Tickets Provided by			TICKETS PROVIDED BY
Agency Report	A Public Doc	ument	AGENCY REPORT
1. Agency Name		Date Stamp	California 002
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (ii	applicable)		For Official Use Only
1221 OAK STREET, #555			1
Street Address			. <u>S</u>
OAKLAND, CA 94612			
Area Code/Phone Number E-m	ail		
CONTRACTOR AND AND A CONTRACTOR AND A STOCKED AND A CONTRACTOR AND A CONT A CONTRACTOR AND A CONTRACTOR A		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	stal.hishida@acgov.org	Date of Original Filing:	
		Providences of Personal Constraints	(month, day, year)
and the rest of the second s	Analyst, County Administrator's Office	9	
2. Event For Which Tickets We			
Date(s) of Event:6_/_23_/_	10 Description of Event: Count	y Fair	
1 1	Face Value of Ticket: \$	10-	
Agency Event 🗌 Yes 🛛 🗵	No (Identify source of tickets below.)		
Name of Outside Source of Ticke	t(s) Provided to Agency: Alameda Co	ounty Fairgrounds	
Number of Tickets Received:	Ticket(s) Provided to A	gency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation sheet fo	r additional names)	
Name of Official	Number State	Whether the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Describe the Public Purpose fo	r the Distribution
101	eceiving Ticket(s) (Provided at the I	behest of an agency official.)	
Name of Behasting Agency Offici	al: Supervisor Nate Miley, District 4		
Name of Individual or Organization	on: Saeng Saephan	Numbe	er of Tickets:4
Description of Organization:			
Address of Organization:	nd Street	City	State Zip Code
Purpage for Distributions, (Describ	e the public purpose for the distribution to		
set a present a state of the	이 방지에 피하는 것 지않는 것이 안 되는 것이 들어졌다. 것 같아?	o the organization.)	
To reward an individual for servic	ce to the community.		
5. Verification			and the second
	n of lickets set forth above is in accordan	on with the provisions of EPDC	Regulation 18944-1
			Linguidion 10044
CAT graff		PRINCIPAL ANALYST	9/23/0
Signature of Mency Mead or Designee	Print Name	Title	(month/day, year)

Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 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@ac Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County	Administrate	or's Office	☐ Amendment <i>(Must e</i> Date of Original Filing:	10
Agency Event Yes No (Identify so Name of Outside Source of Ticket(s) Provided to Number of Tickets Received: 4	iption of Even Value of Ticke ource of ticke o Agency: <u>Go</u> Ticket(s) Pro	et: \$ its below.) olden State Wa vided to Agenc	:y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First) Calderon, Gene	e a continuation Number of Tickets 4	State Whet Descri	ther the Distribution is In ibe the Public Purpose for	
4. Individual or Organization Receiving Tick Name of Behesting Agency Official: Supervisor Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purp	Alice Lai-Bit	cer, District 3	Numb	er of Tickets: State Zip Code
5. Verification I have determined that the distribution of tickets set for Signature of Agency Head or Designee Comment: (Use this space or an attachment for any add	IISHIDA GRA Print Name		ICIPAL ANALYST Title	C Regulation 18944.1. <u>1/30/10</u> (month, day, year)

Tickets Provided by Agency Report		A Public	c 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	612			
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title, Crystal Hishida Graff, Princ			's Office	Amendment (Must e	
2. Event For Which Tickets Date(s) of Event:/ Agency Event □ Yes	Were Distribute	ed ription of Event Value of Ticket	. Oakland A's	s Game 40.00	
Name of Outside Source of Number of Tickets Received				s y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	N A V	Number of Tickets	State Whet	her the Distribution is In be the Public Purpose f	
 Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: Nur Purpose for Distribution: (De To promote attendance at a 	Official: <u>Supervisor</u> ization: <u>Joel Brione</u> nber and Street escribe the public pur	r Alice Lai-Bitke es pose for the distr	r, District 3	Numb	per of Tickets:4
5. Verification I have determined that the distr Signature of Agency Headfor Design Comment: (Use this space or al	ee CRYSTAL H	HISHIDA GRAF Print Name	F PRIN	ICIPAL ANALYST	C Regulation 18944.1. <u>7/30/10</u> (month, day, year)

I. Agency Name COUNTY OF ALAMEDA					
COUNTY OF ALAMEDA				Date Stamp	California 802
Division, Department, or Region (if applicable)					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Onicial Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5
(510) 272-3882	crystal.hishida@a	acgov.org			sprant in the off
Agency Contact (name and title	;			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrator'	's Office		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Event For Which Tickets	s Were Distribut	ed			
Date(s) of Event:08 /0	6 / 10 Desc	ription of Event:	Oakland A's	Game	
				85.00	
Agency Event	🗵 No (Identify s	source of tickets	below.)		
Name of Outside Source of					
		to Agency.			
Number of Tickets Received	:4	Ticket(s) Provi	ded to Agency	: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	sheet for additi	onal names)	
Name of Offic	sial	Number		er the Distribution is In	
(Last, First)		of Tickets	Descrip	e the Public Purpose for	or the Distribution
l. Individual or Organization	Sentral Alexandres en altra la comparate de la comparate			of an agency official.)	
Name of Behesting Agency	Official Superviso	r Alice Lai-Bitke	r, District 3		
					54
Name of Individual or Organ	ization: Kathy Mar	tins		Numb	er of Tickets:4
Description of Organization:					
Address of Organization:					
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the distr	ibution to the o	ganization.)	
To promote attendance at a	n event held at Co	unty facility to m	naximize poter	ntial County revenue	from concession sales
o. Verification					
5. Verification I have determined that the distr	ibution of tickets set	forth above is in a	accordance with	the provisions of FPP	C Regulation 18944.1.
I have determined that the distr		forth above is in a HISHIDA GRAF		the provisions of FPP	C Regulation 18944.1.

Tickets Provided by Agency Report	,	A Public Docum	ent	TICKETS PROVID AGENCY RE	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form 802 For Official Use Only	
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ 2. Event For Which Ticket	ipal Analyst, County Adı		Date of Original Filing:		
Date(s) of Event: 	06 <u>/ 10</u> Description / Face Value ⊠ No (Identify source Ticket(s) Provided to Age	e of Ticket: \$ e of tickets below.) ency: Oakland Athleti	85.00	⊠ Pursuant to Cor	ntract
3. Agency Official(s) Rece Name of Offi (Last, First)	cial N	umber State Wh	lditional names) nether the Distribution is In cribe the Public Purpose f		
4. Individual or Organization Name of Behesting Agency Name of Individual or Organization	Official: <u>Alameda Count</u> nization: <u>Brenda Dong</u>	ty Supervisor Nate Mi	ley, District 4	per of Tickets:1	
Address of Organization: Purpose for Distribution: (E To reward a student for ou	Describe the public purpose	for the distribution to th	ity e organization.)	State Zip	o Code
5. Verification I have determined that the dis	tribution of tickets set forth a	above is in accordance	with the provisions of FPF	C Regulation 18944.1.	

Signature of Agency Berd or Designee	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/30/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802 For Official Use Only		
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	eveloin in Part 5)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	cgov.org		Date of Original Filing:	νο - Ο
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		
2. Event For Which Tickets					
Date(s) of Event:09_/_0	0 <u>6 / 10</u> Descr	iption of Even	it: <u>Baseball G</u> a	ame	
		Value of Ticke		85.00	
Agency Event ☐ Yes Name of Outside Source of	⊠ No (Identify s			5	
Number of Tickets Received	S)			sy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	itional names)	
Name of Offi (Last, First)	cial	Number of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	ncome to the Official or for the Distribution
					,
4. Individual or Organizati					
Name of Behesting Agency	Official: Alameda C	County Superv	visor Nate Mile	ey, District 4	
Name of Individual or Orga					ber of Tickets:1
Description of Organization	:			9	
Address of Organization:	imber and Street		City		State Zip Code
Purpose for Distribution: (D	Describe the public pu	pose for the dis	stribution to the	organization.)	
To reward a student for ou	tstanding scholastic	achievement			
5. Verification	1				
I have determined that the dis	CRYSTAL	forth above is in HISHIDA GRA		ith the provisions of FP NCIPAL ANALYST Title	PC Regulation 18944.1.

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@acg Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County	Administrat	or's Office	☐ Amendment <i>(Must</i> Date of Original Filing:	neorae 2000 andre e Frankreiten. C
Agency Event ☐ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to	otion of Ever alue of Ticke urce of ticke Agency: <u>Oa</u>	et: \$ its below.) akland Athletics	85.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use Name of Official (Last, First)	a continuation Number of Tickets	State Whet		ncome to the Official or for the Distribution
A. Individual or Organization Receiving Tick Name of Behesting Agency Official: <u>Alameda Co</u> Name of Individual or Organization: <u>Dorienne Si</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purp To reward a student for outstanding scholastic a	ounty Super ms ose for the di	visor Nate Mile	y, District 4 Num	iber of Tickets:1 State Zip Code
5. Verification I have determined that the distribution of tickets set for Signature of Agency Head of Pesignee Comment: (Use this space or an attachment for any additional set of the space of the set of th	ISHIDA GR/ rint Name		NCIPAL ANALYST	PC Regulation 18944.1. <u>1/39/10</u> (frionth, day, year)

Tickets Provided by Agency Report	A Publi	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region (if applicable)				
1221 OAK STREET, #555 Street Address				
		1		
OAKLAND, CA 94612 Area Code/Phone Number E-mail				
	Occasu ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)	(510) 272-3882 crystal.hishida@acgov.org			(mently downwood
Crystal Hishida Graff, Principal Analyst, Co	ountv Administrato	or's Office		(month, day, year)
2. Event For Which Tickets Were Distrik				
Date(s) of Event:090610		t. Baseball Ga	me	
	ace Value of Ticke		85.00	
Fa	ace value of ficke	ι. φ		
Agency Event 🛛 Yes 🛛 No (Identi	ify source of ticket	s below.)		
Name of Outside Source of Ticket(s) Provid	ed to Agency: Oal	kland Athletics		
Number of Tickets Received:1			/: ☐ Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation	n sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is In the Public Purpose f	ncome to the Official or
(Last, First)	of Tickets	Deschi	be the Public Pulpose i	
	0			
· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organization Receiving	Ticket(s) (Provid	led at the behes	of an agency official.)	
Name of Behesting Agency Official: Alame	da County Superv	isor Nate Miley	/, District 4	
				ber of Tickets:1
Name of Individual or Organization: <u>Jonath</u>				Jer of Tickets.
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public	c purpose for the dis	stribution to the o	organization.)	
To reward a student for outstanding schola				
5. Verification				
I have determined that the distribution of tickets	set forth above is in	accordance wit	h the provisions of FPF	C Regulation 18944.1.
				abol
	AL HISHIDA GRA	PRIN	Title	(month, day, year)
Signature of Agency Head or Designee	Print Name		, ms	(institut, say) your,

