Tickets Provided by		A Publi	c Docume	ant	TICKETS P	ROVIDED BY
Agency Report			e bocume	, , , , , , , , , , , , , , , , , , ,	The second responses of the second	NCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	OUL
Division, Department, or Region (if a	applicable)				For Official U	Ise Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-ma	il			Amendment (Must exp	Junio in David E \	
(510) 272-3882 cryst	tal.hishida@a	acaov.ora			Sam in Part 5.)	
Agency Contact (name and title)	0			Date of Original Filing:	(month, day, year	
Crystal Hishida Graff, Principal A	nalvst. Count	tv Administrato	or's Office	20	(month, day, year	2
2. Event For Which Tickets Wer	•	······································				
			Alameda C	ounty Fair		
Date(s) of Event: <u>06</u> / <u>23</u> /	Desc	ription of Even	t:			
0711	10 Face	Value of Ticke	t: \$	5.00		
	10000-1897-1990(199 8 -199	ource of ticket				
Name of Outside Source of Ticket	(s) Provided t	o Agency: Ala	meda County	Fair		
Number of Tickets Received:					⊠ Pursuant to	o Contract
3. Agency Official(s) Receiving	Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inco be the Public Purpose for		
	1					1
4. Individual or Organization Re				t of an agency official.)		
Name of Behesting Agency Officia	I: Keith Cars	on, Supervisor	Fifth District			
Name of Individual or Organization	n: <u>Foster You</u>	uth Alliance		Numbe	r of Tickets: _	10
Description of Organization:	cated to empo	owering foster	youth as they	transition to adulthood	a:	
Address of Organization, 491 9th	Street		Oakla	nd.	CA	94607
Address of Organization: 491 901	the state of the s		City		State	Zip Code
Purpose for Distribution: (Describe	the public pur	pose for the dist	tribution to the o	organization.)		
To reward a school or nonprofit of	rganization fo	r its contributio	ons to the com	nmunity.		
F. Maulfingflag						
5. Verification	6191 AT 201 - 103		2 at	1 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	122 - 132 Mill - 144 Mill	372112
I have determined that the distribution	of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 189	44.1.
left the Most	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	61	23/11
Signature of Agency Head or Designee		Print Name		Title	(month	, day, year)

		ocument	AGE	NCY REPOI
. Agency Name		Date Stamp	California	802
COUNTY OF ALAMEDA			Form	
Division, Department, or Region (if application	ole)		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.his	hida@acgov.org			
Agency Contact (name and title)		Date of Original Filing	:(month, day, yea	r)
Crystal Hishida Graff, Principal Analyst	, County Administrator's Of	ffice		
Event For Which Tickets Were Dis				
Date(s) of Event:/ 23 /	Description of Event: Ala	meda County Fair		
07 , 11 , 10	Face Value of Ticket: \$	5.00		
	Face value of ficket: \$			
Agency Event 🗌 Yes 🖾 No (Io	lentify source of tickets belo	ow.)		
Name of Outside Source of Ticket(s) Pr	ovided to Agency. Alameda	County Fair		
Number of Tickets Received:15	_ Ticket(s) Provided t	to Agency: 🛛 Gratuitously	I Pursuant to	o Contra
Agency Official(s) Receiving Tick	et(s) (use a continuation shee	et for additional names)		
Name of Official	Number St	tate Whether the Distribution is I		
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution	n
; 				
		i.		
Individual or Organization Receiv	ing Ticket(s) (Provided at t	he behest of an agency official.)		
100 C	(77) N S N			
Name of Behesting Agency Official: Ke	th Carson, Supervisor Fifth	District		
				15
Name of Individual or Organization: Fill			ber of Tickets: _	1.4
Description of Organization: To build a	strong and empowered Filip	pino community by organizing	g constituents.	
200 (200 (200 (200 (200 (200 (200 (200				
Address of Organization: 310 8th Stree	t, Ste. 308	Oakland,	CA	94607
Number and Street		City	State	Zip Cod
Purpose for Distribution: (Describe the p	ublic purpose for the distributic	on to the organization.)		
To reward a school or nonprofit organiz	ation for its contributions to	the community.		
Verification				
. Verification I have determined that the distribution of ticl	ets set forth above is in accon	dance with the provisions of FPI	PC Regulation 18	944.1.
I have determined that the distribution of tick	kets set forth above is in accord	dance with the provisions of FPI PRINCIPAL ANALYST	PC Regulation 18	944.1.

Tickets Provided by Agency Report A Public D	ocument	TICKETS PROVIDED B
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 1221 OAK STREET, #555		AGENCY REPOR alifornia 802 Form 802
Street Address OAKLAND, CA 94612		
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's C		Part 5.) nth, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: 07 / 11 / 10 Face Value of Ticket: \$ _ Agency Event Yes ⊠ No (Identify source of tickets bel Name of Outside Source of Ticket(s) Provided to Agency: Alameda	5.00 ow.)	
10		ursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation shere Name of Official Number S (Last, First) of Tickets	et for additional names) itate Whether the Distribution is Income to Describe the Public Purpose for the I	
4. Individual or Organization Receiving Ticket(s) (Provided at Name of Behesting Agency Official: Keith Carson, Supervisor Fifth		
Name of Individual or Organization: <u>Family Support Services of the</u> Description of Organization: <u>provides support to parents and other</u>	e East Bay Number of ⁻	Tickets:\C
Address of Organization: 401 Grand Ave, Ste 200	Oakland, ^{City}	CA 94610 State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution To reward a school or nonprofit organization for its contributions to	an NSV 100 In	"
5. Verification I have determined that the distribution of tickets set forth above is in accor	dance with the provisions of FPPC Regu	lation 18944.1.
Signature of Agency Head or Designee Print Name	Title	(month, day, year)

Tickets Provided by Agency Report A Public Docume	ent	TICKETS PROVIDED
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	F	ifornia 802 orm 802
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Date of Original Filing:(month	art 5.) h, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 / 00 / 00 / 00 / 00 / 00 / 00 / 0	5.00 / Fair	suant to Contrac
	itional names) ther the Distribution is Income to ibe the Public Purpose for the Dis	
4. Individual or Organization Receiving Ticket(s) (Provided at the behavior of Behesting Agency Official: <u>Keith Carson, Supervisor Fifth District</u>	an 181 at	
Name of Individual or Organization: <u>Emeryville Senior Center</u> Description of Organization: <u>Senior services</u>	Number of Tid	ckets:20
Address of Organization: 4321 Salem Street Emery Number and Street City		CA 94608 State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the To reward a school or nonprofit organization for its contributions to the con		
5. Verification I have determined that the distribution of tickets set forth above is in accordance wi	th the provisions of FPPC Regula NCIPAL ANALYST Title	ntion 18944.1.

 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 D			TICKETS	PROVIDED BY
Agency Report		A Publ	lic Docume	ent		NCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
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 (Mus	t avalaia ia Bad E)	
(510) 272-3882	crystal.hishida@a	icgov.org			(explain in Part 5.)	
Agency Contact (name and title				Date of Original Filing	g:(month, day, yea	r)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		(monur, bay, yea	<i>.</i> ,
2. Event For Which Tickets						
Date(s) of Event:06_/_2			nt. Alameda C	ounty Fair		
	4 40			5.00		
/	Face	Value of Ticke	et: \$	0.00		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided (o Agency. Al	ameda County	Fair		
	(D)					
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 (Last, First)	cial	Number of Tickets	101 B 3005 (19 B) 40 (19 B)	her the Distribution is be the Public Purpose		
		_				
· · · · · · · · · · · · · · · · · · ·						
4. Individual or Organization	an Deceluing Tie	kotio) (Deside			N	
		5 5 5		t of an agency official.)	
Name of Behesting Agency	Official: <u>Keith Cars</u>	on, Supervisc	or Fifth District			
Name of Individual or Organ				Nun	nber of Tickets: _	10
Description of Organization:			ocially respons	ible practices throug	h programs that	educate.
Description of Organization:						
Address of Organization: 25	530 San Pablo Ave	nue	Berkel	ey,	CA	94702
Nur	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 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 tickate act	orth abovo is is	a accordance wit	h the provisions of ED	PC Regulation 19	211 1
r nave determined that the distr	indition of tickets set i	orth above is if	accordance wit	n the provisions of PP	i o negulation ros	····

left	A	2	n
Signature of Agency	Mead	or De	signee

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST

Tickets Provided by		A Publi	ic Docume	ent	TICKETS	
Agency Report			Docum		I HAD DO DO DO DO DO	INCY REPOR
1. Agency Name				Date Stamp	California Form	802
COUNTY OF ALAMEDA	lan (free free back				For Official	and the second second
Division, Department, or Reg	ion (if applicable)					,
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612	1					
Area Code/Phone Number	E-mail			Amendment (M	ust explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org				
Agency Contact (name and title				Date of Original Fili	ng:(month, day, yea	ir)
Crystal Hishida Graff, Princ			or's Office			
2. Event For Which Tickets			54 8 23	5. 6.28		
Date(s) of Event:/_2	2 <u>3 / 10</u> Descr	iption of Even	t: <u>Alameda C</u>	ounty Fair		
07 , 1	11 <u>/ 10</u> Face	Value of Ticke	t S	5.00		
Agency Event 🛛 🗌 Yes	🗵 No (Identify so	ource of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided to	o Agency: Ala	meda County	Fair		
	20					
Not supply and the The backs. ID a subject of						
Number of Tickets Received	20	Ticket(s) Prov	ided to Agend	:y: 🔲 Gratuitously	/ ⊠ Pursuant t	o Contrac
		N 11	55- 		/ ⊠ Pursuant t	o Contrac
	iving Ticket(s) (us	N 11	n sheet for addi State Whe		s Income to the Offic	cial or
3. Agency Official(s) Receind	iving Ticket(s) (us	e a continuation	n sheet for addi State Whe	tional names) ther the Distribution i	s Income to the Offic	cial or
3. Agency Official(s) Receins Name of Official	iving Ticket(s) (us	e a continuation	n sheet for addi State Whe	tional names) ther the Distribution i	s Income to the Offic	cial or
3. Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial	e a continuation Number of Tickets	n sheet for addi State Whe Descr	tional names) ther the Distribution i be the Public Purpos	s Income to the Offi se for the Distributio	cial or
3. Agency Official(s) Receivant Name of Official (s) Receivant Name of Official (Last, First)	iving Ticket(s) (us cial on Receiving Ticl	e a continuation Number of Tickets ket(s) (Provide	n sheet for addi State Whe Descr	tional names) ther the Distribution i be the Public Purpos	s Income to the Offi se for the Distributio	cial or
 Agency Official(s) Receivant Structure Name of Official (clast, First) (Last, First) Individual or Organization Name of Behesting Agency 	iving Ticket(s) (us cial on Receiving Ticl Official: <u>Keith Carso</u>	e a continuation Number of Tickets ket(s) (Provide on, Supervisor	n sheet for addi State Whe Descr ed at the behes Fifth District	tional names) ther the Distribution is be the Public Purpos	s Income to the Offi se for the Distributio	cial or
Agency Official(s) Received and the second sec	iving Ticket(s) (us cial on Receiving Tick Official: <u>Keith Carso</u> nization: <u>East Bay K</u>	e a continuation Number of Tickets ket(s) (Provide on, Supervisor	n sheet for addi State Whe Descr ed at the behes Fifth District	tional names) ther the Distribution is be the Public Purpos	s Income to the Offic se for the Distribution	cial or n
 Agency Official(s) Receivant Structure Name of Official (clast, First) (Last, First) Individual or Organization Name of Behesting Agency 	iving Ticket(s) (us cial on Receiving Tick Official: <u>Keith Carso</u> nization: <u>East Bay K</u>	e a continuation Number of Tickets ket(s) (Provide on, Supervisor	n sheet for addi State Whe Descr ed at the behes Fifth District	tional names) ther the Distribution is be the Public Purpos	s Income to the Offic se for the Distribution	cial or n
Agency Official(s) Receins Name of Official(s) Receins Name of Official(s) Receins Name of Official(s) Receins Name of Description of Organization:	iving Ticket(s) (us cial on Receiving Tick Official: <u>Keith Carso</u> nization: <u>East Bay K</u>	e a continuation Number of Tickets ket(s) (Provide on, Supervisor	n sheet for addi State Whe Descr ed at the behes Fifth District	tional names) ther the Distribution is be the Public Purpos t of an agency officia	s Income to the Offic se for the Distribution	cial or n
3. Agency Official(s) Received States of Official (s) Received States of St	iving Ticket(s) (us cial on Receiving Tick Official: Keith Carso nization: East Bay K Senior services	e a continuation Number of Tickets ket(s) (Provide on, Supervisor	n sheet for addi State Whe Descr ed at the behes r Fifth District an Sr. Service	tional names) ther the Distribution is be the Public Purpos t of an agency officia	s Income to the Offic se for the Distribution al.)	20 94612
Agency Official(s) Receins Name of Official(s) Receins Name of Official(s) Receins Name of Official(s) Receins Name of Individual or Organization Name of Behesting Agency Name of Individual or Organization: Description of Organization: Address of Organization:	iving Ticket(s) (us cial on Receiving Tick Official: Keith Carso nization: East Bay K Senior services 723 Telegraph Ave. mber and Street	e a continuation Number of Tickets ket(s) (Provide on, Supervisor	n sheet for addi State Whe Descr ed at the behes Fifth District an Sr. Service Oakla	tional names) ther the Distribution in be the Public Purpos t of an agency officia es Ctr. Nu nd,	s Income to the Offic se for the Distribution al.) Imber of Tickets: _ CA	20 94612
 Agency Official(s) Receins Name of Official (class, First) Name of Official (class, First) Individual or Organization Name of Behesting Agency Name of Individual or Organization: Description of Organization: Address of Organization: 	iving Ticket(s) (us cial on Receiving Tick Official: Keith Carso nization: East Bay K Senior services 723 Telegraph Ave. mber and Street escribe the public purp	e a continuation Number of Tickets ket(s) (Provide on, Supervisor orean America	n sheet for addi State Whe Descr ed at the behes r Fifth District an Sr. Service Oakla ^{City}	tional names) ther the Distribution is be the Public Purpos t of an agency officia es Ctr. Nu nd,	s Income to the Offic se for the Distribution al.) Imber of Tickets: _ CA	cial or n

CRYSTAL HISHIDA GRAFF Signature of Agency Head & Designee

Print Name

PRINCIPAL ANALYST

Title

t TICKETS PROVIDED B
Date Stamp California Form 802 For Official Use Only
Amendment (Must explain in Part 5.) Date of Original Filing:(month, day, year)
unty Fair 5.00
air :
er the Distribution is Income to the Official or e the Public Purpose for the Distribution
of an agency official.)
d, CA 94610 State Zip Code ganization.)

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF

Print Name

month:

PRINCIPAL ANALYST

Title

Tickets Provided by		A Publ	ic Docume	ont	TICKETS F	
Agency Report		ATUM	ie bocume		And and an other days of the local days of the l	NCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	UUL
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					
(510) 272-3882	crystal.hishida@a	acaov.ora	i.	Amendment (Muste:	kplain in Part 5.)	
Agency Contact (name and title,		5 5		Date of Original Filing: .	(month, day, year	4
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		(month, day, year	9
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:06_/_2	3 / 09 Desc	ription of Ever	t. Oakland A's	s vs. San Francisco G	iants	
				40.00		
/	/ Face	Value of Ticke	et: \$			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticket	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oa</u>	kland A's			
Number of Tickets Received	2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	I 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 (Last, First)	na seren an san ser anna san san	Number of Tickets	State Whet	her the Distribution is Ind		53 FE 26
		UT TICKETS	Destin			
·						
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency	100	3 3 9				
Name of Individual or Organ	ization: Disability F	Rights Educati	on and Defens	e Fund Numb	er of Tickets: _	2
Description of Organization:	To advance the civ	vil and human	rights of peop	le with disabilities thro	ugh legal advo	cacy.
Address of Organization.	12 6th Street		Berkel	ey,	CA State	94710 Zip Code
			Σ		onne	Lip bode
Purpose for Distribution: (De	a da ana a ana	N AND AND AND AND		57		
To reward a school or nonp	rofit organization fo	r its contribution	ons to the com	imunity.		
5. Verification						
I have determined that the distr	ibution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 189	44.1.

Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

CRYSTAL HISHIDA GRAFF

Print Name

(month day, year)

PRINCIPAL ANALYST

Title

Tickets Provided by Agency Report	AI	Public Docume	ent		ROVIDED B
1. Agency Name			Date Stamp		
COUNTY OF ALAMEDA			Date Stamp	California Form	802
Division, Department, or Reg	ion (if applicable)		-	For Official U	the state of the local division of the local
1221 OAK STREET, #555					
Street Address			-		
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@acgov.or	a	Amendment (Must ex)	olain in Part 5,)	
Agency Contact (name and title		9	Date of Original Filing: _		
Crystal Hishida Graff, Princ		histrator's Office		(month, day, year,	2
2. Event For Which Tickets					
		. – . Alameda C	ountv Fair		
Date(s) of Event:06_/_2	<u>Description o</u>	f Event:	E 00		
	<u>1 / 10</u> Face Value o	f Ticket: \$	5.00		
Agency Event 🛛 Yes	🗵 No (Identify source o	f tickets below)			
CITAL CONTRACTOR C		C. NO 44 (1983) (1987) (1987) (1987)	Fair		
Name of Outside Source of	Ticket(s) Provided to Agend	y: Alameda County	1 ali		
Number of Tickets Received	: <u>10</u> Ticket(s	s) Provided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to	Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a cont	inuation sheet for add	itional names)		
Name of Offic (Last, First)	cial Num of Ticl	2 순간 M	ther the Distribution is Inc ibe the Public Purpose for		
				4	
4. Individual or Organizati	on Receiving Ticket(s)	Provided at the behes	st of an agency official.)		
Name of Behesting Agency	Official: <u>Keith Carson, Sup</u>	ervisor Fifth District			
Name of Individual or Organ				er of Tickets:	10
Description of Organization:					
				~	04000
1	300 San Pablo Avenue	Emery\ City		CA State	94608 Zip Code
Address of Organization:	nder and Street				
Address of Organization:		the distribution to the			
Address of Organization:	escribe the public purpose for		organization.)		

Job mit	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	6/23/1
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by		A Publ	ic Docum	ent		ROVIDED BY
Agency Report		Атаы	ie bocum	5 M A A		NCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official U	
Division, Department, or Reg	ion (if applicable)				For Official C	se Only
1221 OAK STREET, #555						
Street Address				1		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@a	cdov ord		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title		logov.org		Date of Original Filing	ı:	
2014년 1997년 - 1997년 1 1997년 - 1997년 19	76 - C	h. Administrati	or's Office		(month, day, year)
Crystal Hishida Graff, Princ			ors Office			
2. Event For Which Ticket			20. 10. 12			
Date(s) of Event: <u>06</u> /_2	23 <u> 10</u> Desc	ription of Even	nt: <u>Alameda C</u>	County Fair		
07 , *	11 <u>/ 10</u> Face	Value of Ticks	.+- œ	5.00		
/	Face	value of ficke	et. φ			
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticket	ts below.)			
에 대부 (한 M 영향) 800 다른가지는 이 제품에 지난해 있	(a) A set of the product of the set of th			/ Fair		
Name of Outside Source of	Ticket(s) Provided t	o Agency:	inioud obding			
Number of Tickets Received	j:10	Ticket(s) Prov	vided to Agen	cy: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for add	litional names)		
Name of Offi (Last, First)	cial	Number of Tickets		other the Distribution is I ribe the Public Purpose		
		OFFICKELS	Desc	nbe the rabile rapose		
÷						
4. Individual or Organizati	on Receiving Tic	:ket(s) (Provid	led at the behe	st of an agency official.)):	
Name of Behesting Agency	General Keith Cars	on, Superviso	r Fifth District			
Name of Behesting Agency	Official:					
Name of Individual or Organ	nization: Center for	Independent l	Living	Num	ber of Tickets: _	10
Description of Organization	supporting disable	d people in th	eir efforts to l	ead independent lives	3	
2	539 Telegraph Aver	nue	Berke	elev.	CA	94704
Address of Organization.	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	oscribe the public pu	pose for the dis	10111			
To reward a school or nonp	rotit organization fo	r its contribution	ons to the cor	mmunity.		
±						
5. Verification						
I have determined that the dist	ribution of tickets set i	forth above is in	accordance w	ith the provisions of FPI	PC Regulation 189	44.1.
LUG NA	CRYSTAL H	HISHIDA GRA	AFF PRI	NCIPAL ANALYST	60	22/10

Signature of Agency Handlor Designee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by	A Public D	ocumont	TICKETS PROVIDE
Agency Report	A Public D	ocument	AGENCY REI
1. Agency Name		Date S	
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		ent (Must explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org		ant (must explain int all exp
Agency Contact (name and title)	Date of Origi	nal Filing:
Crystal Hishida Graff, Princ	cipal Analyst, County Administrator's O	ffice	finanti, aaji jaali
2. Event For Which Ticket	s Were Distributed		
	23 / 10 Description of Event: Ala	imeda County Fair	
Date(s) of Event:/	/ Description of Event	5.00	
	11 / 10 Face Value of Ticket: \$ _	0.00	
Agency Event 🛛 Yes	X No (Identify source of tickets belo	ow.)	
a service and the service service services		57.17.4 2 .	
Name of Outside Source of	Ticket(s) Provided to Agency: Alameda		
Number of Tickets Received	d:10 Ticket(s) Provided	to Agency: 🛛 Gratu	tously
3. Agency Official(s) Rece	iving Ticket(s) (use a continuation shee	et for additional names)	
Name of Offi (Last, First)	71711 D.171717777		ution is Income to the Official or Purpose for the Distribution
			1
一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	on Receiving Ticket(s) (Provided at 1		official.)
Name of Behesting Agency	Official: Keith Carson, Supervisor Fifth	District	
			Number of Tickets: 10
Name of Individual or Orgar	nization: Catholic Charities of the East		Number of Tickets:10
Name of Individual or Orgar	nization: Catholic Charities of the East		Number of Tickets:10
Name of Individual or Orgar Description of Organization:	multi-service nonprofit Human Service	es agency	Number of Tickets:10
Name of Individual or Organ Description of Organization: Address of Organization: 4			
Name of Individual or Organ Description of Organization: Address of Organization: 4: Nu	Multi-service nonprofit Human Service	os agency Oakland, _{City}	CA 946
Name of Individual or Organ Description of Organization: Address of Organization: 4: Nu Purpose for Distribution: (D	33 Jefferson Street	Oakland, City on to the organization.)	CA 946

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agency Head or Besignee Title

Print Name

month; day, year,

1. Agency Name				AGI	PROVIDED B
			Date Stamp	California	802
COUNTY OF ALAMEDA				Form For Official	AL
Division, Department, or Region (if applicable)				For Official	Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must e	xplain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov.org					
Agency Contact (name and title)			Date of Original Filing:	(month, day, yea	a <i>r)</i>
Crystal Hishida Graff, Principal Analyst, County Administrator's Office					
2. Event For Which Tickets Were Distribu					
Date(s) of Event: <u>06 / 23 / 10</u> Des	scription of Even	nt: Alameda C	County Fair		
07 <u>, 11 , 10</u> Fac					
// Fac	e value of licke	et: ֆ			
Agency Event 🛛 Yes 🗵 No (Identify	source of ticket	s below.)			
Name of Outside Source of Ticket(s) Provided	d to Agency. Ala	meda County	y Fair		
	a to Agency.				
Number of Tickets Received: <u>10</u>	Ticket(s) Prov	ided to Agen	cy: 🔲 Gratuitously	🗵 Pursuant t	o Contrac
					_
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	n sheet for add	ditional names)		
Name of Official (Last, First)	Number	그는 것은 한 것을 수 있는 것을 하는 것을 하는 것을 하는 것을 수 있다.	other the Distribution is In		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(100)	of Tickets	Desc	ribe the Public Purpose f	or the Distributio	<u>n</u>
				_	
				4	
Individual or Organization Receiving T	icket(s) (Provid	ed at the behe	st of an agency official.)		
- Keith Ca	rean Supervisa	r Fifth District			
Name of Behesting Agency Official: Keith Ca	rson, oupervisor				
Name of Individual or Organization: <u>Cambod</u>	ian Community I	Development	Inc. Numb	er of Tickets: _	10
Description of Organization: Promote the dev	elopment, empo	owerment, an	d quality of life for Can	nbodian Americ	cans.
Address of Organization, 1900 Fruitvale Ave.	., Ste. 3B	Oakla		CA	94601
Address of Organization,		City	1	State	Zip Code
Address of Organization: Number and Street		Chester Disarrh Linder Alson	New York Concerning of the State		
Address of Organization,	urpose for the dis	tribution to the	organization.)		
Number and Street	un ll'ann anns anns				

Print Name

Signature of Agency Head or Designee

Title

Ø

(month, day, year)

Tickets Provided by					TICKETS	
Agency Report		A Pub	lic Docume	ent		NCY REPOR
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	ion (if applicable)				For Official I	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			—		
(510) 272-3882	crystal.hishida@a	caov.ora		Amendment (Muster	xplain in Part 5.)	
Agency Contact (name and title,		-99		Date of Original Filing: .	(month, day, yea	4
Crystal Hishida Graff, Princ	ipal Analyst, Count	v Administra	tor's Office		(month, day, yea	0
2. Event For Which Tickets		·				
Date(s) of Event:06_/_2			, Alameda C	ounty Fair		
	<u>1 / 10</u> Face Y	Value of Tick	et: \$	5.00		
Agency Event 🛛 🗌 Yes	区 No (Identify so	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided to	Agency: Al	ameda County	Fair		
Number of Tickets Received	:10	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant to	o Contract
2 Anonov Official(a) Deca				Same and the second		
3. Agency Official(s) Recei		er en a constante de la constante	en en el solo de la constante d	e manifest e esta anna esta -		
Name of Offic (Last, First)	lal	Number of Tickets		her the Distribution is Ind be the Public Purpose fo		
		or nonoto				
4. Individual or Organization	on Receiving Tic	ket(s) (Provi	ded at the behes	t of an agency official.)		
Name of Behesting Agency	General Keith Carso	on, Superviso	or Fifth District			
Name of Individual or Organ	ization. Building Op	portunities f	or Self Sufficier	ncy Numb	er of Tickets: _	10
Description of Organization:	Helping homeless,	poor and dis	sabled people in	n our community of Ala	ameda County.	·
20	65 Kittredge Street,	Suite E	Berkele	/	CA	94704
Address of Ordanization	ber and Street		City	14	State	Zip Code
Durnage for Distributions (D	and the state of the training		1			
Purpose for Distribution: (De				- 7		
To reward a school or nonp	ofit organization for	tts contribut	ions to the com	munity.		
5. Verification	<u></u>	3 <u>1</u> 2 10 10	551 00	1 12 I I MESOT	2 <u>15</u> 2 72 - 1344	51578-VA
I have determined that the distr	ibution of tickets set fo	orth above is in	n accordance wit	h the provisions of FPPC	Regulation 189	44.1.



CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

(month, day, year

1

Tickets Provided by					
Agency Report	A Publ	ic Docume	nt		ROVIDED BY
1. Agency Name			Date Stamp	California	000
COUNTY OF ALAMEDA			in an an ann an an ann an ann an ann an tha	Form	802
Division, Department, or Region (iii	applicable)			For Official U	se Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-m	ail		Amendment (Must ex	plain in Part 5.)	
(510) 272-3882 crys	stal.hishida@acgov.org				
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal A		or's Office			
2. Event For Which Tickets We					
Date(s) of Event: <u>06 / 23 /</u>	10 Description of Ever	nt: Alameda Co	ounty Fair		
07 / 11 /	10 Face Value of Ticke	et: \$	5.00		
	No (Identify source of ticke	5			
Name of Outside Source of Ticke	t(s) Provided to Agency: Ala	ameda County	Fair		
Number of Tickets Received:	10 Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for addit	tional names)		
Name of Official	Number	State Whet	her the Distribution is Inc	come to the Offici	ial or
(Last, First)	of Tickets	Descri	be the Public Purpose fo	r the Distribution	
		Annual Contractory and an oral			
4. Individual or Organization R			t of an agency official.)		
Name of Behesting Agency Offic	, Keith Carson, Superviso	or Fifth District			
Name of Benesting Agency Offic	al				
Name of Individual or Organization	, Bonita House		Numb	er of Tickets:	10
Name of Individual of Organizatio	20.				2
Description of Organization: Ser	ving people recovering from	psychiatric and	d substance use disord	ders.	
					94709
Address of Organization:	onita Avenue	Berkel	ey,	CA	Carl and the second
Number a	nd Street	City		State	Zip Code
Purpose for Distribution: (Descrit	e the public purpose for the dis	stribution to the c	organization.)		
To reward a school or nonprofit	organization for its contributi	ions to the com	munity.		
		and a second second			
5. Verification					
I have determined that the distribution	n of tickets set forth above is ir	n accordance wit	h the provisions of FPPC	CRegulation 189	44.1.
- 11 1					1
10 mm	CRYSTAL HISHIDA GRA	AFF PRIN	Title		3/10 day, year)
Signature of Agency Head or Designee	Print Name		1100	CHIONIA	, yuy, year

Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name		717 46		Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			Nario Sun de la Color d'Arabitan
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ		 Trade a personal or a series of the series of	or's Office		
2. Event For Which Tickets			-		
Date(s) of Event:/_1	<u>9 / 10</u> Desc	ription of Eve	nt: James Tayl	or	
/			et: \$	128.00	
Agency Event	🗵 No (Identify s	ource of ticke	ets below.)		
			www.	rriors	
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	i ving Ticket(s) (u	se a continuatio			
Name of Offic (Last, First)	sial	Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
2					
4. Individual or Organization	and the second se			t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitl	ker, District 3		
Name of Individual or Organ				Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		nose for the di	stribution to the c	organization)	
To promote attendance at a					from concession sales
To promote attendance at a	n event neid at a C	ounty facility	in order to max	anize County revenue	TOTI COncession sales
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
lott ann		HISHIDA GRA		ICIPAL ANALYST	6130/10
Signature of Agency Read or Design	.ee	Print Name		Title	(month day, year)
Comment: (Use this space or a	n attachment for any add	ditional informatio	on including amend	dment explanation.)	

