name of Individual or Organizatio Description of Organization: <u>Seni</u>	n: United Seniors of Oakland & Alamed	la CountyNumbe	er of Tickets:2		
Number and Number and	d Street Ci	ity	State Zip Code		
5. Verification I have determined that the distribution Manual Signature of Agency Head or Designee	of tickets set forth above is in accordance of CRYSTAL HISHIDA GRAFF PR	with the provisions of FPPC INCIPAL ANALYST Title	Regulation 18944.1.		
Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
--	--	---	-----------------	--	---
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555	(if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612					
	mail rystal.hishida@a I Analyst, Count		or's Office	Amendment <i>(Must e</i>	
2. Event For Which Tickets V Date(s) of Event:/ / Agency Event Yes	<u>10</u> Descr	iption of Ever Value of Ticke	ət: \$	ame 40	
Name of Outside Source of Tic Number of Tickets Received: _				y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin Name of Official (Last, First)	ng Ticket(s) (us	e a continuatio Number of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose f	
4. Individual or Organization Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>S</u>	ficial: <u>Alameda C</u> ation: <u>United Ser</u>	County Superv	visor Nate Mile	y, District 4	per of Tickets:2
Address of Organization.		pose for the dis	City		State Zip Code
5. Verification I have determined that the distribu- Signature of Agence Head or Designee Comment: (Use this space or an a	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	C Regulation 18944.1.

plaza seats

ickets Provided by gency Report A Public Docu	ument	TICKETS PROVIDED BY AGENCY REPORT
Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA	Carbon Science and Action Science	Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612	0	
Area Code/Phone Number E-mail		
(510) 272-3882 crystal.hishida@acgov.org	Amendment (Must e	explain in Part 5.)
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	9	(monin, day, year)
Event For Which Tickets Were Distributed		
Date(s) of Event: 05 / 20 / 10 Description of Event: Baseba	all Game	
/ Face Value of Ticket: \$	40	
/ Pace value of ficket. \$		
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	nletics	
Number of Tickets Received: Ticket(s) Provided to A	gency: 🔲 Gratuitously	Pursuant to Contract
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for	r additional names)	
	Whether the Distribution is In	
(Last, First) of Tickets	Describe the Public Purpose for	or the Distribution
Individual or Organization Receiving Ticket(s) (Provided at the b	behest of an agency official.)	
Name of Behesting Agency Official: Alameda County Supervisor Nate	Miley, District 4	
		2
Name of Individual or Organization: United Seniors of Oakland & Alan	neda County Numb	per of Tickets: 2
Description of Organization: Senior Advocacy		
	at Properties	
Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA	and the second se	
Number and Street	City	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to	o the organization.)	
To reward a non-proft for its contribution to the community		
. Verification		
. Verification I have determined that the distribution of tickets set forth above is in accordance	ce with the provisions of FPP	C Regulation 18944.1.