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 of Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game / Face Value of Ticket: \$ Agency Event Yes Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: I Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional name of Official Name of Official Number		TICKETS PROVIDED B' AGENCY REPOR
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's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game	Date Stamp	California 802
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game		
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 Image: Contact (name and title) Agency Contact (name and title) Date of Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game		For Official Use Only
OAKLAND, CA 94612 Imail Imail <td>-</td> <td></td>	-	
Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Image: Argency Contact (name and title) Agency Contact (name and title) County Administrator's Office Event For Which Tickets Were Distributed Baseball Game Date(s) of Event: 09 / 06 / 10 / 0 Description of Event: Baseball Game		
(510) 272-3882 crystal.hishida@acgov.org Image: Argency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game Baseball Game		
(510) 272-3882 crystal.hishida@acgov.org Date of Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Event For Which Tickets Were Distributed Date of Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Date(s) of Event: 09 / 06 / 10 / 10 / Description of Event: Baseball Game	mendment (Must explain	n in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game		
Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game /	of Original Filing:	month, day, year)
Date(s) of Event: 09 06 10 Description of Event: Baseball Game		
Agency Event Yes Xi No (Identify source of Ticket: \$		
Agency Event Yes Xi No (Identify source of Ticket: \$		
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional name of Official (Last, First) Number State Whether the Official (Last, First) Number State Whether the Describe the Postion of Tickets Individual or Organization Receiving Ticket(s) (Provided at the behest of an a Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distr Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization reward a student for outstanding scholastic achievement and to reward a comment	0	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Image: Comparison of Co		
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Image: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional name of Official (Last, First) Name of Official (Last, First) Number of Tickets State Whether the Describe the for Tickets Individual or Organization Receiving Ticket(s) (Provided at the behest of an a Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distributed at the behest of an a Alameda County Supervisor Nate Miley, Distributed at the of Organization: Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization reward a student for outstanding scholastic achievement and to reward a comment of the organization of the org		
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Image: Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional name of Official (Last, First) Name of Official (Last, First) Number of Tickets State Whether the Describe the for Tickets Individual or Organization Receiving Ticket(s) (Provided at the behest of an a Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distributed at the behest of an a Alameda County Supervisor Nate Miley, Distributed at the of Organization: Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization reward a student for outstanding scholastic achievement and to reward a comment of the organization of the org		
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional name of Official Number of Tickets Name of Official Number of Tickets State Whether the Describe the for additional name of Tickets Individual or Organization Receiving Ticket(s) (Provided at the behest of an a Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distr Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: City Purpose for Distribution: (Describe the public purpose for the distribution to the organization to reward a com		
Name of Official (Last, First) Number of Tickets State Whether the Describe the fill Individual or Organization Receiving Ticket(s) (Provided at the behest of an at Name of Behesting Agency Official: Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distr Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: Avelina and Mary Wixson Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization to reward a student for outstanding scholastic achievement and to reward a com	Gratuitously 🗵	Pursuant to Contrac
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distr Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: Avelina and Mary Wixson Address of Organization: City Purpose for Distribution: City To reward a student for outstanding scholastic achievement and to reward a com	Distribution is Incom Public Purpose for the	
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distr Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: Avelina and Mary Wixson Address of Organization: City Purpose for Distribution: City To reward a student for outstanding scholastic achievement and to reward a com		
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, Distr Name of Individual or Organization: Avelina and Mary Wixson Description of Organization: Avelina and Mary Wixson Address of Organization: City Purpose for Distribution: City To reward a student for outstanding scholastic achievement and to reward a com	agency official.)	
Name of Individual or Organization:		
Description of Organization:		
Address of Organization: Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organiza To reward a student for outstanding scholastic achievement and to reward a com	Number o	of Tickets: 2
Purpose for Distribution: (Describe the public purpose for the distribution to the organiza To reward a student for outstanding scholastic achievement and to reward a com		
To reward a student for outstanding scholastic achievement and to reward a com		State Zip Code
	ation.)	
	munity volunteer fo	or her service to the
. Verification		
I have determined that the distribution of tickets set forth above is in accordance with the p	provisions of FPPC R	egulation 18944.1.
Signature of Agency Hand of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL	L ANALYST	(month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment e		

Agency Report	A Publ	ic Docume	ent	TICKETS PR AGEN	CY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)		Date Stamp	California Form For Official Us	802 e Only
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		Amendment (Must ex	nlain in Part 5.)	
(510) 272-3882	crystal.hishida@acgov.org			plant net an o.y	
Agency Contact (name and title,			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Princ	pal Analyst, County Administrat	tor's Office		•	
2. Event For Which Tickets	Were Distributed				
Data(a) of Event: 08 / 2	2 / 10 Description of Eve	nt. Oakland A's	s vs. Tampa Bay Rays		
Date(s) of Event.			85.00		
/	/ Face Value of Tick	et. ə			
Agency Event 🛛 🗌 Yes	X No (Identify source of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided to Agency: O	akland A's			
Number of Tickets Received	: Ticket(s) Pro	wided to Agence	cy: 🔲 Gratuitously	Pursuant to	Contrac
3. Agency Official(s) Recei	ving Ticket(s) (use a continuati				
Name of Offic (Last, First)	sial Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo		al or
	on Receiving Ticket(s) (Provi				
Name of Behesting Agency	Official: Keith Carson, Supervis	or Fifth District			,
Name of Behesting Agency Name of Individual or Orgar	Official: <u>Keith Carson, Supervis</u> nization: <u>100 Black Women - Po</u>	or Fifth District sitive Steps	Numb	er of Tickets:	20
Name of Behesting Agency Name of Individual or Orgar	Official: Keith Carson, Supervis	or Fifth District sitive Steps	Numb		20
Name of Behesting Agency Name of Individual or Orgar Description of Organization:	Official: <u>Keith Carson, Supervis</u> nization: <u>100 Black Women - Po</u> Provides young women ages 1	or Fifth District sitive Steps	rtunity to recognize the		20 94623
Name of Behesting Agency Name of Individual or Orgar Description of Organization:	Official: <u>Keith Carson, Supervis</u> nization: <u>100 Black Women - Po</u>	or Fifth District sitive Steps 2–17 the oppo	Numb rtunity to recognize the	ir full potential.	94623
Name of Behesting Agency Name of Individual or Orgar Description of Organization: Address of Organization: <u>P</u> Nu	Official: <u>Keith Carson, Supervis</u> nization: <u>100 Black Women - Po</u> <u>Provides young women ages 1</u> .O. Box 24231 mber and Street	or Fifth District sitive Steps 2–17 the oppo Oakland _{City}	rtunity to recognize the	ir full potential. CA	94623
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{P}{Nu}$ Purpose for Distribution: (D	Official: <u>Keith Carson, Supervis</u> nization: <u>100 Black Women - Po</u> <u>Provides young women ages 1</u> .O. Box 24231	or Fifth District sitive Steps 2–17 the oppo Oakland ^{City} istribution to the	Numb rtunity to recognize the I, organization.)	ir full potential. CA	

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

month day, year

Tickets Provided by Agency Report	A Dublic Decurrent		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if 1221 OAK STREET, #555 Street Address	applicable)	Date Stam	p California 802 Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal A 2. Event For Which Tickets We	stal.hishida@acgov.org Analyst, County Administrate	Date of Original	: (Must explain in Part 5.) Filing:(month, day, year)
Date(s) of Event: <u>08 / 07 /</u> //_	10 Description of Even Face Value of Ticke No (Identify source of ticket et(s) Provided to Agency: Oa	t: \$85.00 ts below.)	usly 🗵 Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	g Ticket(s) (use a continuatio Number of Tickets	State Whether the Distribution	ion is Income to the Official or rpose for the Distribution
4. Individual or Organization F Name of Behesting Agency Offic Name of Individual or Organizati Description of Organization:	ial: <u>Alameda County Superv</u>	visor Nate Miley, District 4	fficial.) Number of Tickets: <u>3</u>
Address of Organization: Number a Purpose for Distribution: (Descri To reward a community volunted	and Street be the public purpose for the di	City stribution to the organization.)	State Zip Code
5. Verification I have determined that the distribution Signature of Agency Head of Designee Comment: (Use this space or an attached 1 Parking Pass	CRYSTAL HISHIDA GRA	AFF PRINCIPAL ANALY	YST <u>1/21/10</u> (month, day, year)

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY AGENCY REPORT
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if application) 1221 OAK STREET, #555 Street Address	Date Sta	imp California 802 Form 802 For Official Use Only	
Agency Contact (name and title) Crystal Hishida Graff, Principal An 2. Event For Which Tickets Were	II.hishida@acgov.org alyst, County Administrato Distributed	Date of Origin	nt (Must explain in Part 5.) al Filing:(month, day, year)
Date(s) of Event: <u>08 , 07 , 1</u> /Agency Event □ Yes ⊠ N Name of Outside Source of Ticket(Number of Tickets Received:	 Face Value of Ticke Io (Identify source of ticket Provided to Agency: Oa 	t: \$85.00 is below.)	tously ⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ficket(s) (use a continuatio Number of Tickets	State Whether the Distribu	ution is Income to the Official or Purpose for the Distribution
 4. Individual or Organization Re Name of Behesting Agency Official Name of Individual or Organization Description of Organization: Address of Organization: Number and Description of Organization: Output Description of Organization: Output Output Description of Organization: Output <	: Alameda County Superv : Vickie Lee Street	visor Nate Miley, District 4	official.) Number of Tickets:1
Purpose for Distribution: (Describe To reward a community volunteer 5. Verification I have determined that the distribution Signature of Agency Head of Designee Comment: (Use this space or an attack	for her service to the publ of tickets set forth above is in CRYSTAL HISHIDA GR/ Print Name	n accordance with the provision	LYST

	AFUDIA	c Docume	n	AGEN	ST REPORT
Agency Report 1. Agency Name			Date Stamp	California 8	
COUNTY OF ALAMEDA					30.5.1
Division, Department, or Regi	on (if applicable)			For Official Us	e Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		Amendment (Must ex	nlain in Part 5)	
(510) 272-3882 crystal.hishida@acgov.org				picalit inter and any	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
	ipal Analyst, County Administrato	or's Office		(
2 Event For Which Tickets	Were Distributed				
Data(a) of Event: 08 / 1	6 / 10 Description of Even	t: Oakland A's	vs. Toronto Blue Jays	5	
			85.00		
/	/ Face Value of Ticke	ι. φ			
Agency Event 🛛 🗌 Yes	🗵 No (Identify source of ticket	s below.)			
Numeral Outside Course of	Ticket(s) Provided to Agency: <u>Oa</u>	kland A's			
Number of Tickets Received	i: <u>20</u> Ticket(s) Prov	ided to Agency	/: 🔲 Gratuitously	IX Pursuant to	Contrac
			(anal names)		
	iving Ticket(s) (use a continuation				-1
Name of Offi	cial Number	Ctote VA/Is of			
		State whet	ner the Distribution is Inc	or the Distribution	al or
(Last, First)	of Tickets	Descril	be the Public Purpose for	or the Distribution	alor
		Descri	be the Public Purpose fo	come to the Offici or the Distribution	alor
		Descri	be the Public Purpose for	come to the Offici or the Distribution	
		Descri	be the Public Purpose fo	come to the Offici or the Distribution	
		Descri	be the Public Purpose for	come to the Offici or the Distribution	
		Descri	be the Public Purpose fo	come to the Offici	
(Last, First)	of Tickets	Descri	be the Public Purpose fo	come to the Offici or the Distribution	
(Last, First)	of Tickets	Descril led at the behes	be the Public Purpose fo	come to the Offici or the Distribution	
(Last, First) 4. Individual or Organizati Name of Behesting Agency	of Tickets of Tickets on Receiving Ticket(s) (Provid Official: Keith Carson, Superviso	Descri ed at the behes r Fifth District	be the Public Purpose fo	come to the Offici or the Distribution	
(Last, First) 4. Individual or Organizati Name of Behesting Agency	of Tickets of Tickets on Receiving Ticket(s) (Provid Official: Keith Carson, Superviso	Descri ed at the behes r Fifth District	be the Public Purpose fo	or the Distribution	20
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Orga	Of Tickets	Descri led at the behes r Fifth District ay Area Mentor	t of an agency official.)	er of Tickets:	
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Orga	Of Tickets	Descri led at the behes r Fifth District ay Area Mentor	t of an agency official.)	er of Tickets:	
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization	of Tickets of Tickets of Ticket(s) (Provid Official: Keith Carson, Superviso nization: 100 Black Men of the Ba	Descril ed at the behes r Fifth District ay Area Mentor by providing s	t of an agency official.) ing Numb	er of Tickets:	20
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	of Tickets of Tickets of Ticket(s) (Provid Official: <u>Keith Carson, Superviso</u> nization: <u>100 Black Men of the Ba</u> : <u>Helping African American youth</u> 638 12th Street	Descril led at the behes r Fifth District ay Area Mentor by providing s Oaklan	t of an agency official.) ing Numb	er of Tickets: oring. CA	20 94607
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	of Tickets of Tickets of Ticket(s) (Provid Official: Keith Carson, Superviso nization: 100 Black Men of the Ba	Descril ed at the behes r Fifth District ay Area Mentor by providing s	t of an agency official.) ing Numb	er of Tickets:	20 94607
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{1}{Nt}$	of Tickets of Tickets of Ticket(s) (Provid Official: <u>Keith Carson, Superviso</u> nization: <u>100 Black Men of the Ba</u> : <u>Helping African American youth</u> 638 12th Street	Descril led at the behes r Fifth District ay Area Mentor by providing s Oaklan ^{City}	t of an agency official.) ing Numb cholarships and ment	er of Tickets: oring. CA	20 94607
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{Nt}$ Purpose for Distribution: (E	of Tickets	Descril led at the behes r Fifth District by providing s Oaklan ^{City}	t of an agency official.) ing Numb cholarships and ment d,	er of Tickets: oring. CA	