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROV	
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	I COMPANY NO	02
Division, Department, or Reg	ion (if applicable)				For Onicial Use C	July
Street Address						
1221 OAK STREET, #555, Area Code/Phone Number	E-mail	512				
(510) 272-3882	crystal.hishida@a	caov.ora		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title		ogov.org		Date of Original Filing:	(month, day, year)	2
Crystal Hishida Graff, Princ		y Administrato	r's Office		(month, day, year)	
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event:07_/_0	05 <u>/ 10</u> Desc	ription of Even	t: Oakland A's	s Game		
		Value of Ticke		40.00		
Agency Event	🗵 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	kland Athletics	3		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to C	ontract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Offic (Last, First)	cial	Number		her the Distribution is In be the Public Purpose		or
(Lasi, Filsi)		of Tickets	Descri	be the Fublic Fulpose	Ior 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: Ouperviser	The Ear Day	Biblind B			
Name of Individual or Orgar	hization: Lil' Arneric	h		Num	ber of Tickets:	2
Description of Organization:						
Address of Organization:	mber and Street		City		State 2	Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the o	organization.)		
To reward a community vol	unteer for his or her	service to the	e public	10 I I I I I I I I I I I I I I I I I I I		
•						
5. Verification						
I have determined that the dist	ribution of tickets set f	orth above is in	accordance wit	h the provisions of FPF		Ger 124
1st and	CRYSTAL H	ISHIDA GRA	FF PRIN	ICIPAL ANALYST	6130	110

Signature of Agency Head or Designee CRYSTAL

FININ 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 Pub	lic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		C	Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKI	AND, 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	endment <i>(Must ex</i> Original Filing: -	
2. Event For Which Tickets We Date(s) of Event://///////	Poistributed Description of Eve Face Value of Tick No (Identify source of ticke (s) Provided to Agency: O	nt: <u>Oakland A's Game</u> et: \$85.00 ets below.)	Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for additional na	mes)	
Name of Official (Last, First)	Number of Tickets			come to the Official or or the Distribution
Briones, Ruben	4	To reward a County	employee for h	nis exemplary service
 Individual or Organization Revealed Name of Behesting Agency Official Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Description) 	al: <u>Supervisor Alice Lai-Bit</u>	ker, District 3 City stribution to the organizat	Numbo	er of Tickets:
To reward a County employee for	his or her exemplary serv	ice to the the public or	to encourage s	staff development
5. Verification I have determined that the distribution	of tickets set forth above is i	n accordance with the pro	visions of FPPC	C Regulation 18944.1.
Signature of Agency Read or Designee Comment: (Use this space or an attack	CRYSTAL HISHIDA GRA Print Name		Title	(mbnih, day, year)

Tickets Provided by Agency Report		A Public	c Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002 For Official Use Only
Division, Department, or Reg	jion (if applicable)				For Onicial Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title	9)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst, County	y Administrator	's Office		
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:/_	05 / 10 Desci	ription of Event	Oakland A'	s Game	
Date(3) of Event/				85.00	
	Face	Value of Ticket	: ֆ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oak	and Athletics	5	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation	sheet for addi	tional names)	
Name of Offi	cial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descr	be the Public Purpose for	or the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	d at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	Alice Lai-Bitke	er, District 3		
				NI	er of Tickets: <u>8</u>
Name of Individual or Organ	nization:	3			er of Tickets:
Description of Organization	l				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		pose for the dist	ribution to the	organization.)	
To promote attendance at a					from concession sales
To promote attendance at a	a county facility eve		aximize pore	That obtainly foronao	
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in a	accordance wi	h the provisions of FPP	C Regulation 18944.1.
11/1 11/1					01.10
Signature of Agency Head or Desig	WHEN THE ADDRESS TO WARDEN TO	HISHIDA GRAF		ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or a			including omon		Construction of the second

Tickets Provided by Agency Report A Public Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed	☐ Amendment <i>(Must exp</i> Date of Original Filing:	alatati Patri
Date(s) of Event: <u>07 / 23 / 10</u> Description of Event: <u>Aerosmith</u>		⊠ Pursuant to Contrac
	tional names) her the Distribution is Inco be the Public Purpose for	
 Individual or Organization Receiving Ticket(s) (Provided at the behas Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley</u> Name of Individual or Organization: <u>Karissa and Courtney Haubert</u> Description of Organization: 	y, District 4	r of Tickets:2
Address of Organization: Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization) To reward a student for outstanding scholastic achievement	organization.)	State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance wit CRYSTAL HISHIDA GRAFF PRIN Standure of Accept Headfor Designee	h the provisions of FPPC . ICIPAL ANALYST Title	Regulation 18944.1.

Tickets Provided by Agency Report	A Public	Document	TICKETS PROVIDED BY
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			Ú.
Area Code/Phone Number E-mail		C Amount and	
(510) 272-3882 crystal	hishida@acgov.org	Amendment (Mu.	st explain in Part 5.)
Agency Contact (name and title)	0.0.0	Date of Original Filin	g:(month, day, year)
Crystal Hishida Graff, Principal Ana	vst, County Administrator	's Office	(month, day, year)
2. Event For Which Tickets Were			
Date(s) of Event: 07 _/09 _/10		Baseball Game	
		10.00	
///	— Face Value of Ticket:	\$	
Agency Event 🔲 Yes 🖾 No	(Identify source of tickets	below)	
	1993 Street Street and Street St	1.1217.1444.1466.21	
Name of Outside Source of Ticket(s)	Provided to Agency:	and Athletics	
Number of Tickets Received: 2	Ticket(s) Provid	ded to Agency: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ti	:ket(s) (use a continuation	sheet for additional names)	
Name of Official	Number	State Whether the Distribution is	
(Last, First)	of Tickets	Describe the Public Purpose	e for the Distribution
4. Individual or Organization Rec	iving Ticket(s) (Provider	t at the behest of an agency official	3
	영상 가지 않는 소설을 하는 것 같아요. 지난 영상 가지? 것이	그는 것 가슴에서 다양 것을 것 같아. 여행 방법에서 귀찮음에 비슷해. 가슴이 있는데?	.,
Name of Behesting Agency Official:	Alameda County Supervise	or Nate Miley, District 4	
			2
Name of Individual or Organization:	Savia and Michele Hauser	Nur	mber of Tickets:2
Description of Organization:			
Address of Organization			
Address of Organization:	aet	City	State Zip Code
Purpose for Distribution: (Describe the	e public purpose for the distri	bution to the organization.)	
To promote attendance at an event	eld at a County facility in	order to maximize potential Cou	nty revenue from parking
5. Verification			
I have determined that the distribution of	tickets set forth above is in a	ccordance with the provisions of FF	PC Regulation 18944.1.
pattered a	RYSTAL HISHIDA GRAFF	F PRINCIPAL ANALYST	6/20/1X
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachme	nt for any additional information i	including amendment explanation.)	

and concession sales - PLAZA SEATS

Tickets Provided by		A Publi	ic Docume		TICKETS PROVIDED BY
Agency Report		A Publi	ic Docume	int	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			D • • • •	
(510) 272-3882	crystal.hishida@a	acdov ord		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		logotiong		Date of Original Filing: _	·/·····
Crystal Hishida Graff, Princ		ty Administrate	or's Office		(month, day, year)
And a second					
2. Event For Which Ticket			Resoball C	2000	
Date(s) of Event: <u>08</u> /_1	18 / 10 Desc	ription of Even	t:		
/	/ Face	Value of Ticke	t: \$	1,700	
	E No (Identifica		- halow)		
Agency Event 🛛 Yes	🗵 No (Identify s		2011 C 2012 C 2012 C 2010 C 2010 C 1		
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oa</u>	kland Athletics	5	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece			n aboat far addi	tional namos)	
	<u> </u>			a standing and	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	그렇게 제공을 가지 않는 것을 많은 것을 많이 있는 것을 많이 많다.
		OTTICKETS	Deach	be the rubic rupose to	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)	
	Alameda (County Supervi	isor Nate Miley	v District 4	
Name of Behesting Agency	Official:	Sounty Supervi	ISOI IVALE IVIILE	y, District 4	
Name of Individual or Orgar	Bartell Chi	Idcare & Learn	nina Center	×******	an of Tickota, 20
				Numbe	er of Tickets: 20
Description of Organization:	Support for Oaklar	nd low income	families		
Decemption of organization.					
Address of Organization: 2	168 Vicksburg Ave	- Oakland 9460	01		
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dist	tribution to the c	organization.)	
To reward a non-profit for it					
To reward a non-pront for it		commanity			
5. Verification					
I have determined that the distr	ribution of tickets col (forth above is in	accordance wit	h the provisions of EDDC	Regulation 18044 1
nave determined that the disti					
18 and		HISHIDA GRAI	FF PRIN	ICIPAL ANALYST	6/30/10
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad-	ditional information	n including amend	dment explanation.)	

Tickets Provided by Agency Report A Public Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Amendment <i>(Must explai</i> Date of Original Filing:	in in Part 5.) (month, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event:	1,700s	Pursuant to Contract
	tional names) ther the Distribution is Incom be the Public Purpose for th	
4. Individual or Organization Receiving Ticket(s) (Provided at the behas Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miles</u> Name of Individual or Organization: <u>Women on the Way to Recovery</u> Description of Organization: <u>Programs for women to prevent recidivism</u>	y, District 4	of Tickets: <u>20</u>
Address of Organization: 20424 Haviland Avenue - Hayward, CA 94541 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	organization.)	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 or Designee Print Name	th the provisions of FPPC Re ICIPAL ANALYST Title	egulation 18944.1.

3 parking passes

Tickets Provided by Agency Report	A Public Docur	nent	TICKETS PROVIDED B
1. Agency Name			AGENCY REPOR
COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region (if applicable)			For Official Use Only
지방 가지 않는 것은 것에서 그 같은 것 같은 것이 있다. 것은 것이 같은 것이 가지 않는 것 않는 것 않는 것 않는 것 같은 것은 것이 있었다. 것은 것을 가지 않는 것을 가지 않는 것이 있다. 것이 있다. 것이 있는 것이 있다. 것이 같이 있다. 것이 없다. 것이 있다. 것이 있다. 것이 없다.			CONSIGNER - SALENAR CONSIGNATION CONTRACTOR
1221 OAK STREET, #555 Street Address		_	
OAKLAND, CA 94612 Area Code/Phone Number E-mail			
		Amendment (Must et	xplain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org	Data of Original Filing	
Agency Contact (name and title)		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	NAME AND TRANSPORTATION AND A DESCRIPTION OF A DESCRIPTIO		
2. Event For Which Tickets Were Distribut			
Date(s) of Event:07 2410 Desc	cription of Event: Shankar	Ehsaan Loy Concert	
	Value of Ticket: \$		
Agency Event Yes No (Identify:	source of tickets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Golden State V	Warrirors	
Number of Tickets Received:4	Ticket(s) Provided to Age	ncy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (L	use a continuation sheet for a	dditional names)	
Name of Official (Last, First)		hether the Distribution is Ind scribe the Public Purpose for	
4. Individual or Organization Receiving Tie			
Name of Behesting Agency Official: Alameda	County Supervisor Nate M	iley, District 4	
Name of Individual or Organization: <u>Ankita, Ar</u>	neesha, Anju, and Kishor E	Desai Numb	er of Tickets:4
Description of Organization:			
Address of Organization:	c	sity	State Zip Code
Purpose for Distribution: (Describe the public pu	rpose for the distribution to th	e organization.)	
To reward a community volunteer for their service	nenanna an san tearrait an seach an seachadh an seachadh		
5. Verification			
		n on an	
I have determined that the distribution of tickets set			
	torth above is in accordance	with the provisions of FPPC	Regulation 18944.1.

Tickets Provided by Agency Report A Public Docu	iment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	Date Stamp	
COUNTY OF ALAMEDA	19	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		alata la Dad E A
(510) 272-3882 crystal.hishida@acgov.org	Amendment (Must ex	plain in Part 5.)
Agency Contact (name and tille)	Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	146 SAK	(momin, day, year)
2. Event For Which Tickets Were Distributed		
Date(s) of Event:	Taylor/Carole King	
	100.00	
/ Face Value of Ticket: \$	120.00	
Agency Event Yes X No (Identify source of tickets below.)	220 2	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State	e Warrirors	
Number of Tickets Received:2 Ticket(s) Provided to Ag	gency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for	additional names)	
	Whether the Distribution is Inc escribe the Public Purpose fo	지 않는 것은 것같은 것 같은 것 같은 것이 같은 것이 같은 것이 같다.
4. Individual or Organization Receiving Ticket(s) (Provided at the be		
Name of Behesting Agency Official: Alameda County Supervisor Nate	Miley, District 4	
Name of Individual or Organization: Patricia Brooks & Teag Murdock		er of Tickets: <u>2</u>
Description of Organization:		
Address of Organization:	City	Slate Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to	the organization.)	
To reward a community volunteer for their service to the public.		
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance	e with the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF Frint Name	PRINCIPAL ANALYST	(morfth, day, year)

Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

I. Agency Name				Date Stamp	California	NCY REPO
COUNTY OF ALAMEDA				Bate otamp	Form	802
Division, Department, or Reg	ion (if applicable)			-	For Official U	lse Only
1221 OAK STREET, #555	prote day. Internation control					
Street Address				-		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail				evelois is Ded E)	
(510) 272-3882	crystal.hishida@ac	gov.org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title)			Date of Original Filing	:(month, day, year	1
Crystal Hishida Graff, Princ	ipal Analyst, County	Administrat	or's Office		(
. Event For Which Tickets	s Were Distributed	d				
Date(s) of Event:/_1	9 / 10 Descrit	ption of Ever	nt: James Tay	lor/Carole King		
/		alue of Ticke		128.00		
	Face v	alue of ficke	ει. φ			
Agency Event 🛛 Yes	🗵 No (Identify so	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided to	Agency: Go	olden State Wa	arrirors		
Number of Tickets Received	:	Ficket(s) Prov	vided to Agene	cy: 🔲 Gratuitously	Pursuant to	o Contr
. Agency Official(s) Recei						
	iving neker(s) (use		in chect for add	Honol nomon)		
	del 1				nanna ta tha Offic	lal as
Name of Offic (Last, First)	cial	Number of Tickets	State Whe	ther the Distribution is I		
	cial	Number	State Whe			
	sial	Number	State Whe	ther the Distribution is I		
	cial	Number	State Whe	ther the Distribution is I		
		Number	State Whe	ther the Distribution is I		
		Number	State Whe	ther the Distribution is I		
(Last, First)		Number of Tickets	State Whe Descr	ther the Distribution is l ibe the Public Purpose	for the Distribution	
(Last, First)	on Receiving Tick	Number of Tickets cet(s) (Provid	State Whe Descr	ther the Distribution is li ibe the Public Purpose st of an agency official.)	for the Distribution	
(Last, First)	on Receiving Tick	Number of Tickets cet(s) (Provid	State Whe Descr	ther the Distribution is li ibe the Public Purpose st of an agency official.)	for the Distribution	
(Last, First) . Individual or Organization Name of Behesting Agency	on Receiving Tick Official: <u>Alameda</u> Co	Number of Tickets cet(s) (Provid bunty Superv	State Whe Descr led at the behe isor Nate Mile	ther the Distribution is li ibe the Public Purpose st of an agency official.) ay, District 4	for the Distribution	
(Last, First)	on Receiving Tick Official: <u>Alameda</u> Co	Number of Tickets cet(s) (Provid bunty Superv	State Whe Descr led at the behe isor Nate Mile	ther the Distribution is li ibe the Public Purpose st of an agency official.) ay, District 4	for the Distribution	
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Jim and Ma</u>	Number of Tickets (Provid bunty Superv ry Lou Eggin	State Whe Descr ded at the behes risor Nate Mile	ther the Distribution is li ibe the Public Purpose st of an agency official.) ey, District 4	for the Distribution	
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Jim and Ma</u>	Number of Tickets (Provid bunty Superv ry Lou Eggin	State Whe Descr ded at the behes risor Nate Mile	ther the Distribution is li ibe the Public Purpose st of an agency official.) ey, District 4	for the Distribution	
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Jim and Ma</u>	Number of Tickets (Provid bunty Superv ry Lou Eggin	State Whe Descr ded at the behes risor Nate Mile	ther the Distribution is li ibe the Public Purpose st of an agency official.) ey, District 4	for the Distribution	
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Jim and Ma</u>	Number of Tickets (Provid bunty Superv ry Lou Eggin	State Whe Descr ded at the behes risor Nate Mile	ther the Distribution is li ibe the Public Purpose at of an agency official.) by, District 4 Num	for the Distribution	2
(Last, First)	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Jim and Man</u>	Number of Tickets cet(s) (Provid bunty Superv ry Lou Eggin	State Whe Descr Jed at the behe risor Nate Mile nan	ther the Distribution is li ibe the Public Purpose st of an agency official.) by, District 4 Num	for the Distribution	2
(Last, First) . Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	on Receiving Tick Official: <u>Alameda Co</u> nization: <u>Jim and Man</u> mber and Street escribe the public purp	Number of Tickets	State Whe Descr led at the behes risor Nate Mile nan City	ther the Distribution is li ibe the Public Purpose st of an agency official.) by, District 4 Num	for the Distribution	

Signature of Agency Head of Designee

21

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST

(month, day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form For Official U	802
Area Code/Phone NumberE-mail(510) 272-3882crystal.hishida@Agency Contact (name and title)Crystal Hishida Graff, Principal Analyst, Court	nty Administrate	or's Office	☐ Amendment (Musi Date of Original Filing)
2. Event For Which Tickets Were Distribut Date(s) of Event: <u>07 / 17 / 10</u> Des / Face Agency Event □ Yes ⊠ No (Identify Name of Outside Source of Ticket(s) Provided Number of Tickets Received: <u>1</u>	cription of Ever e Value of Ticke source of ticke to Agency: <u>Go</u>	et: \$ ts below.) olden State Wa	146.00	⊠ Pursuant to	o Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuatio Number of Tickets	State Whet	tional names) her the Distribution is be the Public Purpose		
Purpose for Distribution: (Describe the public pu	County Superv kinson	risor Nate Mile City	y, District 4 Num) nber of Tickets: State	1 Zip Code
To reward a community volunteer for his servi 5. Verification <i>I have determined that the distribution of tickets set</i>	forth above is in	accordance wit		PC Regulation 189	44.1.

Signature of Agency Aled or Designee CRYSTAL HISHIDA GRAFF
Print Name

PRINCIPAL ANALYST Title

(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	A WEAR AND A REAL AND A
COUNTY OF ALAMEDA				1000 COLOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	Form 802
Division, Department, or Regi	on (if applicable)			-	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail				
(510) 272-3882	crystal.hishida@a	caoy ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)		ogov.org		Date of Original Filing:	
Crystal Hishida Graff, Princi		v Administrat	or's Office	6 6	(month, day, year)
2. Event For Which Tickets		 A substant share a substant sub- stant substant subst			
			Justin Bieb	er	
Date(s) of Event: <u>07</u> / <u>1</u>	<u>/</u> Desci	ription of Ever	nt:		
/	/ Face	Value of Ticke	et: \$	146.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	licket(s) Provided t	o Agency: Go	olden State Wa	arrirors	
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 ibe the Public Purpose f	
	7				
					κ
4. Individual or Organizatio	CANE THE ALL REPORT OF A DURING STREET, AND A	a constante constante de la constante de			
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	isor Nate Mile	ey, District 4	
Name of Individual or Organ					per of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the	organization.)	
To reward a student for outs	tanding scholastic	achievement.	ender er onder der er e		
5. Verification					
I have determined that the distri	bution of tickets set f	orth above is in	accordance wi	th the provisions of FPP	C Regulation 18944 1
	2 2				
Signature of Agency Head or Design	and a second state of the second s	HISHIDA GRA	PRI	Title	(month, day, year)

Tickets Provided by		A Publi	c Docume	ant	TICKETS PROVIDED BY
Agency Report		Arubi	c Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)			1	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	ecov ord		Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title		legov.org		Date of Original Filing: .	
Control of the control of the transformer of the second state of the second state of the		tu Administrata	ria Office		(month, day, year)
Crystal Hishida Graff, Princ		54	r's Office		
2. Event For Which Tickets					
Date(s) of Event:07_/_2	1 <u>1</u> 0 Desc	ription of Event	: Baseball Ga	ame	
/		Value of Ticket		40.00	
	1200	value of ficket			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Oak	kland Athletics	S	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	vina Ticket(s) (u	se a continuation	shoet for addi	tional names)	
Name of Offic (Last, First)	lai	Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
(OFFICKETS	Descri	be the Fublic Fulpose to	
		1 1			
•					
4. Individual or Organization	on Receiving Tic	ket(s) (Provide	d at the behes	t of an agency official)	
그는 법법이 가지 않는 가지가 하는 것 것이 잘 말까지 아름다가 하는다.					8
Name of Behesting Agency	Official: Alameda C	County Supervis	sor Nate Mile	y, District 4	
					2
Name of Individual or Organ	ization: United Ser	nors of Oakland	d & Alameda	County Number	er of Tickets: <u>2</u>
Description of Organization:	Senior Advocacy				
	200 Bancroft Ave, S	to 179 Ookla			8
Address of Organization:	mber and Street	ste 176 - Oakiai			State Zip Code
Nur	nder and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dist	ribution to the c	organization.)	
To promote health, motivate	and provide expar	nded opportuni	ties to vulnera	able populations in the	County such as the
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in a	accordance wit	h the provisions of FPPC	Regulation 18944.1.
11/2 -				1992 Color V - State State State State	na na tanàna mandritra dia 1930. Sa 1930 - Sa
los and		HISHIDA GRAF	-F PRIN	ICIPAL ANALYST	6/30/10
Signature of Agency Head or Design		Print Name		Title	(month, dãy, year)
Comment: (Use this space or a	n attachment for any add	ditional information	including amend	dment explanation.)	

disabled, underprivileged, seniors and youth in foster care - PLAZA SEATS

Tickets Provided by Agency Report		A Public Docun	nent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			Duto otamp	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-n	nail			
(510) 272-3882 cry	/stal.hishida@acgov	/.org	Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)	0.3		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Ad	Iministrator's Office		(monun, day, year)
2. Event For Which Tickets W	the second s			
Date(s) of Event: <u>08</u> 07		n of Event. Baseball	Game	
			40.00	······································
//	— Face Value	e of Ticket: \$		
Agency Event 🛛 Yes 🛛	No (Identify source	e of tickets below.)		
Name of Outside Source of Tick	et(s) Provided to Aa	ency. Oakland Athlet	tics	
Number of Tickets Received:	Tick	et(s) Provided to Age	ency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a c	continuation sheet for a	dditional names)	
Name of Official (Last, First)			hether the Distribution is Inc scribe the Public Purpose for	
(Last) i nov	0	Tickets Des		
4. Individual or Organization F	Receiving Ticket(s) (Provided at the beh	nest of an agency official.)	
Name of Behesting Agency Offic	cial: Alameda Count	ly Supervisor Nate w	iley, District 4	
Name of Individual or Organizati	ion: United Seniors	of Oakland & Alamed	da County Numbe	er of Tickets: 2
Description of Organization: <u>Ser</u>	nior Advocacy			
Address of Organization.	Bancroft Ave, Ste 17 and Street	78 - Oakland, CA 946 c	SO5	State Zip Code
Purpose for Distribution: (Descri	be the public purpose	for the distribution to th	e organization.)	
To promote health, motivate and				County such as the
	, superior			
5. Verification				
I have determined that the distribution	on of tickets set forth a	above is in accordance	with the provisions of FPPC	Regulation 18944.1.
eltra sol	CRYSTAL HISH		RINCIPAL ANALYST	1.1.10
Signature of Agency Jead or Designee	Print N		Title	(month, day, year)

disabled, underprivileged, seniors and youth in foster care - PLAZA SEATS

Tickets Provided by Agency Report	Public Document
Agency Neport 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 (510) 272-3882 Crystal.hishida@acgov. Agency Contact (name and title)	Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Adr 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 10 / 10 Description / Face Value Agency Event Yes No (Identify source Name of Outside Source of Ticket(s) Provided to Age Number of Tickets Received: 2	f Event: Baseball Game f Ticket: \$40.00 f tickets below.)
· · · · · · · · · · · · · · · · · · ·	ber State Whether the Distribution is Income to the Official or kets Describe the Public Purpose for the Distribution
 Individual or Organization Receiving Ticket(son Name of Behesting Agency Official: <u>Alameda Counter</u> Name of Individual or Organization: <u>United Seniors of Description of Organization</u>: <u>Senior Advocacy</u> Address of Organization: <u>7200 Bancroft Ave, Ste 17</u> Number and Street Purpose for Distribution: (Describe the public purpose for Distribution) 	Supervisor Nate Miley, District 4 Oakland & Alameda County Number of Tickets: 2 Oakland, CA 94605 City State Zip Code
5. Verification I have determined that the distribution of tickets set forth a Signature of Agency Heat or Designee CRYSTAL HISHI Print Na	

disabled, underprivileged, seniors and youth in foster care - PLAZA SEATS

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 Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 07 / 10 / 06 / 07 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 08 / 10 / 06 / 06 / 06 / 06 / 06 / 06 / 06	Iment <i>(Must explain</i> iginal Filing:(n ngeles Angels	For Official Use	
(510) 272-3882 crystal.hishida@acgov.org Date of Or Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Or 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 07 / 10 / 00 / 00 / 00 / 00 / 00 / 00	iginal Filing:(n ngeles Angels	nonth, day, year)	
Date(s) of Event: 06 / 07 / 10 / 10 / 10 / 10 / 10 / 10 / 10		Pursuant to C	
Name of Official (Last, First) Number of Tickets State Whether the Dis Describe the Public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an ager			Jontrac
가슴에서 승규가 많이 잘 가슴을 다 가슴을 다 가지 않는다. 이는 것 같은 것이 있는 것 같은 것이 있는 것은 것이 있는 것이 것 같아요. 이는 것 같아요. 이는 것 같아요. 이는 것 같아요. 이는 것 같은 것에 같은 것이 같아요. 이는 것은 것은 것이 있는 것 같아요. 이는 것 같아요. 이는 것은 것이 있는 것은 것이 같아요. 이는 것 같아요. 이는 것 같아요. 이는 것 같아요. 이는 것 같아요.	ribution is Income		l or
Name of Individual or Organization: <u>Jenny Noyce</u> -Girls Inc. Description of Organization: <u>Inspire all girls to be strong smart and bold.</u>	cy official.) Number of	Tickets:	4
Address of Organization: 13666 East 14th Street San Leandro, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization To reward a school or nonprofit organization for its contributions to the community.			94578 Zip Code

CHAMM	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	6/4/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Public Doc	ument	TICKETS PROVIDED B
1. Agency Name			Date Stamp	AGENCY REPOR
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		1	
	1 2 9 5 1 0 0 0 m	COOV OF O	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, Princ		w Administrator's Office		(month, day, year)
the second se	A design of the second se			
2. Event For Which Tickets			all Game	
Date(s) of Event: <u>07</u> / <u>2</u>	Desci	ription of Event:		
/	/ Face	Value of Ticket: \$	40.00	
Agency Event	V No (Identify s	ource of tickets below.)		
A CARLES AND A CARLES AND A CARLES AND A CARLES AND A CARLES				
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oakland Atr	lieucs	
Number of Tickets Received	:4	Ticket(s) Provided to A	Agency: Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation sheet fo	r additional names)	
Name of Office	cial		Whether the Distribution is In	
(Last, First)		of Tickets	Describe the Public Purpose for	or the Distribution
4. Individual or Organization	on Receiving Tic	ket(s) (Provided at the	behest of an agency official.)	
	것 영화 지방 약 것 600 가지 않아야 할 수 있는 것 같 것	아이는 방송에서 추가에 물질을 가지 않는 것이다. 영상에 가지 않는 것이다.		
Name of Behesting Agency	Official: Alameda C	Jounty Supervisor Nate	Wiley, District 4	
Name of Individual or Organ	Camps In	Common	Number	er of Tickets:4
Name of Individual of Organ	lization:			er of fickets.
Description of Organization:	Funds scholarship	s for youth to attend Fe	eather River Camp	
Address of Organization.	52 Elwood Ava Sta			
1944	52 Elwood Ave, Ste	1 - Oakianu, CA 940 K	And the second se	State Zip Code
	mber and Street		City	State Zip Code
Purpose for Distribution: (D	mber and Street		City	State Zip Code
Purpose for Distribution: (D To reward a nonprofit orgar	mber and Street escribe the public pur	pose for the distribution to	City o the organization.)	State Zip Code
	mber and Street escribe the public pur	pose for the distribution to	City o the organization.)	State Zip Code
To reward a nonprofit organ	^{mber and Street} escribe the public pur nization for its contri	pose for the distribution to butions to the commun	City o the organization.) iity	
To reward a nonprofit organ	mber and Street escribe the public pur nization for its contri ribution of tickets set i	pose for the distribution to butions to the commun forth above is in accordan	City o the organization.) hity nce with the provisions of FPP	97.23.32X +0.926 6.35 Fr
To reward a nonprofit organ	mber and Street escribe the public pur nization for its contri nibution of tickets set i CRYSTAL H	pose for the distribution to butions to the commun	City o the organization.) iity	

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Tickets Provided by Agency Report	A Public Document		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@acgov.org		Amendment (Must end of Original Filing:	naugenain (nauna ann an Annaichean ann
Name of Outside Source of Ticket(s) Pr	Description of Eve Face Value of Tick dentify source of ticke rovided to Agency: <u>O</u>	et: \$ ets below.) akland A's	1970 F 1971 F 1971 F 1971	
Number of Tickets Received: 2 3. Agency Official(s) Receiving Tick		99385-1039-0-7 2 1-0200	y: Gratuitously	☑ Pursuant to Contract
Name of Official (Last, First)	Number of Tickets	State Whet	her the Distribution is Ir be the Public Purpose f	
Al. Co. Supervisor Scott Haggerty, Dis	1 2	To review fac	ilities that require Co	ounty funding
4. Individual or Organization Receiv Name of Behesting Agency Official: <u>Su</u>			of an agency official.)	
Name of Individual or Organization:				ber of Tickets:
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the p		City	rganization.)	State Zip Code
5. Verification I have determined that the distribution of tic Signature of Agency Head or Designee Comment: (Use this space or an attachment	YSTAL HISHIDA GR/ Print Name	AFF PRIN	CIPAL ANALYST	PC Regulation 18944.1. 6/18/10 (whohith, alsy, year)
				FPPC Form 802 (Feb/09

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

Tickets Provided by		A Public D	locume		TICKETS PROVIDED B
Agency Report		A Public L	ocume		AGENCY REPOR
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					<u>1</u>
Area Code/Phone Number	E-mail				
(510) 272-3882	0.001.001.001.	000010000		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing:	
The American State and a second				butto of original fining.	(month, day, year)
Crystal Hishida Graff, Princ			Office		
2. Event For Which Ticket					
Date(s) of Event:/	10 <u>10</u> Desc	ription of Event: Ba	aseball Ga	ame	
1		Value of Ticket: \$ _		40.00	
		value of ficket			
Agency Event 🛛 Yes	X No (Identify s	ource of tickets be	low.)		
Name of Outside Source of	Tieket/a) Dravided (Oakland	d Athletics	5	
Name of Outside Source of	Ticket(s) Provided t	to Agency.			
Number of Tickets Received	l: <u>2</u>	Ticket(s) Provided	to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (ur	se a continuation she	et for addi	tional names)	
Name of Offi	and the second second second second	ing to the set of the	and the second second	her the Distribution is In	come to the Official or
(Last, First)	Jidi	of Tickets		be the Public Purpose for	
				•	
÷					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided at	the behes	t of an agency official.)	
an na sana ang ang pang ng pang ng pang pang ng	an a	and a second second state of the second s		na na manana ana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisia Ny fisiana	
Name of Behesting Agency	Official: Alameda C	County Supervisor	Nate Mile	y, District 4	
					2
Name of Individual or Organ	nization: Judy Free	man		Numb	er of Tickets:2
Description of Organization	÷				
Address of Organization:	mhar and Street		City		State Zip Code
144	liber and Street		Ony		Oldio Lip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distribut	ion to the o	organization.)	
To reward a community vol	unteer for her contri	ibution to the comn	nunity		
5. Verification					
I have determined that the dist	ribution of tickets act	forth above is in seas	rdanco wil	h the provisions of EDD	Regulation 18044 1
and the determined that the dist	ibution of tickets set i	IORT ADOVA IS IN ACCO	i dance wit	in the provisions of PPPC	7 Nogulation 10944.1.
yang	CRYSTAL H	HISHIDA GRAFF	PRIN	ICIPAL ANALYST	6/18/10
Signature of Agency Head or Desig	160	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional information incl	uding amend	dment explanation.)	