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

Plaza Seats, 1 Parking Pass

Tickets Provided by Agency Report		A Publi	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	on (if applicable)			Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrato	r's Office	☐ Amendment <i>(Must ex</i> Date of Original Filing: -	6916-1
2. Event For Which Tickets Date(s) of Event:/ Agency Event □ Yes Name of Outside Source of Number of Tickets Received	7 / 10 Descr / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Event Value of Ticket ource of tickets o Agency: <u>Oal</u>	t: \$ s below.) kland Athletics	1,700	⊠ Pursuant to Contract
3. Agency Official(s) Receins Name of Official (Last, First)	-	Number of Tickets	State Whet	her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>72</u>	Official: <u>Alameda C</u> nization: <u>United Ser</u>	County Supervi	sor Nate Miley nd & Alameda	y, District 4 CountyNumb	er of Tickets:20
Purpose for Distribution: (D To reward a non-profit for it 5. Verification	s contribution to the	e community			State Zip Code
I have determined that the dist Signature of Agency Head or Design Comment: (Use this space or a	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by	A Pub	lic Docume	nt	TICKETS PROVIDED BY
Agency Report		ne bocume		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region	(if applicable)			Tor official coo only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-r	mail		Amendment (Mustex	plain in Part 5.)
	ystal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrat	or's Office		
2. Event For Which Tickets W	ere Distributed			
Date(s) of Event:	/ 10 Description of Eve	nt: Baseball Ga		
/	/ Face Value of Tick	et: \$	1,700	
Agency Event 🛛 Yes 🛛	No (Identify source of ticke	ets below.)		
Name of Outside Source of Tick	(et(s) Provided to Agency: O	akland Athletics	5	
	20			
Number of Tickets Received:	20 Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	ig Ticket(s) (use a continuati	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is Inc	
(Last, First)	of Tickets	Descri	be the Public Purpose for	
Individual or Organization	Receiving Ticket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offi	Alameda County Super	visor Nate Milev	. District 4	
Name of Individual or Organizat	tion. Black Women Organize	d for Political A	ction Number	er of Tickets: 20
				1 OF HORE(3.
Description of Organization: Inf	orm Black Women in Politica	l Process		
Address of Organization.	0 Carlton Ave - Castro Valley	100 S & 000 S		
S Number	and Street	City		State Zip Code
Purpose for Distribution: (Descr	ibe the public purpose for the di	stribution to the c	organization.)	
To promote attendance at even	nt held at a County facility in (order to maximi	ze potential County rev	venue from parking
5. Verification				
I have determined that the distribut	ion of tickets set forth above is i	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
1.1.0				11/20/1
lat mit	CRYSTAL HISHIDA GR	AFF PRIN	ICIPAL ANALYST	Impath day used
Signature of Agency, Head or Designee	Print Name		Title	(month, daý, year)
Comment: (Use this space or an att	achment for any additional informati	on including amend	ament explanation.)	
and concession sales. 3 parking	ig passes.			