Signature of Agency blead or Designee

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST

(month, day, year,

Tickets Provided by Agency Report	A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
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			2	
			Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishida@ Agency Contact (name and title)	acgov.org		Date of Original Filing:	
		oda Office		(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour		ors Office		
2. Event For Which Tickets Were Distribut	ted		2424	
Date(s) of Event:08 /_07 /_10 Desc	cription of Ever	t: Baseball Ga	ame	
	e Value of Ticke		85.00	
	eeuree of ticke	to bolow)		
Agency Event 🔲 Yes 🗵 No (Identify				
Name of Outside Source of Ticket(s) Provided	to Agency: Oa	kland Athletics	3	
Number of Tickets Received: <u>3</u>			y: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s)	use a continuatio			
Name of Official	Number	State Whe	ther the Distribution is In ibe the Public Purpose f	ncome to the Official or
(Last, First)	of Tickets	Descr	be the Public Pulpose i	
4. Individual or Organization Receiving Ti	icket(s) (Provi	ded at the behes	t of an agency official.)	
4. Individual of organization recording in		i blata bdila	. District 4	
Name of Behesting Agency Official: Alameda	County Super-	visor Nate Mile	y, District 4	
				3
Name of Individual or Organization: Sarah Mi	lley		Num	ber of Tickets:3
Description of Organization:				
Address of Organization:		City		State Zip Code
	unness for the di	atribution to the	organization)	
Purpose for Distribution: (Describe the public p			organization./	
To reward a community volunteer for her service	vice to the publ	ic.		
E Varification				
5. Verification	the db above is i	n opportance w	ith the provisions of FPI	PC Regulation 18944.1
I have determined that the distribution of tickets se	et forth above is i			o riogunation roomin
Start CRYSTAL	- HISHIDA GR	AFF PRI	NCIPAL ANALYST	1/21/10
Signature of Agency flead or Designee	Print Name		Title	(month, day, year)
	The second s	les including omo	admont evolution)	
Comment: (Use this space or an attachment for any	additional informat	ion including arriel	idment explanation.)	

Fickets Provided by Agency Report	A Publ	ic Docume	nt	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 title) Crystal Hishida Graff, Principal Analyst, C 2. Event For Which Tickets Were Distri	☐ Amendment <i>(Must</i> Date of Original Filing			
Agency Event ☐ Yes ⊠ No (Iden Name of Outside Source of Ticket(s) Provid Number of Tickets Received:1	Face Value of Ticke tify source of ticke ded to Agency: <u>Oa</u> Ticket(s) Pro	et: \$ ts below.) akland Athletics vided to Agency	85.00 y: □ Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	Number of Tickets	State Whet		ncome to the Official or for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Alame Name of Individual or Organization: Noelle Description of Organization: Address of Organization: Purpose for Distribution: (Describe the publ To reward a community volunteer for her severe to the public or the public	eda County Super e Robinson lic purpose for the di	visor Nate Mile City	y, District 4	iber of Tickets:1 State Zip Code
5. Verification I have determined that the distribution of ticket. Signature of Agency Head or Designee Comment: (Use this space or an attachment for a	TAL HISHIDA GR		Title	PC Regulation 18944.1.

Tickets Provided by Agency Report A Public	Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)		86
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612	1	
Area Code/Phone Number E-mail	Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing:	
Agency Contact (name and title)		(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator	s Office	
2. Event For Which Tickets Were Distributed		
Date(s) of Event: <u>08 / 07 / 10</u> Description of Event:	UFC	
/ Face Value of Ticket:	300.00	
Agency Event Yes No (Identify source of tickets	below.)	
Name of Outside Source of Ticket(s) Provided to Agency.	plain Drate Waltows	
	ded 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 In	
(Last, First) of Tickets	Describe the Public Purpose	for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provide	d at the behest of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervis</u>		
Name of Behesting Agency Official:		
Name of Individual or Organization: <u>Jimmy Dilks</u>	Num	ber of Tickets: <u>4</u>
Name of Individual of Organization.		
Description of Organization:		
Address of Organization:	City	State Zip Code
	ibution to the organization)	
Purpose for Distribution: (Describe the public purpose for the distribution)		
to reward an community volunteer for his service to the public	·	
5. Verification		
I have determined that the distribution of tickets set forth above is in a	accordance with the provisions of FPI	PC Regulation 18944.1.
CRYSTAL HISHIDA GRAF		7/2/10
Signature of Agency Mead or Designee Print Name	Title	(month, day, year)
Comment: (Use this space or an attachment for any additional information	including amendment explanation.)	

gency Report			and the second se	AGENCY REPOR	
Agency Name		t	Date Stamp	California 802	
COUNTY OF ALAMEDA				Form OOZ	
Division, Department, or Region (if applicable)				For Onicial Ose Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			endment (Mustex)	plain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov.org					
Agency Contact (name and title)		Date o	Date of Original Filing:(month, day, year)		
Crystal Hishida Graff, Principal Analyst,	County Administrator's C	Office			
Event For Which Tickets Were Dis					
O8 21 10	Beneriction of Events A	s Game			
Date(s) of Event:08 21 10			/		
//	Face Value of Ticket: \$.	40-			
Agency Event 🗌 Yes 🗵 No (Id	lentify source of tickets be	low.)			
Name of Outside Source of Ticket(s) Pro	ovided to Agency: Oaklan	u A 5			
Number of Tickets Received:4			Gratuitously	⊠ Pursuant to Contra	
Agency Official(s) Receiving Ticke					
Name of Official		State Whether the	Distribution is Inc	come to the Official or	
(Last, First)	of Tickets	Describe the	Public Purpose to	or the Distribution	
				h.a	
Individual or Organization Receiv	ing Ticket(s) (Provided a	t the behest of an	agency official.)		
Individual or Organization Receiv	ing Ticket(s) (Provided a	t the behest of an	agency official.)		
Individual or Organization Receiv	ing Ticket(s) (Provided a ameda County Supervisor	t the behest of an Scott Haggerty,	agency official.) District 1		
Name of Behesting Agency Official: Ala	ameda County Supervisor	t the behest of an Scott Haggerty,	District 1	4	
Name of Behesting Agency Official: Ala	ameda County Supervisor	t the behest of an Scott Haggerty,	District 1	er of Tickets:4	
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u>	ameda County Supervisor nda Thompson	Scott Haggerty,	District 1	er of Tickets:4	
	ameda County Supervisor nda Thompson	Scott Haggerty,	District 1	er of Tickets:4	
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization:	ameda County Supervisor nda Thompson	Scott Haggerty,	District 1		
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u>	ameda County Supervisor nda Thompson	Scott Haggerty,	District 1	er of Tickets:4 State Zip Co	
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization: <u></u> Address of Organization:	ameda County Supervisor nda Thompson	Scott Haggerty,	District 1 Numb		
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization: <u></u> Address of Organization: <u></u> Purpose for Distribution: (Describe the p	ameda County Supervisor nda Thompson public purpose for the distribu	Scott Haggerty,	District 1 Numb		
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization: <u></u> Address of Organization:	ameda County Supervisor nda Thompson public purpose for the distribu	Scott Haggerty,	District 1 Numb		
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization: <u></u> Address of Organization: <u></u> Purpose for Distribution: (Describe the p to reward an community volunteer for h	ameda County Supervisor nda Thompson public purpose for the distribu	Scott Haggerty,	District 1 Numb		
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization: <u></u> Address of Organization: <u></u> Purpose for Distribution: (Describe the p to reward an community volunteer for b	ameda County Supervisor nda Thompson public purpose for the distribu	Scott Haggerty, City	District 1 Numb	State Zip Co	
Name of Behesting Agency Official: <u>Ala</u> Name of Individual or Organization: <u>Lir</u> Description of Organization: <u>Address of Organization</u> : Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the p to reward an community volunteer for the 5. Verification I have determined that the distribution of tid	ameda County Supervisor nda Thompson public purpose for the distribu	City City Ition to the organiz	District 1 Numb	State Zip Co	

Fickets Provided by A Public Document			nt	TICKETS PROVIDED BY AGENCY REPORT	
I. 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, Princ			r's Office	Amendment <i>(Must e)</i> Date of Original Filing: .	3
2. Event For Which Ticket Date(s) of Event:/ Agency EventYes Name of Outside Source of Number of Tickets Receive 3. Agency Official(s) Rece	03 <u>/ 10</u> Descr / Face [™] ⊠ No (Identify s Ticket(s) Provided t d:2	ription of Event Value of Ticket ource of tickets o Agency: <u>Oak</u> Ticket(s) Provi	: \$ below.) land Athletics ded to Agenc	40.00 ₃ y: □Gratuitously	⊠ Pursuant to Contract
Name of Off (Last, First)		Number of Tickets		her the Distribution is In be the Public Purpose fo	
Address of Ordanization	POfficial: Alameda C nization: Women or Programs for wom 20424 Haviland Aver umber and Street Describe the public pub	County Supervi In the Way to Re Inen to prevent i Inue - Hayward, Irpose for the dist	sor Nate Mile ecovery recidivism CA 94541 ^{City}	y, District 4 Numb	er of Tickets:2
5. Verification I have determined that the dis Signature of Agerdoy Head or Desi Comment: (Use this space or	gnee CRYSTAL I	HISHIDA GRA	FF PRI	NCIPAL ANALYST	C Regulation 18944.1. <u>1/20/1/0</u> (month, day, year)

PLAZA SEATS

Tickets Provided by Agency Report A Pub	ic Document 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 Form 802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administral	Date of Original Filing:
2. Event For Which Tickets Were Distributed Date(s) of Event: 1710 Description of Eve Face Value of Tick Agency Event □ Yes ⊠ No (Identify source of ticket Name of Outside Source of Ticket(s) Provided to Agency: Number of Tickets Received: Ticket(s) Pro 3. Agency Official(s) Receiving Ticket(s) (use a continuation of the second	et: \$40.00 ts below.) akland Athletics vided to Agency: □ Gratuitously ⊠ Pursuant to Contract
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
 Individual or Organization Receiving Ticket(s) (Provi Name of Behesting Agency Official: <u>Alameda County Super</u> Name of Individual or Organization: <u>Community Reformed Of</u> Description of Organization: <u>Sobrante Park Time Banking</u> Address of Organization: <u>457 Capistrano Dr - Oakland, CA</u> Number and Street Purpose for Distribution: (Describe the public purpose for the d To reward a non profit organization for its contribution to the 	visor Nate Miley, District 4 Church Number of Tickets: 2 94603 City State Zip Code stribution to the organization.)
5. Verification I have determined that the distribution of tickets set forth above is CHARANCE CRYSTAL HISHIDA GR Signature of Agency (read or Designee Print Name Comment: (Use this space or an attachment for any additional information)	AFF PRINCIPAL ANALYST