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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	Date Stamp	California Form 802	
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612 Area Code/Phone Number E-ma	ail	1 1 - A - C	
감각 전화 전 감각 성상 지수는 것이다. ㅋㅋㅋㅋㅋㅋ	stal.hishida@acgov.org	Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)	stat.msmda@acgov.org	Date of Original Filing:	7
Secolar and a second	Analyst, County Administrator's Office	CHARACTER ADDRESS CONTRACTOR CONTRACTOR DE CONTRACTOR	(month, day, year)
2. Event For Which Tickets We	The second se		
	10 Description of Event: AR Rahm	ian Jai Ho Concert	
	Face Value of Ticket: \$	\$160.50	
//_	Face value of Ticket: \$		
Agency Event 🛛 Yes 🗵	No (Identify source of tickets below.)		
Name of Outside Source of Ticke	t(s) Provided to Agency: Golden State V	Varriors	
Number of Tickets Received:			⊠ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation sheet for a	Iditional names)	
Name of Official (Last, First)		nether the Distribution is In cribe the Public Purpose for	
4. Individual or Organization R	eceiving Ticket(s) (Provided at the beh	est of an agency official.)	
Name of Behesting Agency Offici	al: <u>Alameda County Supervisor Scott H</u>	aggerty, District 1	
Name of Individual or Organization			er of Tickets:2
Description of Organization:			
Address of Organization:	nd Street C	ity	State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the distribution to th	e organization.)	
to reward a community volunteer	for his or her service to the public		
5. Verification			
	n of tickets set forth above is in accordance	with the provisions of EDD	C Regulation 18944 1
		INCIPAL ANALYST	/////
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

 Signature of Agency Head or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name	5 A.S. 384		Date Stamp		
COUNTY OF ALAMEDA				Form 802	
Division, Department, or Region (if applicable)				For Official Use Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail					
(510) 272-3882 crystal.hishida	a@acdov ord		Amendment (Must exp	olain in Part 5.)	
Agency Contact (name and title)	alladgov.org		Date of Original Filing:		
Crystal Hishida Graff, Principal Analyst, C	ounty Administrat	tor's Office	1991 - 1992 - 1992 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 - 1993 -	(month, day, year)	
2. Event For Which Tickets Were Distri	-				
		Andre Ward	d vs. Green		
Date(s) of Event: <u>06 / 19 / 10</u> D	Description of Eve	nt: <u></u>	04.75		
// F	ace Value of Tick	et: \$	81.75		
	tify source of ticke				
Name of Outside Source of Ticket(s) Provid	ded to Agency: G	olden State Wa	arrirors		
Number of Tickets Received:1			y: 🔲 Gratuitously	☑ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s	3) (use a continuatio	on sheet for addi	tional names)		
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inc be the Public Purpose for		
Stewart, Darryl	1	To reward a	County employee for his exemplary service		
		to the public			
12					
4. Individual or Organization Receiving	1				
Name of Behesting Agency Official: <u>Alame</u>	eda County Super	visor Nate Mile	y, District 4		
Name of Individual or Organization:			Numbe	er of Tickets: <u>1</u>	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the publi	c purpose for the di	istribution to the	organization.)		
5. Verification					
I have determined that the distribution of tickets	set forth above is in AL HISHIDA GR		th the provisions of FPPC	Regulation 18944.1.	
Signature of Agency And or Designee	Print Name		Title	(month, day, year)	
Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY AGENCY REPORT		
--	---	---------------------------------------	--------------------------------------		
1. Agency Name	- PC D _ MOUTHAINST	Date Stamp			
COUNTY OF ALAMEDA		Date Stamp	Form 802		
Division, Department, or Regi	on (if applicable)		For Official Use Only		
printing of right					
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94612				
Area Code/Phone Number	E-mail	Amendment (Mu	uet evelain in Part 5)		
(510) 272-3882	crystal.hishida@acgov.org		ist explain in Part 6.7		
Agency Contact (name and title)		Date of Original Fili	ng:(month, day, year)		
Crystal Hishida Graff, Princi	pal Analyst, County Administrator	's Office			
2. Event For Which Tickets	Were Distributed				
Date(s) of Event:06 /_2	610 Description of Event	Oakland A's Game			
/	Face Value of Ticket	10.00			
MM contraction of a stractistical					
Agency Event 🛛 Yes	☑ No (Identify source of tickets)	s below.)			
Name of Outside Source of	Ficket(s) Provided to Agency: Oal	kland Athletics			
Number of Tickets Received		ided to Agency: 🛛 Gratuitously	✓ ⊠ Pursuant to Contract		
3. Agency Official(s) Recei	ving Ticket(s) (use a continuation	sheet for additional names)			
Name of Offic		State Whether the Distribution is			
(Last, First)	of Tickets	Describe the Public Purpos	e for the Distribution		
4. Individual or Organizatio	on Receiving Ticket(s) (Provide	ad at the behast of an agency officia	1.7		
	TE 6 6 8		1.)		
Name of Behesting Agency (Official: Supervisor Alice Lai-Bitke	er, District 3			
Name of Individual or Organ			mber of Tickets:2		
Description of Organization.					
Address of Organization:	iber and Street	City	State Zip Code		
Purpose for Distribution: (De	escribe the public purpose for the dist	ribution to the organization.)			
and the state of t	tanding scholastic achievement				
5. Verification					
	bution of tickets set forth above is in	accordance with the provisions of Fi	PPC Regulation 18944.1.		
NIVA 10,	CRYSTAL HISHIDA GRAF	2	e hertes		
Signature of Agenov Head or Designation		Title	(month, day, year)		

 Signature of Kgency Hyad or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio	n (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address				-	
1221 OAK STREET, #555, C	DAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must ex	olain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			Y. n
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, County	Administrato	or's Office		
2. Event For Which Tickets	Were Distribute	d			
Date(s) of Event: <u>06</u> / <u>25</u>	, 10 Desci	ription of Ever	nt: Oakland A'	s Game	
Date(3) of Event:				40.00	
/	_/ Face	Value of Ticke	sι. φ		
Agency Event 🛛 Yes	区 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	icket(s) Provided t	Agency. Oa	kland Athletic	S	
Number of Tickets Received:				cy: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiv	ring Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Offici (Last, First)	al	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
4. Individual or Organizatio	102	이 안 안 다.		st of an agency official.)	
Name of Behesting Agency C	official: <u>Supervisor</u>	Alice Lai-Bitk	ker, District 3		
Name of Individual or Organi:				Numb	er of Tickets:2
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 student for outst	anding scholastic	achievement			
5. Verification					
I have determined that the distril	oution of tickets set f	orth above is ir	n accordance wi	ith the provisions of FPPC	C Regulation 18944.1.
Signature of Agepcy Head or Designe	CRYSTAL H	HISHIDA GRA		NCIPAL ANALYST	6/18/10 (thouth, day, year)

1. Agency Name COUNTY OF ALAMEDA Date Stamp California 802 Division, Department, or Region (if applicable) 1221 OAK STREET, #555 For Official Use Only Street Address OAKLAND, CA 94612 Amendment (Must explain in Part 5) Area Code/Phone Number E-mail Image: Agency Ontact (name and title) Date of Original Filing:	Tickets Provided by Agency Report		A Public D	ocume	ent	TICKETS PROVIDED BY AGENCY REPORT
COUNTY OF ALAMEDA Form COUNTY Division, Department, or Region (# applicable) 1221 OAK STREET, #555 For Official Use Drivy Street Address OAKLAND, CA 94612 Imail Imail For Official Use Drivy Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Imail: Amendment (Must explain in Part 5.) Date of Original Filing:	that internal to be also with a statement of the statement of the		at which to war and the court		Date Stamp	
Division, Department, or Region (if applicable) Per Official Use Only 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Amendment (Must explain in Part 5) Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (mame and tile) Date of Original Filing:					Date Stamp	
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@caff, Principal Analyst, County Administrator's Office Date(s) of Event: [-] 10 Description of Event: [-] 10 Description of Event: 81.75 Agency Event [-] Yes Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) [.] Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Tickets: 4 Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: Charles Wesley Burns		gion (if applicable)				For Official Use Only
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 Date of Original Filing:(month, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event:						
OAKLAND, CA 94612	The second begin to be second to be a					
Area Code/Phone Number E-mail crystal.hishida@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and title) crystal.hishida@acgov.org Date of Original Filing:(month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event:						
(510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:		E-mail				1 1 V 15 940
Agency Contact (mame and tille) Date of Original Filing:(month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) Z. Event For Which Tickets Were Distributed		CONTRACTOR	caoy ora		Amendment (Muste	xplain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			legev.org		Date of Original Filing:	
2. Event For Which Tickets Were Distributed Date(s) of Event:			ty Administrator's O	ffice		(month, day, year)
Date(s) of Event:						
				dre Ward	t vs. Green	
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contract Image: Name of Official Number State Whether the Distribution is Income to the Official of Tickets Image: Name of Official Number State Whether the Distribution is Income to the Official of Tickets Image: Name of Official Number State Whether the Distribution is Income to the Official of Tickets Image: Name of Official Number State Whether the Distribution is Income to the Official of Tickets Image: Name of Official Number of 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: Charles Wesley Burns Number of Tickets: Description of Organization: Address of Organization: 2p Code	Date(s) of Event:				04.75	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of Tickets Image: Contract of Tickets Name of Official Number State Whether the Distribution is Income to the Official or 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: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: City State Zip Code	/	/ Face	Value of Ticket: \$ _		81.75	÷
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of Tickets Image: Contract of Tickets Name of Official Number State Whether the Distribution is Income to the Official or 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: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: City State Zip Code	Agency Event Ves	X No (Identify s	ource of tickets held	()		
Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: Charles Wesley Burns Number of Tickets: 4	· [15] 20 [15] [16] [20] [20] [20] [20] [20] [20] [20] [20	그는 아직에서 물러가 친구가 가지 않는다.			rriore	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: Charles Wesley Burns Address of Organization: State City State	Name of Outside Source o	Ticket(s) Provided t	to Agency: Golden (State Wa	11015	
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.) Amme of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Address of Organization: Charles Wesley Burns City State Zip Code	Number of Tickets Receive	d:4	Ticket(s) Provided	to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
(Last, First) of Tickets Describe the Public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of the public Purpose for the Distribution Image: Constraint of Organization: Image: Cons	3. Agency Official(s) Rec	viving Ticket(s) (u	se a continuation shee	et for addi	tional names)	
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization: Address of Organization: Number and Street	Name of Of	icial	Number S	tate Whet	ther the Distribution is In-	come to the Official or
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:	(Last, Firs)	of Tickets	Descri	be the Public Purpose for	or the Distribution
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:						
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:						
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:						
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:						
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:						
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:	A Individual or Organizat	ion Receiving Tic	ket(e) (Provided at 1	he hehes	t of an agency official)	
Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:			5.2		tor an agency official.)	
Name of Individual or Organization: Charles Wesley Burns Number of Tickets: 4 Description of Organization:	Name of Behesting Agence	Official: Keith Cars	on, Supervisor Fifth	District		
Description of Organization:						and a A
Description of Organization:	Name of Individual or Orga	nization: Charles W	esley Burns		Numb	er of Tickets:4
	Address of Organization:					
	Address of Organization.	umber and Street		City		State Zip Code
Fulpose for Distribution. (Describe the public pulpose for the distribution to the organization.)			nose for the distribution	on to the	organization)	
	[1] A. W. M. A. Miller, "In Computer States," In Proceedings, 1997.					County
To promote health, motivate and provide expanded opportunities to vulnerable populations in the County.	To promote health, motiva	te and provide expan	nded opportunities t	o vulnera	able populations in the	3 County.
5. Verification	5. Verification					
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.		tribution of tickets set :	forth above is in accor	dance wit	th the provisions of FPP	C Regulation 18944.1.
	· VA W					the la
Signature of Agency Flead or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	68 ml					
Signature/or/Agenety flead or Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Contraction Contraction and a second second					(monin, day, year)

Tickets Provided by	A Dub			TICKETS PROVIDED BY
Agency Report	A Pub	lic Docume	ent	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-m	nail			
a ser traditional de la constantina de la constantina de la seconda de la constantina de la constantina de la c	/stal.hishida@acgov.org		Amendment (Must ex)	plain in Part 5.)
Agency Contact (name and title)	stat.msnida@acgov.org		Date of Original Filing: _	
	Analyst County Administrat	orla Office		(month, day, year)
Crystal Hishida Graff, Principal		or s Office		
2. Event For Which Tickets We		D		
Date(s) of Event: <u>06</u> <u>22</u>	10 Description of Ever	nt: Baseball Ga	ame	
/	Face Value of Tick		40.00	
Agency Event 👘 🗌 Yes 🛛 🛽	No (Identify source of ticke	ts below.)		
Name of Outside Source of Tick	et(s) Provided to Agency:			
Number of Tickets Received:	2 Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
A CALCONSIGN				
(
h				
4. Individual or Organization F	Receiving Ticket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offic	ial: Alameda obanty oupor	Noor Mate Mile,	y, Diotnor 4	
Name of Individual or Organizati	ion: Castro Valley/Eden Are	a Chamber of 0	Commerc Numbe	er of Tickets: 2
Description of Organization: Loc	al business support in the U	nincorporated	Areas of Alameda Cou	inty
3467	Castro Valley Blvd - Castro \			
Address of Organization:	and Street	City		State Zip Code
Purpose for Distribution: (Descri	be the public purpose for the di	stribution to the	organization.)	
To reward a nonprofit organizat	ion for its contributions to the	e community		
5. Verification				
I have determined that the distributi	on of tickets set forth above is i	n accordance wil	h the provisions of FPPC	Regulation 18944.1.
1101				11110
Signature of Agently flead or Designee	CRYSTAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day/ year)
Comment: (Use this space or an atta	achment for any additional informati	on including amen	dment explanation.)	
PLAZA SEATS				

Tickets Provided by Agency Report A Public Docume	ent TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp 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: 08 / 04 / 10 Description of Event: Baseball G / Face Value of Ticket: \$ Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletic Number of Tickets Received: 2 Ticket(s) Provided to Agency	40.00
	litional names) ether the Distribution is Income to the Official or ribe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the behave Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Castro Valley/Eden Area Chamber of</u> Description of Organization: <u>Local business support in the Unincorporated</u> Address of Organization: <u>3467 Castro Valley Blvd - Castro Valley, CA 945</u> Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the To reward a nonprofit organization for its contributions to the community	ey, District 4 Commerc Number of Tickets: 2 Areas of Alameda County
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 or Designee Print Name Comment: (Use this space or an attachment for any additional information including amen PLAZA SEATS	NCIPAL ANALYST

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Regio	n (if annlicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	-mail			And a state of the second state	The second second second
SECTOR CONTRACTOR		COOV OF		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	crystal.hishida@a	icgov.org		Date of Original Filing: _	
Crystal Hishida Graff, Princip	al Analyst Coun	hy Administrat	or's Office		(month, day, year)
2. Event For Which Tickets	the second se	and the second se	or s Office		
			Baseball G	ame	
Date(s) of Event: <u>08</u> / <u>22</u>	_/ <u>10</u> Desc	ription of Eve	nt: <u>Baseball Of</u>		
/	_/ Face	Value of Tick	et: \$	40.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ti	cket(s) Provided t	o Agency. Oa	akland Athletics	6	
Number of Tickets Received:	140				Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia		Number		ther the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets		ibe the Public Purpose for	
4. Individual or Organization	n Receiving Tic	ket(s) (Provi	ded at the behes	t of an agency official.)	
-		승규는 것			
Name of Behesting Agency O	fficial: <u>Alameda C</u>	Jounty Super	visor nate iville	y, District 4	
Name of Individual or Organiz					ar of Tickstor 2
Name of Individual or Organiz	ation:		a onambor or .	Numbe	er of fickets.
Description of Organization:	.ocal business su	pport in the U	Inincorporated	Areas of Alameda Cou	inty
346	7 Castro Valley B	lvd - Castro \	/alley, CA 9454	46	
Address of Organization.	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the di	stribution to the	organization.)	
To reward a nonprofit organiz					
5. Verification					
I have determined that the district	ution of tickets set	forth above is i	n accordance wi	th the provisions of FPPC	Regulation 18944.1
	Nali i test-konataria da la constante da la const				1/1-1.
100 mg		HISHIDA GR		Title	(month, day, year)
Signature of Agency Head or Designer		r inn ivallie		1100	(moning bay, year)

PLAZA SEATS

Tickets Provided by		A Publi	ic Docume	ent	TICKETS PROVIDED BY
Agency Report					AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regio	n (if annlicable)				For Official Use Only
	(ii applicable)				Contraction for Contraction Devices and Contraction
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612					
	E-mail			Amendment (Must ex	plain in Part 5.)
The second se	crystal.hishida@a	cgov.org		Data of Onivine LEWards	
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	and the second	Mary and an and a second se	or's Office		
2. Event For Which Tickets					
Date(s) of Event:09 /23	<u>, 10</u> Descr	ription of Even	nt: Baseball G	ame	
X		Value of Ticke		40.00	
Agency Event	🗙 No (Identify s				
Name of Outside Source of T	icket(s) Provided t	o Agency: <u>Oa</u>	kland Athletic	S	
Number of Tickets Received:	2	Ticket(s) Prov	vided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	n sheet for add	itional names)	
Name of Officia (Last, First)	al	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
·					<u>,</u>
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	led at the behes	st of an agency official.)	
Name of Behesting Agency C	Alameda C	County Superv	visor Nate Mile	ey, District 4	
Name of Individual or Organi	zation: <u>Castro Val</u>	lley/Eden Area	a Chamber of	Commerc Numbe	er of Tickets: 2
Description of Organization: .	Local business su	pport in the U	nincorporated	Areas of Alameda Cou	unty
Address of Organization: <u>34</u>	67 Castro Valley B	Blvd - Castro V	alley, CA 945	46	
Num	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	rpose for the dis	stribution to the	organization.)	
To reward a nonprofit organi	zation for its contri	ibutions to the	community		
5. Verification					
I have determined that the distri	bution of tickets set i	forth above is in	n accordance wi	ith the provisions of FPPC	C Regulation 18944.1.
IIVA II		HISHIDA GRA		NCIPAL ANALYST	11,-14
Signature of Agency Head or Designe		Print Name	<u> </u>	Title	(month, day, year)

los ant	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	6/15
Signature of Agency Head or Designee	Print Name	Title	(month, da
Comment: // Ise this snace or an atta	chment for any additional information inclu	ding amendment explanation.)	

PLAZA SEATS

Tickets Provided by Agency Report A Public Do	ocument TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555	Date Stamp California 802 Form 802
Street Address OAKLAND, CA 94612	
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Of	Date of Original Filing:
2. Event For Which Tickets Were Distributed Date(s) of Event: Description of Event:And Face Value of Ticket: \$Face Value of Ticket: \$	81.75 w.)
	o Agency: 🔲 Gratuitously 🛛 🗵 Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation shee Name of Official (Last, First)	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 the Name of Behesting Agency Official: <u>Alameda County Supervisor N</u> Name of Individual or Organization: <u>Geoffrey Pete</u> Description of Organization: <u>Ceoffrey Pete</u>	ate Miley, District 4 Number of Tickets:1
Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distributio To promote attendance at an event held at a County facility in orde	
5. Verification I have determined that the distribution of tickets set forth above is in accord Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional information include	PRINCIPAL ANALYST

Tickets Provided by		A Public	Docume	unt .	TICKETS PROVIDED BY
Agency Report		A Public	Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					1 91111
Division, Department, or Reg	gion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	caoy ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and titl		logov.org		Date of Original Filing:	
Crystal Hishida Graff, Prin	🖑 wan a a a a a	w Administrator	e Office		(month, day, year)
			sonce		
2. Event For Which Ticket			A	0	
Date(s) of Event: <u>06</u> /	<u>19 / 10</u> Descr	ription of Event:	Andre ward	i vs. Green	
	/ Face	Value of Ticket:	\$	81.75	
Agency Event 🛛 Yes	🗙 No (Identify s	ource of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Gold	en State Wa	rrirors	
Number of Tickets Receive				y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	viving Ticket(s) (u	se a continuation :	sheet for addi	tional names)	
Name of Off	icial	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 Organizat	ion Bosolying Tic	kot(a) (Brouidad	l at the behav		
n na se	a superior de la company de la superior de la company d				
Name of Behesting Agency	Official: Alameda C	County Supervise	or Nate Mile	y, District 4	
Name of Individual or Orga	nization: Clyde Soto	omey		Numb	er of Tickets:1
Description of Organization	ť				
Address of Organization:	umber and Street		City		State Zip Code
IN IN	and Street		Ony		State 219 5546
Purpose for Distribution: (I	Describe the public pur	pose for the distri	bution to the d	organization.)	
To promote attendance at	an event held at a C	ounty facility in	order to max	imize potential Count	y revenue from parking
5. Verification					
I have determined that the dis	tribution of tickets act	forth above is in a	coordance wil	h the provisions of EDD	C Regulation 18944 1
r have determined that the dis	mouton of tickets set i	orth above is in a			a Regulation 10944.1.
65 Gul	The state with the state of the	HISHIDA GRAFI	F PRIN	ICIPAL ANALYST	6/14/1
Signature of Agency Haras or Desig	Inee	Print Name		Title	(month, day, year)
Comment: (Use this space or	an attachment for any ad	ditional information i	including amend	dment explanation.)	

Tickets Provided by Agency Report		A Public	c Docume	ent	TICKETS PROVIDED BY
1. Agency Name				22.0	California
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	ton (in applicable)				
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
	172 4301285			Amendment (Must ex)	olain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing:	
		12.13		Date of Original Filling	(month, day, year)
Crystal Hishida Graff, Princ		In the second second second second	r's Office		
2. Event For Which Ticket					
Date(s) of Event:/	<u>)7 / 10</u> Descr	ription of Event	Baseball Ga	ame	
/	/ Face	Value of Ticket	: \$	40.00	
Agency Event 🛛 Yes	🗵 No (Identify s		st. La successione de la companya de la		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oak	land Athletics	3	
Number of Tickets Received	l:	Ticket(s) Provi	ded 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 Offi (Last, First)	cial	Number		her the Distribution is Inc	
(Last, Filst)		of Tickets	Descri	be the Public Purpose for	the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	d at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	Jounty Supervis	sor mate mile	, District 4	
Name of Individual or Orgar	Christophe	r Milev & Ange	lina Rodrique	Z	2
Name of Individual or Organ	lization:	a ninoy or range	inia riodrigao	Numbe	er of Tickets: 2
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distr	ribution to the c	organization.)	
To promote attendance at a	in event held at a C	ounty facility in	order to max	imize potential County	revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in a	accordance wit	h the provisions of FPPC	Regulation 18944.1.
11han				ICIPAL ANALYST	111.11
Signature of Agency Head or Design		HISHIDA GRAF	PRIN	Title	(month, day, year)
Comment: (Use this space or a			includina ameni		

ickets Provided by		A Publ	ic Docume	ent	TICKETS PR	
Agency Report . Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# a 1221 OAK STREET, #555	applicable)			Date Stamp	O-life-mile	802 BOD
Street Address OAKLAND, CA 94612						
Agency Contact (name and title)	tal.hishida@a			Amendment <i>(Must</i>		_
Crystal Hishida Graff, Principal A . Event For Which Tickets Wer		GALOR CHARACTER	or's Office			
Date(s) of Event://///////	10 Desc — Face		et: \$\$	ər 146.00		
Name of Outside Source of Ticket Number of Tickets Received:				rriors y: 🔲 Gratuitously	⊠ Pursuant to	Contract
. Agency Official(s) Receiving		se a continuatio	on sheet for addi	tional names)		
Name of Official (Last, First)	2003) (2203) (2003)	Number of Tickets	State Whet	her the Distribution is I be the Public Purpose		al or
	v					
Name of Behesting Agency Officia	7.					
Name of Individual or Organizatio					ber of Tickets:	4
Description of Organization:						
Address of Organization:	i Street		City		State	Zip Code
Purpose for Distribution: (Describe to reward a community volunteer	말 제도 있는 데 데 다 나 가 나 나 나 나 나 나 나 다 나 다 나 나 나 나 나 나 나	an name Tana Bandi ban		organization.)		
. Verification						
I have determined that the distribution		forth above is in HISHIDA GRA Print Name		th the provisions of FPA ICIPAL ANALYST Tille	PC Regulation 1894	14/
Comment: (Use this space or an attack	hment for any ac	dditional informatio	on including amen	dment explanation.)		

Tickets Provided by Agency Report		A Publi	ic Docume	ent		ROVIDED BY
		5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			California	
1. Agency Name				Date Stamp	Form	802
COUNTY OF ALAMEDA					For Official U	lse Only
Division, Department, or Reg	ion (if applicable)					6
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	plain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org		Allerication Molecter	Marris de Casta de S	
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year	1
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office			,
2. Event For Which Ticket						
Date(s) of Event://	11 / 10 Desc	ription of Even	t: Oakland A'	s vs. Los Angeles Ang	els	
				40.00		
/	/ Face	Value of Ticke	С. ֆ	-		
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided	o Agency: <u>Oa</u>	kland A's			
Number of Tickets Received	1: <u>2</u>	Ticket(s) Prov	vided to Agend	y: 🔲 Gratuitously	⊠ Pursuant to	o Contract
			646 - 2 V - 0, 0			_
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for add	tional names)		
Name of Offi	cial	Number	2 The State State State State State	ther the Distribution is In-		
(Last, First)		of Tickets	Descr	be the Public Purpose for	or the Distribution	1
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
u an						
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Organ				Numb	er of Tickets: _	2
Description of Organization	Provide resources	, technical ass	sistance, legis	lative information, and	facilitate netwo	orking
Description of Organization						
Address of Organization: <u>3</u>	60 Grand Ave. #57		Oakla	and,	CA	94610
Address of Organization.	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	APARAMAN DONA MURDOCCONSTA			and the second		
To reward a school or nonp	profit organization for	or its contribution	ons to the con	nmunity.		
5. Verification						
I have determined that the dist	ribution of tickets set	forth above is in	accordance wi	th the provisions of FPP	C Regulation 189	944.1.
		HISHIDA GRA		ICIPAL ANALYST		14/10
CHANH	URISTALI	ISHIDA GRA	er. Lizh		01	17/00

Signature of Agendy Head or Designee

Print Name

PRINCIPAL ANALYST Title

(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	nt		ROVIDED BY
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	
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				,	
		14 		Amendment (Must e	explain in Part 5.)	
(510) 272-3882 Agency Contact (name and title)			- 16	Date of Original Filing:	(month, day, year	<u>)</u>
Crystal Hishida Graff, Princi			or's Office			
2. Event For Which Tickets						
Date(s) of Event: <u>08</u> / <u>0</u>	2 <u>/ 10</u> Desc	ription of Ever	nt: .Oakland A's	s vs. Kansas City Roy	als	
	0 10	Value of Ticke		40.00		
Agency Event Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ficket(s) Provided t	o Agency: Oa	kland A's			
Number of Tickets Received	1971 - 11			y: 🔲 Gratuitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	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		
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency (Official: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Organ					per of Tickets: _	4
Description of Organization:	Provide resources	, technical as	sistance, legisl	ative information, and	I facilitate netwo	orking.
Address of Organization:	0 Grand Ave. #57		Oakla _{City}	nd,	CA State	94610 Zip Code
Purpose for Distribution: (De	escribe the public pur	nose for the dis	stribution to the c	organization.)		
To reward a school or nonpr						
5. Verification						
I have determined that the distri	ihution of tickets set t	forth above is in	accordance wit	h the provisions of FPP	C Regulation 189	44.1
Latt ant	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	6/1	14/10
Signature of Agency Head or Designed	ee	Print Name		Title	(monti	h, day, year)

Tickets Provided by Agency Report		A Publi	c 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 Agency Contact (name and tille Crystal Hishida Graff, Prince 2. Event For Which Ticket	ipal Analyst, Count	y Administrato	or's Office	☐ Amendment (Mus Date of Original Filin	
Date(s) of Event:/ / Agency Event Yes Name of Outside Source of Number of Tickets Received	/ Face 区 No (Identify s Ticket(s) Provided t	Value of Tickel ource of ticket: o Agency: <u>Gol</u>	t: \$ s below.) Iden State Wa	146.00	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)		se a continuation Number of Tickets	State Whet		Income to the Official or e for the Distribution
 Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: Note that the sector of the s	Official: <u>Keith Cars</u> nization: <u>Tamika Da</u>	on, Superviso avis	r Fifth District	VI. 2	mber of Tickets:2
Purpose for Distribution: (E To reward a County emplo	escribe the public pu				State Zip Code
5. Verification I have determined that the dist Signature of Agency Head or Designature	CRYSTAL I	forth above is in HISHIDA GRA Print Name		th the provisions of FF NCIPAL ANALYST Title	PPC Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California 802 Form 802 For Official Use Only
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Amendment (Must ex Date of Original Filing: _	na konta kanta kanta kanta
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		
2. Event For Which Tickets Date(s) of Event:/	19 <u>/ 10</u> Desci			or & Carole King 128.00	
Agency Event □ Yes Name of Outside Source of	⊠ No (Identify s Ticket(s) Provided t			rriors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ	nization: <u>Marcia Sh</u> i	rago		Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D To reward a community vol	COLECTION COLECTION CONTRACTOR	1745-99774-1756-001774/07/EP-17523		organization.)	
5. Verification	on 19 1927 V 1. 19	2 12 2 12 22			
I have determined that the dist		forth above is in HISHIDA GRA Print Name		th the provisions of FPPC NCIPAL ANALYST Title	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publi	c Docume	ent		ROVIDED BY
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	
OAKLAND, CA 94612 Area Code/Phone Number	E-mail			Amendment (Mus	t explain in Part 5.)	
(510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			r's Office	Date of Original Filing	g:(month, day, year	<u>)</u>
2. Event For Which Ticket	s Were Distribute	ed				
Date(s) of Event:	24 <u>/ 10</u> Desc	ription of Even	: Shankar El	nsaan Loy		
/	/ Face	Value of Ticke	t: \$	79.00		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: Gol	den State Wa	arriors		
Number of Tickets Received				cy: 🔲 Gratuitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	n sheet for add	itional names)		
Name of Offi (Last, First)		Number of Tickets		ther the Distribution is ibe the Public Purpose		
4. Individual or Organizat					.)	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Orga	nization: BOSS			Nur	mber of Tickets: _	4
Description of Organization	helping homeless	, poor and disa	bled people i	n our community of a	Alameda County.	
Address of Organization: _	065 Kittredge Stree	t, Suite E	Berkele	эу,	CA	94704
Nucleas of Organization.	umber and Street		City		State	Zip Code
Purpose for Distribution: (I To reward a school or non						
	perior star en en 🗣 anti transmission (3, 1, 7		we waa aha _ G 2+3 2/G/8/			
5. Verification I have determined that the dis		forth above is in HISHIDA GRA		ith the provisions of FF NCIPAL ANALYST		344.1.