Agency Contact (name and title) Crystal Hishida Graff, Principal A 2. Event For Which Tickets Weit Date(s) of Event: 05 / 01 / / Agency Event Yes Name of Outside Source of Ticket Number of Tickets Received:	ail stal.hishida@a Analyst, Count re Distribute 10 Descr 10 Face ¹ No (Identify se et(s) Provided to 4	ty Administrate ed ription of Even Value of Ticke ource of tickel o Agency: <u>Go</u> Ticket(s) Prov	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	7-5 nrrirors y: □Gratuitously	(month, day, year) ✓ Pursuant to Contract scome to the Official or
Division, Department, or Region (if 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [510] 272-3882 Crystal Hishida Graff, Principal A 2. Event For Which Tickets Weet Date(s) of Event: 05 01	ail stal.hishida@a Analyst, Count re Distribute 10 Descr 10 Face ¹ No (Identify se et(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	For Official Use Only explain in Part 5.) (month, day, year) EX Pursuant to Contract
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [510] 272-3882 Crystal Hishida Graff, Principal A 2. Event For Which Tickets West Date(s) of Event: 05 01 Agency Event Yes Name of Outside Source of Ticket Number of Tickets Received:	ail stal.hishida@a Analyst, Count re Distribute 10 Descr 10 Face ¹ No (Identify se et(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year) (month, day, year)
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-ma (510) 272-3882 crys Agency Contact (name and title) Crystal Hishida Graff, Principal A 2. Event For Which Tickets Wer Date(s) of Event: 05 / 01 / Agency Event 1 Yes X Name of Outside Source of Ticket Number of Tickets Received: 3. Agency Official(s) Receiving Name of Official (Last, First)	Analyst, Count re Distribute 10 Descr 10 Face 1 No (Identify second t(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year) ✓ Pursuant to Contract scome to the Official or
OAKLAND, CA 94612 Area Code/Phone Number E-ma (510) 272-3882 crys Agency Contact (name and title) Crystal Hishida Graff, Principal A 2. Event For Which Tickets Weat Date(s) of Event: 05 / 01 / _ Agency Event Yes X Name of Outside Source of Ticket Number of Tickets Received: 3. Agency Official(s) Receiving Name of Official (Last, First) 4. Individual or Organization Received	Analyst, Count re Distribute 10 Descr 10 Face 1 No (Identify second t(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year) ✓ Pursuant to Contract scome to the Official or
Area Code/Phone Number E-ma (510) 272-3882 crys Agency Contact (name and title) Crystal Hishida Graff, Principal A Crystal Hishida Graff, Principal A Crystal A Event For Which Tickets Wer Date(s) of Event: 05 / 01 / _ Date(s) of Event: 05 / 01 / _ / Agency Event Yes X Name of Outside Source of Ticket Number of Tickets Received:	Analyst, Count re Distribute 10 Descr 10 Face 1 No (Identify second t(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year) ✓ Pursuant to Contract scome to the Official or
(510) 272-3882 crystal Agency Contact (name and title) Crystal Hishida Graff, Principal A Crystal Hishida Graff, Principal A A Event For Which Tickets Weat Date(s) of Event: Date(s) of Event: Agency Event □ Yes ☑ Name of Outside Source of Ticket Number of Tickets Received:	Analyst, Count re Distribute 10 Descr 10 Face 1 No (Identify second t(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year) ✓ Pursuant to Contract scome to the Official or
Agency Contact (name and title) Crystal Hishida Graff, Principal A E. Event For Which Tickets Weit Date(s) of Event:	Analyst, Count re Distribute 10 Descr Face ¹ No (Identify set(s) Provided to 4	ty Administrate ad ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	Date of Original Filing: h Ali Khan Concert 7-5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year) ✓ Pursuant to Contract scome to the Official or