PLAZA SEATS

Tickets Provided by Agency Report	AF	ublic Docum	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	n (if applicable)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number E (510) 272-3882 o Agency Contact (name and title) Crystal Hishida Graff, Principal			Date of Original Filing:	
2. Event For Which Tickets N Date(s) of Event:08 / _16 / Agency Event ☐ Yes Name of Outside Source of Tickets Received: .	_/ 10 Description of _/ Face Value of ⊠ No (Identify source of cket(s) Provided to Agenc	Ticket: \$ tickets below.) _/ : <u>Oakland Athletic</u>	40.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	2	er State Whe	ditional names) other the Distribution is In ribe the Public Purpose f	
4. Individual or Organization Name of Behesting Agency O Name of Individual or Organiz Description of Organization:	fficial: <u>Alameda County S</u> ation: <u>Community Reform</u>	upervisor Nate Mil ned Church ng	ey, District 4	per of Tickets:2
Address of Organization.	er and Street scribe the public purpose for zation for its contribution t	Cit the distribution to the o the public	e organization.)	State Zip Code
Signature of Agency Head or Designed Comment: (Use this space or an PLAZA SEATS			INCIPAL ANALYST Title	

Tickets Provided by Agency Report A Public Docu	iment 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 802 Form 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, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event: 08 / 20 / 10 Description of Event: Baseba / Face Value of Ticket: \$ Agency Event □ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath Number of Tickets Received: 2 Ticket(s) Provided to Agency	40.00
Harris of Shida	additional names) 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 back Name of Behesting Agency Official: <u>Alameda County Supervisor Nate</u> Name of Individual or Organization: <u>Jenny Lin Foundation</u>	Miley, District 4 Number of Tickets:2
Description of Organization: <u>Scholarship Program for youth studying n</u> Address of Organization: <u>PO Box 21150 - Castro Valley, CA 94546</u> <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the distribution to	City State Zip Code

CHEAT	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	
Signature of Agency Head or Designee	Print Name	Title	
	and the second	dise emendment evolution (

(month, day, year)

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

PLAZA SEATS

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
n					
1221 OAK STREET, #555					
Street Address			+		
OAKLAND, CA 94612	IC mall				
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				Bate of original times	(month, day, year)
Crystal Hishida Graff, Prin			or's Office		
2. Event For Which Ticket			D		
Date(s) of Event:08_/	18 <u>/ 10</u> Desci	ription of Even	t: <u>Baseball G</u>	ame	
<i></i>		Value of Ticke		40.00	
Agency Event	🗵 No (Identify s	ource of ticket	s below.)		
Name of Outside Source of	f Ticket(s) Provided t	o Agency: Oal	kland Athletics	S	
Number of Tickets Receive				cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation			
Name of Of (Last, First		Number of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	ncome to the Official or for the Distribution
4. Individual or Organizat					,
Name of Behesting Agency	y Official: <u>Alameda (</u>	County Superv	isor Nate Mile	ey, District 4	
Name of Individual or Orga	anization: United Ser	niors of Oaklar	nd & Alameda	County Num	ber of Tickets: <u>2</u>
Description of Organization	n:Senior Advocacy				
Address of Ordanization.	7200 Bancroft Ave, S lumber and Street	Ste 178 - Oakla	and, CA 9460 City		State Zip Code
Purpose for Distribution: (Describe the public pu	rpose for the dis	stribution to the	organization.)	
To reward a non profit org					
5. Verification					
I have determined that the di	stribution of tickets set	forth above is in	n accordance w	ith the provisions of FP	PC Regulation 18944.1.
CHAM H		HISHIDA GRA		NCIPAL ANALYST	7/20/10
Signature of Agency Head or Des	ignee	Print Name		Title	(month, day, year)

PLAZA SEATS

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	Jency Name OUNTY OF ALAMEDA vision, Department, or Region (if applicable) 221 OAK STREET, #555			Date Stamp	California 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	cgov.org		Date of Original Filing: _	2012/07/19/10/10/07/07/07/07/07/07/07/07/07/07/07/07/07
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		2 0 / C. A. A. B. B. B. C. M. (1999) 1 / C. M. (1999) 1 / C. M. (1999)
2. Event For Which Tickets	s Were Distribute	d			
Date(s) of Event:	<u>3 / 10</u> Descr	ription of Ever	nt: <u>Aerosmith</u>		
St. 13	/ Face			142.50	
Agency Event ☐ Yes Name of Outside Source of	⊠ No (Identify s Ticket(s) Provided t			State Warnio	V S
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behe	st of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	ggerty, District 1	
Name of Individual or Organ	ization: Beth	Lopez			er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City	}	State Zip Code
Purpose for Distribution: (D to reward an community vol	en andre and a construction and an an	tersener og en som en som		organization.)	
5. Verification	6 18 18 8 8 1 KG		1		
I have determined that the distr <u>CHAPALA</u> Signature of Agency Head or Design	CRYSTAL H	orth 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 Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio 1221 OAK STREET, #555 Street Address	n (if applicable)	Date Stamp	California 802 Form 802 For Official Use Only
510-272-3882 Agency Contact (name and title)	E-mail crystal.hishida@acgov.org pal Analyst, County Administrate	Date of Original Fills	
2. Event For Which Tickets Date(s) of Event: 07 09	Were Distributed 10 Description of Ever Face Value of Ticke No (Identify source of ticke icket(s) Provided to Agency: Ala	nt: Alameda County Fair et: \$5.00	d ∕ ⊠ Pursuant to Contract
3. Agency Official(s) Receiv Name of Offic (Last, First)		on sheet for additional names) State Whether the Distribution Describe the Public Purpo	s Income to the Official or se for the Distribution
Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: Supervisor Alice Lai-Bit zation: Janice Granby		umber of Tickets:2
	aber and Street escribe the public purpose for the di Inteer for his or her service to th		State Zlp Code
5. Verification I have determined that the distri- Signature of Agendy Hase of Design Comment: (Use this space or a	CRYSTAL HISHIDA GR	in accordance with the provisions of AFF PRINCIPAL ANALYST	01-1

ickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROV	REPOR
. Agency Name		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 🙎	02
COUNTY OF ALAMEDA				r onni	
Division, Department, or Region (if applicable)				For Official Use C	only
1221 OAK STREET, #555					
Street Address					
· · · · · · · · · · · · · · · · · · ·					
OAKLAND, CA 94612					
hereas an he analysis	Openey ora		Amendment (Musi	r explain in Part 9.)	
510-272-3882 crystal.hishida(@acgov.org	_	Date of Original Filing):(month, day, year)	-
Agency Contact (name and title)	ustu Administrato	or's Office		(monin, day, year)	
Crystal Hishida Graff, Principal Analyst, Cou				Aut - 114-11	
. Event For Which Tickets Were Distrib	uted	Alamada Co	unty Epir	2	
Date(s) of Event:070910 De	escription of Ever	nt: Maneda O	Juncy Fail		
	ce Value of Ticke		5.00		
Agency Event 🗌 Yes 🛛 No (Identif	fy source of ticke	ets below.)	Faircrounds Board		
Name of Outside Source of Ticket(s) Provide	ed to Agency:	ameda County	raigiounus board		
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to C	ontrac
Agency Official(s) Receiving Ticket(s)) (use a continuatio	on sheet for addi	tional names)		
				5 (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	
Name of Official	Number	T State Whet	her the Distribution is	Income to the Official	or
Name of Official (Last, First)	Number of Tickets	State Whet Descri	her the Distribution is be the Public Purpose	Income to the Official for the Distribution	or
	10107 7 1010 1201 5 1044 L	State Whet Descri	her the Distribution is be the Public Purpose	Income to the Official for the Distribution	ог
	10107 7 1010 1201 5 1044 L	State Whet Descri	her the Distribution is be the Public Purpose	Income to the Official for the Distribution	or
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	10107 7 1010 1201 5 1044 L	State Whet Descri	her the Distribution is be the Public Purpose	Income to the Official for the Distribution	or
(Last, First)	of Tickets	Descri	be the Public Purpose	for the Distribution	or
(Last. First)	of Tickets	Descri	be the Public Purpose	for the Distribution	or
(Last. First)	of Tickets	Descri	be the Public Purpose	for the Distribution	or
(Last, First)	of Tickets	Descri	be the Public Purpose	for the Distribution	or
(Last, First)	of Tickets Ticket(s) (Provid isor Alice Lai-Biti	Descri	be the Public Purpose)	2
(Last. First)	of Tickets Ticket(s) (Provid isor Alice Lai-Biti	Descri	be the Public Purpose	for the Distribution	
(Last, First) I. Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Meadow	of Tickets Ticket(s) (Provid isor Alice Lai-Biti w Presley	Descri	be the Public Purpose)	
(Last. First) I. Individual or Organization Receiving Name of Behesting Agency Official: Supervi	of Tickets Ticket(s) (Provid isor Alice Lai-Biti w Presley	Descri	be the Public Purpose)	
(Last, First)	of Tickets Ticket(s) (Provid isor Alice Lai-Biti w Presley	Descri	be the Public Purpose) nber of Tickets:	2
(Last, First) I. Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Meadow	of Tickets Ticket(s) (Provid isor Alice Lai-Biti w Presley	Descri	be the Public Purpose) nber of Tickets:	2
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(Last. First)	of Tickets Ticket(s) (Provid isor Allce Lai-Bitl w Presley purpose for the di	Descri ded at the behes ker, District 3 City istribution to the d	t of an agency official.) nber of Tickets:	2
(Lest, First)	of Tickets Ticket(s) (Provid isor Allce Lai-Bitl w Presley purpose for the di	Descri ded at the behes ker, District 3 City istribution to the d	t of an agency official.) nber of Tickets:	2
(Last, First)	of Tickets Ticket(s) (Provid isor Allce Lai-Bitl w Presley purpose for the di	Descri ded at the behes ker, District 3 City istribution to the d	t of an agency official.) nber of Tickets:	2
(Last. First) I. Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Meadow Description of Organization: Meadow Description of Organization: Address of Organization: Furpose for Distribution: (Describe the public To reward a community volunteer for his or 5. Verification	of Tickets Ticket(s) (Provid isor Allce Lai-Bitl w Presley purpose for the di her service to th	City citribution to the one	t of an agency official. Num) nber of Tickets: State	2 Zlp Code
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(Lest. First) I. Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Meadow Description of Organization: Meadow Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public To reward a community volunteer for his or 5. Verification I have determined that the distribution of tickets effects	of Tickets Ticket(s) (Provid isor Alice Lai-Biti w Presley purpose for the di her service to th set forth above is ii AL HISHIDA GR/ Print Name	City stribution to the or city stribution to	t of an agency official. Nun prganization.)) nber of Tickets: State	2 Zlp Code .1.

ivision, Department, or Region (if applicable) 1221 OAK STREET, #555	Date Stamp Form For Official Use Only
COUNTY OF ALAMEDA ivision, Department, or Region (if applicable) 1221 OAK STREET, #555 treet Address	For Official Use Only
1221 OAK STREET, #555	
treet Address	
DAKLAND, CA 94612	
rea Code/Phone Number E-mail	Amendment (Must explain in Part 5.)
510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing:(month_day_year)
gency Contact (name and tille)	(month, out);;
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	3
Event For Which Tickets Were Distributed Date(s) of Event:	
Name of Outside Source of Ticket(s) Provided to Agency: Adam Number of Tickets Received: Ticket(s) Provided to Agency: Ticket(s) Provided to Agency: Adam Number of Tickets Received: Ticket(s) (use a continuation sheet for	Agency: Gratuitously Pursuant to Contract
Name of Official Number Stat (Last, First) of Tickets	Describe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at th	he behest of an agency official.)
Name of Behesting Agency Official: <u>Alaunda Courte</u> Name of Individual or Organization: <u>Royce</u> <u>Annih</u> Description of Organization:	onNumber of Tickets: 2
Completion:	City State Zip C
Humber and enough	
Purpose for Distribution: (Describe the public purpose for the distribution)	and is survice to the publ
5. Verification	the provisions of EPPC Regulation 18944.1.
in account of tickats set forth above is in account	ordance with the provisions of FPPC Regulation 18944.1.
I have determined that the distribution of lickets set form deere is in a	DDINCIDAL ANALVST
I have determined that the distribution of tickets set form distri	PRINCIPAL ANALYST