Signature of Agency Head or Designee Print Name

PRINCIPAL ANALYST Title

(month, day, year)

Tickets Provided by Agency Report	A Public	Docume	nt	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
OARLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@ac Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County		Office	Amendment (Must e	energen en anteres en
Agency Event ☐ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to	ption of Event: _ /alue of Ticket: \$ ource of tickets b Agency: <u>Oakla</u>	elow.) nd A's	vs. Chicago White S 40.00 y: □Gratuitously	Sox
3. Agency Official(s) Receiving Ticket(s) (use Name of Official (Last, First)	Number of Tickets	State Whet	her the Distribution is In be the Public Purpose f	
Individual or Organization Receiving Tick Name of Behesting Agency Official: Keith Carso Name of Individual or Organization: Matthew Sn Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public purp To promote attendance at a County facility in organization)	on, Supervisor Finith	ifth District City ution to the c	Numb	per of Tickets: 2 State Zip Code Darking & concessions.
	ISHIDA GRAFF Print Name	PRIN	CIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report	A Public	c Docume	nt		ROVIDED BY
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form For Official Us	802 se Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida Agency Contact (name and title) Contact (name and title)	@acgov.org		Amendment (Must) Date of Original Filing:		
Crystal Hishida Graff, Principal Analyst, Co 2. Event For Which Tickets Were Distribu- Date(s) of Event:	outed		vs. Los Angeles An	gels	
/ Fa	ace Value of Ticket fy source of tickets ed to Agency: <u>Oak</u>	: \$ s below.) kland A's	40.00 y: □ Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Receiving Ticket(s Name of Official		sheet for addit			
(Last, First)	of Tickets	Descri	be the Public Purpose	for the Distribution	
4. Individual or Organization Receiving Name of Behesting Agency Official: Keith C			t of an agency official.)		
Name of Individual or Organization: Dana H	lodge			ber of Tickets:	2
Address of Organization:				Plats:	Zip Code
Number and Street Purpose for Distribution: (Describe the public To reward a County employee for his or he	purpose for the dist	ribution to the o		State	Zip Code
5. Verification I have determined that the distribution of lickets CRYST	set forth above is in AL HISHIDA GRAf		h the provisions of FPF ICIPAL ANALYST		44.1. G/1 0

(month, day, year)

 Signature of Agency flead 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	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	volain in Part 5 \
(510) 272-3882	crystal.hishida@a	cgov.org			spian in Part 5.)
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			MARK WARDSHITTER IN 19		
Date(s) of Event:/	<u>10</u> Desci	ription of Ever	nt: Oakland A's	s Tickets	
/_			et: \$	40.00	
Agency Event ☐ Yes Name of Outside Source of					
Number of Tickets Received	: <u>2</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose for	
4. Individual or Organizati					
Name of Behesting Agency	Official: <u>Alameda</u> C	County Superv	visor Scott Hag	gerty, District 1	
Name of Individual or Orgar	nization: Frank Fick	en		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 pur	pose for the dis	stribution to the	organization.)	
To reward a community vo					
5. Verification I have determined that the dist		forth above is ir HISHIDA GRA		th the provisions of FPP	C Regulation 18944.1.
Signature of Agency Plead or Design		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	CONTRACTOR OF A CONTRACTOR
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				ventain in Part 51
510-272-3882	crystal.hishida@acgov.org		Amendment (Must explain in Part 5.)		
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 Ticket	s Were Distribute	ed			
Date(s) of Event:07_/_1			t. singer and	concert performer	
Date(s) of Event.				440	
·/	/ Face	Value of Ticke	et: \$		
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State Wa	nriors	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offi	cial	Number		ther the Distribution is In	
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	or the Distribution
4. Individual or Organizati Name of Behesting Agency		Contraction and an annual and		t of an agency official.)	
					325
Name of Individual or Orgar	vization: <u>Wendee B</u>	rumwell		Numb	per of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		nose for the dis	stribution to the	organization)	
				organization./	
rewarding a county employ	se for exemplary se	rvice	_		
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in	n accordance wil	h the provisions of FPP	C Regulation 18944.1.
CILD 11	-1			ICIPAL ANALYST	1/6/12
Signature of Agency Hyad or Design		HISHIDA GRA		Title	(month, day, year)
Cignatale of Agondy Pleader Design		n anna santanan.		1	1.000 million (* 1.880 million (* 1.860 million)

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 (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, CA 946	12			
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@ad Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County	cgov.org	or's Office	Amendment <i>(Must e</i>	
2. Event For Which Tickets Were Distribute Date(s) of Event:	d iption of Ever Value of Ticke ource of ticke	nt: <u>Andre Ward</u> et: \$ ts below.)	81.75	
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First) Wilson, Shawn	Number of Tickets 4	State Whet Descri To promote a	her the Distribution is In be the Public Purpose fo attendance at event al	or the Distribution
 Individual or Organization Receiving Ticle Name of Behesting Agency Official: <u>Supervisor</u> Name of Individual or Organization: <u>Supervisor</u> Description of Organization: <u>Number and Street</u> Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public purp To promote attendance at an event held at a Company 	Alice Lai-Bitk	ker, District 3 City	Numb	per of Tickets: State Zip Code
	IISHIDA GRA Print Name	FF PRIN	ICIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report		A Public	Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Reg	ion (if applicable)				Torrona ase only
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		_		
510-272-3882	crystal.hishida@a	acgov.org		Amendment (Must	explain in Part 5.)
Agency Contact (name and title				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrator's	Office		(monur, day, year)
2. Event For Which Ticket			- AF101-1404-		
Date(s) of Event:07_/_1			Justin Biebe	ər	
		Value of Ticket: \$		146.00	
Agency Event 🛛 Yes		ource of tickets b			
Name of Outside Source of	Ticket(s) Provided t	to Agency: Golde	n State Wa	rriors	
Number of Tickets Received	:4	Ticket(s) Provide	ed to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sl	heet for addi	tional names)	
Name of Offic	sial	Number	State Whet	her the Distribution is I	Income to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	at the behes	t of an agency official.)	1
Name of Behesting Agency	Official. Supervisor	Alice Lai-Bitker,	District 3		
Name of Individual or Orgar	ization: <u>Anabella F</u>	Rodriguez		Num	ber of Tickets: <u>4</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		nose for the distribution	ution to the c	rganization)	
To promote attendance at a	a succession and a second succession of the second				ty revenue from sales
	n event heid at a C	ounty facility in of	Ider to max	inize potential Court	ity revenue nom sales
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in acc	cordance wit	h the provisions of FPF	PC Regulation 18944.1.
1 am in 1		HISHIDA GRAFF		CIPAL ANALYST	16112
Signature of Agency Flead or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a			cluding amend	Iment explanation.)	

Tickets Provided by		A Public	: Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)				For Onicial Use Only
Street Address OAKLAND, CA 94612				1	
Area Code/Phone Number 510-272-3882	E-mail crystal.hishida@a	acgov.org		Amendment (Muster	under en de la constanta de la des entres nom
Agency Contact (name and title Crystal Hishida Graff, Princ	cipal Analyst, County		s Office	Date of Original Filing: .	(month, day, year)
2. Event For Which Ticket Date(s) of Event:/	<u>17 / 10</u> Desci			ər 146.00	
Agency Event ☐ Yes Name of Outside Source of	⊠ No (Identify s Ticket(s) Provided t			rriors	
Number of Tickets Received	1:	Ticket(s) Provid	ded to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece		se a continuation		tional names) her the Distribution is Inc	
(Last, First)		of Tickets		be the Public Purpose fo	
4. Individual or Organizati Name of Behesting Agency				t of an agency official.)	
Name of Individual or Organ Description of Organization:	nization: <u>Leonard N</u>	elson		Numb	er of Tickets: 2
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D To promote attendance at a					/ revenue from sales
5. Verification I have determined that the dist	ribution of tickets set f	forth above is in a		แสงเลย และ และ เมื่องส⇒ง	C Regulation 18944.1.
Signature of Agency Head of Design Comment: (Use this space or a	nee	HISHIDA GRAF Print Name ditional information		ICIPAL ANALYST Title	(month! day, year)

Agency Report		A Public	c Docume	nt	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					1 01111
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	and the second se	and the second se	r's Office		
2. Event For Which Ticket					
Date(s) of Event: <u>06</u>	09 <u>/ 10</u> Desc	ription of Event	Baseball Ga	ime	
/		Value of Ticket		40.00	
Agency Event Ses	X No (Identify s		 CP96 (2011) C 0001 (2011) 		
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Oak	land Athletics		
Number of Tickets Received	i: <u>1</u>	Ticket(s) Provi	ded to Agency	y: 🔲 Gratuitously	I Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addit	ional names)	
Name of Offi	cial	Number	State Whet	ner the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descril	be the Public Purpose for	or the Distribution
		<u> </u> -			
. Individual or Organizati	on Receiving Tic	ket(s) (Provide	d at the behes	of an agency official.)	
Name of Behesting Agency	Official, Alameda (County Supervis	sor Nate Miley	, District 4	
Name of Individual or Organ	nization: Binh Vu			Numb	er of Tickets:1
R.					
Description of Organization:	·				
20	445 Elm Street, El C	Cerrito, CA 945	530		
			City		State Zip Code
Address of Ordanization.	mber and Street				
Address of Organization. Nu		pose for the dist	ribution to the o	rganization.)	
Purpose for Distribution: (D	escribe the public pur	PROVIDENCE PROFESSION		CONTRACTOR AND A CONTRACT OF A DECK	v revenue from parking
Address of Organization.	escribe the public pur	PROVIDENCE PROFESSION		CONTRACTOR AND A CONTRACT OF A DECK	y revenue from parking
Purpose for Distribution: (D To promote attendance at a	escribe the public pur	PROVIDENCE PROFESSION		CONTRACTOR AND A CONTRACT OF A DECK	y revenue from parking
Purpose for Distribution: (D	escribe the public pur an event held at a C	ounty facility in	order to max	imize potential Count	
Purpose for Distribution: (D To promote attendance at a 5. Verification	escribe the public pur an event held at a C ribution of tickets set	county facility in	order to max	imize potential Count	
Purpose for Distribution: (D To promote attendance at a	escribe the public pur an event held at a C ribution of tickets set in CRYSTAL I	ounty facility in	order to max	imize potential Count	

Agency Report A Public Document Agency Report 1. Agency Name Date Stamp California 802 COUNTY OF ALAMEDA For Official Use Only For Official Use Only 1221 OAK STREET, #555 Street Address For Official Use Only OAKLAND, CA 94612 Image: Crystal.hishida@acgov.org Image: Crystal.hishida@acgov.org Agency Contact (name and title) Crystal.hishida@acgov.org Image: Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Image: Crystal Hishida Graff, Principal Analyst, County Administrator's Office Dakland A's Tickets 2. Event For Which Tickets Were Distributed Image: Crystal Pickets Image: Crystal Pickets Image: Crystal Picket	Tickets Provided by					
1. Agency Name Date Stamp California 8022 CUNTY OF ALAMEDA Division, Department, or Region (#applicable) Transmitter 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Codol/Phone Number E-mail Image: Constant (Mate septem in Pert 8.) OAKLAND, CA 94612 Image: Constant (mate and fill) Image: Constant (mate and fill) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (mate and fill) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (mate and fill) Zevent For Which Tickets Were Distributed 40.00 Date(s) of Event: 0. / 1 / 10 — /	Agency Report		A Publ	ic Docume	ent .	TICKETS PROVIDED BY AGENCY REPORT
COUNTY OF ALAMEDA Par Official Use Only Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Ontact (name and tibe) Crystal.hishida@acgov.org Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Orginal Filing:	1. Agency Name				Date Stamp	California 802
Distant, or region (region (region (region decision)) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Ares Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) Crystal.hishida@acgov.org Agency Contact (name and tille) Crystal.hishida@acgov.org Agency Contact (name and tille) Crystal.hishida@acgov.org Agency Event Yes Sin (Identify source of Ticket's	COUNTY OF ALAMEDA					in the second second
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 Date of Original Filing:	Division, Department, or Reg	ion (if applicable)				For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (S10) 272-3882 crystal.hishida@acgov.org Agency Contact (name and http) Crystal Hishida Graft, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date (s) of Event: Date(s) of Event: 0.6						
Area Code/Phone Number E-mail Image: Control of the provided in the provisions of PPPC Regulation in Pert 8.) (510) 272-3882 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 life) Date of Original Filling:						
Agency Contact (name and title) Date of Original Filing:	Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			acgov.org		Date of Oxiginal Fillings	
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 21 / 10 Description of Event: Oakland A's Tickets Date(s) of Event: 06 / 21 / 10 Description of Event: Qakland A's Tickets Agency Event Yes No (Identify source of Ticket: \$ 40,00 Agency Event Yes No (Identify source of Ticket: \$ 40,00 Name of Outside Source of Ticket(s) Provided to Agency: OAKLAND A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Oratuitously Pursuant to Contract 3. Agency Official (s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official of Tickets Mame of Official Name of Official Number State Whether the Distribution is Income to the Official of Tickets Mame of Official Number of Ticket(s) (Provided at the behest of an agency official.) Name of Official: Name of Individual or Organization: Ione Bell Number of Tickets: 2 Description of Organization: Ione Bell Number of Tickets: 2 Address of Organization: Number and Street Cay State Zip Code Purpose for Distribution: (Describe the publi				1.00	Date of Original Filing:	(month, day, year)
Date(s) of Event: 06 21 10 Description of Event: 0akland A's Tickets			·····	or's Office		
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency. OAKLAND A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number 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 Image: the state of the st				Oakland A's	Tickots	
Agency Event Proce value of ricket: s Agency Event Provided to Agency: OAKLAND A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Number of Tickets Received: 2 Number of Official Number State Whether the Distribution is income to the Official of Tickets Uset, First) of Tickets State Whether the Distribution is income to the Official of Tickets Uset, First) of Tickets State Whether the Distribution is income to the Official of Tickets Uset, First) of Tickets Describe the Public Purpose for the Distribution Aname of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Inne Address of Organization: Address of Organization: Number and Street Purpose for Distribution: Interest of public. State Organization: To reward a community volunteer for her service to the public. Sterification <	Date(s) of Event:06_/_2	<u>1 10</u> Desc	ription of Ever	nt: Oakland As	5 TICKELS	
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: Contract of Tickets State Whether the Distribution is Income to the Official or Official or Official or Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Number of Tickets: 2 Description of Organization: Ione Bell Number of Tickets: 2 Description of Organization: Ione Bell Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Appley Hight of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Officiution (mothic day, yeeref	/	/ Face	Value of Ticke	et: \$	40.00	
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: Contract of Tickets State Whether the Distribution is Income to the Official or Official or Official or Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Number of Tickets: 2 Description of Organization: Ione Bell Number of Tickets: 2 Description of Organization: Ione Bell Number of Tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Appley Hight of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Officiution (mothic day, yeeref	Agency Event Dives	X No (Identify s	source of ticke	ts below)		
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 the con						
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number (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 Scott Haggerty, District 1 Name of Individual or Organization: Image: Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. 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. <td>Name of Outside Source of</td> <td>Ticket(s) Provided I</td> <td>to Agency:</td> <td></td> <td></td> <td></td>	Name of Outside Source of	Ticket(s) Provided I	to Agency:			
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: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Description of Organization: Ione Bell Address of Organization: Number and Street Address of Organization: City To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. 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.	Number of Tickets Received	l:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to Contract
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Number of Tickets: 2 Description of Organization: Ione Bell Number of Tickets: 2 Address of Organization: Ione Bell Number of tickets: 2 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumper Signature of Agricy Head for Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Official: Official: Official: Official: 1110	3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Index of Individual or Organization: Address of Organization: Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agency Title City Title		cial	and a second sec			
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Description of Organization: Number of Tickets: Address of Organization:	(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Description of Organization: Number of Tickets: Address of Organization:						
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Description of Organization: Number of Tickets: Address of Organization:						
Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Description of Organization: Number of Tickets: Address of Organization:						
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Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1 Name of Individual or Organization: Ione Bell Description of Organization: Number of Tickets: Address of Organization:						
Name of Individual or Organization: Ione Bell Number of Tickets: 2 Description of Organization:						
Name of Individual or Organization: Ione Bell Number of Tickets: 2 Description of Organization:	Name of Pohesting Agency	Official, Alameda (County Superv	isor Scott Hag	gerty, District 1	
Description of Organization:						
Description of Organization:	Name of Individual or Organ	nization: Ione Bell			Numb	per of Tickets: 2
Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community Volunteer for her service to the public. To reward a community volunteer for her service to the public. Volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Aggrecy Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Fint Name Title (mohilh, day, year)						
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Fint Name Title	Description of Organization:					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Fint Name Title	Address of Opportunities					
To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Address of Organization,	mber and Street		City		State Zip Code
To reward a community volunteer for her service to the public. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the o	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. 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 provision of						
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 Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of the provision of tickets set forth above is in accordance with the provisions of the provision of the provision of tickets set forth above is in accordance with the provisions of the provision of the provisi	To fortand d commany fo		tee te trie parts			
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 Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Age/regulation of tickets set forth above is in accordance with the provisions of the provision of tickets set forth above is in accordance with the provisions of the provision of the provision of tickets set forth above is in accordance with the provisions of the provision of the provisi	5. Verification					
Signature of Agenticy Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 6/4//0 Print Name Title (mohth, day, year)		ribution of tickets set	forth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agentoy Head or Designee Print Name Title (month, day, year)	1160 11					Chelin
	Signature of Agency Head or Design	22/22/22/22/22/22/22/22/22/22/22/22/22/				(mohih, day, year)
	V		ditional informatio	on including amend	dment explanation.)	

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. 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 Area Code/Phone Number	-11				
And Market States of Parks (1994)	stal.hishida@ao	ogov org		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)	stal.msniua@ad	cgov.org		Date of Original Filing: .	
Crystal Hishida Graff, Principal	Analyst, County	v Administrato	or's Office		(month, day, year)
2. Event For Which Tickets We	the second s				
Date(s) of Event:0706			t. Baseball Ga	ame	
	Face \			40.00	
	No (Identify so				
Name of Outside Source of Ticke	at(s) Provided to	Agency. Oa	kland Athletics	5	
	7/G				
Number of Tickets Received:		Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (us	e a continuation	n sheet for addi	tional names)	
Name of Official	54 No. 254 No.	Number	State Whet	her 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 F	- 1917 - El Contratta - 1967 - 1967	wall-wetterfillen von der Delen v			
Name of Behesting Agency Offic	ial: <u>Alameda</u> C	ounty Superv	isor Nate Mile	y, District 4	
Name of Individual or Organizati	on: Community	Prevention			er of Tickets: <u>1</u>
Description of Organization: Edu	ucation and prog	grams to redu	ice violence as	ssociated with alcohol	and drugs
Address of Organization: 1558	B' St, Ste 201 -	Hayward, CA	. 94541 City		State Zip Code
Purpose for Distribution: (Descri	be the public purp	oose for the dis	tribution to the d	organization.)	
To reward a non profit organizat	ion for its contri	butions to the	community		
5. Verification					
I have determined that the distribution	on of tickets set fo	orth above is in	accordance wit	h the provisions of FPP0	C Regulation 18944.1.
CHAN	CRYSTAL H	IISHIDA GRA		ICIPAL ANALYST	6/4/10
Signature of Agericy Head or Designee Comment: (Use this space or an atta		Print Name	n including organ	Title	(month/day, year)

PLAZA SEATS

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	nail				
(510) 272-3882 cm	ystal.hishida@a	caov.ora		Amendment (Must exp	blain in Part 5.)
Agency Contact (name and title)	/	-30.10.3		Date of Original Filing: _	lucenth day weat
Crystal Hishida Graff, Principal	Analyst, Count	ty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets W	ere Distribute	ed			
Date(s) of Event: <u>07</u> , 06	/ 10 Desc	ription of Eve	nt: Baseball Ga	ame	
		Value of Tick		40.00	
		value of flok	σι. φ		
Agency Event 🛛 Yes 🛛	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tick	et(s) Provided t	o Agency: Oa	akland Athletics	S	
	252				
Number of Tickets Received:		Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin		no o continuatio	an choot for addi	tional names)	
	ig ficket(s) (us				and the Official an
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inco be the Public Purpose for	
			- 1920 - 1921 - J.		
Miley, Nate		1	To obtain ove	ersight of facilities that	have received County
	_		funding an ou		
à			funding or su	pport	
4. Individual or Organization	Receiving Tic	ket(s) (Provid	ed at the behas	t of an agency official)	
anna ana an annasana na h-beanairte bhuirte bhuirte an a'	CARPENS CARDON NUMBER OF COMP				
Name of Behesting Agency Offic	cial: Alameda C	county Superv	lisor Nate Mile	y, District 4	
Name of Individual or Organizat	tion:			Numbe	er of Tickets:
Description of Organization:					
Description of Organization.					
Address of Organization:					
Number	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public pur	pose for the di	stribution to the o	organization.)	
•					
5. Verification					
I have determined that the distributi	ion of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
1146 10 1					1410
Signative of Agency Handley Designed	A STANDARD COMPLEX	HISHIDA GRA	PRIN	Title	Imonth day year
Signature of Agency Heed or Designee Comment: (Use this space or an atta			an including amo-		-(monin, day, year)
aan ooraan aanadaraan ¹	acriment for any ad	utional informatio	n including amend	anencexplanation.)	
PLAZA SEATS					

Tickets Provided by				
Agency Report		A Public Doc	ument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA			(Ni)	- Chill
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 (Mu	et evolain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		s explain in Part 5.)
Agency Contact (name and title)		Date of Original Filin	g:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator's Office	е	(month, and) youry
2. Event For Which Ticket	s Were Distribute	ed		
Date(s) of Event:2			all Game	
			40.00	
/	/ Face	Value of Ticket: \$	40.00	
Agency Event	⊠ No (Identify s	ource of tickets below.)	
Name of Outside Source of	an a			
	5720			
Number of Tickets Received	l: <u>2</u>	Ticket(s) Provided to A	Agency: Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sheet fo	r additional names)	
Name of Offic	sial	Number State	Whether the Distribution is	Income to the Official or
(Last, First)		of Tickets	Describe the Public Purpose	e for the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided at the i	behest of an agency official)
				2
Name of Behesting Agency	Official: Alameda C	County Supervisor Nate	Miley, District 4	
				where of Tickets, 2
Name of Individual or Organ	lization:	arang a baong baoph	Nur	mber of Tickets:2
Description of Organization:		1 		
Address of Organization:	mber and Street		City	State Zip Code
Purpose for Distribution: (D		nose for the distribution to		(2012) (2011) (2012) (2012) (2012)
		• TANGGOV - 12-14 - 10 - 0442 0443 220 - 12 10 - 0446 275	2000 1 0 0 0 0 - 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	atu muanua from narkina
To promote attendance at a	in event held at a C	ounty facility in order to	o maximize potential Cou	nty revenue from parking
5. Verification				
I have determined that the dist	ibution of tickets set f	forth above is in accordan	ce with the provisions of FF	PC Regulation 18944.1.
NWA				- 1.1.
Signature of Agency Head or Design	province of the second second second second	HISHIDA GRAFF	PRINCIPAL ANALYST	(month, day, year)
Comment: (Use this space or a				to an average in the second
sector (see the option of a	and any date	and a second s	and the second second second second second second	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name		IN A W DESIGNAL		Date Stamp	I wanted and a solution in the second second
COUNTY OF ALAMEDA				Date oramp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
	ion (ir applicable)				Carl Charles Annual Constants - 20 Ser Product Constant
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	1				
Area Code/Phone Number	E-mail			Amendment (Muster	oplain 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 Tickets					
Date(s) of Event:/_1	9 / 10 Desci	ription of Ever	nt: Oakland A's	s Tickets	
		Value of Ticke		40.00	
		value of ficke	σι. φ		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	Adency. Of	AKLAND A's		
				A	205052 000 ASK 1000
Number of Tickets Received	: <u>2</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio			
Name of Offic (Last, First)	sial	Number	[1] A.	ther the Distribution is Ind	
(Lasi, Fiisi)		of Tickets	Descri	be the Public Purpose fo	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	gerty, District 1	
					2
Name of Individual or Orgar	ization: Vicki Long			Numb	er of Tickets: 2
Description of Organization:					
Address of Opposizations					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		nose for the dis	stribution to the	organization)	
				organization./	
To reward a community vo	lunteer for her servi	ce to the publ	lic.		
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is ir	n accordance wi	th the provisions of FPP0	CRegulation 18944.1.
CHAM	CRYSTAL H	ISHIDA GRA	AFF PRIN	ICIPAL ANALYST	6/4/10
Signature of Agency Head or Design	100	Print Name		Title	(month, day, year)
Comments dit with		dition of the farmers of the	au laaludhaa amaa	dment evaluation 1	

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 (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 Event For Which Tickets Were Distributed Crystal Hishida				Date of Original Filing:(month, day, year)	
Date(s) of Event:	5 <u>, 10</u> Desci / Face ⊠ No (Identify s Ficket(s) Provided t	ription of Even Value of Ticke ource of ticket o Agency: <u>O</u> A	et: \$ ts below.) AKLAND A's	s Tickets 40.00 :y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei		se a continuatio Number of Tickets	State When	tional names) ther the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: <u>Alameda C</u> ization: <u>Brenda Gu</u>	County Superv	visor Scott Hag	igerty, District 1Numbe	er of Tickets: <u>2</u>
Address of Organization: Num Purpose for Distribution: (De To reward a community vol 5. Verification I have determined that the distribution	escribe the public pur unteer for her servi	ice to the publ	ic.		State Zip Code
Signature of Agency Head or Design	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent		ROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp	1 percentation	802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			or's Office	Amendment (Must end de la construction de la constructide la construction de la construction de la construction de la cons		
2. Event For Which Tickets Date(s) of Event:/_2	20 <u>, 10</u> Desci / 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. Boston Red Sox 40.00 y: □ Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Rece Name of Offi (Last, First)		se a continuation Number of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose fo		
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	Official: <u>Keith Cars</u> nization: <u>Hannah G</u> i	on, Supervisor reene	r Fifth District	Numb	er of Tickets:	2
Description of Organization: Address of Organization: Nu Purpose for Distribution: (D To reward a County employ	mber and Street escribe the public pur	pose for the dis	City tribution to the c	organization.)	State	Zip Code
5. Verification I have determined that the dist		orth above is in		h the provisions of FPPC		44.1.

Signature of Agendy Head or Designee Print Name PRINCIPAL ANALYST Tille

(month, day, year)

Tickets Provided by Agency Report A Public Document			ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princi 2. Event For Which Tickets	crystal.hishida@acgov.org <i>title)</i> incipal Analyst, County Administrator's Office			Amendment (Must explain in Part 5.) Date of Original Filing:	
Date(s) of Event: <u>06</u> / <u>0</u> / Agency Event □ Yes Name of Outside Source of ⁻ Number of Tickets Received	6 <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>	et: \$ ts below.) ikland A's	s vs. Minnesota Twins 40.00 y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei		se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization	Official: <u>Keith Cars</u> ization: <u>Candace C</u>	on, Superviso Chen	r Fifth District		er of Tickets:2
Address of Organization: Nur Purpose for Distribution: (De To reward a student for outs 5. Verification I have determined that the distr	escribe the public pur standing scholastic	achievement.			State Zip Code
I have determined that the distr	CRYSTAL H	orth above is in HISHIDA GRA Print Name		ICIPAL ANALYST	(mohth, day, year)

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	ice
2. Event For Which Tickets Were Distributed Date(s) of Event: 07 / 06 / 10 Description of Event: Oak / 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 Number of Tickets Received: 2 Ticket(s) Provided to	40.00 w.)
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet Name of Official Number State (Last, First) of Tickets Image: State Image: State	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 the Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Kamar O'Gwin	
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution	City State Zip Code

(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED 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 se Only	
OAKLAND, CA 94612 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:2 	2 <u>1 / 10</u> Desci / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u>	et: \$ ts below.) akland A's		⊠ Pursuant to	Contract
3. Agency Official(s) Rece Name of Official(s) Rece		se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is Ind be the Public Purpose fo		
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Cars</u> nization: <u>Kamar O'G</u>	on, Supervisc Gwin	or Fifth District		er of Tickets:	2
Address of Organization: Purpose for Distribution: (D To reward a community volu	escribe the public pur			organization.)	State	Zip Code
5. Verification I have determined that the distribution Signature of Agency Hood or Design	CRYSTAL H	orth above is in HISHIDA GRA Print Name		h the provisions of FPP0 ICIPAL ANALYST Title	C Regulation 189-	3/10

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	California Form 802 For Official Use Only
(510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principa		Date of Original Filing: _		
2. Event For Which Tickets N Date(s) of Event:/ Agency Event □ Yes Name of Outside Source of Tickets Received:	_/_10 Description of _/ Face Value of ⊠ No (Identify source of cket(s) Provided to Agen	of Ticket: \$ f tickets below.)	40.00	es ⊠ Pursuant to Contract
3. Agency Official(s) Receive Name of Officia (Last, First)		ber State Whe	itional names) ther the Distribution is Inc ibe the Public Purpose for	. 전에서 알려도 알았던 것이 있다. 이번 이번 전에서 가지 않는 것이다.
4. Individual or Organization Name of Behesting Agency Of Name of Individual or Organiz Description of Organization:	fficial: <u>Keith Carson, Sup</u> ation: <u>Rodney Brooks</u>	pervisor Fifth District		er of Tickets; <u>2</u>
Address of Organization: _{Numb} Purpose for Distribution: (Des To reward a County employee	cribe the public purpose for		organization.)	State Zip Code
5. Verification I have determined that the distribution Signature of Agerroy Headlor Designee	ution of tickets set forth abo CRYSTAL HISHID/ Print Name	A GRAFF PRI	ith the provisions of FPPC NCIPAL ANALYST Title	Regulation 18944.1.