Crystal Hishida Graff, Principal A . Event For Which Tickets Weil Date(s) of Event:	The Distribute 10 Descr Face No (Identify second t(s) Provided to 4	ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	h Ali Khan Concert → 5 urrirors y: □ Gratuitously tional names) her the Distribution is In	(month, day, year)
. Event For Which Tickets Weil Date(s) of Event:/ Agency Event Yes Name of Outside Source of Ticket Number of Tickets Received: . Agency Official(s) Receiving Name of Official (Last, First)	The Distribute 10 Descr Face No (Identify second t(s) Provided to 4	ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u> Ticket(s) Prov se a continuatio	nt: Rahat Fatch et: \$ <u>167.</u> ts below.) olden State Wa vided to Agenco n sheet for addit	y: □Gratuitously tional names)	☑ Pursuant to Contract
Date(s) of Event: <u>05</u> , <u>01</u> , Agency Event <u>Yes</u> Name of Outside Source of Ticket Number of Tickets Received: <u></u> Agency Official(s) Receiving Name of Official (Last, First) . Individual or Organization Received	10 Descr Face ¹ No (Identify so ot(s) Provided to 4	ription of Even Value of Ticke ource of tickel o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	et: \$ <u>167</u> ts below.) olden State Wa vided to Agenco n sheet for addit	y: □Gratuitously tional names)	come to the Official or
Agency Event Yes Name of Outside Source of Ticket Number of Tickets Received: Agency Official(s) Receiving Name of Official (Last, First)	Face ' No (Identify so t(s) Provided to 4	Value of Ticke ource of tickel o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	et: \$ <u>167</u> ts below.) olden State Wa vided to Agenco n sheet for addit	y: □Gratuitously tional names)	come to the Official or
Agency Event Yes Name of Outside Source of Ticket Number of Tickets Received: Agency Official(s) Receiving Name of Official (Last, First)	Face ' No (Identify so t(s) Provided to 4	Value of Ticke ource of tickel o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	et: \$ <u>167</u> ts below.) olden State Wa vided to Agenco n sheet for addit	y: □Gratuitously tional names)	come to the Official or
Name of Outside Source of Ticket Number of Tickets Received: Agency Official(s) Receiving Name of Official (Last, First) . Individual or Organization Received	et(s) Provided to	o Agency: <u>Go</u> Ticket(s) Prov se a continuatio Number	viden State Wa vided to Agenc n sheet for addit State Whet	y: ☐ Gratuitously tional names) her the Distribution is In	come to the Official or
Number of Tickets Received:	4	Ticket(s) Prov se a continuatio Number	vided to Agenco In sheet for addit State Whet	y: ☐ Gratuitously tional names) her the Distribution is In	come to the Official or
Agency Official(s) Receiving Name of Official (Last, First)		se a continuatio	n sheet for addit	tional names) her the Distribution is In	come to the Official or
Name of Official (Last, First)	l Ticket(s) (us	Number	State Whet	her the Distribution is In	
(Last, First)					
. Individual or Organization Re		of Tickets	Descri	be the Public Purpose for	or the Distribution
	1				
	_	_			
	eceiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Officia					
Name of Individual or Organizatio					per of Tickets:4
Description of Organization:					
Address of Organization:	nd Street		City		State Zip Code
Purpose for Distribution: (Describe		pose for the dis	stribution to the c	organization.)	
To reward a community volunteer	r for his servic	e to the public	0		
. Verification					
I have determined that the distribution	n of tickets set f	forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
la the And		HISHIDA GRA		ICIPAL ANALYST	4127/1
Signature of Agency Head or Designee	CRYSTAL H	the second second second second			(month, day, year)