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

ency Report	the second se		California O O O		
gency Name		Date Stamp	California Form 802		
COUNTY OF ALAMEDA	1		For Official Use Only		
Division, Department, or Region (if applicable)	· · ·	A			
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@	jacgov.org	Date of Original Filing:	(month, day, year)		
Agency Contact (name and title)		TO SERVICE CONTRACTOR STOCK ON CONTRACTOR STOCK	(month, day, year)		
Crystal Hishida Graff, Principal Analyst, Cou	unty Administrator's O	flice	1 A.		
Date(s) of Event.	uted scription of Event: ce Value of Ticket: \$ _	Alame Da Court 10.00	y Fair		
Name of Outside Source of Ticket(s) Provide	y source of tickets be ed to Agency:	low.) ame da County F I to Agency: Gratuitously	Air Board Pursuant to Contra		
. Agency Official(s) Receiving Ticket(s) (use a continuation sh	eet for additional names)			
	Number		Income to the Official or		
Name of Official (Last, First)	of Tickets	Departies the Public Pumose for the Distribution			
			and the second sec		
4. Individual or Organization Receiving Name of Behesting Agency Official:	g Ticket(s) (Provided meda County spent Ni	Suprim Sour M	umber of Tickets:		
Name of Behesting Agency Official:	g Ticket(s) (Provided nerva County spent ni	Suprim Sour M	Director UP		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	sbent ni	city	Director VIP		
Name of Behesting Agency Official:	sbent ni	City City	Under of Tickets:		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the put <u>To Roward a Vislue</u>	blic purpose for the distr	City ribution to the organization.)	State Zip		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the put <u>To Roward a Vislue</u>	blic purpose for the distr	City ribution to the organization.)	State Zip of State They		
Name of Behesting Agency Official:	blic purpose for the distr	City ribution to the organization.)	State Zip of State They		

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

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	- 1280 MI				

FAX NO. 5102084884

P. 01/01

Agency Report	A Public Doc		TICKETS PROVID
1. Agency Name		Date Stamp	California
County of Alameda		Form 80	
Division, Department, or Region (if applicable)			For Official Use Only
1221 Oak Street			
Street Address			
Oakland, CA 94612			
Area Code/Phone Number E-mail			<u> </u>
510 272-3882 crystal.hishida	Amendment (Muster	(plain in Part 5.)	
Agency Contact (name and title)		Date of Original Filing: .	line alle
Crystal Hishida Graff, Principal Analyst, Co	ounty Administrator's Office		(month, day, year)
. Event For Which Tickets Were Distril	buted		i n an a
Date(s) of Event: <u>6 / 23 / 10</u> D	escription of Event: County	Fair	
77 . 11 . 10	ace Value of Ticket: \$	5.00	
	ify source of tickets below.)		
Name of Outside Source of Ticket(s) Provide	ed to Agency: Alameda Cou	inty Fair	
Number of Tickets Received:0	Walandah manakan sa		
	Ticket(s) Provided to Ag	ency: 🛛 Gratuitously	E Pursuant to Contra
Agency Official(s) Receiving Ticket(s)			Pursuant to Contra
Agency Official(s) Receiving Ticket(s)	(use a continuation sheet for a	additional names)	
Agency Official(s) Receiving Ticket(s) Name of Official (Last, First)	(use a continuation sheet for a Number State W	additional names) /hether the Distribution is inco	Pursuant to Contra
Name of Official	(use a continuation sheet for a Number State W	additional names)	me to the Official or
Name of Official	(use a continuation sheet for a Number State W	additional names) /hether the Distribution is inco	me to the Official or
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Individual or Organization Receiving T Name of Behesting Agency Official: Supervis Name of Individual or Organization: Mother V	Vright's Foundation	additional names) /hether the Distribution Is Inco scribe the Public Purpose for nest of an agency official.) ct 5	me to the Official or the Distribution
Individual or Organization Receiving T	Vright's Foundation	additional names) /hether the Distribution Is Inco scribe the Public Purpose for nest of an agency official.) ct 5	me to the Official or the Distribution
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Individual or Organization Receiving T Name of Behesting Agency Official: Supervis Name of Individual or Organization: Mother V Description of Organization: Provides aid and Address of Organization: PO Box 99366, Emi	(use a continuation sheet for a Number State W of Tickets De Ticket(s) (Provided at the beh sor Keith Carson Distric Vright's Foundation I support to the poor and ho eryville, CA 94662	additional names) /hether the Distribution Is Inco scribe the Public Purpose for nest of an agency official.) ct 5 Number meless	me to the Official or the Distribution
Individual or Organization Receiving T Name of Behesting Agency Official: Supervis Name of Individual or Organization: Mother V Description of Organization: Provides aid and Address of Organization: PO Box 99366, Emi	(use a continuation sheet for a Number State W of Tickets De Ticket(s) (Provided at the beh sor Keith Carson Distric Vright's Foundation I support to the poor and ho eryville, CA 94662	additional names) /hether the Distribution Is Inco scribe the Public Purpose for nest of an agency official.) ct 5 Number meless	me to the Official or the Distribution
Individual or Organization Receiving T Name of Behesting Agency Official: Supervis Name of Individual or Organization: Mother V Description of Organization: Provides aid and Address of Organization: PO Box 99366, Em	Vright's Foundation State W of Tickets De Cor Keith Carson Vright's Foundation d support to the poor and ho eryville, CA 94662 Cr	Additional names) /hether the Distribution is inco scribe the Public Purpose for nest of an agency official.) Ct 5 Number meless	of Tickets: 10

forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee

(month, day, year)

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

Print Name

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Tickets Provided by		Ph. 8 11 Ph.	21 21 21 2 1	TICKETS PROVIDED BY
Agency Report	A	Public Docun	nent	AGENCY REPORT
1. Agoncy Name	nin yan al, nin Yannin Giartsu) nin alifun kala alifut (alifut yang pana		Date Stamp	Callfornia 802
COUNTY OF ALAMEDA				Form OUC
Division, Department, or Region	v (if applicable)			For Official Uso Only
1221 OAK STREET, #555 Street Address	ng an a thurst a constant, and a start of the factor and the second second		_	
OAKLAND, CA 94612				
Area Code/Phone Number	-mail	N	Amondanent (Must	sxplain in Part 5)
(510) 272-3882 Contract (name and (illis)	rystal.hishida@acgov.o	Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Princips		inistrator's Office		
2. Event For Which Tickets V	vere Distributed	Alameda	County Fair	
Date(s) of Event: 07 / 10				
·	_/ Face Value of	of Ticket: \$	10.00	
Agency Event []] Yes	🖾 No (Identify source d	of tickets bolow.)		
	ARRENT STREET MANAGEMENT ARM TRAFFIC AND AND AND A STREET		tv Fair Association	
Name of Outside Source of Tid	sket(s) Provided to Agen	icy:		
Number of Tickets Received: .	3 Ticket	(s) Provided to Age	ncy: 🔲 Gratuitously	Pursuant to Contract
	general an Landers and the lost articles at the lost	ده د محمد محمد معاد از وارد محمد المانوران براند. موادر . الم		
3. Agency Official(s) Receivi	ng lickel(s) (use a cor	ntimulation sheet for a		
Name of Officia (Last, First)	I Nun		hether the Distribution is In scribe the Public Purpose t	
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4. Individual or Organization				
Name of Behesling Agoncy O	Maneda County	Supervisor Nate M	iley, District 4	
Name of Individual or Organiz	ation: Mel, Fran, and At	hena Gillete	Num	per of Tickets:3
Description of Organization:	a galante da la facta de la calencia	·/····································		
Address of Opennization:				
Address of Organization:	er and Story	C	Dily	State Zip Coda
Purpose for Distribution: (Des	cribe the public ourpose fo	r the distribution to th	e organization.)	
To reward a non profit for their				
S. Verification	lenne sam syn yw yw yn yw yn yw yn yn yn yw yn	NEAR ANN AN THE REPORT OF A STREET OF A		THE REPORT OF A DESCRIPTION OF A
I have dotermined that the distribution	ution of tickets set forth ab	ove is in accordance	with the provisions of FPF	C Regulation 18944.1.
and the m				n1.11
Signature of Bonney Mead or Designed	CRYSTAL HISHIC		RINCIPAL ANALYST	(moult, day year)
Contraction Contraction of Designed	and an an an an arrest the second			transition days front
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				FPPC Form 802 (Feb/0)

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gency Report	1. 1919 II. (1.1999) II. (1.1997) II. (1.1997) II. (1.1997)	ers(-A memory in addition (Argentic and an and a statement		Date Stamp	California 000
Agancy flamo				124030050302	Form OUZ
COUNTY OF ALAMEDA Division, Department, or Reg	uon (if epolicable)	an (197 mag ing)			For Official Use Only
1221 OAK STREET, #555 Stroot Address	a (1 a A & W M M M M M M M M M M M M M M M M M M				
OAKLAND, CA 94612 Area Uode/Phone Number	E-mail	ud ja kuuliitutympeerintaan aa aa kuuliituteesee		Amondment (Must	explain iri Part 5)
(510) 272-3882 Agency Contact (name and tel	erystal.hishida@i	ncgov.org	. 597.1		(month, day, year)
Crystal Hishida Graff, Prin		nty Administrator's Of			a contra managemente de la contra
An inspect of the state of the	5. BALONA INTO AVILLER	ad			ett –2000 Augestati
Date(s) of Event: 07	10 / 10 mar	aviation of Event. Ala	neda County	/ Fair	
Date(s) of Event:	Fac	> Value of Ticket: \$	10.	00	
Agency Event El Yes	図 No (Identify	source of tickets belo	w.)	Association	
Name of Outside Source o	Ticket(s) Provided	to Agency: Alameda	County Fair	Association	
Number of Tickets Receive	ed:1	Ticket(s) Provided t	o Agency:	Gratuitously	🗵 Pursuant to Contra
Agency Official(s) Rec.	elving Ticket(s) (use a continuation shee	t for additiona	I names)	
. rugency contractor russ	lícial	Number S	ate Whether t	he Distribution is I	ncome to the Official or
Name of Or (Lest, Fire		of Tickots	Describe It	e Public Furpose	for the Distribution
Name of Lots 1 and 1 and 1 and 1 and 1 and 1 and 1					
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. Individual or Organiza	tion Receiving T	icket(s) (Provided at	he bohest of a	an agency official.	
Name of Behasting Agono	W Official Alomedo	County Supervisor N	late Miley, D	istrict 4	
Name of Bengsting Ageno					
	Sarah M	ilev		Nun	nber of Tickets:
Name of lockvictual or Org					
Name of Individual or Org	UTILZ CULUTT. CLASSICOLOGICA				
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Description of Organizatio	on:			and take many a	
	on:			a daga ang	Stale Zip Co
Description of Organizatio Addross of Organization:	Nymber and Marst	an a da an da 2007 page y para an	Cily	nization.)	Stalo Zop Co
Description of Organizatio Addross of Organization: Purpose for Distribution:	Nomber and Miteut (Describe the public p	ourpose for the distribution	Cily	nization.)	Stale Zip Co
Description of Organization Addross of Organization: Purpose for Distribution: To roward a non profit for	Number and Streat (Describe the public p r her service to the	ourpose for the distributi	Cily	nization.)	Stale Zep Co
Description of Organizatio Addross of Organization: Purpose for Distribution: To roward a non profit for	Number and Streat (Describe the public p r her service to the	ourpose for the distributi	Cily	nization.)	Stale Zip Co
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510-272-3882 crystal.hishida@a	acgov.org		Date of Original Filing:	(month, day, year)
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gency Report			Date Stamp	California 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region (if applicable)				
1221 OAK STREET, #555	A			
Street Address				
OAKLAND, CA 94612		concerta.		
Area Code/Phone Number E-mail	The second s		Amendment (Must e	xplain in Part 5.)
510) 272-3882 crystal.hishida@acgov.org gency Contact (name and lille)			Date of Original Filing:	
			Date of Original Filing:(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Count	y Administrator	s Office		
/ Face	ription of Event: Value of Ticket:	\$(eda Courty	Fair
Agency Event Yes No (Identify s	/ /	amed	a Courty !	-air Board
Name of Outside Source of Ticket(s) Provided	TICKEI(S) FION	second		Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation	n sheet for add	iitional names)	to the Official or
Name of Official	Number of Tickets	Ctata Wh	State Whether the Distribution is Income to the Official of Describe the Public Purpose for the Distribution	
4. Individual or Organization Receiving T	Ficket(s) (Provi	ded at the beh	nest of an agency officia	l.) 7
Name of Behesting Agency Official: A ame	da Contreta De Fri	Buperta-	non scott Hag	and Jouge + unber of Tickets: 3
Address of Organization:			City	State Zip Co
Purpose for Distribution: (Describe the public	purpose for the c	distribution to t	he organization.)	Source to the pu
5. Verification				
5. Verification I have determined that the distribution of lickets	set forth above is	s in accordanc	e with the provisions of	FPPC Regulation 18944.1.
CHART CRYST	AL HISHIDA GI		PRINCIPAL ANALYS	T
Signalure Agency Head or Designee Comment: (Use this space or an attachment for an		ation including a	amendment explanation.)	