Commont: // los il	to an and an an alle almonths	las any additional information	including amondment ovaloaction 1
Comment <i>(Use in</i>)	is space or an attachment i	for any additional information	including amendment explanation.)
e en numer number an	e op dee er ant atterernitert		

Tickets Provided by Agency Report	A Public	c Documen	t	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
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	r		
(510) 272-3882	crystal.hishida@acgov.org	L.	Amendment (Must expl	ain in Part 5.)
Agency Contact (name and title			Date of Original Filing:	(month, day, year)
	ipal Analyst, County Administrato	r's Office		(monin, day, year)
2. Event For Which Tickets				
	0 / 10 Description of Event	Oakland A's v	s. Los Angeles Angel	S
Date(s) of Event:/			10.00	
/	/ Face Value of Ticket	: \$4	10.00	
Agency Event 🛛 🗌 Yes	⊠ No (Identify source of tickets			
Name of Outside Source of	Ticket(s) Provided to Agency: Oak	land A's		
Number of Tickets Received	:2 Ticket(s) Provi	ded to Agency:	Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (use a continuation	sheet for addition	nal names)	
Name of Offic (Last, First)	cial Number of Tickets		r the Distribution is Inco the Public Purpose for	
4. Individual or Organizati	on Receiving Ticket(s) (Provide	ed at the behest o	f an agency official.)	
Name of Behesting Agency	Official: <u>Keith Carson, Supervisor</u>	Fifth District		
Name of Individual or Organ			Number	r 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 purpose for the dist	ribution to the org	anization.)	
To reward a County employ	ee for his or her exemplary servic	e to the public.		
5. Verification				
	ibution of tickets set forth above is in a	accordance with t	he provisions of FPPC I	Regulation 18944.1.
1401	- CRYSTAL HISHIDA GRAF		IPAL ANALYST	1/2/2
Sidnature of Agency Hearth Design	Print Name		Title	

Signature of Agency Head & Designee

Print Name

PRINCIPAL ANALYST Title

(month, day, year)
Agency Report A Public 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator 2. Event For Which Tickets Were Distributed	Date Stamp California 802 Form 802 For Official Use Only California 802 Form 802 For Official Use Only California 802 Form 802 Form 802 For Official Use Only Fo
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Form OUA 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 (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Date of Original Filing:
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Date of Original Filing:(month, day, year)
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Date of Original Filing:(month, day, year)
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	Date of Original Filing:(month, day, year)
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	Date of Original Filing:(month, day, year)
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	Date of Original Filing:(month, day, year)
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator	(month, day, year)
	s office
	Oakland A's vs. Seattle Mariners
Date(s) of Event: <u>09 / 06 / 10</u> Description of Event:	
/ Face Value of Ticket:	\$40.00
Agency Event 🛛 Yes 🗵 No (Identify source of tickets	helow)
Name of Outside Source of Ticket(s) Provided to Agency: Oak	and As
Number of Tickets Received: Ticket(s) Provid	ded to Agency: 🔲 Gratuitously 🛛 🗵 Pursuant to Contra
3. Agency Official(s) Receiving Ticket(s) (use a continuation	
Name of Official Number (Last, First) of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
(Last, First) of Tickets	Describe the Public Pulpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provider	d at the behest of an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor	Fifth District
Name of Behesting Agency Official:	
Name of Individual or Organization: Rodney Brooks	Number of Tickets:2
Name of Individual of Organization.	Number of fickets.
Description of Organization:	
Address of Organization:	City State Zip Cod
Purpose for Distribution: (Describe the public purpose for the distr	ibution to the organization.)
To reward a County employee for his or her exemplary service	to the public.
	and the second se
5. Verification	
I have determined that the distribution of tickets set forth above is in a	ccordance with the provisions of FPPC Regulation 18944 1
Signature of Agenese Heatlor Designee Print Name	F PRINCIPAL ANALYST (month, day, year

Agency Report		A Public Do	cument	1		OVIDED E
1. Agency Neport 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	Date Sta	F	Contraction 10	802		
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	- 4 G		Date of Origina	nt (Mustexplain in Pa al Filing:(month	art 5.) 9, day, year)	_
2. Event For Which Ticket Date(s) of Event:	26 <u>/</u> 10 Desc / Face ⊠ No (Identify s Ticket(s) Provided	ription of Event: <u>Oakl</u> Value of Ticket: \$ source of tickets below to Agency: <u>Oakland A</u>	40.00 /.) /'s		suant to	Contrac
Number of Tickets Received 3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (u					
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sheet	for additional names)	tion is Income to	the Officia	
 Agency Official(s) Recently Name of Official(s) Recently Name of Official(s) Recently Name of Official(s) Recently Name of Behesting Agency 	iving Ticket(s) (u cial on Receiving Tic Official: <u>Keith Cars</u>	se a continuation sheet Number Stat of Tickets ket(s) (Provided at the con, Supervisor Fifth D	for additional names) te Whether the Distribu Describe the Public P bebest of an agency o District	tion is Income to urpose for the Dis	the Officia	
3. Agency Official(s) Rece Name of Offi (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	iving Ticket(s) (u cial on Receiving Tic Official: <u>Keith Cars</u> nization: <u>South/We</u>	se a continuation sheet Number Stat of Tickets Stat	for additional names) te Whether the Distribu Describe the Public P bebeest of an agency o District	tion is Income to urpose for the Dis official.) Number of Tic	the Officia stribution	
 Agency Official(s) Recent Name of Official(s) Recent Name of Official(s) Recent Name of Official(s) Recent Name of Behesting Agency Name of Behesting Agency Name of Individual or Organization Description of Organization: 2 	iving Ticket(s) (u cial on Receiving Tic Official: <u>Keith Cars</u> nization: <u>South/We</u>	se a continuation sheet Number Stat of Tickets Stat stat Stat	for additional names) te Whether the Distribu Describe the Public P e behest of an agency o District	tion is Income to urpose for the Dis official.) Number of Tic older adults	the Officia stribution	lor

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

Signature of Agency Head of Designee

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST

(month, day, year

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA				Date oranip	Form	802
Division, Department, or Regi	on (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
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(510) 272-3882	crystal.hishida@a	caoy ora		Amendment (Must e	xplain in Part 5.)	
Agency Contact (name and title)		cgov.org		Date of Original Filing: .		
Crystal Hishida Graff, Princi		v Administrat	or's Office		(month, day, yea	n
2. Event For Which Tickets	Alexandra and a second s					
			. Oakland A's	s vs. Pittsburgh Pirate	S	
Date(s) of Event:06 / Z				40.00		
062	<u>5 10</u> Face	Value of Ticke	et: \$	40.00		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of T	Ficket(s) Provided t	o Agency: <u>Oa</u>	akland A's			
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant t	o Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)		
Name of Offic	ial	Number		ther the Distribution is Ind		
(Last, First)		of Tickets	Descri	ibe the Public Purpose fo	or the Distributio	n
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency	Official: <u>Keith Cars</u>	on, Supervisc	or Fifth District			
Name of Individual or Organi				Numb	er of Tickets: .	2
Description of Organization:	dedicated to prom	oting a dignifi	ed, healthful qu	uality of life for older a	dults	
Description of Organization:		0 0				
Address of Organization: 29	39 Ellis St.		Berkele	у,	CA	94703
Num	nber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the d	organization.)		
To reward a school or nonpr	ofit organization fo	r its contributi	ons to the com	imunity.		
5. Verification						
I have determined that the distri	ibution of tickote eat t	orth shove is in	accordance wil	h the provisions of EDD	Regulation 18	944 1
nave determined that the distri				n ang olar tang tang bernari pang bernari pang bernari pang bernari pang bernari pang bernari pang bernari pan Na sebaga pang bernari pang bernar		/ /
la aff	ACCESSION AND A STATE	ISHIDA GRA	FF PRIN	ICIPAL ANALYST	61	3/10
Signature of Agency Mead or Designe	80	Print Name	1.7, 1 <u>1</u>	Title	(mon	th, day, year)

Agency Report		A Publ	lic Docume	nt		PROVIDED ENCY REPO
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
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	xplain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org			8 B	
Agency Contact (name and title)			Date of Original Filing:	(month, day, ye	ar)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office			
2. Event For Which Tickets			TE 220 2 VAV	esti di Silver di		
Date(s) of Event: <u>06</u> / <u>2</u>	<u>3 / 10</u> Desc	ription of Ever	nt: Oakland A's	s vs. Cincinnati Reds		
		Value of Ticke		40.00		
Agency Event	🗵 No (Identify s					
	6		ALTER ALTERNAT			
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akiand A's			
Number of Tickets Received	2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant	to Contra
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	ional names)		
Name of Offic	bial	Number		her the Distribution is In		
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distributio	n
e						
Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	of an agency official)		
				of an agency official.)		
				of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		er of Tickete:	2
Name of Behesting Agency	Official: <u>Keith Carse</u> ization: <u>South/Wes</u>	on, Superviso it Berkeley Se	er Fifth District	Numb	er of Tickets: .	2
	Official: <u>Keith Carse</u> ization: <u>South/Wes</u>	on, Superviso it Berkeley Se	er Fifth District	Numb		2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carse</u> ization: <u>South/Wes</u>	on, Superviso it Berkeley Se	er Fifth District	Numb ality of life for older a		2 94703
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carse</u> ization: <u>South/Wes</u> dedicated to prome	on, Superviso it Berkeley Se	er Fifth District enior Center ed, healthful qu	Numb ality of life for older a	dults	2 94703 Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: 29 Num	Official: <u>Keith Carse</u> ization: <u>South/Wes</u> dedicated to prome 39 Ellis St.	on, Superviso at Berkeley Se oting a dignifie	er Fifth District enior Center ed, healthful qu Berkele; ^{City}	Numb ality of life for older ad	dults CA	
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carse</u> ization: <u>South/Wes</u> dedicated to prome 39 Ellis St. nber and Street escribe the public pur	on, Superviso at Berkeley Se oting a dignific	er Fifth District enior Center ed, healthful qu Berkele ^{City} stribution to the c	uality of life for older ad	dults CA	

Signature of Agency Head or Designee Print Name Title Comment: (Use this space or an attachment for any additional information including amendment explanation.)

CRYSTAL HISHIDA GRAFF

6

(month, day, year)

PRINCIPAL ANALYST

Agency Report		AT abilo	Docume		AGI	PROVIDED E
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	Course of the
Division, Department, or Reg	ion (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address		4				
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org				
Agency Contact (name and title)	- 1 / J		Date of Original Filing:		<i>ir)</i>
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrator's	s Office			Ň.
2. Event For Which Ticket						
Date(s) of Event: <u>06</u> /	21 <u>/ 10</u> Descr	iption of Event:	Oakland A's	vs. Cincinnati Reds		
	10	Value of Ticket: \$		40.00		
		value of ficket.	P			
Agency Event 🛛 🗌 Yes	🛛 No (Identify so	ource of tickets b	pelow.)			
Name of Outside Source of	Ticket(s) Provided to	Agency. Oakla	and A's			
	San ya				NAME AND THE PARTY OF	ti esti trento
Number of Tickets Received	i:4	Ticket(s) Provide	ed to Agency	/: 🔲 Gratuitously	☑ Pursuant t	o Contra
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuation s	heet for addit	ional names)		
Name of Offi		Number	-mtww.sortun are-stated	ner the Distribution is Inc	ome to the Offi	cial or
(Last, First)	Jiai	of Tickets	이 지지 않는 것이 같은 것이 같이 많은 것이 같이 많이 많이 없다.	be the Public Purpose fo		
·						
	ou Deseluiuu Tie	katia) (D. 111)				_
I. Individual or Organizati	Para and the second of the second second			of an agency official.)		
Name of Behesting Agency	Official: Keith Carso	on, Supervisor F	ifth District			
						â
Name of Individual or Organ	hization: <u>South/wes</u>	t Berkeley Senic	or Center	Numbe	er of Tickets: _	4
Description of Organization	dedicated to promo	oting a dignified.	healthful qu	ality of life for older ad	lults	
Description of Organization						
Address of Organization, 2	939 Ellis St.		Berkeley	/,	CA	94607
Address of Organization: 2	mber and Street		City		State	Zip Cod
146			oution to the o	rganization.)		
	escribe the public pure	oose for the distric				
Purpose for Distribution: (D				munity		
				munity.		
Purpose for Distribution: (D To reward a school or nonp				munity.		
Purpose for Distribution: (D To reward a school or nonp 5. Verification	profit organization for	r its contributions	s to the com		Regulation 18	944 1
Purpose for Distribution: (D To reward a school or nonp	profit organization for	r its contributions	s to the com		Regulation 18	944.1.

(month, day, year)

1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Date Stamp	California Form 80 For Official Use Only
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)	Amendment (Must exp	
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Amendment (Must exp	lais in Part 51
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Amendment (Must exp	lain in Dari 51
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Amendment (Must exp	vala in Dard 51
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Amendment (Must exp	Vala in Dari 5 I
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Amendment (Must exp	Jaia in Dest E I
Agency Contact (name and title)		sam m Part 5.)
	Date of Original Filing:	
	Date of Original I ling.	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		
2. Event For Which Tickets Were Distributed		ίu
Date(s) of Event: 06 / 09 / 10 Description of Event: Oakland	A's vs. Los Angeles Ange	ls
	40.00	
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's		
Name of Outside Source of Ticket(s) Provided to Agency.		
Number of Tickets Received:4 Ticket(s) Provided to Age	ncy: 🔲 Gratuitously	⊠ Pursuant to Cont
B. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a	dditional names)	
	nether the Distribution is Inco cribe the Public Purpose for	
· · · · · · · · · · · · · · · · · · ·		
I. Individual or Organization Receiving Ticket(s) (Provided at the behavior)	est of an agency official.)	
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth Distrie	et	
Name of Behesting Agency Official:		
Name of Individual or Organization: <u>South/West Berkeley Senior Center</u>	Numbe	r of Tickets:4
Description of Organization: dedicated to promoting a dignified, healthful	quality of life for older add	ults
Address of Organization: 2939 Ellis St. Berke	eley,	CA 9470
Number and Street C	ity	State Zip C
Purpose for Distribution: (Describe the public purpose for the distribution to th	e organization \	
To reward a school or nonprofit organization for its contributions to the co	ommunity.	
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance	with the provisions of FPPC	Regulation 18944.1.
Allan CRYSTAL HISHIDA GRAFF PR	INCIPAL ANALYST	1/2
Signature of Agency Head or Designee Print Name	Title	(month, day, ye

Comment:	(Use this	space or ar	attachment	for any	additional	information	includina	amendment	explanation.)
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NAME AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY.				ent	A	GENCY REP
. Agency Name				Date Stamp	Californ	^{ia} 802
COUNTY OF ALAMEDA					Form	<u></u>
Division, Department, or Reg	ion (if applicable)				For Offic	ial 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	acgov.org				
Agency Contact (name and title				Date of Original Filing:	(month, day,)	year)
Crystal Hishida Graff, Princ			or's Office		IN IN SOME	
. Event For Which Ticket			1777 ST	3		
Date(s) of Event: <u>06</u> /_0	08 <u>/ 10</u> Desc	ription of Ever	nt: <u>A's v. Ange</u>	bls		
	/ Face			1 700		
				*		
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						
Number of fickets Received		HCKet(S) Prov	vided to Adend	cy: 🔲 Gratuitously	X Pursuan	t to Contra
		N 8	3	· — ·		
	iving Ticket(s) (u	175 X	420			
. Agency Official(s) Rece		se a continuatio	on sheet for add	itional names)	come to the O	
		175 X	on sheet for add State Whe			fficial or
. Agency Official(s) Recei		se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is Ir		fficial or
. Agency Official(s) Recei		se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is Ir		fficial or
. Agency Official(s) Recei		se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is Ir		fficial or
. Agency Official(s) Recei		se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is Ir		fficial or
. Agency Official(s) Recei		se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is Ir		fficial or
. Agency Official(s) Rece Name of Offic (Last, First)	cial	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	or the Distribut	fficial or ion
. Agency Official(s) Received States Name of Official (Last, First)	on Receiving Tic	se a continuatio Number of Tickets Ket(s) (Provid	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	or the Distribut	fficial or ion
. Agency Official(s) Received States Name of Official (Last, First)	on Receiving Tic	se a continuatio Number of Tickets Ket(s) (Provid	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	or the Distribut	fficial or ion
. Agency Official(s) Received and the second structure of Official (s) Received and the second structure of Second structure o	on Receiving Tic Official: <u>Supervisor</u>	se a continuatio Number of Tickets Ket(s) (Provid	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	or the Distribut	fficial or ion
. Agency Official(s) Rece Name of Offic (Last, First)	on Receiving Tic Official: <u>Supervisor</u>	se a continuatio Number of Tickets Ket(s) (Provid	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	or the Distribut	fficial or ion
Agency Official(s) Receins Name of Official (s) Receins Name of Official (Last, First)	on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda C</u>	se a continuatio Number of Tickets ket(s) (Provid Gail Steele, I County Urban I	on sheet for add State Whe Descr led at the behes District 2 Male Health Ir	itional names) ther the Distribution is Ir ibe the Public Purpose f st of an agency official.)	or the Distribut	fficial or ion
. Agency Official(s) Received and the second structure of Official (s) Received and the second structure of Second structure o	on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda C</u>	se a continuatio Number of Tickets ket(s) (Provid Gail Steele, I County Urban I	on sheet for add State Whe Descr led at the behes District 2 Male Health Ir	itional names) ther the Distribution is Ir ibe the Public Purpose f st of an agency official.)	or the Distribut	fficial or ion
Agency Official(s) Receins Name of Official (Last, First)	on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda C</u> collaboration of pre	se a continuatio Number of Tickets ket(s) (Provid Gail Steele, I County Urban I	on sheet for add State Whe Descr led at the behes District 2 Male Health Ir	itional names) ther the Distribution is Ir ibe the Public Purpose f st of an agency official.) hitiative Numb icerned about the hea	or the Distribut	fficial or ion
Agency Official(s) Receins Name of Official (Last, First)	on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda C</u> collaboration of pre	se a continuatio Number of Tickets ket(s) (Provid Gail Steele, I County Urban I	on sheet for add State Whe Descr led at the behes District 2 Male Health Ir	itional names) ther the Distribution is Ir ibe the Public Purpose f st of an agency official.) hitiative Numb icerned about the hea	or the Distribut	fficial or ion 20 at high risk 94612
Agency Official(s) Received and the second state of the secon	on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda C</u> collaboration of pro 000 Broadway mber and Street	se a continuatio Number of Tickets ket(s) (Provid Gail Steele, I County Urban I ofessional me	on sheet for add State Whe Descr led at the behes District 2 Male Health Ir n who are con Oaklanc City	itional names) ther the Distribution is Ir ibe the Public Purpose f st of an agency official.) <u>nitiative</u> Numb acerned about the hea	or the Distribut per of Tickets lth of males a CA	fficial or ion 20 at high risk 94612
Agency Official(s) Receins Name of Official (Last, First)	on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda C</u> <u>collaboration of pro</u> 000 Broadway mber and Street escribe the public pur	se a continuatio Number of Tickets ket(s) (Provid Gail Steele, I County Urban I ofessional me	on sheet for add State Whe Descr Des	itional names) ther the Distribution is Ir ibe the Public Purpose f st of an agency official.) <u>nitiative</u> Numb acerned about the hea t,	or the Distribut	fficial or ion 20 at high risk 94612 Zip Cod

set forth above is in accordance with the pr ovisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

(month, day, year)

Tickets Provided by Agency Report A Public Docume	nt 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 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)	Amendment (Must explain in Part 5.) Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event:06 / _23 / _10 Description of Event:Baseball Ga	
Agency Event:/ Face Value of Ticket: \$ Agency Event Yes	85.00
이 가지 않는 것 가지 않는 것 같아? 이 것 같아? 이 가지 않는 것 같아요. 이 가지 않는 것 않는 것 같아요. 이 가지 않는 것 같아요. 이 가 있는 것 같아요. 이 가지 않는 것 않는 것 같아요. 이 가지 않는 것 않는	ional 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 behas Name of Behesting Agency Official: Alameda County Supervisor Nate Miley Name of Individual or Organization: Castro Valley Elementary Parent and T	v, District 4
Description of Organization: Association - Supports school programs and a Address of Organization: 20185 San Miguel Avenue - Castro Valley, CA 94 Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the community	4546 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 or Designee Print Name	h the provisions of FPPC Regulation 18944.1. CIPAL ANALYST

(month, day, year)

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

Tickets Provided by		A Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report			no booume		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	ion (if applicable)				r or official ope 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	icgov.org		1.122	8 8
Agency Contact (name and title)			Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>06</u> / <u>0</u>	4 / 10 Desc	ription of Eve	nt. Oakland A's	TICKETS	
				\$85	
/	/ Face	Value of Tick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of					
Name of Outside Source of	licket(s) Provided t	o Agency:			
Number of Tickets Received	:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	bial	Number			ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
SCOTT HAGGERTY, SUP.	DIST. 1	4	TO REVIEW	FACILITIES	
4. Individual or Organization					
Name of Behesting Agency	Official: Superv	usor &	with thege	zerty, Dist	nct I
Name of Individual or Organ	ization:			Num	ber of Tickets: <u>4</u>
Description of Organization:	-				
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De		pose for the dis	stribution to the c	organization.)	
<u>,</u>					
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is ir	n accordance witi	h the provisions of FPP	C Regulation 18944.1.
1110					114
Signature of Agency Head or Design	and the second s	HISHIDA GRA	PRIN	CIPAL ANALYST	
Comment: (Use this space or al			on including amend		(month, day, year)

		cument	AGENCY REPO
1. Agency Name		Date Stamp	California 80
COUNTY OF ALAMEDA			i dimi
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 (M	ust explain in Part 5.)
(510) 272-3882 crystal.hishida@)acgov.org		
Agency Contact (name and title)		Date of Original Fili	ng:(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	nty Administrator's Offic	се	
2. Event For Which Tickets Were Distribu	ted		
Date(s) of Event: <u>06 / 23 / 10</u> Des	cription of Event: Base	eball Game	
		05.00	
// Fac	e Value of Ticket: \$		
Agency Event 🛛 Yes 🗵 No (Identify	source of tickets below	<i>l</i> .)	
Neme of Outside Source of Ticket/e) Dravides	te Aranau. Oakland A	thletics	
Name of Outside Source of Ticket(s) Provided	to Agency:		
Number of Tickets Received: <u>4</u>	Ticket(s) Provided to	Agency: Gratuitously	Y IN Pursuant to Contra
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet	for additional names)	
		ior additional names)	
Name of Official	Number Stat	te Whether the Distribution i	
Name of Official (Last, First)			
	Number Stat	te Whether the Distribution i	
	Number Stat	te Whether the Distribution i	
	Number Stat	te Whether the Distribution i	
	Number Stat	te Whether the Distribution i	
	Number Stat	te Whether the Distribution i	
(Last, First)	Number Stat	te Whether the Distribution i Describe the Public Purpo	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti	Number Stat of Tickets	te Whether the Distribution i Describe the Public Purpos	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti	Number Stat of Tickets	te Whether the Distribution i Describe the Public Purpos	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u>	Number Stat of Tickets icket(s) (Provided at the County Supervisor Nat	te Whether the Distribution i Describe the Public Purpos e behest of an agency officia te Miley, District 4	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Castro Va</u>	Number Stat of Tickets icket(s) (Provided at the County Supervisor Nat alley Elementary Paren	te Whether the Distribution i Describe the Public Purpos e behest of an agency officia te Miley, District 4 it and Teacher Nu	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Castro Va</u>	Number Stat of Tickets icket(s) (Provided at the County Supervisor Nat alley Elementary Paren	te Whether the Distribution i Describe the Public Purpos e behest of an agency officia te Miley, District 4 it and Teacher Nu	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u>	Number Stat of Tickets icket(s) (Provided at the County Supervisor Nat alley Elementary Paren	te Whether the Distribution i Describe the Public Purpos e behest of an agency officia te Miley, District 4 it and Teacher Nu	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Castro Va</u> Description of Organization: <u>Association - Sup</u> 20185 San Minuel (Number Stat of Tickets icket(s) (Provided at the County Supervisor Nat alley Elementary Paren	te Whether the Distribution i Describe the Public Purpos behest of an agency officia te Miley, District 4 it and Teacher Nu s and activities	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Castro Va</u> Description of Organization: <u>Association - Sup</u>	Number Stat of Tickets	te Whether the Distribution i Describe the Public Purpos behest of an agency officia te Miley, District 4 it and Teacher Nu s and activities	se for the Distribution
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Castro Va</u> Description of Organization: <u>Association - Sup</u> Address of Organization: <u>20185 San Miguel A</u> Number and Street	Number of Tickets State of Tickets	te Whether the Distribution i Describe the Public Purpos e behest of an agency officia te Miley, District 4 It and Teacher Nu s and activities CA 94546 City	al.) Imber of Tickets: <u>4</u>
(Last, First) 4. Individual or Organization Receiving Ti Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Castro Va</u> Description of Organization: <u>Association - Sup</u> Address of Organization: <u>20185 San Miguel A</u>	Number of Tickets Stat of Tickets Image: State icket(s) (Provided at the County Supervisor Nat Image: State alley Elementary Paren Image: School programs Avenue - Castro Valley, Image: State urpose for the distribution Image: State	te Whether the Distribution i Describe the Public Purpos e behest of an agency officia te Miley, District 4 it and Teacher Nu s and activities , CA 94546 City to the organization.)	al.) Imber of Tickets: <u>4</u>

Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.)

(month, day, year)

Tickets Provided by		A Dub	lic Docume	nt	TICKETS PROVIDED BY
Agency Report A Public D 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp	AGENCY REPORT California Form 802 For Official Use Only
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Tickets			Pasaball C	2000	
Date(s) of Event: <u>06</u> / <u>1</u>	0 10 Desc	ription of Ever	nt: <u>Baseball Ga</u>		
/	/ Face	Value of Ticke	et: \$	40.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s		กลาง หาวอะนส์ใหก เล่าะ		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland Athletics	3	
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 (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organizatio				20 C	
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	visor Nate Miley	y, District 4	
Name of Individual or Organ		niors of Oakla	nd & Alameda	County Numbe	er of Tickets:2
Description of Organization:	Senior Advocacy				
Address of Ordanization:	00 Bancroft Ave, S	te 178 - Oakl	and, CA 94605 _{City}		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a		제작품을 보면 도망값 도망		있는 바람은 100 MAR 200 MAR 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	revenue from parking
5. Verification					
I have determined that the distr	ibution of tickets set t	orth above is in	accordance wit	h the provisions of EPPC	Regulation 18944 1
At and		HISHIDA GRA		ICIPAL ANALYST	6/2/10
Signature of Agency Head or Design	ee	Print Name	6.0	Title	(month, day, year)

and concession sales - PLAZA SEATS

Tickets Provided by			
Agency Report A Public Docume			TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date	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	Amendr	nent (Must explain in Part 5.)
(510) 272-3882 c	rystal.hishida@acgov.org		
Agency Contact (name and title)		Date of Orig	inal Filing:(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, County Administrat	or's Office	
2. Event For Which Tickets V	Vere Distributed	10	
Date(s) of Event:06 /_09	/ 10 Description of Ever	nt: Baseball Game	
1	_/ Face Value of Tick	40.00	
		σι. φ	
Agency Event 🛛 Yes	No (Identify source of ticke	ts below.)	
Name of Outside Source of Tic	ket(s) Provided to Agency: Oa	akland Athletics	
	5.8		
Number of Tickets Received: _	licket(s) Pro	vided to Agency: 🛛 Gratu	itously I Pursuant to Contract
3. Agency Official(s) Receivin			bution is Income to the Official or
Name of Official (Last, First)	Number of Tickets		Purpose for the Distribution
	Descision Tickette) (D		PP- 1 - 1 - 5
4. Individual or Organization	이 성가 영화 지 않는 것 것이다. 그는 것은 것은 것 같은 것이 없는 것이 없는 것이 없다.		y official.)
Name of Behesting Agency Of	ficial: Alameda County Super-	visor Nate Miley, District 4	
			4
Name of Individual or Organiza	ation: Milton Ma		Number of Tickets:1
Description of Organization:			
Address of Organization:			
Address of Organization:	r and Street	City	State Zip Code
Purpose for Distribution: (Desc	cribe the public purpose for the di	stribution to the organization.)	
 A state of the second state of th		an ann a' airte a' ann an ann an ann an t-thailtean ann ann ann ann ann ann ann ann ann	tial County revenue from parking
	Wone hold at a boarry facility	in order to maximize poten	an ocally foronae from particip
5. Verification			
I have determined that the distribut	ition of tickets set forth above is in	accordance with the provision	ons of FPPC Regulation 18944.1.
11100			. 1 1.
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRA	AFF PRINCIPAL ANA	
Comment: (Use this space or an a	tacriment for any additional information	on including amendment explana	jon.j

and concession sales - PLAZA SEATS

Tickets Provided by Agency Report		A Publ	ic Docum	ent		PROVIDED B
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA		Form	New Street No			
Division, Department, or Regi	ion (if applicable)			1	For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	exolain in Part 5.)	
510-272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title,				Date of Original Filing:	(month, day, year	d
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		19121911-9211-691	0
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event: <u>08</u> /_0	8 / 10 Desc	ription of Ever	nt: A's v. Rang	gers		
				1,700		
	/ Face	Value of Ticke	et: φ	7		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided	to Agency. Oa	akland A's			
		to Agency.			Colored and an and a second	
Number of Tickets Received	:20	Ticket(s) Prov	vided to Agene	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contrac
2 Anney Official/a) Dessi			a sheet for odd	(lineal names)		
3. Agency Official(s) Recei		nanoan atao data tana 1995	Quere-drasta vers tretter in Service	101047 (M154 31074) 1470-7282		
Name of Offic (Last, First)	cial	Number of Tickets	1. The second	ther the Distribution is Ir ibe the Public Purpose f	하는 다리에 들었는 것은 것 같은 가지 못 하셨나요?	
 The legislation of the second s		of fielde		10.0 10.0 0 0000 0 000 0 000 0 0		
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	st of an agency official.)		
Name of Behesting Agency	Official. Superviso	r Gail Steele, I	District 2			
						02078 ^m
Name of Individual or Organ	ization: Greater Ha	ayward Area F	Rec. and Park	Found. Numb	per of Tickets:	20
		of more and a	a are attach facil	itics in Houward Area	Pograption/Por	
Description of Organization:	preserves quality	of parks and r	ecreation facil	ities in Hayward Area	Recreation/Par	K DISTRICT
	99 E Street		Hav	ward,	CA	94541
10			i isty i			0.0.1
Address of Organization:	nber and Street		City	11. 70. 1. P.	State	Zip Code
Address of Organization:	nber and Street					Zip Code
Purpose for Distribution: (D	nber and Street escribe the public pu					Zip Code
Address of Organization:	nber and Street escribe the public pu					Zip Code

Signature of Agency dead or Designee

CRYSTAL HISHIDA GRAFF

Print Name

(month, day, year

PRINCIPAL ANALYST

Tickets Provided by A Public Docume				nt	TICKETS PROVIDED
Agency Report 1. Agency Name				Date Stamp	Contraction of the second
COUNTY OF ALAMEDA				Date Stamp	Form 802
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			Amendment (Must	evolain in Part 5)
510-272-3882	crystal.hishida@a	icgov.org			oxprain in Corr ory
Agency Contact (name and title,)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	y Administrator's	s Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event: <u>07</u> / <u>1</u>	1 / 10 Desc	ription of Event:	A's v. Angel	s	
		Value of Ticket:		40	
Agency Event	🗵 No (Identify s				
Name of Outside Source of	1000 A 100				
				7 <u>1111</u> 7221 (J. 73) (J.	
Number of Tickets Received	:	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuation	sheet for addi	tional names)	
Name of Offic	cial	Number			ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
4. Individual or Organization				t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Gail Steele, Di	strict 2		
Name of Individual or Organ	ization: <u>Rick Houle</u>	3		Num	ber of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Co
Purpose for Distribution: (D	escribe the public pur	pose for the distr	ibution to the d	organization.)	
to reward a community volu	nteer for his service	e to the public			P
5. Verification					
I have determined that the distr	ribution of tickets set (forth above is in a	ccordance wil	h the provisions of FPF	C Regulation 18944.1.
					11.1
Signature of Agency Head or Design	22525 11340 × 11340 124 145 145	HISHIDA GRAF		ICIPAL ANALYST	(month, day, yea
Comment: (Use this space or a	n attachment for any ad	ditional information	including amen	dment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED BY
1. Agency Name		54-97-55 VA205453		Date Stamp	- W	
COUNTY OF ALAMEDA				7	Form	802
Division, Department, or Reg	ion (if applicable)				For Official U	lse Only
1221 OAK STREET, #555						
Street Address				•)		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	ovolain in Part E I	
(510) 272-3882	crystal.hishida@a	acgov.org			explain in Part 5.)	
Agency Contact (name and title				Date of Original Filing	: (month, day, year	1
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		(monin, day, yea,	
2. Event For Which Ticket						
Date(s) of Event: <u>08</u> / <u>(</u>	03 <u>/ 10</u> Desc	ription of Even	t: Oakland A'	S TICKETS		
/		Value of Ticke		\$10		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticket	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oa</u>	kland A's			
Number of Tickets Received	I: <u>4</u>	Ticket(s) Prov	vided to Agenc	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 Office	2 11	Number		her the Distribution is I	ncome to the Offic	ial or
(Last, First)		of Tickets		be the Public Purpose		
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
		15 I.				
Name of Behesting Agency	Official: Alameda C	Jounty Superv	isor Scott Hag	gerty, District 1		
Name of Individual or Orgar					ber of Tickets:	4
Description of Organization:	COMMISSION SU	IPPORTING S	SERVICES FO	R SENIORS		
Address of Organization:	955 FOOTHILL BLV	D. SUITE 300	City	JA 94605	State	Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the o	organization.)		
TO PROMOTE HEALTH TO	Ý	N		UPI V	IIORS.	
5. Verification						
I have determined that the distr	ribution of tickets set (forth above is in	accordance wil	h the provisions of EDD	C Regulation 180	44 1
the second second second				51 51	572	
Jeff and	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	61	2/10