Tickets Provided by		A Publ	ic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi	ion (if applicable)			Date Stamp	California Form 802
Street Address 1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@a	acgov.org		Amendment (Must ex	olain in Part 5.) 04/27/10
Agency Contact (name and title) Crystal Hishida Graff, Princi		y Administrato	or's Office	Date of Original Filing: _	(month, day, year)
2. Event For Which Tickets					
Date(s) of Event: <u>05</u> / <u>0</u>		ription of Ever	nt: <u>Oakland A's</u>	s Game	
050	<u>5 / 10</u> Face	Value of Ticke	et: \$	40.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	kland Athletics	3	
Number of Tickets Received	1				Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitk	er, District 3		
Name of Individual or Organ				Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the dis	stribution to the c	organization.)	
To promote attendance at a	n event held at a C	County facility i	n order to max	imize potential County	revenue from sales
5. Verification I have determined that the distri	ibution of tickets set :	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head of Design	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	(month, day year)
Comment: (Use this space or an			n including amend	dment explanation.)	an a

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 applical	Date Stan		California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND,	CA 94612		
Area Code/Phone Number E-mail		Amendment (Muster	volain in Part 5.)
(510) 272-3882 crystal.his	hida@acgov.org		an and a start
Agency Contact (name and title)		Date of Original Filing: .	04/27/10 (month, day, year)
Crystal Hishida Graff, Principal Analyst	, County Administrator's Office		
2. Event For Which Tickets Were Dis	stributed		
Date(s) of Event: 21 10	Description of Event: Oakland A	's Game	
	Face Value of Ticket: \$	A B A A	
Agency Event 🗌 Yes 🛛 No (Ic	lentify source of tickets below.)		
Name of Outside Source of Ticket(s) Pro	ovided to Agency: Oakland Athleti	cs	
Number of Tickets Received:4			⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticke	et(s) (use a continuation sheet for ad	ditional names)	
Name of Official		ether the Distribution is Inc	come to the Official or
(Last, First)	of Tickets Desc	ribe the Public Purpose for	or the Distribution
4. Individual or Organization Receiv		est of an agency official.)	
Name of Behesting Agency Official: <u>Su</u>	pervisor Alice Lai-Bitker, District 3		
Name of Individual or Organization: <u>Bui</u>			er of Tickets: <u>4</u>
Description of Organization: Helps wom	nen and children in crisis become s	safely and supportively l	noused
Address of Organization: 1395 Bancrof	t Avenue, San Leandro, CA 94577 cii		State Zip Code
Purpose for Distribution: (Describe the p	ublic nurnese for the distribution to the	organization)	
To reward a school or nonprofit organiz		an a Therapean and the	
5. Verification			
	kate sat forth above is in apportance w	ith the provisions of EDD	Pegulation 19044 1
I have determined that the distribution of tick		NCIPAL ANALYST	4/27/1
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by				mt	TICKETS PRO	OVIDED BY
Agency Report		A Publ	ic Docume		and the second	Y REPORT
1. Agency Name				Date Stamp	California	302
COUNTY OF ALAMEDA					Form For Official Use	
Division, Department, or Region	(if applicable)				For Official Ose	Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-	mail			Amendment (Muste	explain in Part 5.)	
	rystal.hishida@a	icgov.org		1999 Barrow Constant Control (1999)		
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)	-
Crystal Hishida Graff, Principal	I Analyst, Count	ty Administrat	or's Office			
. Event For Which Tickets W						
Date(s) of Event:	/ 10 Descr	ription of Ever	nt: Baseball Ga	ame		
		Value of Ticke	()			
/	J Face	value of Ticke	эс. ф			
Agency Event 🛛 Yes	X No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of Tick	ket(c) Brovided t	Oa Agency Oa	akland Athletics	5		
Name of Outside Source of Tick		o Agency.				
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	sy: 🔲 Gratuitously	⊠ Pursuant to 0	Contract
. Agency Official(s) Receivir	ng Ticket(s) (us	se a continuatio				
Name of Official		Number		ther the Distribution is Ir		lor
(Last, First)		of Tickets	Descri	ibe the Public Purpose	for the Distribution	
. Individual or Organization	Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)		
이 같은 것 같은						
Name of Behesting Agency Off	icial: Alameda c	bounty ouper	Not Mate Mile	y, Diotriot 4		
					ber of Tickets:	2
Name of Individual or Organiza	tion:	3		Num	bei of fickets	
Description of Organization:						
Description of organization.						
Address of Organization:						
Number	r and Street		City		State	Zip Code
Purpose for Distribution: (Desc	ribe the public pur	rpose for the di	stribution to the	organization.)		
To reward a student for outstan	nding scholastic	acheivement				
	inding conclusio	acherion		(C)		
5. Verification						
I have determined that the distribu	ition of tickets set	forth above is i	n accordance wi	th the provisions of FPF	PC Regulation 1894	4.1.
					111	5-1
lett the My	CRYSTAL	HISHIDA GR/	AFF PRIM	NCIPAL ANALYST		1
Signature of Agency Head or Designee		Print Name		Title	(month, d	day, year)
Comment: (Use this space or an at	tachment for any ad	lditional informati	on including amen	dment explanation.)		
plaza seats						