FPPC Form 802 (Feb/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
	A Public Docun	lent	AGENCY REPORT
ency Report		Date Stamp	California 802
			Form OUZ
COUNTY OF ALAMEDA		-	For Official Use Only
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555		<u></u>	
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org	Date of Original Filing: -	
Agency Contact (name and title)	1.07		(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	nty Administrator's Office	<u>ela Courty Fair Board</u> gency: Gratuitously Pursuant to Contra	
	6 I	1 12	
Date(s) of Event: Des	cription of Event:	mela Courty -	-an
Date(s) of Event.	- Malue of Tickot: \$	10-	
/ Fac	e Value of Ticket: \$		
Agency Event Yes No (Identify	source of tickets below.)	0	- 1
		ala Courti FC	rie Board
Name of Outside Source of Ticket(s) Provideo	d to Agency:	7	
Ductor VIV O	Ticket(s) Provided to A	gency: 🔲 Gratuitously	Pursuant to Contract
Number of Tickets Received: 14			
. Agency Official(s) Receiving Ticket(s)	(use a continuation sheet fo	r additional names)	
Name of Official	Ciato	Whether the Distribution IS I	ncome to the Official or
(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	.)
4. Individual or Organization Receiving	Ticket(s) (Provided at the	behest of an agency official) Tily, District
4. Individual or Organization Receiving Name of Behesting Agency Official:	ida County Super	usn Scott Hags	indos VID Jou
Name of Behesting Agency Official:	unda County Supri	usn Scott Hags) Tuly, District inictors VIP Fou mber of Tickets: 4
Name of Behesting Agency Official:	Ticket(s) (Provided at the unda Oburty Super Lick Marder	usn Scott Hags	indos VID Jou
Name of Behesting Agency Official:	unda County Supri	usn Scott Hags	indos VID Jou
Name of Behesting Agency Official:	unda County Supri	usn Scott Hags	indos VID Jou
Name of Behesting Agency Official:	unda County Supri	lillo Nu	mber of Tickets: 4 * fn Ju
Name of Behesting Agency Official:	unda County Supri	usn Scott Hags	indos VID Jou
Name of Behesting Agency Official:	lick Nardex	City	nictors VID Jou mber of Tickets: 4 * fn Ju State Zip Con
Name of Behesting Agency Official:	lick Nardex	City	nictors VID Jou mber of Tickets: 4 * fn Ju State Zip Con
Name of Behesting Agency Official:	lick Nardex	City	mber of Tickets: 4 * fn Ju
Name of Behesting Agency Official:	lick Nardex	City	nictors VID Jou mber of Tickets: 4 * fn Ju State Zip Con
Name of Behesting Agency Official:	ic purpose for the distribution	City Lillo Nur City to the organization.) <u>his/her peru</u>	state Dip Jour
Name of Behesting Agency Official:	ic purpose for the distribution	City Lillo Nur City to the organization.) <u>his/her peru</u>	state Dip Jour
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public De Mutand a Community 1 5. Verification I have determined that the distribution of tickets	ic purpose for the distribution	City to the organization.) his/her permissions of f	state Zip Con PPC Regulation 18944.1.
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public De Mudad a Community 1 5. Verification I have determined that the distribution of tickets CRYS	ic purpose for the distribution	City Lillo Nur City to the organization.) <u>his/her peru</u>	state Zip Con PPC Regulation 18944.1.
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public De Mutand a Community 1 5. Verification I have determined that the distribution of tickets	ic purpose for the distribution	City to the organization.) <u>his/her peru</u> dance with the provisions of l <u>PRINCIPAL ANALYST</u> Tille	state Zip Con PPC Regulation 18944.1. 2////

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

Tickets Provided by		A Public	Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Report 1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California 802 Form For Official Use Only
Division, Department, or Region (1221 OAK STREET, #555 Street Address	if applicable)				
OAKLAND, CA 94612				Amendment (Muste	xplain in Part 5.)
Area Coder none number	nail ystal.hishida@acg	jov.org		Date of Original Filing:	
Crystal Hishida Graff, Principa	Analyst, County	Administrator	's Office		
2. Event For Which Tickets V Date(s) of Event: 7.1.4 Agency Event 9.4 Name of Outside Source of Tickets Received: .	$\frac{1}{2} \frac{1}{2} \frac{1}$	otion of Event alue of Ticket urce of tickets Agency:	::\$ s below.) 4 <i>Dass</i> ided to Agen	<u><i>Q</i>A</u> <u>Ocierty</u> cy: □Gratuitously	Fain Beaul
3. Agency Official(s) Receiv	ing Ticket(s) (us	e a continuatio	in sheet for ad	ditional names)	Income to the Official or
Name of Officia (Last, First)	al	Number of Tickets	Des	cribe the Public Purpose	e for the Distribution
4. Individual or Organization	on Receiving Ti	cket(s) (Prov	ided at the be	hest of an agency officia	il.)
4. Individual of Organization Name of Behesting Agency Name of Individual or Organ	Official: <u>Ala wa</u>	ett L	vals	supervin ->	umber of Tickets: 30 -t
Description of Organization					
Address of Organization:				City	State Zip Code
Purpose for Distribution: (1 70 Recent	Describe the public p	inty Val	distribution to	the organization.)	noice to the pube
5. Verification I have determined that the dis Signature of Gency Head or Des Comment: (Use this space of		L HISHIDA G	BRAFF .	PRINCIPAL ANALYS	T T (month, day, year)

if applicable) nail /stal.hishida@a Analvst. County	cgov.org	11	Date Stamp	California 802 Form 802 For Official Use Only
nall /stal.hishida@a	cgov.org			
nall /stal.hishida@a	cgov.org			- contraint viso crity
/stal.hishida@a	cgov.org		Aug. 10	
/stal.hishida@a	cgov.org			4
/stal.hishida@a	cgov.org			
/stal.hishida@a	cgov.org		The second s	
A share at some	cgov.org		Amendment (Must ex	kplain in Part 5.)
Analyst, County				
Analyst, County		l 2. somett	Date of Original Filing: .	(month, day, year)
	/ Administrate	or's Office		
ere Distribute	d		0. 355 F	
10 Desci	iption of Eve	nt: Alameda Co	ounty Fair	
10 Face	Value of Tick	et: \$	0 -	
No (Identify s	ource of ticke	ts below.)	9	
			Fairgrounds Board	
et(s) Provided t	o Agency: 🛄			
8	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to Contrac
g Ticket(s) (u:	se a continuatio	New works in the real of large se	and the second	
	Number of Tickets			
	8	To obtain ove	ersight of facilities that	have received County
		funding or su	pport	54
			4	
			t of an agency official.)	
ial: Supervisor	Alice Lai-Bit	ker, District 3		
ion:			Numb	er of Tickets:
and Streat	1	City	1	State Zip Code
		- 2 0045 1121 - 6 - 1145 - 11455	manipation)	 A set that A set that
여행의 지역에 관계되었다. 여행간에 여				
or events that h	ave received	County funding) or support.	
6			9	
nn of Nakata oot f	arth about is it	a accordance wit	h the provisions of EPPr	Regulation 19944 1
				7/2 /
		AFF PRIN		112/1
		(s) (r) (the state of the second of the seco	Title	(month, day, year)
	10 Face No (Identify s et(s) Provided t 8 g Ticket(s) (us g Ti	10 Face Value of Ticket Image: Supervised to Agency: All and the supervised to Agency: All and the supervised to Agency: All and the supervise and t	10 Face Value of Ticket: \$	et(s) Provided to Agency: Alameda County Fairgrounds Board 8 Ticket(s) Provided to Agency: Gratuitously g Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income of Tickets 0 Number of Tickets Describe the Public Purpose for 8 To obtain oversight of facilities that funding or support 8 To obtain oversight of facilities that funding or support 9 Supervisor Alice Lai-Bitker, District 3 9 On: Number 9 City 9 To the public purpose for the distribution to the organization.) 9 On of tickets set forth above is in accordance with the provisions of FPPO CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

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

kets Provided by ency Report		A Public D	ocument		TICKETS PROVIDED BY AGENCY REPORT
Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form . COL
Division, Department, or Regi	on (if applicable)				Por Onicia Cost Siny
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail		r	Amendment (Must e	xplain in Part 5.)
	crystal.hishida@ac	DO VOR			
(510) 272-3882	the state of the s	gonerg		Date of Original Filing:	(month, day, year)
Agency Contact (name and title		Administrator's	Office		
Crystal Hishida Graff, Princ	sipai Analyst, County	Administration			1
Event For Which Ticket Date(s) of Event:	<u> </u>	iption of Event: _ Value of Ticket: \$	10	In Courte	pan_
Agency Event 🛛 Yes	□ No (Identify se	/ / /	pelow.)	a County	Fair Board
Name of Outside Source o	f Ticket(s) Provided t	o Agency:	WH COR		House to Contract
Number of Tickets Receive				: Gratuitously	Pursuant to Contract
. Agency Official(s) Rec	eiving Ticket(s) (u	se a continuation s	sheet for addit	ional names)	
Name of O	and the second se	Number	Cinto Mbol	her the Distribution is	Income to the Official or
(Last, Fir		of Tickets	Descri	be the Public Purpose	a for the Distribution
		1 1			
			i ili ekeke	at of an agency officia	
 Individual or Organiz Name of Behesting Ager Name of Individual or Or 			urly 5	upuren 50	umber of Tickets:
Description of Organizat	ion:				
	Number and Street		CI	1977	State Zip Co
Address of Organization			stribution to the	e organization.)	
		purpose for the dis			A second se
Purpose for Distribution		purpose for the dis	-1001 -	Jor his Her	pupice to the
		purpose for the dis	teerg	for his / her	pupice to the
Purpose for Distribution To reward	: (Describe the public	sty Volus	teerg	for his there	puvice to the
Purpose for Distribution To reward	: (Describe the public	sty Volus	teerg	for his there	FPPC Regulation 18944.1.
Purpose for Distribution To reward	: (Describe the public <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u> <u>A</u>	set forth above is i	n accordance	with the provisions of	FPPC Regulation 18944.1.
Purpose for Distribution To reward	: (Describe the public <i>A</i> (<i>Ammui</i>) e distribution of tickets : CRYST/	set forth above is in AL HISHIDA GR	n accordance	with the provisions of RINCIPAL ANALYS	FPPC Regulation 18944.1. T <u>1/2/10</u> (mofilh, day, ye