Signature of Agency Head or Designee

Print Name

PRINCIPAL ANALYST Title

(month, day, year)

Agency Report	A Public Do	ocument		TICKETS F	NCY REPOR
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form For Official L	
Division, Department, or Region (if applicable)				For Official C	Jse 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@	acgov.org	D	te of Original Filing		
Agency Contact (name and title)		2.52	tte of original Filling	(month, day, year	9
Crystal Hishida Graff, Principal Analyst, Cour		fice			_
2. Event For Which Tickets Were Distribut		kland Ala tic	kata		
Date(s) of Event: <u>07 / 24 / 10</u> Desc	cription of Event:	kiand A s tic	Kets		
<u>08 / 16 / 10</u> Face	Value of Ticket: \$	\$40	0.00		
	source of tickets belo				
Name of Outside Source of Ticket(s) Provided	to Agency: Oak	land	Athletics		
Number of Tickets Received:4	Ticket(s) Provided t			⊠ Pursuant to	o Contrac
3. Agency Official(s) Receiving Ticket(s)	use a continuation shee	t fac addition	al names)		
		et for addition			
Name of Official			the Distribution is I	ncome to the Offic	ial or
Name of Official (Last, First)		ate Whether			
	Number St	ate Whether	the Distribution is I		
	Number St	ate Whether	the Distribution is I		
	Number St	ate Whether	the Distribution is I		
	Number St	ate Whether	the Distribution is I		
	Number St	ate Whether	the Distribution is I		
(Last, First)	Number St of Tickets	ate Whether Describe t	the Distribution is I he Public Purpose	for the Distributior	
(Last, First) 4. Individual or Organization Receiving Ti	Number St of Tickets	ate Whether Describe t	the Distribution is I he Public Purpose an agency official.)	for the Distributior	
(Last, First) 4. Individual or Organization Receiving Tio Name of Behesting Agency Official: <u>Alameda</u>	Number St of Tickets	ate Whether Describe t he behest of cott Hagger	the Distribution is I he Public Purpose an agency official.)	for the Distributior	
(Last, First) 4. Individual or Organization Receiving Ti	Number St of Tickets	ate Whether Describe t he behest of cott Hagger	the Distribution is I he Public Purpose an agency official.) ty, District 1	for the Distributior	
(Last, First) 4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Grad Nigh</u>	Number of Tickets Cket(s) (Provided at the County Supervisor So at 2010 Irvington H.S.	ate Whether Describe t he behest of cott Hagger	the Distribution is I he Public Purpose an agency official.) ty, District 1	for the Distribution	
(Last, First) 4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Grad Nigh</u> Description of Organization: <u>Safe and Sober O</u> Individual School	Number St of Tickets cket(s) (Provided at th County Supervisor So the 2010 Irvington H.S. Grad night	he behest of cott Hagger	the Distribution is I he Public Purpose an agency official.) ty, District 1	for the Distribution	
(Last, First) 4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Grad Nigh</u> Description of Organization: <u>Safe and Sober O</u>	Number of Tickets Cket(s) (Provided at the County Supervisor So at 2010 Irvington H.S.	he behest of cott Hagger	the Distribution is I he Public Purpose an agency official.) ty, District 1	for the Distribution	
(Last, First) 4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Grad Nigh</u> Description of Organization: <u>Safe and Sober O</u> Address of Organization: <u>Irvington High Schoo</u>	Number St of Tickets Cket(s) (Provided at th County Supervisor So at 2010 Irvington H.S. Grad night Di Grad Night 41800 B	he behest of cott Hagger	the Distribution is I he Public Purpose an agency official.) ty, District 1 Num d Fremont CA 94	for the Distribution	4
(Last, First) 4. Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Grad Nigh</u> Description of Organization: <u>Safe and Sober O</u> Address of Organization: <u>Irvington High Schoo</u> Number and Street	Number of Tickets St of Tickets Image: St of Tickets Image: St cket(s) (Provided at the stribution of the standard s	he behest of cott Hagger Blacow Roa ^{City}	the Distribution is I he Public Purpose an agency official.) ty, District 1 Num d Fremont CA 94	for the Distribution	4

Signature of Agency Alead of Designee

Print Name

PRINCIPAL ANALYST Title

(moniji, day, year)

Tickets Provided by Agency Report	A Public	c Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	ion (if applicable)	Date Stan	np California 802 Form 802
1221 OAK STREET, #555 Street Address			
OAKLAND, CA 94612 Area Code/Phone Number	E-mail		
(510) 272-3882 Agency Contact (name and title	crystal.hishida@acgov.org	Date of Original	t (Must explain in Part 5.)
	ipal Analyst, County Administrator	r's Office	(month, day, year)
2. Event For Which Tickets	s Were Distributed 24 / 10 Description of Event	Oakland A's vs. Chicago V	Vhite Sox
	Face Value of Ticket	40.00	
Agency Event 🛛 🗌 Yes	No (Identify source of tickets		
Name of Outside Source of	Ticket(s) Provided to Agency: <u>Oak</u>	land A's	
Number of Tickets Received	: Ticket(s) Provi	ded to Agency: 🔲 Gratuito	usly I Pursuant to Contract
	iving Ticket(s) (use a continuation	sheet for additional names)	
Name of Offic (Last, First)	cial Number of Tickets		ion is Income to the Official or rpose for the Distribution
	on Receiving Ticket(s) (Provide	70 T.	fficial.)
Name of Behesting Agency	Official: <u>Keith Carson, Supervisor</u>	Fifth District	
Name of Individual or Organ	ization: Angela Gums		Number of Tickets:2
Description of Organization:			
Address of Organization:	nber and Street	City	State Zip Code
	escribe the public purpose for the distr ee for his or her exemplary service		
5. Verification			
I have determined that the distr	ibution of tickets set forth above is in a CRYSTAL HISHIDA GRAF Ree Print Name		11-1-

Comment:	(Use this space of	or an attachment for a	anv additional infor	mation including	amendment explanation.)

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	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, Prince	cipal Analyst, Count	y Administrate	or's Office	Amendment <i>(Must</i>	enne en
2. Event For Which Ticket Date(s) of Event:/ Agency EventYes Name of Outside Source of Number of Tickets Received	<u> </u>	ription of Even Value of Ticke ource of tickel o Agency: <u>Oa</u>	it: \$ s below.) kland A's	s vs. Minnesota Twin 40.00 y: □Gratuitously	s ⊠ Pursuant to Contract
3. Agency Official(s) Rece	cial	Number of Tickets	State Whet		ncome to the Official or for the Distribution
 Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization Address of Organization: Nume Purpose for Distribution: (D 	Official: <u>Keith Cars</u> nization: <u>Judy Freer</u>	on, Superviso nan	r Fifth District	Num	ber of Tickets:2
Purpose for Distribution: (L To promote attendance at a 5. Verification I have determined that the dist Signature of Agency blead or Designature	an event held at a C ribution of lickets set f	ounty facility i	n order to max	imize potential Coun	

Agency Report	711 MM	ic Docume		AG	PROVIDED B
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form	and the second
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 ex	(plain in Part 5.)	
510-272-3882 crystal.hishida@	acgov.org				
Agency Contact (name and title)			Date of Original Filing: .	(month, day, ye	ar)
Crystal Hishida Graff, Principal Analyst, Coun	ity Administrato	r's Office		CIDADY C. APROFILS	
2. Event For Which Tickets Were Distribut	ted				
Date(s) of Event: <u>06 / 08 / 10</u> Dese	cription of Even	t: A's v. Ange	ls		
19-12-06-990-0901-0901-0901-090-19-9	e Value of Ticke		1,700		
Tabl	s value of ficke	ι. φ			
Agency Event 🛛 Yes 🛛 No (Identify	source of ticket	s below.)			
Name of Outside Source of Ticket(s) Provided	to Agency: Oa	kland A's			
Number of Tickets Received:24	Ticket(s) Prov	vided to Agenc	:y: 🔲 Gratuitously	🗵 Pursuant	to Contrac
3. Agency Official(s) Receiving Ticket(s)	use a continuatio	n sheet for addi	itional names)		
Name of Official	Number	State Whet	ther the Distribution is Inc	come to the Off	icial or
(Last, First)	of Tickets	Descr	ibe the Public Purpose fo	or the Distributio	'n
	+				
4. Individual or Organization Receiving Ti	cket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency Official:	or Gail Steele, D	District 2			
Name of Individual or Organization: <u>Alameda</u>	County Urban I	Male Health In	iitiative Numbe	er of Tickets: .	20
Description of Organization: <u>collaboration of p</u>	rofessional me	n who are con	cerned about the heall	th of males at	high risk
		Oakland	la l	CA	94612
Address of Organization: 1000 Broadway		City		State	Zip Code
Number and Street		(S)			
Address of Organization.	irpose for the dis	tribution to the o	organization.)		
Number and Street	Sector se			re Services/P	ub.Health

.

-	11	1	1
(mo	onth,	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	ent		ROVIDED BY
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form	The state of the s
Division, Department, or Region (if applicable)				For Official U	lse Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612		6			
Area Code/Phone Number E-mail			Amendment (Must e	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, Principal Analyst, County		r's Office			
2. Event For Which Tickets Were Distribute					
Date(s) of Event: <u>06 / 23 / 10</u> Descr	ription of Even	t: Alameda C	ounty Fair		
// Face			5.00		ř.
Agency Event 🗌 Yes 🖾 No (Identify s		있는 전자 명의 다양하는 그래요			
Name of Outside Source of Ticket(s) Provided t	o Agency: <u>Ala</u>	meda County	Fairgrounds Board		
Number of Tickets Received:4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant to	Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatior	n sheet for addi	tional names)		
Name of Official	Number	State Whet	her the Distribution is In	come to the Offic	ial or
(Last, First)	of Tickets	Descri	be the Public Purpose for	or the Distribution	
4. Individual or Organization Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)		
그는 그는 것 같아요. 것 같아요. 것 같아요. 그는 것 중 것 같은 것 같아요. 것 ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	이번 영상에서 집에 가슴 것이다.		tor an agono, onean,		
Name of Behesting Agency Official: <u>Supervisor</u>	Alice Lai-Bitke	er, District 3			
Name of Individual or Organization: <u>Kathy Bosl</u>			Numb	er of Tickets:	4
Description of Organization:					
Address of Organization:					
Number and Street		City		State	Zip Code
Purpose for Distribution: (Describe the public pur	pose for the dist	ribution to the c	organization.)		
To reward a community volunteer for his or her	service to the	public			
5. Verification					
I have determined that the distribution of tickets set for	orth above is in	accordance wit	h the provisions of FPP0	C Regulation 189	44.1.
Mindel Honoth CRYSTAL H	IISHIDA GRAF	F PRIN	CIPAL ANALYST	6/2	5/10

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYS Print Name Title Comment: (Use this space or an attachment for any additional information including amendment explanation.)

(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROV AGENCY	
1. Agency Name		<u>.</u>		Date Stamp	0.00	1000
COUNTY OF ALAMEDA					Form O	02
Division, Department, or Region	(if applicable)			-	For Official Use C	Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
	mail					
510-272-3882 cr	ystal.hishida@a	acdov ord		Amendment (Must exp	ilain in Part 5.)	
Agency Contact (name and title)	yotannoniaa@e	logenloig		Date of Original Filing: _	(month, day, year)	-
Crystal Hishida Graff, Principa	Analyst, Count	v Administrate	or's Office		(monin, day, year)	
2. Event For Which Tickets W						_
Date(s) of Event:06 /27			nt. Alameda C	ounty Fair		
				1		
/	/ Face	Value of Tick	et: \$			
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Ticl	(s) Provided t	o Agency: Al	ameda County	Fairgrounds Board		
Number of Tickets Received:	/1.4				I Pursuant to Co	ontract
3. Agency Official(s) Receivir	ig Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Official (Last, First)	<u> </u>	Number of Tickets	State Whe	ther the Distribution is Inco ibe the Public Purpose for		or
Briones, Ruben		4	To reward a	County employee for hi	s exemplary serv	rice
· · · · · · · · · · · · · · · · · · ·						
4. Individual or Organization	0.0000.0000.0000.000000000000000000000	ba nagaza na manu		t of an agency official.)		1.
Name of Behesting Agency Offi	cial: Supervisor	Alice Lai-Biti	ker, District 3			_
Name of Individual or Organiza	tion:			Numbe	r of Tickets:	
Description of Organization:						
Address of Organization:	and Street		City		State Zi	ip Code
Purpose for Distribution: (Desci	ibe the public pur	pose for the di	stribution to the a	organization.)		
To reward a County employee					levelopment	
To reward a county employee		cinplary ocrvi		o or to encourage starre	iovolopinom.	
5. Verification						
I have determined that the distribut	ion of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1	Ι.
length H Brill		HISHIDA GRA		ICIPAL ANALYST	6/25/	10
Signature of Agency Head or Designae		Print Name		Title	(month, day	, year)

	A Publi	ic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form 802
Division, Department, or Reg	on (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				1
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail			
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must exp	olain in Part 5.)
Agency Contact (name and title		Da	te of Original Filing:	
	ipal Analyst, County Administrato	CONTRACT OF AN OTHER DO		(month, day, year)
The second se	Annual State Provide State State	of s Office		
2. Event For Which Tickets		Alemeda Cour		
Date(s) of Event:6_/_2	3 / 10 Description of Even			
	1 / 10 Face Value of Ticke	t: \$5	5.00	
Agency Event 🛛 Yes	No (Identify source of ticket	s below.)		
Name of Outside Source of	Ticket(s) Provided to Agency: <u>Ala</u>	meda County Fai	r Association	V.
Number of Tickets Received	: Ticket(s) Prov	ided to Agency:		Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (use a continuation	n sheet for addition	al names)	
Name of Offic	ial Number	State Whether	the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Describe t	he Public Purpose for	the Distribution
4 Individual on Opportunation	n Deschrien Tielert(s) (D			
	on Receiving Ticket(s) (Provide		an agency official.)	
Name of Behesting Agency	Official: Supervisor Alice Lai-Bitke	ər		
				and the second second
Name of Individual - O	ization: <u>Mother Wright Foundatio</u>	n	Numbe	r of Tickets: <u>10</u>
Name of Individual or Organ				
Description of Organization:				
Description of Organization:		City		State Zip Code
Description of Organization: Address of Organization:	nber and Street	City	vizztina \	State Zip Code
Description of Organization: Address of Organization: _{Nur} Purpose for Distribution: (De	nber and Street escribe the public purpose for the dist	City	nization.)	State Zip Code
Description of Organization: Address of Organization:	nber and Street escribe the public purpose for the dist	City	nization.)	State Zip Code
Description of Organization: Address of Organization: Nur Purpose for Distribution: (De To reward a community volu	nber and Street escribe the public purpose for the dist	City	nization.)	State Zip Code
Description of Organization: Address of Organization:	nber and Street escribe the public purpose for the dist inteer for her service	City ribution to the orga		
Description of Organization: Address of Organization:	nber and Street escribe the public purpose for the dist inteer for her service ibution of tickets set forth above is in	City ribution to the orga accordance with th	e provisions of FPPC	
Description of Organization: Address of Organization:	nber and Street escribe the public purpose for the dist inteer for her service ibution of tickets set forth above is in CRYSTAL HISHIDA GRAF	City ribution to the orga accordance with th		

Tickets Provided by		A Publ	ic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)			Date Stamp	California Form 802
Street Address OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amondment (14)	
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Muste	xpiain in Part 5.)
Agency Contact (name and title	50			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	the second se		or's Office		
2. Event For Which Ticket			Alameda C	ounty Fair	
Date(s) of Event: <u>06</u>			nt: <u>Alameda C</u>	/	
/	/ Face	Value of Ticke	ət: \$Q		
Agency Event D Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Ala	ameda County	Fair	
Number of Tickets Received				:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi (Last, First)	cial	Number of Tickets	the second s	ther the Distribution is In ibe the Public Purpose f	contract a series of the serie
· · · · · · · · · · · · · · · · · · ·					
4. Individual or Organizati	naaraa ahay ka ahay ka saya waxa da ahaya	a seconder an arc a conserve		11.7 M 62.9 M - 10.7029 M 63.6 M - 24.6 M 63.6 M 63.6 M	
Name of Behesting Agency	Official: Alameda C	County Superv	isor Scott Hag	gerty, District 1	
Name of Individual or Orgar					per of Tickets: <u>30</u>
Description of Organization:					
Address of Organization:	900 Valley Ave., Su	ite B Pleasant	ton CA 94566 _{City}		State Zip Code
Purpose for Distribution: (D	escribe the public pur	mose for the dis	stribution to the	organization.)	
To reward a non profit orga	a en españo presenta de la servicia	Alexandra Perio Consecutiva			
5. Verification	chution of tickets and	forth observa is in	a accordance with	lh the providians of CDD	O Desulation (00111)
I have determined that the dist	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	6/23/10
Signature of Agency Head or Design	100	Print Name		Title	(month, dag, year)

Tickets Provided by			c Docume	t	TICKETS	PROVIDED BY
Agency Report		A Public	c Docume	m		ENCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	ion (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR		
510-272-3882	crystal.hishida@a			Amendment (Must ex	plain in Part 5.)	
Agency Contact (name and title		acgov.org		Date of Original Filing: _		
			- 0/	bato of original filling.	(month, day, yea	ir)
Crystal Hishida Graff, Princ			s Office			
2. Event For Which Tickets						
Date(s) of Event: <u>06</u> /_2	<u>'3 / 10</u> Desc	ription of Event	Alameda Co	ounty Fair		
		Value of Ticket	1.00			
Agency Event 🛛 Yes	区 No (Identify s	ource of tickets	below.)	0		
Name of Outside Source of	Ticket(s) Provided f	to Agency: A	ameda	County Fai	r Assr	Ν,
Number of Tickets Received	AD				🗵 Pursuant t	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addit	ional names)		
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	ome to the Offi	cial or
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distributio	n
			11			
4. Individual or Organization	on Receiving Tic	ket(s) (Provide	d at the behes	of an agency official.)		
Name of Behesting Agency	Official Supervisor	⁻ Gail Steele, Di	istrict 2			
Name of Benesting Agency						
Name of Individual or Organ	nization: La Familia	Resource Cen	ter	Numbe	er of Tickets: _	.40
Description of Organization:	Provides basic-ne	ed services to f	amilies in nee	dimmigration, food,	shelter, etc.	
	0004 14 10 10 10 10 10 10		1 No. 10 10 10 10			2012
Address of Organization;	6081 Mocine Ave.		City	ard,	CA State	2ip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distr	ibution to the c	rganization.)		
To reward a school or nonp	rofit organization fo	r its contribution	ns to the com	munity.		
5. Verification						
	ibution of tistes and	auth abarra ta ta		the second time of process	n	
I have determined that the distr	Ibution of tickets set f	orth above is in a	iccordance witi	a une provisions of FPPC	Regulation 18	144.7.
Signature of Agency Head or Design	The state of the s	HISHIDA GRAF	F PRIN	CIPAL ANALYST	6/	23/10
Vigene and of Design	1.00			1144	(moni	n, day, year)

Tickets Provided by					
Agency Report		A Public Docum	ent		PROVIDED B
1. Agency Name			Date Stamp	California	000
COUNTY OF ALAMEDA				Form	802
Division, Department, or Regio	n (if applicable)			For Official t	Use Only
1221 OAK STREET, #555					
Street Address			-		
OAKLAND, CA 94612					
	-mail				
510-272-3882	crystal.hishida@a	caoy ora	Amendment (Mustex)	plain in Part 5.)	
Agency Contact (name and title)	aystal.msriida@a	logov.org	Date of Original Filing: _		
Crystal Hishida Graff, Princip	al Analyst Count	Administrator's Office		(month, day, yea	1)
2. Event For Which Tickets			Sectors Form		
Date(s) of Event: <u>06</u> / 23		ription of Event: Alameda	Sounty Fair		
0711	_/ <u>10</u> Face	Value of Ticket: \$	5-		
Agency Event 🛛 Yes	CREATING ALL MERINA AND AND AND AND AND AND AND AND AND A	ource of tickets below.)		A	
Name of Outside Source of Tid		o Agency: <u>Alameda</u>	a County tair	- Assn	1
Number of Tickets Received: -	45	Ticket(s) Provided to Ager	cy: 🔲 Gratuitously	I Pursuant to	o Contrac
3. Agency Official(s) Receivi	i ng Ticket(s) (us	se a continuation sheet for ad	ditional names)		
Name of Officia		Number State Whe	ether the Distribution is Inco	ome to the Offic	cial or
(Last, First)			ribe the Public Purpose for		
	Design and the second				
4. Individual or Organization		e e contrata de la c	st of an agency official.)		
Name of Behesting Agency Of	ficial. Supervisor	Gail Steele, District 2			
Name of Individual or Organiza	ation: Eden Youth	n & Family Center	Numbe	r of Tickets:	45
Description of Organization: <u>P</u>	rovides supportiv	e services and advocacy for	or children and families i	n Hayward are	ea.
690	M Toppuson				100000
Address of Organization.	W. Tennyson		ward,	CA	94544
		City		State	Zip Code
Purpose for Distribution: (Desc	cribe the public purp	oose for the distribution to the	organization.)		
To promote health, motivate a	nd provide expan	ded opportunities to vulner	able populations in Alan	neda County.	
·					
5. Verification					
I have determined that the distribu	ition of tickets set fo	orth above is in accordance w	ith the provisions of EPPC	Regulation 190	11 1
				- oguiduori 10a	
Signature of Agency Head or Designee	A STATISTICS AND A STATISTICS		NCIPAL ANALYST	_ 6/2	23/10
orginature of Agency mead of Designee	1	Print Name	Title	(month	day year)

Tickets Provided by Agency Report		A Public Do	cume	nt		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)			Date Stamp	AGE California Form For Official	802 Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612 Area Code/Phone Number	E-mail					
				Amendment (Must exp	lain in Part 5.)	
510-272-3882 Agency Contact (name and title)	crystal.hishida@ac	gov.org		Date of Original Filing:		
Crystal Hishida Graff, Princi		Administrator's Offi	~	Date of Original Thing	(month, day, yea	r)
2. Event For Which Tickets	the second se	the second se	Ce			
2. Event For which lickets	were Distributed	a Alan	neda Cr	unty Fair - Lov	inge	
Date(s) of Event:	<u>5 / 10</u> Descrip	ption of Event:	neua ou	Junty Fail Pos	0	
	<u>1_/_10</u> Face V	/alue of Ticket: \$		0-		
Agency Event 🛛 Yes	🗵 No (Identify so	urce of tickets below	N.)	0	Accan	
Name of Outside Source of	Ficket(s) Provided to	Agency: Ham	reac	county taux	170811	1
Number of Tickets Received		Ficket(s) Provided to			⊠ Pursuant te	
3. Agency Official(s) Recei	ving Ticket(s) (use	a continuation sheet	for addit	ional names)		
Name of Offic (Last, First)	ial	Number Sta of Tickets		her the Distribution is Inco be the Public Purpose for		
4. Individual or Organizatio	on Receiving Tick	et(s) (Provided at the	e behest	of an agency official.)		
Name of Behesting Agency	Official: Supervisor (Gail Steele, District	2			
Name of Individual or Organ				Numbe	r of Tickets: _	4
Description of Organization:						;
Address of Organization: P.	O. Box 327		Sunol, _{City}		CA	94586 Zip Code
5000 1996 - An 1990 - 1970 - 199			0.030		ound	210 0000
Purpose for Distribution: (De						
to reward a community volu	nteer for his service	to the public. Incluc	de parki	ng pass		
5. Verification						
I have determined that the distri	bution of tickets set for	rth above is in accorda	ance witl	the provisions of FPPC	Regulation 189	944.1.
les art	CRYSTAL HI	SHIDA GRAFF		CIPAL ANALYST	6/2	23/10
Signature of Agency Mead or Design	ee Pr	rint Name		Title	Tmonth	h, day, year)

-	(I	nonth.	day,	year)

Tickets Provided by		A Public Do	cument			PROVIDED B
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555	(if applicable)			Date Stamp	California Form For Official	6 02
Street Address OAKLAND, CA 94612						
	mail rystal.hishida@acgo		Dat	Amendment (Muster	A	r)
2. Event For Which Tickets V	Vere Distributed			/ Foir		
Date(s) of Event: <u>06 / 23</u> <u>07 / 11</u>	10	on of Event: <u>Alar</u> ue of Ticket: \$	E	00		
Agency Event ☐ Yes Name of Outside Source of Tic Number of Tickets Received: _	110		eda (or	0	AS874, ⊠ Pursuant t	o Contrac
3. Agency Official(s) Receivi	ng Ticket(s) (use a	and the second se				
Name of Official (Last, First)		Number Sta f Tickets		e Distribution is Ind e Public Purpose fo		
4. Individual or Organization	ande de service d e construerde	ABUNURI DAN UNIONN PEDBARD I MENDERI		n agency official.)		
Name of Behesting Agency Off Name of Individual or Organiza			2	Numb	er of Tickets: _	45
Description of Organization: O			rehabilitatior			l illness.
Address of Organization: 590 I	3 Street		Hayward,	<u>I</u>	CA	94541 Zip Code
Purpose for Distribution: (Desc To promote health, motivate an	anun energia de la companya de la companya		M 1-1 CAM (1977) - 1776-199	N YE-92 WARDEN	imeda County.	
5. Verification						
I have determined that the distribu	CRYSTAL HIS			provisions of FPPC AL ANALYST Title	6	944.1. 122/1 h, day, sear)

 Signature of poency Head or Designee
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYS

 Signature of poency 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 Public Docum	ent		PROVIDED E
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)		Date Stamp	California Form For Official	802
Street Address OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		Amendment (Must ex,	olain in Part 5)	
510-272-3882	crystal.hishida@acgov	.org		plain in Fait 0.)	
Agency Contact (name and title)		Date of Original Filing: _	(month, day, yea	ur)
Crystal Hishida Graff, Princ	ipal Analyst, County Adr	ninistrator's Office			
2. Event For Which Tickets					
Date(s) of Event: <u>06</u> /_2	3 / 10 Description	n of Event: Alameda C	ounty Fair		
07 / 1	1 / 10 Face Value	of Ticket: \$	5.00		
Agency Event 🛛 🗌 Yes	🗵 No (Identify source	e of tickets below.)	1	C4	
Name of Outside Source of	Ticket(s) Provided to Age	ency: Alameda	county feer to	s. s. s.	
Number of Tickets Received	: <u>45</u> Ticke	et(s) Provided to Agend		⊠ Pursuant t	o Contrad
3. Agency Official(s) Recei	ving Ticket(s) (use a c	ontinuation sheet for add	itional names)		
Name of Offic (Last, First)			ther the Distribution is Inc ibe the Public Purpose for		
4. Individual or Organization	- 14 - 17 25 1 - 1-2 17 20 C 3 5 C 75 12 C 15 C C 55	ne refer internation of the second second second second	t of an agency official.)		
Name of Individual or Organ	ization: League of Volur	teers, Newark	Numbe	r of Tickets: _	45
Description of Organization:			of life in Tri-Cities area	for youth, se	niors, etc
Address of Organization, 35	233 C Newark Blvd.	Nev	vark,	CA	94541
Address of Organization:	nber and Street	City		State	Zip Code
Purpose for Distribution: (De	escribe the public purpose f	or the distribution to the	organization.)		
To reward a nonprofit organ	ienaides allas provincipations ar i				
5. Verification					
I have determined that the distr	bution of tickets set forth a	bove is in accordance wi	h the provisions of FPPC	Regulation 180	44.1
1.1-0 /	server and a statement and a server Rodert in Collecti Fairs		an annan Cananananan Salasan (Canana) (Canana)	sesa mana masur o	1

 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

PRINCIPAL ANALYST

(month, day, year)

		Arubit	c Docume	ent		PROVIDED E NCY REPOR
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Regi	on (if applicable)			1	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@acg	jov.org			and an and an an	
Agency Contact (name and title)				Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Princi	pal Analyst, County A	Administrator'	s Office			.,
2. Event For Which Tickets	Were Distributed					
Date(s) of Event: <u>06 / 2</u>	3 / 10 Descrip	tion of Event:	Alameda C	ounty Fair		
	4 40			5.00		
	Face va	alue of Ticket:	۵	0.77.0/29.77		
Agency Event 🛛 🗌 Yes	🗵 No (Identify sou				· · · · ·	
Name of Outside Source of T	Ficket(s) Provided to (Agancy: Alo	meda	Countytair	ASSN,	
		-gency.		0		
Number of Tickets Received	:	cket(s) Provid	ded to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to	o Contrac
3. Agency Official(s) Recei	ving Ticket(s) (use	a continuation	sheet for add	itional names)		
Name of Offic (Last, First)		Number		ther the Distribution is Ind		
(Lao), Filb()		of Tickets	Descr	ibe the Public Purpose fo	or the Distribution	1
4. Individual or Organizatio	on Receiving Ticke	t(s) (Provided	d at the behes	t of an agency official.)		
	Supervisor G	ail Steele Di	strict 2			
Name of Behesting Agency (Official: Supervisor G	ail Steele, Di	strict 2			
			strict 2	Numb	or of Tickster	45
Name of Individual or Organi	ization: <u>Eden Housin</u>	g			er of Tickets: _	45
Name of Individual or Organi	ization: <u>Eden Housin</u>	g				1.424738
Name of Individual or Organi Description of Organization: .	ization: Eden Housing	g	housing for	low-income, seniors, a	and the disable	d.
Name of Individual or Organi Description of Organization: . Address of Organization: <u>22</u>	ization: <u>Eden Housing</u> To build and maintair 645 Grand St.	g	housing for Hayw	low-income, seniors, a	and the disable CA	d. 94541
Name of Individual or Organi Description of Organization: . Address of Organization: <u>22</u>	ization: Eden Housing	g	housing for	low-income, seniors, a	and the disable	d. 94541
Name of Individual or Organi Description of Organization: . Address of Organization: <u>22</u>	ization: <u>Eden Housing</u> To build and maintair 645 Grand St. nber and Street	g n high-quality	housing for Hayw _{City}	low-income, seniors, a	and the disable CA	d. 94541
Name of Individual or Organi Description of Organization: . Address of Organization: <u>22</u>	ization: Eden Housing To build and maintair 645 Grand St. her and Street escribe the public purpos	g n high-quality se for the distri	housing for Hayw ^{City} bution to the d	low-income, seniors, a	and the disable CA	d.