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROV AGENCY I	
1. Agency Name			Date Stamp	California O	02
COUNTY OF ALAMEDA				Form O	02
Division, Department, or Region (if app	licable)			For Official Use O	nly
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amondmont (Musica)	Lin in Darf E)	
(510) 272-3882 crystal	.hishida@acgov.org		Amendment (Must exp	fain in Part 5.)	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Principal Ana	lyst, County Administra	tor's Office		(monin, day, year)	
2. Event For Which Tickets Were	the second se				
Date(s) of Event:		nt. Oakland A's	s vs. Chicago White So	x	
Date(s) of Event.			85.00		
//	— Face Value of Tick	:et: \$	00.00		
	o (Identify source of ticke				
Name of Outside Source of Ticket(s)	Provided to Agency: O	akland A's			
Number of Tickets Received:8			y: 🔲 Gratuitously	⊠ Pursuant to Co	ontract
3. Agency Official(s) Receiving Ti	cket(s) (use a continuati	ion sheet for addi	tional names)		
Name of Official	Number		her the Distribution is Inco		or
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution	
		-			
4. Individual or Organization Rec	eiving Ticket(s) (Provi	ided at the behes	t of an agency official.)		
Name of Behesting Agency Official:					
Name of Individual or Organization:	East Oakland Youth De	evelopment Cen	ter Numbe	r of Tickets:	8
Description of Organization: Dedica	ted to developing childre	en and youth int	o healthy, self-supporti	ng and aware citi:	zens
Address of Organization: 8200 Inter	national Boulevard	Oaklar _{City}	nd,		4621 ip Code
Purpose for Distribution: (Describe th	ne public purpose for the di	istribution to the o	organization.)		
To reward a school or nonprofit orga					
5. Verification					
I have determined that the distribution of	f tickets set forth above is i	in accordance wit	h the provisions of FPPC	Regulation 18944.1	1.
attand 6	CRYSTAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	413	2/1
Signature of Agency Flead or Designee	Print Name		Title	(month, day	r, year)

(month, day, year)

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

Tickets Provided by	۵	Public Do	cume	ont	TICKETS PROVIDED E
Agency Report			Game		AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	· · · · · · · · · · · · · · · · · · ·				For Official Use Only
Division, Department, or Region (i	l'applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612		- AV2			
Area Code/Phone Number E-m	ail			Amendment (Must	explain in Part 5.)
	stal.hishida@acgov.c	org			
Agency Contact (name and title)				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Adm	inistrator's Offi	се		
2. Event For Which Tickets We	ere Distributed				
Date(s) of Event:04_/_08_/	10 Description	of Event. Base	eball G	ame	
Date(s) of Event.	Description		dD	-	
//.	Face Value	of Ticket: \$	-10		
Agency Event 🔲 Yes 🛛	No (Identify source	of tickets belov	v.)		
				9	
Name of Outside Source of Ticke	et(s) Provided to Ager	ncy:	unouo		
Number of Tickets Received:	2 Ticket	(s) Provided to	Agenc	:y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	j Ticket(s) (use a co			and the second	
Name of Official (Last, First)		nber Sta ckets		ther the Distribution is I ibe the Public Purpose	Income to the Official or for the Distribution
(1997)		CREIS	Deach	be the r ubite r upose	for the Distribution
4. Individual or Organization F					
Name of Behesting Agency Offic	ial: Alameda County	Supervisor Na	te Mile	y, District 4	
					0
Name of Individual or Organizat	on: <u>Roy Shivers</u>		_	Num	ber of Tickets: 2
Description of Organization:					
Address of Organization:	and Street	i.	City		State Zip Code
Purpose for Distribution: (Descri		or the distributior		organization.)	
To promote tourism as a form o	and the second				
To promote tourism as a form o	economic developm	ent	-		
5. Verification					
I have determined that the distribution	on of tickets set forth ab	ove is in accord	ance wi	th the provisions of FPI	PC Regulation 18944.1.
111.0 11					111-1
at and	CRYSTAL HISHIE		PRI	NCIPAL ANALYST	(month, day, year)
Signature of Agency Head or Designee	Print Nar				(Honth, day, year)
Comment: (Use this space or an atta	chment for any additional	Information includi	ng amen	ament explanation.)	
PLAZA SEATS					