CRYSTAL HISHIDA GRAFF ency Alead or Designee Signature of

Print Name

PRINCIPAL ANALYST

Title

(month, day, year)

Agency Repor	led by		A Public	Documo	nt	TICKETS	PROVIDED B
	t		AFublic	Docume	1910.0		NCY REPOR
I. Agency Name					Date Stamp	California	802
COUNTY OF AL	and the second of a the second second					Form For Official	
Division, Departm	ient, or Regio	n (if applicable)				POI Official	Use Only
1221 OAK STRE	EET, #555						
Street Address							
OAKLAND, CA	94612						
Area Code/Phone	Number [E-mail			Amendment (Mus	at oundain in Dart 5)	
510-272-3882		crystal.hishida@a	acdov.ord			ar explain in Fait 5.)	
Agency Contact (and the second se				Date of Original Filin	g:(month, day, yea	4
Crystal Hishida	Graff, Princin	al Analyst, Coun	ty Administrator's	Office		(monin, day, yea	0
. Event For Whi	Second St. D. To periods		C. A. Deriver and the second			6	
				Alamoda Cr	unty Fair		
Date(s) of Event:		Desc	cription of Event:	hameua ou	Junty Pan		
		_/ <u>10</u> Face	Value of Ticket: \$;	5.00		
Agency Event	□ Yes		source of tickets b	/			
Name of Outside	Source of Ti	icket(s) Provided	to Agency Ala	medal	sunty Fair	ASSN -	
		10			\sim	a= 01.5	
Number of Ticket	s Received:	47	Ticket(s) Provide	d to Agency	y: 🔲 Gratuitously	⊠ Pursuant t	o Contrac
Agency Officia		<u>22</u> <u>22</u> _20/10	se a continuation sh				
١	Vame of Officia (Last, First)	al	Number of Tickets		her the Distribution is be the Public Purpose		
. Individual or C	rganizatio	n Receiving Tio	ket(s) (Provided a	at the behest	of an agency official.)	
. Individual or C Name of Behesti	n 5	Supervise	c ket(s) (Provided a r Gail Steele, Dist		of an agency official.)	
Name of Behesti	ng Agency O	official: Superviso	50 22 Sec. 31 1979 D	trict 2) nber of Tickets: _	45
Name of Behesti	ng Agency O Ial or Organiz	official: Superviso	r Gail Steele, Dist	trict 2			45
Name of Behesti Name of Individu	ng Agency O al or Organiz rganization: _ nization: _ <u>300</u>	official: Superviso	r Gail Steele, Dist	trict 2	Nur		45 94544 Zip Code
Name of Behesti Name of Individu Description of Or Address of Organ	ng Agency O al or Organiz rganization: _ nization: <u>300</u> _{Numb}	official: Superviso zation: Hayward Y O W. Winton	r Gail Steele, Dist	trict 2 ervices Haywa ^{City}	Nun	nber of Tickets: _ CA	94544
Name of Behesti Name of Individu Description of Or Address of Organ Purpose for Distr	ng Agency O al or Organiz rganization: _ nization: <u>300</u> Numb ribution: (Des	official: Superviso zation: Hayward Y O W. Winton Der and Street scribe the public pu	r Gail Steele, Dist Youth & Family Se rpose for the distribu	trict 2 ervices Haywa ^{City} ution to the o	Nun	nber of Tickets: _ CA State	94544 Zip Code
Name of Behesti Name of Individu Description of Or Address of Organ Purpose for Distr	ng Agency O al or Organiz rganization: _ nization: <u>300</u> Numb ribution: (Des	official: Superviso zation: Hayward Y O W. Winton Der and Street scribe the public pu	r Gail Steele, Dist Youth & Family Se rpose for the distribu	trict 2 ervices Haywa ^{City} ution to the o	nrd,	nber of Tickets: _ CA State	94544 Zip Code
Name of Behesti Name of Individu Description of Or Address of Organ Purpose for Distr To promote heal	ng Agency O al or Organiz rganization: _ nization: 300 Numb ribution: (Des lth, motivate a	official: Superviso zation: Hayward Y O W. Winton Der and Street scribe the public pu and provide expa	r Gail Steele, Dist Youth & Family Se rpose for the distribu	trict 2 ervices Haywa ^{City} ution to the o s to vulnera	rganization.)	nber of Tickets: _ CA State Alameda County.	94544 Zip Code
Name of Behesti Name of Individu Description of Or Address of Organ Purpose for Distr To promote heal	ng Agency O al or Organiz rganization: _ nization: 300 Numb ribution: (Des lth, motivate a	official: Superviso zation: Hayward Y O W. Winton Der and Street scribe the public pu and provide expanded bution of tickets set	r Gail Steele, Dist Youth & Family Se rpose for the distribu nded opportunitie forth above is in acc	trict 2 ervices Haywa ^{City} ution to the o s to vulnera cordance with	nrd, rganization.) ble populations in <i>I</i>	nber of Tickets: _ CA State Alameda County.	94544 Zip Code
Name of Behesti Name of Individu Description of Or Address of Organ Purpose for Distr To promote heal	ng Agency O al or Organiz rganization: _ nization: 300 Numb ribution: (Des Ith, motivate a that the distrib	official: Superviso zation: Hayward Y O W. Winton Der and Street scribe the public pu and provide expa oution of tickets set CRYSTAL	r Gail Steele, Dist Youth & Family Se rpose for the distribu	trict 2 ervices Haywa ^{City} ution to the o s to vulnera cordance with	rganization.)	nber of Tickets: CA State Alameda County. PPC Regulation 18:	94544 Zip Code

Tickets Provided by	A Public Docum	ent	TICKETS PROVIDED B
Agency Report			AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region	//f analizable)		For Official Use Only
(1) Contractive of the second seco	n applicable)		25
1221 OAK STREET, #555 Street Address			
OAKLAND, CA 94612 Area Code/Phone Number E-n			
ACCERTISATION CONTRACTOR CONTRACTOR ACCESSION CONTRACTOR ACCESSION		Amendment (Must ex	kplain in Part 5.)
	vstal.hishida@acgov.org	Deterof Onininal Filling	
Agency Contact (name and title)		Date of Original Filing: .	(month, day, year)
	Analyst, County Administrator's Office		
2. Event For Which Tickets W			
Date(s) of Event:06 /23 _/	Description of Event: Alameda	County Fair	
	Face Value of Ticket: \$	E 00	
5 857 98 <u>345</u> 757 AL		1	
A DECREMENTATION DESCRIPTION OF A	No (Identify source of tickets below.)		
Name of Outside Source of Tick	et(s) Provided to Agency: <u>Alameda Count</u>	y Fairgrounds Board	
Number of Tickets Received:	6 Ticket(s) Provided to Ager	icy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivin	g Ticket(s) (use a continuation sheet for ad	ditional names)	
Name of Official		ether the Distribution is Inc	
(Last, First)	of Tickets Desc	ribe the Public Purpose fo	r the Distribution
	· .		
(
4. Individual or Organization F	Receiving Ticket(s) (Provided at the beha	est of an agency official.)	
12			
Name of Behesting Agency Offic	cial: Supervisor Alice Lai-Bitker, District 3		
Name of Individual or Organizati	on: <u>Nina Gabriel</u>	Numb	er of Tickets: <u>6</u>
Address of Organization:	and Street Cit	y	State Zip Code
	be the public purpose for the distribution to the		
		organization.)	2
Reward for serv	ice to the community		
5. Verification	0		
I have determined that the distribution	on of tickets set forth above is in accordance w	ith the provisions of FPPC	Regulation 18944.1.
1140 11		an an ann an tha tha san ann an san ann an	6/22/0
Signature of Agency Head or Designee		NCIPAL ANALYST	
aignature of Agency nead of Designee	Print Name	Title	(month, day, year)

1. Agency Name Date Stamp Callify of ALAMEDA Division, Department, or Region (if applicable) Terr Official (if applicable) Terr Official (if applicable) 1221 OAK STREET, #555 Street Adfress Columity of applicable) Terr Official (if applicable) 21221 OAK STREET, #555 Corpstal. hishida@acgov.org Amendment (Must explein in Part 5.) Date of Original Filing:			and a second the second the second		AGENCY REPORT
CUDINT OF ALANEDA Participantment, or Region (# applicable) 1221 OAK STREET, #555 Street Address Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail 510-272-3882 crystal.hishida@acgov.org Agency Ontact (mame ad tible) crystal.hishida@acgov.org Agency Ontact (mame ad tible) crystal.hishida@acgov.org				Date Stamp	
Distribution, Out and publication 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail 510-272-3882 Crystal.hishida@acgov.org Agency Contact (name and title) Crystal.hishida@acgov.org Date of Orginal Filing:					
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail Sto-272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Orginal Filing:					For Onicial Use Only
OAKLAND, CA 94612 Area Codor/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: O6_/23_/10_ Description of Event: 5.00_ Agency Contact (name and title)					
Area Code/Phone Number E-mail 510-272-3882 crystal.hishida@acgov.org Agency Contact (name and file) Date of Original Filing:					
510-272-3882 crystal.hishida@acgov.org Agency Contact (name and life) Date of Original Filling:					
Agency Contact (name and title) Date of Original Filling:				Amendment (Must e	explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, Caunty Administrator's Office Crystal Hishida Graff, Principal Analyst, Caunty Administrator's Office Crystal Hishida Graff, Principal Analyst, Crystal Hishida Graff, Print Mame Crystal Hishida Graff, Principal Analyst, Crystal Hishida Graff, Principal AnAlyst, Crystal Hishida Graff, Print Mame Crystal Hishida Graff, Principal Administratory of Ticket, Crystal Hishida Graff, Print Mame		icgov.org			
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair				Date of Original Filing:	(month, day, year)
Date(s) of Event: 06 / 23 / 10 / 23 / 10 / Face Value of Ticket: S.00 Agency Event Yes Exe Value of Ticket: S.00 Agency Event Yes Exe No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Exercise 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 Mame of Official (Last, First) Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Mame of Behesting Agency Official: Supervisor Alice Lai-Biltker, District 3 Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Reward for Service for the Commundy . State State St			or's Office		
				_	
	Date(s) of Event: <u>06 / 23 / 10</u> Desc	ription of Eve	nt: Alameda C	ounty Fair	
Agency Event Yes No (identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency. Alameda County Fairgrounds Board Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official or Official: Number 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 Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Pervand for Service for the Commundy Image: City State Zip Code I have determined that the distribution of tickets set forth above is in accordance with the provi				E 00	
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Mumber and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Pervard for Service to the Commundy . Stylenature of bighthroy Used or Designee Th					
Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Mame of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe th	NAMES AND A REPORT OF A DESCRIPTION OF A		19091-1901-19990-1999		
Number of Tickets Received: 5 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Mame of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Address of Organization: Linda Adams Number of Tickets: 5 Description of Organization: Image: City Number and Street City Number of Distribution: Describe the public purpose for the distribution to the organization.) Reward Free Official of the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Inverse determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of phoney Used or Designee Print Name PRINCIPAL ANALYST Titie Im	Name of Outside Source of Ticket(s) Provided t	o Agency: Al	ameda County	Fairgrounds Board	
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Description of Organization:					Pursuant to Contract
(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: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Address of Organization: Mumber and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Reward State Zip Code Functional Inaccordance with the provisions of FPPC Regulation 18944.1. Inaccordance with the provisions of FPPC Regulation 18944.1. Signature of Medice of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Uncontr, div, year)	3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
(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: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization: Linda Adams Number of Tickets: 5 Address of Organization: Mumber and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Reward State Zip Code Functional Inaccordance with the provisions of FPPC Regulation 18944.1. Inaccordance with the provisions of FPPC Regulation 18944.1. Inverse of Experiment of that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Incontr. dby, year) Signature of Tipency Bed or Designee Print Name Print Name Title			and the second se	CONTRACTOR AND CONTRACTOR	come to the Official or
Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Description of Organization: Mumber of Tickets: Address of Organization:		(c) and a state of the state	Descri	be the Public Purpose for	or the Distribution
Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Description of Organization: Mumber of Tickets: Address of Organization:					
Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Description of Organization: Mumber of Tickets: Address of Organization:					
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Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Description of Organization: Mumber of Tickets: Address of Organization:					
Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3 Name of Individual or Organization: Linda Adams Description of Organization: Mumber of Tickets: Address of Organization:					
Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization:	4. Individual or Organization Receiving Tic	ket(s) (Provid	I ded at the behes	t of an agency official.)	
Name of Individual or Organization: Linda Adams Number of Tickets: 5 Description of Organization:	Name of Roberting Agonov Official Supervisor	Alice Lai-Bitl	ker, District 3		
Description of Organization:					
Description of Organization:	Name of Individual or Organization: Linda Adar	ns		Numb	er of Tickets: <u>5</u>
Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Purpose for Distribution: Image: Comparization of the comparization of the comparization of the comparization of the comparization. Image: Comparization of the comparization of the comparization. Image: Comparization of the comparization. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Crystal Hishida GRAFF PRINCIPAL ANALYST Image: Comparization of the compa					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Revard for service 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 Hold or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Item of Agency Hold or Designee Print Name Title	Description of Organization:				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Revard for service for the community . 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Appency Hold or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Title (month, day, year)					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Revard for Service for 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 Appency Hold or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Print Name Title (month, day, year)	Address of Organization: Number and Street		City		State Zip Code
Reward for service 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>Automatication</u> Signature of Med or Designee Print Name PRINCIPAL ANALYST <u>Ulto 100</u> Title		nose for the dir	stribution to the c	vaganization)	
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 Signature of Appency Hold or Designee CRYSTAL HISHIDA GRAFF Title CRYSTAL HISHIDA GR		2	1	nganization.)	
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 Appency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 6/23/10 Signature of Appency Head or Designee Print Name Title (month, day, year)	Remara for service to the L	sinmu	ning.	•	
Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Growth, day, year)	5. Verification				
Signature of Apency Head or Designee Print Name Title (month, day, year)	I have determined that the distribution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
				CIPAL ANALYST	1/2/11

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED B	
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA			Date Stamp	Form 802		
Division, Department, or Reg	ion (if applicable)				For Official Use Only	
1221 OAK STREET, #555	ion (ii applicasic)				2	
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
			Amendment (Must explain in Part 5.)			
	510-272-3882 crystal.hishida@acgov.org			Date of Original Filing:		
Agency Contact (name and title)			Date of Original Philip	(month, day, year)		
Crystal Hishida Graff, Princ			's Office			
2. Event For Which Ticket						
Date(s) of Event:06_/_2	<u>23 / 10</u> Desc	ription of Event	t: Alameda C	ounty Fair		
		Value of Ticket		E 00		
Agency Event 🛛 Yes	⊠ No (Identify s	ource of tickets	s below.)			
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Alar	meda County	Fairgrounds Board		
Number of Tickets Received					Pursuant to Contract	
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addi	tional names)		
Name of Offic	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) (Provide	ed at the behes	t of an agency official)		
	10.5	R R 8		tor an agency official.7		
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitke	er, District 3			
					0	
Name of Individual or Orgar	ization: Sylvia de E	srussei		Numbe	er of Tickets:3	
Description of Organization:						
Address of Organization:	mber and Street		City		State Zip Code	
Purpose for Distribution: (D		pose for the dist	ribution to the c	organization.)		
Reward for St	pruice tot	he como	au mita	5		
1000000 10100	1000 10 1	ne comin	nuncie			
5. Verification						
I have determined that the distr	ibution of tickets set f	orth above is in a	accordance wit	h the provisions of FPPC	Regulation 18944 1	
1140 11	/ · · · · · · · · · · · · · · · · · · ·			에 가지에 위해되었다. 이번 사람이 가지 않는 것이 있다. 같이 있는 것 같은 것 같은 것에서 가지 않는 것을 많이 많다.		
asmy		HISHIDA GRAF	PRIN	CIPAL ANALYST	6/25/10	
Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
Comment: (Use this space or a	n attachment for any add	autional information	including amend	iment explanation.)		

Tickets Provided by			TICKETS PROVIDED BY
Agency Report	A Public Docur	nent	AGENCY REPOR
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			
and with the first of the second s	mail		
(510) 272-3882 c	rystal.hishida@acgov.org	Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	, Jonannia and Gaogo (10.13	Date of Original Filing: _	
Crystal Hisbida Graff, Principa	Analyst, County Administrator's Office		(month, day, year)
. Event For Which Tickets V			
		County Fair	
Date(s) of Event:/ 23	<u>10</u> Description of Event: <u>Alameda</u>		
/	J Face Value of Ticket: \$	5-	
	No (Identify source of tickets below.)		
Name of Outside Source of Tic	ket(s) Provided to Agency: Alameda Cour	nty Fair Association	
Number of Tickets Received: _			⊠ Pursuant to Contrac
Agency Official(s) Receivin	ng Ticket(s) (use a continuation sheet for a	dditional names)	
Name of Official		hether the Distribution is Inc	
(Last, First)	of Tickets Des	scribe the Public Purpose fo	r the Distribution
Individual or Organization	Receiving Ticket(s) (Provided at the bet	nest of an agency official.)	
20 C		त्र क. ट	
Name of Behesting Agency Off	icial: <u>Alameda County Supervisor Nate M</u>	illey, District 4	
			8
Name of Individual or Organiza	tion: <u>Castro Valley/Eden Area Chamber o</u>	Number Number	er of Tickets:o
Description of Organization:	rvice organization		
3467	Castro Valley Blvd, Castro Valley, CA 94	1546	
Address of Organization:		City	State Zip Code
B. BLUI			
 Control Balance Products (Control Active State Stat State State Stat State State St	ribe the public purpose for the distribution to the	e organization.)	
To reward a non profit for their	service to the community		
Manife and an			
. Verification			
I have determined that the distribut	tion of tickets set forth above is in accordance	with the provisions of FPPC	Regulation 18944.1.
as make	CRYSTAL HISHIDA GRAFF PF	RINCIPAL ANALYST	6/22/1
Signature of Agency Plead or Designee	Print Name	Title	(month, day, year)

gency Report			c Docume		AGENCY REPORT
Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Onicial Ose Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org			Date of Original Filing:		
Agency Contact (name and title)					
Crystal Hishida Graff, Princ	the second s		's Office		
Event For Which Ticket					
Date(s) of Event:	2 <u>3 / 10</u> Desc	ription of Event:	Alameda Co	ounty Fair	
//////////////////////_/	/ Face				
2					
Agency Event 🛛 Yes	🗙 No (Identify s		17.7 A YO 12 A AN 27 A YO 12 A		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Alan	neda County I	Fair Association	
Number of Tickets Received	:	Ticket(s) Provid	ded to Agency	: 🔲 Gratuitously	Pursuant to Contract
Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addit	ional names)	
_ (F) (B) (C (A)					acome to the Official or
Name of Official (Last, First)		Number State Whether the Distribution is Income to the Of of Tickets Describe the Public Purpose for the Distribution			
			The second se		
2					
Individual or Organizati	입니다. 김 그의 것 집에서 전체구에 집에 가지?				
Name of Behesting Agency	Official, Alameda C	County Supervis	or Nate Miley	, District 4	
Name of Individual or Orgar	ization: Castro Val	ley/Eden Area (Chamber of C	ommerc Num	per of Tickets: <u>8</u>
		5 A 6			
	service organizatio	חס			
Description of Organization:			ON CA 0454	3	
Description of Organization:	167 Castro Valley B			6	State Zin Code
Description of Organization: Address of Organization: 34	467 Castro Valley B mber and Street	lvd, Castro Vall	City		State Zip Code
Description of Organization:	467 Castro Valley B mber and Street	lvd, Castro Vall	City		State Zip Code
Description of Organization: Address of Organization: 34	167 Castro Valley B mber and Street escribe the public pur	ilvd, Castro Vall	City		State Zip Code
Description of Organization: Address of Organization: 34 Nu Purpose for Distribution: (D	167 Castro Valley B mber and Street escribe the public pur	ilvd, Castro Vall	City		State Zip Code
Description of Organization: Address of Organization: $\frac{3^{4}}{Nu}$ Purpose for Distribution: (D	167 Castro Valley B mber and Street escribe the public pur	ilvd, Castro Vall	City		State Zip Code
Description of Organization: Address of Organization: ³⁴ Nu Purpose for Distribution: (D To reward a non profit for th	467 Castro Valley B mber and Street escribe the public pur neir service to the co	lvd, Castro Vall pose for the distr	City ibution to the o	rganization.)	

Director's Lounge

Tickets Provided by Agency Report	A Public I	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 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)			Date of Original Filing:(month, day, year)		
Crystal Hishida Graff, Principal Analyst, County Ad 2. Event For Which Tickets Were Distributed					
Date(s) of Event: 06 / 23 / 10 Description /	e of Ticket: \$		E 00	i.	
Name of Outside Source of Ticket(s) Provided to Age Number of Tickets Received:7 Ticket	ency: <u>Alame</u>	da County		I Pursuant to Contract	
Agency Official(s) Receiving Ticket(s) (use a c	ontinuation sh	eet for addit	ional names)		
	umber Tickets		hether the Distribution is Income to the Official o scribe the Public Purpose for the Distribution		
. Individual or Organization Receiving Ticket(
Name of Behesting Agency Official: Alameda Count	y Supervisor	Nate Miley	y, District 4		
Name of Individual or Organization: Geneva McDan	iel		Numb	per of Tickets: 7	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public purpose To reward a community volunteer for her service to			organization.)		
. Verification	entre la ser an an an		1 - 10 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
I have determined that the distribution of tickets set forth a	DA GRAFF		h the provisions of FPP ICIPAL ANALYST Title	C Regulation 18944.1.	
Tickets Provided by Agency Report A Public Docum	ent 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 OAKLAND, CA 94612	Date Stamp California 802 For Official Use Only				
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Date of Original Filing:				
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda C // Face Value of Ticket: \$ Agency Event □ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Number of Tickets Received: 6 Ticket(s) Provided to Agency	5.00 y Fair Association cy: □ Gratuitously ⊠ Pursuant to Contract				
	ether the Distribution is Income to the Official or ribe the Public Purpose for the Distribution				
A. Individual or Organization Receiving Ticket(s) (Provided at the behe Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Leslye Banghart</u> Description of Organization: <u>Address of Organization</u> : <u>City</u> Purpose for Distribution: (Describe the public purpose for the distribution to the	ey, District 4 Number of Tickets:6				
To reward a community volunteer for her service to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance w Signature of Kgency field or Designee CRYSTAL HISHIDA GRAFF Print Name Comment: (Use this space or an attachment for any additional information including ament	NCIPAL ANALYST				

Tickets Provided by Agency Report	A Public	Documen	ıt	TICKETS PR	OVIDED E
1. Agency Name			Date Stamp	0.116	
COUNTY OF ALAMEDA			1997 19 SC 22 No. 11 4 SC	Form	802
Division, Department, or Region (if applicab	ole)			For Official Us	e Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail					
(510) 272-3882 crystal.hisl	hida@acgov.org		Amendment (Must e	explain in Part 5.)	
Agency Contact (name and title)	inde@dogov.org		Date of Original Filing:		_
Crystal Hishida Graff, Principal Analyst,	County Administrator's	410-3912		(month, day, year)	
2. Event For Which Tickets Were Dis					
Date(s) of Event: <u>06 / 23 / 10</u>	Description of Event:	Alameda Cou	nty Fair		
	Face Value of Ticket: \$		5.00	2	
/	Face value of ficket.	₽	actual and a second		
Agency Event 🛛 Yes 🛛 No (Id	entify source of tickets t	pelow.)			
Name of Outside Source of Ticket(s) Pro	vided to Agency: Alamo	eda County F	air Association		
Number of Tickets Received:10			Gratuitously	⊠ Pursuant to	Contra
3. Agency Official(s) Receiving Ticke	t(s) (use a continuation s	heet for additio	nal names)		
		Concession and the source of the source of	r the Distribution is In	come to the Officia	alor
Name of Official (Last, First)	Number of Tickets	- N. M. COLE (2017) 2017 2010 3	the Public Purpose for		
		=			
	T-1-4(-)				
I. Individual or Organization Receivi	이 가슴 국내는 영국 전 방법에 여행 방법에 가지 않는 것이다. 김 정말에 가지 않는 것이다.		N PETER E TRE TRE TRE TRE TRE TRE TRE TRE T		
Name of Behesting Agency Official: Ala	meda County Superviso	or Nate Miley,	District 4		
Name of Individual or Organization:	nes Robino		Numb	er of Tickets:	10
Description of Organization:					
Address of Organization:		City		State	Zip Cod
Purpose for Distribution: (Describe the pu	blic purpose for the distrib	ution to the ord	anization.)		
To reward a community volunteer for his			an action of the		
To reward a community volunteer for his	s service to the commun	iity			
5. Verification					
I have determined that the distribution of tick	ate set forth above is in as	cordance with	the provisions of EDD	C Regulation 1804	11
and the second				10 A	
Jatanett CRY	STAL HISHIDA GRAFF	PRINC	IPAL ANALYST	6/2	22/1

attenett	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	6/22/1
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
U C			

1. Agency Name					and the second se	and the second
COUNTY OF ALAMEDA				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	Sec. 2.2.4
Division, Department, or Reg	jion (if applicable)				For Official U	lse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail	4		Amendment (Must ex	plain in Part 5.)	
(510) 272-3882	crystal.hishida@aco	gov.org				
Agency Contact (name and title	🕄 a su na su sur sur .			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		146 - A.SA 13	
2. Event For Which Ticket				1411 (1999) 1722 (1817) 1791		
Date(s) of Event: <u>06</u>	23 <u>10</u> Descrip	tion of Even	t: Alameda C	ounty Fair		
/			it: \$	E 00		
Agency Event 🛛 Yes	🗵 No (Identify sou	urce of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided to	Agency: Ala	meda County	Fair Association		
Number of Tickets Received	10			y: 🔲 Gratuitously	⊠ Pursuant to	Contra
			3	, H ,	-	
. Agency Official(s) Rece	iving Ticket(s) (use	a continuatio	n sheet for add	tional names)		1
Name of Offi		Number		her the Distribution is Inc		
(Last, First)		of Tickets	Descr	be the Public Purpose fo	r the Distribution	
¥2						
					1	
· · · · · · · · · · · · · · · · · · ·						
. Individual or Organizati	on Receiving Ticks	et(s) (Provide	ed at the behes	t of an agency official.)		
Individual or Organizati						
	Official: Alameda Co	unty Supervi		y, District 4	er of Tickets:	10
Name of Behesting Agency	Official: <u>Alameda Con</u> nization: <u>Judy Freema</u>	unty Supervi an	isor Nate Mile	y, District 4 Numbe	er of Tickets:	10
Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda Co</u> n nization: <u>Judy Freema</u> :	unty Supervi an	isor Nate Mile	y, District 4 Numbe	er of Tickets:	10
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda Co</u> n nization: <u>Judy Freema</u> :	unty Supervi an	isor Nate Mile	y, District 4 Numbe	er of Tickets:	10 Zip Cod
Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda Con</u> nization: <u>Judy Freema</u> :	unty Supervi an	isor Nate Mile	y, District 4 Numbe		

Mary	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	6/22/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da 2. Event For Which Tickets Were Distributed Date(s) of Event:	.00 Association □ Gratuitously ⊠ Pursuant to Contract
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) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 / 0000000000000000000000000000000	For Official Use Only Amendment (Must explain in Part 5.) te of Original Filing:
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) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da 2. Event For Which Tickets Were Distributed Date(s) of Event:	Amendment (Must explain in Part 5.) te of Original Filing:
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 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda Count / Face Value of Ticket: \$ 5 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additiona Name of Official	te of Original Filing:
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 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 / 23 / 10 / 23 / 20 / 20 / 20 / 20 / 20 / 20 / 2	te of Original Filing:
Area Code/Phone Number E-mail Image: Crystal Analyst is a continuation sheet for additiona Name of Official Agency Contact (name and title) Da Agency Contact (name and title) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda Count	te of Original Filing:
(510) 272-3882 crystal.hishida@acgov.org □ Agency Contact (name and title) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da 2. Event For Which Tickets Were Distributed Date(s) of Event:	te of Original Filing:
Agency Contact (name and title) Da Crystal Hishida Graff, Principal Analyst, County Administrator's Office Da 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda Count Date(s) of Event: 06 / 23 / 10 Description of Event: 4lameda Count Face Value of Ticket: 5 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: Ticket(s) Provided to Agency: State Whether to additiona Name of Official Number	(month, day, year) y Fair 00 Association Gratuitously I Pursuant to Contrac I names) he Distribution is Income to the Official or
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda Count /	(month, day, year) y Fair 00 Association Gratuitously I Pursuant to Contrac I names) he Distribution is Income to the Official or
2. Event For Which Tickets Were Distributed Date(s) of Event:	.00 Association □ Gratuitously ⊠ Pursuant to Contrac I names) he Distribution is Income to the Official or
Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda Count / Face Value of Ticket: \$5 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number	.00 Association □ Gratuitously ⊠ Pursuant to Contrac I names) he Distribution is Income to the Official or
/ Face Value of Ticket: \$5 Agency Event ☐ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additiona Name of Official Number State Whether to	.00 Association □ Gratuitously ⊠ Pursuant to Contrac I names) he Distribution is Income to the Official or
/ Face Value of Ticket: \$5 Agency Event ☐ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additiona Name of Official Number State Whether to	.00 Association □ Gratuitously ⊠ Pursuant to Contrac I names) he Distribution is Income to the Official or
Agency Event ☐ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additionad Name of Official Number State Whether to the state with th	Gratuitously I Pursuant to Contrac
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number State Whether to the state with the state withe state with the state with the state with the state	Gratuitously I Pursuant to Contrac
Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number State Whether to Sta	Gratuitously I Pursuant to Contrac I names) he Distribution is Income to the Official or
Number of Tickets Received: 8 Ticket(s) Provided to Agency: 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number State Whether to Sta	Gratuitously I Pursuant to Contrac I names) he Distribution is Income to the Official or
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additiona Name of Official Number State Whether t	I names) he Distribution is Income to the Official or
Name of Official Number State Whether t	he Distribution is Income to the Official or
Name of Official Number State Whether t	he Distribution is Income to the Official or
Individual or Organization Receiving Ticket(s) (Provided at the behest of a	ne seren este de la companya de
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, D</u>	strict 4
Name of Individual or Organization:	Number of Tickets:8
Description of Organization:	
Address of Organization:	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organ	lization.)
To reward a community volunteer for her service to the community	

Sighature of Agency Head or Designee	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST
Signature of Agency Head or Designee	Print Name	Title

Tickets Provided by Agency Report		A Public Doc	ument	TICKETS PROVIDED E
1. Agency Name			Date Stamp	1
COUNTY OF ALAMEDA			outo otamp	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			
(510) 272-3882	crystal.hishida@acg	ov ora	Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		0 v .org	Date of Original Filing: _	
Crystal Hishida Graff, Princ		Administrator's Offic		(month, day, year)
2. Event For Which Ticket		animistrator s offic	0	
		Alame	eda County Fair	
Date(s) of Event: <u>06</u>			E 00	
/	/ Face Va	lue of Ticket: \$	5.00	
Agency Event 🛛 Yes	🗵 No (Identify sou		5A	
Name of Outside Source of	Ticket(s) Provided to A	gency: Alameda C	ounty Fair Association	
Number of Tickets Received	- 1404		Agency: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Receins Name of Official (Last, First)	tial	Number State	or additional names) Whether the Distribution is Inc Describe the Public Purpose fo	
. Individual or Organizati	A REAL PROPERTY OF THE REAL PROPERTY AND A REAL PROPERTY.		김 아파의 2012년 1월 2월 2월 2017년 1월 2월 2017년 1월 2017년	
Name of Behesting Agency	Official: Alameda Cou	inty Supervisor Nate	e Miley, District 4	
Name of Individual or Orgar	ization: Nadia Fazier		Numbe	er of Tickets:10
Description of Organization:				
Address of Organization:	nber and Street		City	State Zip Code
Purpose for Distribution: (D		e for the distribution t	o the organization)	
To reward a community volu			o the organization.y	
. Verification				
I have determined that the distr	ibution of tickets set forth	n above is in accordar	nce with the provisions of FPPC	Regulation 18944 1
and the second s				and where the state of the
1120	CRYSTAL HIS		PRINCIPAL ANALYST	1 1 1

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	100 C + + + + + + + + + + + + + + + + + +			Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)			Date of Original Filing: .		
Crystal Hishida Graff, Princ		v Administrato	or's Office	and a shipped and and 24 Stand we could state the state of the state o	(month, day, year)
2. Event For Which Tickets	A REAL PROPERTY AND A REAL				
			Alameda Co	ounty Fair	
Date(s) of Event: <u>06</u> / <u>2</u>	<u>Descr</u>	ription of Even	it:		
/	/ Face	Value of Ticke	et: \$	5.00	
Agency Event	⊠ No (Identify s	ource of ticket	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency. Ala	meda County	Fair Association	
Number of Tickets Received	:10	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Offic	bial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organ					er of Tickets: <u>10</u>
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the c	organization.)	
To reward a community volu	unteer for her servic	e to the comn	nunity		
E Varification					
5. Verification	ibution of lists and t	anth above to to	eeeerden	h the provisions of FREE	Dogulation 490444
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	n the provisions of PPC	Regulation 18944.1.
Signature of Agency Flead or Design		ISHIDA GRA	FF PRIN	CIPAL ANALYST	(month, day, year)
Comment: (Use this space or a			n including amon	iment explanation)	

Tickets Provided by Agency Report	A Public	Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)	Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	Amendment (Musi	
Agency Contact (name and title Crystal Hishida Graff, Prince 2. Event For Which Ticket	ipal Analyst, County Administrator's	Date of Original Filing	(month, day, year)
/ Agency Event □ Yes	23 10 Description of Event: . Face Value of Ticket: : Image: Imag	\$5.00 below.)	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (use a continuation s cial Number of Tickets	sheet for additional names) State Whether the Distribution is Describe the Public Purpose	
Name of Behesting Agency Name of Individual or Organ	on Receiving Ticket(s) (Provided Official: <u>Alameda County Superviso</u> nization: <u>Desiree Bustamante</u>	or Nate Miley, District 4	ber of Tickets: <u>10</u>
Address of Organization: _N	mber and Street rescribe the public purpose for the distrik unteer for her service to the commu	City pution to the organization.)	State Zip Code
5. Verification I have determined that the dist	ribution of tickets set forth above is in ac CRYSTAL HISHIDA GRAFF		PC Regulation 18944.1.