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			California Form 802 For Official Use Only
OAKLAND, CA 94612				
Agency Contact (name and title) Crystal Hishida Graff, Principal An	al.hishida@acgov.org alyst, County Administrat	or's Office	☐ Amendment (Must ex	
	Description of Ever Face Value of Ticke Identify source of ticke	et: \$ ts below.)		
Number of Tickets Received:	2 Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official	Ficket(s) (use a continuation		tional names) her the Distribution is Ind	
(Last, First)	of Tickets	Descri	be the Public Purpose fo	or the Distribution
4. Individual or Organization Re Name of Behesting Agency Officia				
Name of Individual or Organization				er of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:	Street	City		State Zip Code
Purpose for Distribution: (Describe To promote tourism as a form of e		stribution to the o	organization.)	
5. Verification I have determined that the distribution	of tickets set forth above is i	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Designee Comment: (Use this space or an attach	CRYSTAL HISHIDA GR/ Print Name	AFF PRIM	ICIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report	A Publi	c Docume	nt		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form For Official U	802 Jse Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@a Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cour	nty Administrato	r's Office	☐ Amendment <i>(Must e</i> Date of Original Filing:	n a 🗰 nanazar tarang kanalan di	ŋ
2. Event For Which Tickets Were Distribut Date(s) of Event:	cription of Event Value of Ticket source of tickets to Agency: <u>Oal</u>	t: \$ s below.) kland A's	vs. Seattle Mariners 85.00 /: Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Receiving Ticket(s) (u Name of Official (Last, First)	use a continuation Number of Tickets	State Whet	ional names) ner the Distribution is In be the Public Purpose fo		
4. Individual or Organization Receiving Tid , Name of Behesting Agency Official: <u>Keith Cars</u> Name of Individual or Organization: <u>Asian Cor</u> Description of Organization: <u>Provide mental was</u>	son, Supervisor mmunity Mental	Fifth District Health Servic	es Numb	per of Tickets: _ the API commu	4 nity.
Address of Organization: <u>310 8th Street, Suite</u> Number and Street Purpose for Distribution: (Describe the public pu To reward a school or nonprofit organization fo	201 Irpose for the dist	Oaklan ^{City}	d, rganization.)	CA State	94607 Zip Code
5. Verification I have determined that the distribution of tickets set	forth above is in a HISHIDA GRAF Print Name		n the provisions of FPP CIPAL ANALYST Title	4	044.1. 17/10 h, dáy, year)

Comment: (Use this space or an attachment for any additional information including amendment expla	nation.)
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Tickets Provided by Agency Report		A Publi	ic Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)	v	1	Date Stamp	California Form For Official U	802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Prince 2. Event For Which Tickets	ipal Analyst, Count	y Administrate	or's Office	☐ Amendment (Must)
Date(s) of Event: 	17 <u>,</u> 10 Descr / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Even Value of Ticke ource of ticket o Agency: <u>Oa</u>	et: \$ ts below.) kland A's	s vs. Seattle Mariners 85.00 y: □Gratuitously	s ⊠ Pursuant to) Contract
3. Agency Official(s) Rece Name of Offic (Last, First)		se a continuatio Number of Tickets	State When	tional names) her the Distribution is Ir be the Public Purpose t		
4. Individual or Organizati Name of Behesting Agency Name of Individual or Orgar Description of Organization:	Official: Keith Cars	on, Superviso Early Interven	r Fifth District ition on Deafne	essNum	ber of Tickets: _ ïve, who are dea	4 af.
Address of Organization: 1	035 Grayson Street mber and Street escribe the public pur	pose for the dis	Berkel City	ey organization.)	CA State	94710 Zip Code
5. Verification I have determined that the dist		forth above is in		th the provisions of FPF		944.1. 1 1 0

Signature of Agency Head or Designee . Print Name

(month, day, year)