Hart	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	6/22/1
ignature of Agency Head or Designee	Print Name	Title	(month, day, year,

Tickets Provided by Agency Report A Public Docur	ment	TICKETS PROVIDED B
Agency Report		AGENCY REPOR
1. Agency Name	Date Stamp	California Form 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 exp	blain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org		
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		а.
2. Event For Which Tickets Were Distributed		
Date(s) of Event: <u>06 / 23 / 10</u> Description of Event: <u>Alameda</u>	a County Fair	
/ Face Value of Ticket: \$	5.00	3
Agency Event Yes X No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda Cour</u>	nty Fair Association	
Number of Tickets Received:10 Ticket(s) Provided to Age	ency: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a	dditional names)	
	hether the Distribution is Inco scribe the Public Purpose for	
4. Individual or Organization Receiving Ticket(s) (Provided at the bel	hest of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate M</u>	1iley, District 4	
Name of Individual or Organization: Peter Dragoni		r of Tickets:10
Description of Organization:		
Address of Organization:	Dity	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	ne organization.)	
To reward a community volunteer for his service to the community		
5. Verification		
	with the annulation of CODO	Deculation (00.11.1
I have determined that the distribution of tickets set forth above is in accordance	with the provisions of PPPC	Regulation 18944.1.
Signature of Agrency Mead or Designee CRYSTAL HISHIDA GRAFF PI	RINCIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent		PROVIDED B
1. Agency Name				Date Stamp	California	Constant of the local diversion of the local
그는 걸 변화가 사망했다. 등 관계에 관망하는 말 것이다	COUNTY OF ALAMEDA				Form	802
Division, Department, or Reg	on (if applicable)				For Official U	Use Only
1221 OAK STREET, #555	ion (n'applicable)				12 19 19 19 19 19 19 19 19 19 19 19 19 19	
Street Address				-		
OAKLAND, CA 94612 Area Code/Phone Number	E-mail					
				Amendment (Must ex	plain in Part 5.)	
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing: _		
				Date of Original Filling.	(month, day, year	1)
Crystal Hishida Graff, Princ	Manual States of Concession, Spinster, Spinste		or's Office			
2. Event For Which Tickets						
Date(s) of Event:06_/_2	<u>3 / 10</u> Desc	ription of Ever	nt: Alameda C	ounty Fair		
	<u>1 / 10</u> Face	Value of Ticke	et: \$	5.00		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided	Adency: Ala	ameda County	Fair		
					e	
Number of Tickets Received	:25	Ticket(s) Prov	vided to Agenc	sy: 🔲 Gratuitously	⊠ Pursuant to	o Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	tional names)		
Name of Offic	ial	Number		ther the Distribution is Inc		
(Last, First)		of Tickets	Descr	ibe the Public Purpose fo	r the Distribution	1
4. Individual or Organization	on Receiving Tic	ket(s) (Provin	led at the behes	t of an agency official)		
ANG MENERAL MENERAL SERVICE AND	and the second second second second second	e a sur anna sur ann a chuirte		(or an agency officially		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ				Numbe	er of Tickets:	25
						dan se
Description of Organization:	Dedicated to helpi	ng Aincan An	iencan youth t	by providing scholarshi	ps and mentor	ing
Address of Organization:	38 12th Street		Oaklan	d	CA	94607
Nucleas of Organization.	nber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the	organization.)		
a landeraries neer selections associated as a fuer						
To reward a school or nonp	one organization to	r its contributi	ons to the con	intunity.		
5. Verification I have determined that the distr	ibution of tickets set t	orth above is in	accordance wit	th the provisions of FPPC	Regulation 189)44.1.

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST Title

0 (month, day, year

Signature of Agency Read or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by		A Publi	ic Docume	nt	TICKETS PROVIDED BY
Agency Report			o Docume		AGENCY REPORT
1. Agency Name			5	Date Stamp	California 802
COUNTY OF ALAMEDA Division, Department, or Reg	lon // englischiet				For Official Use Only
1999 A. B. BARAN S. B.	ion (ir applicable)				
1221 OAK STREET, #555 Street Address					
CONTRACTORS - CONTRACTORS					
OAKLAND, CA 94612	15				
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		Data of Osisinal Filling	
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Ticket					
Date(s) of Event:2	<u>'3 / 10</u> Desc	ription of Even	t: Alameda Co	ounty Fair	
	/ Face			F 00	
Agency Event 🛛 Yes	🛛 No (Identify s	source of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Ala	meda County	Fair Association	
Number of Tickets Received		Ticket(s) Prov	ided to Agenc	y: Gratuitously	Pursuant to Contract
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	n sheet for addit	ional names)	
Name of Office	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
		łł			
. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the behest	of an agency official.)	
	2000 C. A. B. M. M. M. M. B. M. K.	2 - C. Mertin (N. 1977-1969			
Name of Behesting Agency	Official: Alameda C	Jounty Supervi	sor Nate Miley	, District 4	
Name of Individual or Organ	vization. Willie Brov	vn		Numbe	er of Tickets: <u>10</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		rpose for the dist	tribution to the o	rganization.)	
To reward a community vol					
To reward a community ver			lainty		
. Verification					
I have determined that the dist	ibution of tickets set	forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
11LA 11	2 120107-001				111
65 mg		HISHIDA GRAI	FF PRIN	CIPAL ANALYST	6/24/
Signature of Agency Head or Design	188	Print Name		Title	(m6nth, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA	I. Agency Name				California Form For Official	002
1221 OAK STREET, #555 Street Address				₽ L		
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		r)
Crystal Hishida Graff, Princ 2. Event For Which Tickets	Annual Contractor of the second secon	and the second se	or's Office			-
Date(s) of Event: <u>06 / 2</u> 07 / 1	<u>3 / 10</u> Desc <u>1 / 10</u> Face	ription of Even	t: <u>Alameda C</u>	ounty Fair 5.00		+
Agency Event Yes	∠ Pace					
Name of Outside Source of Number of Tickets Received				Fair cy: □ Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Received			an a		r ursuant u	5 Contract
Name of Offic (Last, First)		Number of Tickets	State Whe	ther the Distribution is ibe the Public Purpose		
4. Individual or Organization	and in the second state of the second state of the	anno-senera-en ann asamara)	
Name of Behesting Agency						
Name of Individual or Organ			h	Nun	nber of Tickets: _	5
Description of Organization:		sh				
Address of Organization:	5 56th Street		Oaklaı _{City}	nd,	CA State	94608 Zip Code
Purpose for Distribution: (D To reward a school or nonp	NAMES AND A DEPARTMENT OF A DEPARTMENTA DEPARTMENT A DEPARTMENTA DEPARTA DEPARTA DEPARTA DEPARTA D	Manager Ban Date Mar				
5. Verification I have determined that the distr	ibution of tickets set	forth above is in	accordance wi	th the provisions of FP	PC Regulation 189	944.1.

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYS

 Signature of Agency yead or Designee
 Print Name
 Title

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

Tickets Provided by	blic Documen	ť		ROVIDED B
Agency Report A Pu 1. Agency Name		100 - 107 - 100 (F)	California	NCY REPOR
COUNTY OF ALAMEDA		Date Stamp	Form	802
Division, Department, or Region (if applicable)			For Official U	lse Only
TRANSPORTAL COMMISSION CONTRACTOR CONTRACTOR COMPACTIVITY				
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@acgov.org Agency Contact (name and title)		Date of Original Filing: _		
		ate of original r ling. 2	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administ	rator's Office			
2. Event For Which Tickets Were Distributed				
Date(s) of Event: <u>06 / 23 / 10</u> Description of E	vent: Alameda Cou	nty Fair	j.	
		5.00		
Agency Event Yes X No (Identify source of tic	kets below.)			
Name of Outside Source of Ticket(s) Provided to Agency:	Alameda County Fa	air		
Number of Tickets Received: <u>12</u> Ticket(s) F	vovided to Agency:	Gratuitously	I Pursuant to	Contract
Agency Official(s) Receiving Ticket(s) (use a continu.	ation sheet for additio	nal names)		
Name of Official Number		r the Distribution is Inc		
(Last, First) of Tickets	B Describe	the Public Purpose fo	r the Distribution	1
4. Individual or Organization Receiving Ticket(s) (Pro	wided at the behast a	f an agonou official)		
		r an agency official.)		
Name of Behesting Agency Official: Keith Carson, Superv	isor Fifth District			
Name of Individual or Organization: Berkeley Housing Au	thority	Numbe	er of Tickets: _	12
Description of Organization: Enable clients to become sel	f-sufficient and ecor	omically independe	nt	
Description of Organization:	-sumplem and eco	ionneally independe		
Address of Operation, 1901 Fairview Street	Berkel	ev.	CA	94703
Address of Organization:	City	-)	State	Zip Code
Purpose for Distribution: (Describe the public purpose for the				
To reward a school or nonprofit organization for its contrib	outions to the comm	unity.		
5. Verification				
I have determined that the distribution of tickets set forth above i	s in accordance with t	he provisions of FPPC	Regulation 189	44.1.
SHORM CRYSTAL HISHIDA G	RAFE PRINC	PAL ANALYST	61	5311

 Signature of Agency Head or Designee
 Print Name
 Title

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

(month, day, year)

Tickets Provided by Agency Report A Public Docum	ent TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 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 / 23 / 10 Description of Event: 07 / 11 / 10 Face Value of Ticket: \$ Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Alameda Count Number of Tickets Received: 10 Ticket(s) Provided to Agency	5.00 y Fair
	ditional names) other the Distribution is Income to the Official or ribe the Public Purpose for the Distribution
A. Individual or Organization Receiving Ticket(s) (Provided at the behavior of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Berkeley Albany Licensed Day Care Are Description of Organization: Provide subsidized child care	t
	organization.)
5. Verification I have determined that the distribution of tickets set forth above is in accordance w CRYSTAL HISHIDA GRAFF Print Name Print Name	rith the provisions of FPPC Regulation 18944.1. NCIPAL ANALYST Title (month, day, year)

		c Docume		a local day and the second second second second second	NCY REPOR
. Agency Name			Date Stamp	California Form	802
COUNTY OF ALAMEDA			_	For Official U	the second second
Division, Department, or Region (if applicable)					
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@)acgov.org			2	
Agency Contact (name and title)			Date of Original Filing	:(month, day, year	2
Crystal Hishida Graff, Principal Analyst, Cou	nty Administrato	or's Office			
2. Event For Which Tickets Were Distribu		949. N 0			
Date(s) of Event: <u>06 / 23 / 10</u> Des	cription of Event	t: <u>Alameda C</u>	County Fair		
07 11 10	e Value of Ticket		E 00		
// Fac	e value of ficke	ι. φ			
Agency Event 🛛 Yes 🖾 No (Identify	source of tickets	s below.)			
Name of Outside Source of Ticket(s) Provided	to Agency. Ala	meda County	/ Fair		
Number of Tickets Received:5	Ticket(s) Prov	vided to Agen	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contrac
	Min Ka	N.C. A	write in an		
Agency Official(s) Receiving Ticket(s) (upp a continuation				
	use a continuation	n sheet for add	litional names)		
Name of Official	Number	State Whe	ther the Distribution is I		
Name of Official (Last, First)		State Whe			
	Number	State Whe	ther the Distribution is I		
	Number	State Whe	ther the Distribution is I		
	Number	State Whe	ther the Distribution is I		
	Number	State Whe	ther the Distribution is I		
	Number	State Whe	ther the Distribution is I		
(Last, First)	Number of Tickets	State Whe Desci	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First)	Number of Tickets	State Whe Desci	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First)	Number of Tickets	State Whe Desci	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First) 4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u>	Number of Tickets icket(s) (Provide rson, Supervisor	State Whe Desci ed at the behe r Fifth District	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First) 4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u>	Number of Tickets icket(s) (Provide rson, Supervisor	State Whe Desci ed at the behe r Fifth District	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First) I. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u> Name of Individual or Organization: <u>Beebe M</u>	Number of Tickets icket(s) (Provide rson, Supervisor	State Whe Desci ed at the behe r Fifth District	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First) 4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u>	Number of Tickets icket(s) (Provide rson, Supervisor	State Whe Desci ed at the behe r Fifth District	ther the Distribution is I ribe the Public Purpose	for the Distribution	
(Last, First) 4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u> Name of Individual or Organization: <u>Beebe M</u> Description of Organization: <u>Community chur</u> 2900 Telegraph Av	Number of Tickets icket(s) (Provide rson, Supervisor lemorial Cathede	State Whe Desci ed at the behe r Fifth District eral	ther the Distribution is l ribe the Public Purpose st of an agency official.;	for the Distribution	
(Last, First) I. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u> Name of Individual or Organization: <u>Beebe M</u>	Number of Tickets icket(s) (Provide rson, Supervisor lemorial Cathede	State Whe Desci ed at the behe r Fifth District	ther the Distribution is I ribe the Public Purpose st of an agency official.; Num	for the Distribution	5 94609
(Last, First) I. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u> Name of Individual or Organization: <u>Beebe M</u> Description of Organization: <u>Community chur</u> Address of Organization: <u>3900 Telegraph Av</u> Number and Street	Number of Tickets	State Whe Desci ed at the behe r Fifth District eral Oakla City	ther the Distribution is l ribe the Public Purpose st of an agency official.; Num and,	for the Distribution	5
(Last, First) 4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u> Name of Individual or Organization: <u>Beebe M</u> Description of Organization: <u>Community chur</u> Address of Organization: <u>3900 Telegraph Av</u> Number and Street Purpose for Distribution: (Describe the public p	Number of Tickets	State Whe Desci ed at the behe r Fifth District eral Oakla City tribution to the	ether the Distribution is I ribe the Public Purpose st of an agency official.) Num and, organization.)	for the Distribution	5 94609
(Last, First) I. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Keith Ca</u> Name of Individual or Organization: <u>Beebe M</u> Description of Organization: <u>Community chur</u> Address of Organization: <u>3900 Telegraph Av</u> Number and Street	Number of Tickets	State Whe Desci ed at the behe r Fifth District eral Oakla City tribution to the	ether the Distribution is I ribe the Public Purpose st of an agency official.) Num and, organization.)	for the Distribution	5 94609

 Signature of Agency/field or Designee
 Print Name
 Title

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

(month, day, year)

Agency Report 1. Agency Name		Date Stamp	0.110	CY REPOR
COUNTY OF ALAMEDA			Form	802
Division, Department, or Region (if applicable)			For Official Us	e Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				
(510) 272-3882 crystal.hishida@acgd	ov ora	Amendment (A	Must explain in Part 5.)	
Agency Contact (name and title)	stierg	Date of Original Fi	ling:	
Crystal Hishida Graff, Principal Analyst, County A	dministrator's Offi	ce	(monin, day, year)	
2. Event For Which Tickets Were Distributed				
Date(s) of Event: <u>06 / 23 / 10</u> Descripti	Alan	eda County Fair		
Date(s) of Event://// Descripti	on of Event:	5.00		
	ue of Ticket: \$	5.00		
Agency Event 🛛 Yes 🖾 No (Identify sour				
Name of Outside Source of Ticket(s) Provided to A	gency: <u>Alameda (</u>	County Fair		
10		Agency: 🔲 Gratuitous	ly 🛛 Pursuant to	Contrac
Agency Official(s) Receiving Ticket(s) (use a	continuation sheet	for additional names)		
		te Whether the Distribution	is leasens to the Officia	alor
	Number Sta of Tickets	Describe the Public Purpo		aror
Conserver Conserver				
I. Individual or Organization Receiving Ticker	5 (22) 8		ial.)	
Name of Behesting Agency Official: Keith Carson,	Supervisor Fifth I	District		
3 7 7				10
Name of Individual or Organization: BANANAS		N	umber of Tickets:	10
	hild care for naren	s in need		
Description of Organization: Provide subsidized ch	ind care for parent	3 11 11000.		
5232 Claremont Avenue	1	Oakland,	CA	94618
Address of Organization: DSS2 Charemon Avenue		City	State	Zip Code
Purpose for Distribution: (Describe the public purpos	e for the distribution	to the organization)		
To reward a school or nonprofit organization for its	s contributions to t	ne community.		
5. Verification			National Internet and the statement	
I have determined that the distribution of tickets set forth	n above is in accord	ance with the provisions of	FPPC Regulation 1894	4.1.
CRYSTAL HIS	HIDA GRAFF	PRINCIPAL ANALYS	6/3	23/
Signature of Koency flead or Designee Print	t Name	Title	Infonth	day vear)

Signature of Koency flead or Designee Print Name Title
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report		A Publi	c Docume	ent		ROVIDED BY
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official U	
Division, Department, or Region	(if applicable)				Por Official C	rse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-r	nail			Amendment (Must e	xplain in Part 5.)	
(510) 272-3882 cr	ystal.hishida@a	cgov.org		Sec. 7 St. 2, 20, 10, 10, 10, 00, 20		
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrato	or's Office			•
2. Event For Which Tickets W						6
Date(s) of Event: <u>06</u> / <u>23</u>	/ <u>10</u> Descr	ription of Even	t: Alameda C	ounty Fair		
07 / 11	/ <u>10</u> Face	Value of Ticke	t: S	5.00		
Agency Event 🛛 Yes 🛛	⊠ No (Identify s	ource of ticket	s below.)			
Name of Outside Source of Tick	(et(s) Provided t	o Agency: Ala	meda County	Fair		
Number of Tickets Received:				sy: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Receivin	ig Ticket(s) (us	se a continuation	n sheet for addi	tional names)	in in the second se	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is In ibe the Public Purpose for		
4. Individual or Organization	Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)		
Name of Behesting Agency Offi	cial. Keith Cars	on, Supervisor	r Fifth District			é
Name of Individual or Organizat				Numb	er of Tickets: _	10
Description of Organization:				ieve environmental ar	nd social justice	·
Address of Organization.	and Street #309		Oakla _{City}	nd,	CA State	94607 Zip Code
Purpose for Distribution: (Desci	ibe the public pur	nose for the dis	tribution to the r	organization)		
To reward a school or nonprofi		¹ wax waxaa xwa				
E Varifiantian						
5. Verification			W. 6		0.0	
I have determined that the distribut	ion of tickets set f	orth above is in	accordance wil	in the provisions of FPP	C Regulation 189	44.1.
Signature of Agency Head or Designee	54.545 MOL 305 ACTV	HISHIDA GRA	FF PRIN	ICIPAL ANALYST		23/1 n. dag, year)

Tickets Provided by Agency Report	A Publ	ic Docum	ent		ROVIDED B
1. Agency Name	711 0.51	io Docam	Date Stamp	California	NCY REPOR
COUNTY OF ALAMEDA		Form	802		
	Division, Department, or Region (if applicable)			For Official U	Jse Only
1221 OAK STREET, #555					
Street Address			-		
OAKLAND, CA 94612					
Area Code/Phone Number E-mail					
(510) 272-3882 crystal.hi	ishida@acgov.org		Amendment (Must e	exprain in Part 5.)	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year	-1
Crystal Hishida Graff, Principal Analys	st, County Administrat	or's Office		(monin, day, year	0
2. Event For Which Tickets Were Di	the second se				
Date(s) of Event:062310	Description of Ever	nt. Alameda C	County Fair		
07 , 11 , 10			E 00		
	. Face Value of Ticke	et: \$			
Agency Event 🛛 Yes 🛛 No (I	Identify source of ticke	ts below.)			
Name of Outside Source of Ticket(s) P	rovided to Agency: <u>Ala</u>	ameda County	/ Fair		
Number of Tickets Received:10			cy: 🛛 Gratuitously	⊠ Pursuant to	o Contrac
		8 55 65			
3. Agency Official(s) Receiving Tick	(et(s) (use a continuatio	an change and and	And the second		
Name of Official (Last, First)	Number of Tickets	1771 TADATE _ 7 (54) 177	ther the Distribution is In ribe the Public Purpose for		State (1997)
(manuti i navy	Of fickets	Desu	nbe the Fublic Fulpose it	of the Distribution	·
••••••					
6					
4. Individual or Organization Receiv	ving Ticket(s) (Provid	led at the behe	st of an agency official.)		
Name of Behesting Agency Official: Ke	eith Carson, Superviso	r Fifth District			
Name of Individual or Organization: As	sian Community Menta	I Health	Numb	er of Tickets: _	10
Description of Organization: Provides			health services.		
		Oakla		CA	94607
Address of Organization: 310 8th Stree		City	10.01.53M	State	Zip Code
Purpose for Distribution: (Describe the					1 ma 1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
To reward a school or nonprofit organi					
To reward a school of honprofit organi	zation for its contributi	ons to the con	ninunity.		
5. Verification					
I have determined that the distribution of tid	xets set forth above is in	accordance wi	ith the provisions of FPP		
14 m Ar CR	YSTAL HISHIDA GRA	FF PRI	NCIPAL ANALYST	61	22/10

Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

(month, day, year)

Title

Tickets Provided by Agency Report	A Publi	c Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	Date Stamp	California Form For Official U	802		
OAKLAND, CA 94612 Area Code/Phone Number	E-mail			_	
(510) 272-3882	Amendment (Must ex	plain in Part 5.)			
Agency Contact (name and title)	crystal.hishida@acgov.org		Date of Original Filing: _		
oranized no da le contra secondo a tracante de contra como estas	ipal Analyst, County Administrato	r's Office		(month, day, year	7
2. Event For Which Tickets					
	3 <u>10</u> Description of Event	. Alameda Co	ounty Fair		
			F 00		
	<u>1 / 10</u> Face Value of Ticket	:: \$			
Agency Event 🛛 🗌 Yes	X No (Identify source of tickets	s below.)			
Name of Outside Source of	Ticket(s) Provided to Agency: <u>Ala</u>	meda County	Fair		
					- 12.00.2000
Number of Tickets Received	: Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant to	o Contract
3 Agoney Official/s) Pasai	ving Ticket(s) (use a continuation	aboot for oddi	tional names)		
-		3153- 5, XV200 (1005) 200 (0007)			tet a s
Name of Offic (Last, First)	ial Number of Tickets		her the Distribution is Inc be the Public Purpose fo		
»					
<u></u>					
2					
4 Individual or Organizatio	on Receiving Ticket(s) (Provide	d at the believe	t of on occurry official V		_
73	579 A.		t of an agency official.)		
Name of Behesting Agency	Official: <u>Keith Carson, Supervisor</u>	Fifth District		:	(
					20
Name of Individual or Organ	ization: Albany Senior Center		Numbe	er of Tickets:	20
Description of Organization:	Provides a comprehensive array	of services, s	ocial and recreational	programs.	
Description of Organization.				1	
Address of Organization:	6 Masonic Avenue	Alba	any	CA	94706
Nur	nber and Street	City		State	Zip Code
Purpose for Distribution: (De	escribe the public purpose for the dist	ribution to the c	organization.)		
To reward a school or nonp	rofit organization for its contributio	ns to the com	munity.		
5. Verification					
I have determined that the distr	ibution of tickets set forth above is in a	accordance wit	h the provisions of FPPC	Regulation 189	44.1.
			er eksteringen vingeringen blir hund i 1975	an a state of the	1 1

CRYSTAL HISHIDA GRAFF Signature of Agency Mead or Designee

Print Name

PRINCIPAL ANALYST

Title

(month, day, year)

Tickets Provided by A Public Docum	ient		ROVIDED BY
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp	Colling	802
OAKLAND, CA 94612	_		
Area Code/Phone Number E-mail	Amendment (Must exp	olain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing: _		
Agency Contact (name and title)	Date of Original Filing.	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			
2. Event For Which Tickets Were Distributed	County Fair		
Date(s) of Event: 23 10 Description of Event: Alameda	5.00		
11 / 10 Face Value of Ticket: \$	5.00		
Agency Event Yes No (Identify source of tickets below.)	tu Fair		
Name of Outside Source of Ticket(s) Provided to Agency: <u>Alameda Coun</u>	ty Fair		
Number of Tickets Received:5 Ticket(s) Provided to Age	ncy: 🔲 Gratuitously	⊠ Pursuant to	Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ac	lditional names)		
Hunto of o molen	nether the Distribution is Inc cribe the Public Purpose for		
4. Individual or Organization Receiving Ticket(s) (Provided at the beh	est of an agency official.)		
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth Distric	ct		
			E
Name of Individual or Organization: <u>Albany Library Board</u>		er of Tickets:	5
Description of Organization: <u>Advises the City Council on matters relating</u>	to the Albany branch of	the AICo Librar	у.
Address of Operations, 1247 Marin Avenue Alb	any	CA	94706
Address of Organization: Number-and Street	ity	State	Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to th	e organization.)		
To reward a school or nonprofit organization for its contributions to the co			
5. Verification			
I have determined that the distribution of tickets set forth above is in accordance	with the provisions of FPPC	Regulation 189	44.1.
CRYSTAL HISHIDA GRAFF PF	RINCIPAL ANALYST	61	23/1
Signature of Agency Read or Designee Print Name	Title	(month	i, day, year)

Signature of Agency Read or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Print Name

Tickets Provided by Agency Report A Public Docume				ent		PROVIDED B'
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612				Date Stamp	California Form For Official	802
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 <i>(Must e</i> Date of Original Filing:	ander and the second states	<i>r</i>)
2. Event For Which Tickets Date(s) of Event:06 /_ 207 /_ 1 Agency Event □ Yes Name of Outside Source of Number of Tickets Received	3 <u>/ 10</u> Desc <u>1 / 10</u> Face ⊠ No (Identify s Ticket(s) Provided f	ription of Ever Value of Ticke source of ticke to Agency: <u>Ala</u>	et: \$ ts below.) ameda County	5.00	⊠ Pursuant to	o Contract
3. Agency Official(s) Recei Name of Offic (Last, First)		se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is In- be the Public Purpose fo		
 Individual or Organization Name of Behesting Agency of Name of Individual or Organ Description of Organization: 	Official: <u>Keith Cars</u> ization: <u>Alameda C</u>	on, Superviso County Refuge	r Fifth District e Health	Numb	er of Tickets: lth assessmen	10 ts.
Address of Organization: <u>14</u> Num Purpose for Distribution: (De To reward a school or nonpr	11 E. 31st St. hber and Street escribe the public pur	pose for the dis	Oaklaı ^{City} tribution to the c	nd, organization.)	CA State	94602 Zip Code
5. Verification I have determined that the distri	bution of tickets set f	orth above is in	accordance with	h the provisions of FPPC	Regulation 189	944.1.

CRYSTAL HISHIDA GRAFF

PRINCIPAL ANALYST

(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 Public Docume	ent	TICKETS PROVID	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 80 For Official Use Only	802
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 <i>(Must expla</i> Date of Original Filing:	ain in Part 5.) (month, day, year)	
2. Event For Which Tickets Were Distributed Date(s) of Event: 06 / 23 / 10 Description of Event: 07 / 11 / 10 Description of Event: Agency Event Yes Xame of Outside Source of Ticket(s) Provided to Agency: Alameda County Number of Tickets Received: 10 Ticket(s) Provided to Agency	5.00 Fair	I Pursuant to Cont	tract
	tional names) ther the Distribution is Inco ibe the Public Purpose for t		
4. Individual or Organization Receiving Ticket(s) (Provided at the behas Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Alameda County Democratic Party Co Description of Organization: Voter registration		of Tickets:10	
Address of Organization: 1100 Peach Street Alame Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization for its contributions to the common for its contribution for its contributions to the common for its contributions to the contribution for its contributions to the contribution for its contributions to the contribution for its contris contributions to the contribution for its co	organization.)	CA 945 State Zip (501 Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance with CRYSTAL HISHIDA GRAFF Print Name Print Name	th the provisions of FPPC F NCIPAL ANALYST Title	Regulation 18944.1.	11C (ear)

Agency Report		c Docume	ent.	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				Ă.
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				
(510) 272-3882 crystal.hishida@ad	caoy ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)	igov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, County	Administrato	r's Office	1	(month, day, year)
2. Event For Which Tickets Were Distribute	the second s	o onico		
		Alameda Co	ounty Fair	
Date(s) of Event: <u>06 / 23 / 10</u> Descr	iption of Event			
<u>07 / 11 / 10</u> Face V	/alue of Ticket	: \$	5.00	
Agency Event 🛛 Yes 🗵 No (Identify so	ource of tickets	below)		
Description in the second s		or seather of contracts	Coir	
Name of Outside Source of Ticket(s) Provided to	Agency: Alar	neda County	Fair	
Number of Tickets Received:10	Ticket(s) Provi	ded to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (us	e a continuation	sheet for addit	tional names)	
			her the Distribution is In- be the Public Purpose fo	이렇게 아이들 것이, 것이지는 것이 없는 것이 아이들이 아이들이 집에서 가지?
4. Individual or Organization Receiving Tick	(et(s) (Provide	d at the behest	t of an agency official.)	
Name of Behesting Agency Official: Keith Carso	on, Supervisor	Fifth District		
Name of Individual or Organization:	m love	2110	Numb	er of Tickets:10
Description of Organization:	_			
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public purp	ose for the distr	ibution to the c	organization.)	
*				
			a a sanna	2 12 3 13 2 13 1 1 1 1
			h the provisions of EDD/	Regulation 18944-1
5. Verification I have determined that the distribution of tickets set for	orth above is in a	accordance with	in the provisions of FPPC	or regulation restrict.
	orth above is in a ISHIDA GRAF		CIPAL ANALYST	6/22/17
I have determined that the distribution of tickets set for			A SERVICES IN A SERVICE AND A SERVICE AND A SERVICES AN	(month, day, year)