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

Title

Tickets Provided by Agency Report		A Pub	lic Docume	ent		PROVIDED BY	
1. Agency Name		SUCK P VERPS		Date Stamp	California	A DESCRIPTION OF A DESC	
COUNTY OF ALAMEDA			LECTION CONTRACTOR CONTRACTOR CONTRACTOR	Form	802		
Division, Department, or Region (if applicable) 1221 OAK STREET, #555					For Official	For Official Use Only	
Street Address							
OAKLAND, CA 94612			6				
Area Code/Phone Number	E-mail			Amendment (Mus	t evolain in Part 5)		
(510) 272-3882	crystal.hishida@a	icgov.org	Amendment (Must explain in Part 5.)		st explain in Part 6.7		
Agency Contact (name and title)			Date of Original Filing:		1)		
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office			×.	
2. Event For Which Tickets	s Were Distribute	ed					
Date(s) of Event:05_/_1	7 / 10 Desc	ription of Ever	nt: Oakland A's	s vs. Seattle Marine	rs		
/		Value of Ticke		85.00			
<i></i>	/ Face	value of Ticke	et: ֆ				
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)				
Name of Outside Source of	Ticket(s) Provided	o Agency: Oa	akland A's				
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant t	o Contract	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)			
Name of Offic	cial	Number		State Whether the Distribution is Income to the Official or			
(Last, First)		of Tickets	Descri	ribe the Public Purpose for the Distribution			
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Supervisc	or Fifth District				
Name of Individual or Organ	ization: <u>Commissio</u>	on on the Stat	us of Women	Nun	nber of Tickets: _	4	
Description of Organization:	maximize parity fo	r women of al	ll ages				
Address of Organization:	100 Amador Stree	t, Sixth Floor	Haywa	rd	CA	94544	
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 o	organization.)			
To reward a school or nonp	rofit organization fo	r its contributi	ions to the com	imunity.			
5. Verification							
I have determined that the distr	ibution of tickets set f	orth above is in	n accordance wit	h the provisions of FP	PC Regulation 189	944.1.	
left Mr.M		HISHIDA GRA		ICIPAL ANALYST	41	1110	
Signature of Agency Head or Design		Print Name		Title	(mont	h, day, year)	

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

Tickets Provided by					
Agency Report		A Public	: Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA				~	
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		1979-1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1 1979 -	
Agency Contact (name and title	2815			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ			's Office		
2. Event For Which Ticket					
Date(s) of Event:04_/_3	25 <u>10</u> Desc	ription of Event:	Baseball Ga	ame	
		Value of Ticket:	Α	0-	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oakl	and Athletics	3	
Number of Tickets Received	J:2	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	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 fo	r the Distribution
-		-			
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	d at the behes	t of an agency official.)	
	345.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		15 G S	
Name of Behesting Agency	Official: Alameda C	Jounty Supervis	or Nate Mile	y, District 4	
Name of Individual or Organ	ization: Commissio	on on the Status	of Women	Numbe	er of Tickets:2
Description of Organization	Advocacy for wom	ien in Alameda	County		
Address of Organization: 2	4100 Amador Street	t, 6th Floor - Ha	yward, CA 9	4544	
Address of Organization.	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distri	bution to the c	organization.)	
To provide opportunities to	those who are rece	iving services fr	om the Coun	ity agencies consistent	t w/ the agency's goals
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in a	ccordance wit	h the provisions of FPPC	Regulation 18944.1.
loff Araph	CRYSTAL H	HISHIDA GRAFI	F PRIN	CIPAL ANALYST	4/9/10
Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional information i	including amend	dment explanation.)	

for the particular population. PLAZA SEATS

Tickets Provided by Agency Report	A Public Docu	iment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio 1221 OAK STREET, #555 Street Address	n (if applicable)	Date Stamp	California Form 802 For Official Use Only
(510) 272-3882 Agency Contact (name and title)	E-mail crystal.hishida@acgov.org pal Analyst, County Administrator's Office	Date of Original Filing:	67 D.
/ Agency Event ☐ Yes Name of Outside Source of Ti Number of Tickets Received:		85 letics gency: Gratuitously	⊠ Pursuant to Contract
Name of Officia (Last, First)		Whether the Distribution is Ir	
Name of Behesting Agency C Name of Individual or Organiz Description of Organization: -		Miley, District 4	ber of Tickets:1
	ber and Street scribe the public purpose for the distribution to nteer for his service to the public	City the organization.)	State Zip Code
Signature of Agency Head or Designe		PRINCIPAL ANALYST	PC Regulation 18944.1.