ckets Provided by	A Public Doc	ument	TICKETS PROVIDED BY AGENCY REPORT
gency Report Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applica	ble)		
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.hi	shida@acgov.org	Date of Original Filing:	
Agency Contact (name and title)		4244444 (MAR 1997 1996 (2001) (MAR 1997 1997 1997 1997 1997 1997 1997 199	(month, day, year)
Crystal Hishida Graff, Principal Analys E Event For Which Tickets Were D	st, County Administrator's Offi	ce	
Date(s) of Event: 7	 Description of Event:	Mameda Co 10- m.ela Courte payling o Agency: □ Gratuitously	Pair Board
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation shee	et for additional names)	lessme to the Official or
Name of Official	Number S	tate Whether the Distribution is Describe the Public Purpose	for the Distribution
(Last, First)	of Tickets		
	Li Ti-kette) (Drevided a	the behast of an agency officia	al.)
4. Individual or Organization Red	Cerving ricket(s) (novided a	Supurin se	att Hazzerty
Name of Behesting Agency Official Name of Individual or Organization	Pai Ro	V	umber of Tickets: Duodro
Name of Individual or Organization Description of Organization:	Lois Bas	V	P.uborn
Name of Individual or Organization Description of Organization:	Lois Bas	V	umber of Tickets: Dusod is State Zip Cod
Name of Individual or Organization Description of Organization: Address of Organization:	Street	City	P.uborn
Name of Individual or Organization Description of Organization:	Street	City	P.uborn
Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe TO MUMM A	Street the public purpose for the distrib	City Ution to the organization.)	State Zip Cod
Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe TO MUMM A	Street the public purpose for the distrib	City ution to the organization.) Mumber for his	State Zip Cod
Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe 	Street the public purpose for the distrib	City ution to the organization.) <u>Austley for his</u> ecordance with the provisions of	State Zip Cod

ickets Provided by A Public	Document TICKETS PROVIDED BY AGENCY REPORT
gency Report	Date Stamp California 802
Agency Name	Form OUL
COUNTY OF ALAMEDA	For Official Use Only
Division, Department, or Region (if applicable)	
1221 OAK STREET, #555	
Street Address	
OAKLAND, CA 94612	(in part 5)
Area Code/Phone Number E-mail	Amendment (Must explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing:
Anapov Contact (name and title)	(month, only) 3
Crystal Hishida Graff, Principal Analyst, County Administrator	s Office
Event For Which Tickets Were Distributed Date(s) of Event: Description of Event: Agency Event Yes Name of Outside Source of Ticket(s) Provided to Agency: Description of Event:	Hamela Courty Fair \$
 4. Individual or Organization Receiving Ticket(s) (Prov Name of Behesting Agency Official Amela Cou Name of Individual or Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the Oneurod Community Market) 5. Verification I have determined that the distribution of tickets set forth above in 	City State Zip distribution to the organization.) City State Zip
CHANGE CRYSTAL HISHIDA G	IRAFF PRINCIPAL ANALYST
Signature of Agency need of Designed Comment: (Use this space or an attachment for any additional infor	nation including amendment opposition and the

ckets Provided by		A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
jency Report			Date Stamp	California 802
Agency Name				Form
COUNTY OF ALAMEDA	U.S. Filed		-	For Official Use Only
Division, Department, or Regi	on (if applicable)			
1221 OAK STREET, #555			-	
Street Address				
OAKLAND, CA 94612			Amendment (Mustex	volain in Part 5.)
Area Code/Phone Number	E-mail			plan in Coroly
(510) 272-3882	crystal.hishida@acgo	ov.org	Date of Original Filing:	(month, day, year)
A samey Contact (name and title)	China and Office		Through a start a
Crystal Hishida Graff, Princ	ipal Analyst, County A	Administrator's Office	21	1
Event For Which Ticket Date(s) of Event: Agency Event Yes Name of Outside Source of	☐ No (Identify sou ☐ No (Identify sou f Ticket(s) Provided to	tion of Event: <u></u>	Da County i ency: Gratuitously	Fain Board
Number of Tickets Receive Agency Official(s) Rec Name of C (Last, Fil	eiving Ticket(s) (use	e a continuation sheet for Number State of Tickets D	additional names) Whether the Distribution is escribe the Public Purpose	Income to the Official or a for the Distribution
4. Individual or Organiz Name of Behesting Age Name of Individual or O	ncy Official: <u>Alamed</u> rganization: <u>Mayo</u>	cket(s) (Provided at the On County Sc alice Falt.	pullin 12	umber of Tickets: 4
Description of Organiza Address of Organizatio			City	State Zip Code
Purpose for Distribution	n: (Describe the public p	burpose for the distribution	to the organization.)	survice to the que
CITA. M	CRYSTA	L HISHIDA GRAFF	PRINCIPAL ANALYS	f FPPC Regulation 18944.1. ST <u>7/2/10</u> (month, day, year)
Signature of Kgency Head Comment: (Use this sp	я Designee эсе or an attachment for any	Print Name y additional information inclue	ling amendment explanation.)	

ckets Provided by A Public Documen gency Report A Public Documen Agency Name COUNTY OF ALAMEDA	Date Stamp	California 802
		Form
COUNTY OF ALAMEDA		
		For Official Use Only
Division, Department, or Region (if applicable)		
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		alain in Part 51
Area Code/Phone Number E-mail	Amendment (Must ex	prairi ar i di di j
(510) 272-3882 crystal.hishida@acgov.org	Date of Original Filing:	(month, day, year)
Contact (name and title)		(manny) and (2 2
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	No. CONTRACTOR	
Sevent For Which Tickets Were Distributed Alight for the second f		Weursuant to Contract
4. Individual or Organization Receiving Ticket(s) (Provided at the be Name of Behesting Agency Official: Address County S Name of Individual or Organization:		al.) <u>I Haggery Destriet</u> umber of Tickets: <u>S</u> <u>State</u> Zip Code <u>punice to the pu</u>
5. Verification I have determined that the distribution of tickets set forth above is in accordan CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYS	F FPPC Regulation 18944.1.

ickets Provided by		A Public D	ocumen	it	TICKETS PROVIDED BY AGENCY REPORT
gency Report		AT abito D	1	Date Stamp	California 802
Agency Name				A PERSONAL AND A PROVINCE AND A PROV	Form 002
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Region	(if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612				Amendment (Mustex)	stain in Part 5.)
Area Code/Filone Humber	-mail				
5101212 0002	crystal.hishida@acg	ov.org		Date of Original Filing: _	(month, day, year)
A same Contact (name and title)	C 1 84 8		Office		
Crystal Hishida Graff, Princip	al Analyst, County	Administrators	Onice		
2. Event For Which Tickets	Were Distributed		Mar	a Que Dant	Fair
-1 -7	Descrip	otion of Event: _	Mam	e pa counci	g t
Date(s) of Event:		alue of Ticket: \$	6	0	
					1
Agency Event 🛛 Yes	🗌 No (Identify so	urce of tickets t	pelow.)	Dorton	17 ROAL
Name of Outside Source of	Ticket(s) Provided to	Agency:	Ame &	a courty al	perce
Name of Outside Source of	Incher(o) Forded to	1	a la Anon	ncy: Gratuitously	Pursuant to Contract
Number of Tickets Received	: Cottagara	Ticket(s) Provid	led to Agen		7
			sheet for ad	ditional names)	
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuation	Ctoto M/h	nether the Distribution is I	ncome to the Official or
Name of Offi	icial	Number of Tickets	Des	cribe the Public Purpose	for the Distribution
(Last, First)		OF TICKETS			
4. Individual or Organiza	tion Receiving Ti	cket(s) (Provid	led at the be	hest of an agency officia	ny Dita
		ida Carin	TI Las	auno ser	Hegginty;
Name of Behesting Agend	cy Official:	Or	1-1	1.41)	1410
	- 11	t Plaz	RA	Nu	mber of Tickets:
Name of Individual or Org	janization:		1		
- Crappizati	00'	4	<u> </u>		
Description of Organization	on,				
Address of Organization				City	State Zip Code
Address of Organization:	Number and Street				
Purpose for Distribution:	(Describe the public	purpose for the d	istribution to	the organization.)	1 11 1 11
Fulpose for Dieute	1 DAmminuty	1/12/meta	udul	hy the service	Tothe public
Toreward	a Commenting	the feet of the		1	
a to the flam				12.	
5. Verification	distribution of lickets	set forth above is	in accordar	nce with the provisions of	FPPC Regulation 18944.1.
I have determined that the	distribution of tickets .			PRINCIPAL ANALYS	T 7/2/10
Clippel		AL HISHIDA GE	KAFF	Title	(month, day, yea
Signature of Agency Head or	Designee	Print Name	i i i		
Signature of Agency Head of Comment: (Use this spac	e or an attachment for an	ny additional inform	ation includin	g amenoment explanation.y	

Tickets Provided by Agency Report	A Public Docu	ment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if apple 1221 OAK STREET, #555 Street Address	cable)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Crystal Hishida Graff, Principal Anal		Date of Original Filing:	a decretaria da concerción
Agency Event ☐ Yes ⊠ No Name of Outside Source of Ticket(s) Number of Tickets Received:2	 Description of Event: Oaklan Face Value of Ticket: \$ (Identify source of tickets below.) Provided to Agency: OAKLAND A Ticket(s) Provided to Agency 	40.00 N's gency: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ti Name of Official (Last, First)	Number State	Whether the Distribution is I Describe the Public Purpose	income to the Official or for the Distribution
 4. Individual or Organization Rec Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Rumber and S Purpose for Distribution: (Describe to To reward a community volunteer for the second sec	Alameda County Supervisor Scott Scott Hackbarth treet he public purpose for the distribution to	t Haggerty, District 1 Nun) nber of Tickets:2
5. Verification I have determined that the distribution of Signature of Agency Head or Designee Comment: (Use this space or an attachm	CRYSTAL HISHIDA GRAFF Print Name	PRINCIPAL ANALYST	PPC Regulation 18944.1.

Tickets Provided by Agency Report		A Public	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA				16899 - 23602.20	Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
				÷	4
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@ao	cgov.org		Data of Osisinal Filings	
Agency Contact (name and title,				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	Administrator	's Office		
2. Event For Which Tickets	s Were Distribute	d	x		
Date(s) of Event:/_2	<u>3 / 10</u> Descr	iption of Event	t: Aerosmith	STOREMEN.	
	/ Face `	Value of Ticke	t: \$	142.50	
Agency Event 🛛 🗌 Yes	🗵 No (Identify so				
Name of Outside Source of	Ticket(s) Provided to	o Agency: Gol	lden State Wa	arriors	
				cy: 🔲 Gratuitously	⊠ Pursuant to Contract
Number of Tickets Received	l:	HCKel(S) FIOV	ided to Agent		
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for add	itional names)	
Name of Offic	cial	Number	State Whe	ther the Distribution is In	ncome to the Official or
(Last, First)		of Tickets	Desci	ibe the Public Purpose	of the Distribution
		1	Latilia haba	at af an anapoy official)	
4. Individual or Organizati	on Receiving Lic	:ket(s) (Provid	led at the bene	st of an agency official.)	
Name of Behesting Agency	Official. Supervisor	r Alice Lai-Bitk	er, District 3		
Name of Benesting Agency					
Name of Individual or Orga	nization: <u>Tomas Bri</u>	ones		Num	ber of Tickets:4
Description of Organization					
Address of Organization:	umber and Street		Cit	y	State Zip Code
Purpose for Distribution: ([Describe the public pu	rpose for the dis	stribution to the	organization.)	
To promote attendance at	an event held at a C	County facility	in order to ma	ximize potential Cour	ty revenue from sales
To promote alternation at					
5. Verification					
I have determined that the dis	tribution of tickets set	forth above is in	n accordance w	vith the provisions of FP	PC Regulation 18944.1.
				INCIPAL ANALYST	Talin
Signature of Agency Head or Desig	CONTRACTOR DATE: NOTICE	HISHIDA GRA		Title	(month/ day, year)

Fickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PF AGEN	ROVIDED BY
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA				1	Form	002
Division, Department, or Regi	on (if applicable)				For Official U	se Only
1221 OAK STREET, #555						
Street Address				1		
1월 17일 - 영양한 19일에는 일이 같은 것을 것을 하는 것을 것을 수 있습니다.					_	
OAKLAND, CA 94612 Area Code/Phone Number	E-mail			-	11.1.0.101	
	1753 (A.N. 1979)			Amendment (Must e	xplain in Part 5.)	
510-272-3882 Agency Contact (name and title)	crystal.hishida@ac	J0v.019		Date of Original Filing:	Impath day year	
		Administrato	r's Office	(11010), 009, 9007		
Crystal Hishida Graff, Princ			a Onice			
2. Event For Which Tickets	s Were Distributed	1	A's v Red	Sox		
Date(s) of Event:09_/_1	0 <u>10</u> Descrip	otion of Even	t:	4.700		
/		alue of Ticke		1,700		
Agency Event 🛛 Yes	🗵 No (Identify so	urce of ticket	s below.)			
	Tobot(a) Desuided to	A annour Oa	kland A's			
Name of Outside Source of		Agency.				25 V -
Number of Tickets Received	l: <u>20</u> T	icket(s) Prov	vided to Agen	cy: 🔲 Gratuitously	⊠ Pursuant to	o Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use	e a continuatio	n sheet for add	ditional names)		
Name of Offi (Last, First)	cial	Number of Tickets	State Whe Desc	ether the Distribution is Ir pribe the Public Purpose f	come to the Offic for the Distribution	hial or
4. Individual or Organizati	ion Receiving Tick	(ot/e) (Provid	led at the beha	est of an agency official.)		
			led at the bene	socor un agono, enterer,		
Name of Behesting Agency	Official: Supervisor	Gail Steele		.1		
Name of Individual or Orga	nization: East Bay In	novations			ber of Tickets: _	20
Description of Organization	provides developm	entally disab	led with coun	seling, job placement,	and indep. livin	g skills
	03 W. Joaquin Ave.,		San Lea		CA	94577
Address of Circanization	umber and Street	#110	Ci		State	Zip Cod
Address of organization N						
Purpose for Distribution: (I	Describe the public purp	oose for the di	stribution to the	e organization.)		
U NI			stribution to the	e organization.)		

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	A Public Do	ocument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable	9)	Date Stamp	For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, (CA 94612	_	
Area Code/Phone NumberE-mail(510) 272-3882crystal.hishAgency Contact (name and title)Crystal Hishida Graff, Principal Analyst,	ida@acgov.org County Administrator's Of	Date of Original I	(Must explain in Part 5.) Filing:
2. Event For Which Tickets Were Dist	ributed	kland A's Game	
Date(s) of Event: <u>09 / 03 / 10</u>	Face Value of Ticket: \$	85.00	
Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Pro Number of Tickets Received:4			usly 🛛 🖾 Pursuant to Contract
3. Agency Official(s) Receiving Ticke	t(s) (use a continuation shee	et for additional names)	
Name of Official (Last, First)	Number S of Tickets	tate Whether the Distributic Describe the Public Pur	on is Income to the Official or pose for the Distribution
4. Individual or Organization Receivin			ficial.)
Name of Behesting Agency Official: <u>Sup</u> Name of Individual or Organization: <u>Osc</u>			Number of Tickets:4
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the purpose for Distribution: (Describe the purpose for promote attendance at an event held			venue from concession sales.
5. Verification I have determined that the distribution of tick Signature of Agency Read or Designee Comment: (Use this space or an attachment for	STAL HISHIDA GRAFF	PRINCIPAL ANALY	ST (month, day, year)

Tickets Provided by Agency Report	A Publi	ic Docume	nt		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if ap)	olicable)		Date Stamp	California Form For Official U	802 Jse Only
Street Address 1221 OAK STREET, #555, OAKLA	ND, CA 94612				
Area Code/Phone Number E-mail	l.hishida@acgov.org	r's Office	☐ Amendment <i>(Must</i> Date of Original Filing		2
2. Event For Which Tickets Were	Distributed	Oakland A's	s Game		
Date(s) of Event: <u>09 / 20 / 1</u> <u>09 / 22 / 1</u>	Description of Ever Face Value of Ticke	et: \$	40.00		
5 .	lo (Identify source of ticke				
Name of Outside Source of Ticket(s) Provided to Agency: Oa	kland Athletic	S		
Number of Tickets Received:6	Ticket(s) Prov	vided to Agenc	cy: 🔲 Gratuitously	🛛 Pursuant to	o Contract
3. Agency Official(s) Receiving T	icket(s) (use a continuation				
Name of Official (Last, First)	Number of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution	n
4. Individual or Organization Red Name of Behesting Agency Official	ceiving Ticket(s) (Provid	ded at the behes ker, District 3	st of an agency official.))	
Name of Individual or Organization			Nun	ber of Tickets: _	6
Description of Organization:					
Address of Organization:	Street	City		State	Zip Code
Purpose for Distribution: (Describe To reward a community volunteer			organization.)		
5. Verification			ith the provisions of EB	PC Regulation 18	944 1
I have determined that the distribution	CRYSTAL HISHIDA GRA	AFF PRI	NCIPAL ANALYST	1	16/10 hth. day, year)
Comment: (Use this space or an attach	ment for any additional informati	ion including amer	ndment explanation.)		

Tickets Provided by Agency Report	A Public	Document		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 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Co	ounty Administrator's	Date o	nendment <i>(Must</i> ex f Original Filing: _	NY MARINE DI LA DI LA
	escription of Event: ace Value of Ticket: ify source of tickets led to Agency: <u>Gold</u>	\$142.50 below.)		⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	(use a continuation Number of Tickets	State Whether the	Distribution is Inc	come to the Official or or the Distribution
 4. Individual or Organization Receiving Name of Behesting Agency Official: Super Name of Individual or Organization: Wulf E Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public To promote attendance at an event held a 	visor Alice Lai-Bitke Bieschke ic purpose for the distr	r, District 3 City ibution to the organiza	Numb	per of Tickets:4 State Zip Code
5. Verification I have determined that the distribution of tickets CRYST Signature of Agency Head or Besignee	s set forth above is in a FAL HISHIDA GRAF Print Name		rovisions of FPP - ANALYST Title	C Regulation 18944.1.

Tickets Provided by Agency Report	A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				rom
Division, Department, or Region (if a	oplicable)			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 crysta	al.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Principal An	alyst, County Administrate	or's Office		······································
2. Event For Which Tickets Were			M	
Date(s) of Event:0908		. Baseball Ga	ame	
Date(s) of Event.			1,700	
////////	— Face Value of Ticke	et: \$		
Agency Event □ Yes ⊠ t	No (Identify source of ticket	ts below.)		
· · · · · · · · · · · · · · · · · · ·	N De l'Arda Arran Oa	kland Athletics	8	
Name of Outside Source of Ticket(s) Provided to Agency:			
Number of Tickets Received:	1 Ticket(s) Prov	vided to Agenc	cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving				have to the Official or
Name of Official (Last, First)	Number of Tickets	State Whet Descri	ther the Distribution is i ibe the Public Purpose	Income to the Official or for the Distribution
4. Individual or Organization Re	ceiving Ticket(s) (Provid	ded at the behes	at of an agency official.)
Name of Behesting Agency Officia	I: Alameda County Superv	visor Nate Mile	ly, District 4	
Name of Individual or Organization	n: <u>San Lorenzo Library</u>			nber of Tickets: 20
Description of Organization:	ces to Ashland/Cherryland	l residence		
Address of Organization:	seo Grande, San Lorenzo,			State Zip Code
Purpose for Distribution: (Describe		2		
(a) The state of the second state of the second state and second state of the secon				
To reward a non-profit for its cont	ribution to the community			
5. Verification				
I have determined that the distribution	of tickets set forth above is i	n accordance w	ith the provisions of FF	PPC Regulation 18944.1.
Signature of Agendy Head or Designee	CRYSTAL HISHIDA GR/ Print Name		NCIPAL ANALYST	7/13/10 (month/day, year)
Comment: (Use this space or an attack		ion including amer	ndment explanation.)	
3 parking passes	1999 - The State of the State State State of the State Stat	98.2.510999999 9 7799799	Manie VI – io – j	

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicate 1221 OAK STREET, #555 Street Address	5/ 0)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst		Date of Original Fili	
2. Event For Which Tickets Were Dis Date(s) of Event: 08 / 08 / 10	Description of Even	Baseball Game	
Date(s) of Event:	Face Value of Ticke		
Agency Event ☐ Yes ⊠ No (Id Name of Outside Source of Ticket(s) Pr Number of Tickets Received:1			y 🗵 Pursuant to Contrac
3. Agency Official(s) Receiving Tick	et(s) (use a continuation	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution Describe the Public Purpo	is Income to the Official or se for the Distribution
Stewart, Darryl	• 1	To promote attendance at an e	
		facility in order to maximize po	
		from parking and concession s	the second data was not as a second
4. Individual or Organization Receiv	ving Ticket(s) (Provi	ded at the behest of an agency offici	al.)
Name of Behesting Agency Official: A	ameda County Super	visor Nate Miley, District 4	
Name of Individual or Organization:			umber of Tickets:
Description of Organization:			
Address of Organization:	91	City	State Zip Cod
Purpose for Distribution: (Describe the	public purpose for the d	istribution to the organization.)	
5. Verification		the second state of the second state of	EDBC Regulation 18944 1
I have determined that the distribution of ti			
Signature of Agency Head or Designee	Print Name	AFF PRINCIPAL ANALYS	(fnonth, day, year
Comment: (Use this space or an attachmen		tion including amendment explanation.)	
PLAZA SEATS			5000 Farm 202 (Fab

ickets Provided by		A Publi	c Docume	nt	TICKETS PROVIDED B AGENCY REPOR
gency Report Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555	(if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612					
Area Code/Phone Number E- (510) 272-3882 c Agency Contact (name and title)	- mail rystal.hishida@a			Amendment (Must ex	
Crystal Hishida Graff, Principa . Event For Which Tickets V Date(s) of Event:08 /08	Vere Distribut	ed	t: Baseball G	ame 40.00	
Agency Event	⊠ No (Identify cket(s) Provided	source of ticke to Agency: <u>Oa</u>	ts below.) Ikland Athletic	S	⊠ Pursuant to Contra
Number of Tickets Received:			vided to Agend		E Pursuant to Contra
Agency Official(s) Receiv Name of Officia (Last, First)		Number of Tickets	State Whe	ther the Distribution is In ibe the Public Purpose f	come to the Official or or the Distribution
4. Individual or Organization	n Receiving T	icket(s) (Provi	ded at the behe visor Nate Mile	st of an agency official.) ev. District 4	
Name of Behesting Agency C Name of Individual or Organiz					ber of Tickets:1
Description of Organization:					
Address of Organization:	ber and Street		Cit	у	State Zip Co
Purpose for Distribution: (De To promote attendance at ar	scribe the public p n event held at a	ourpose for the d County facility	istribution to the in order to ma	e organization.) aximize potential Cour	ty revenue from parking
5. Verification		et forth above is L HISHIDA GR		vith the provisions of FPI	PC Regulation 18944.1.
Signature of Agency Head or Designed Comment: (Use this space or an	ae attachment for any	Print Name		Title	(month/day, yea
and concession sales - PLA	ZA SEATS				

Tickets Provided by Agency Report	A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable 1221 OAK STREET, #555 Street Address	2		Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst,	the second se	or's Office	☐ Amendment <i>(Must</i> Date of Original Filing	
2. Event For Which Tickets Were Dist Date(s) of Event:081010	Description of Ever	. Baseball Ga	ime	
	Face Value of Ticke		85.00	
Agency Event ☐ Yes ⊠ No (Ide Name of Outside Source of Ticket(s) Prov Number of Tickets Received:4		akland Athletics	y: □Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket	t(s) (use a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets	State Whet	her the Distribution is I be the Public Purpose	Income to the Official or for the Distribution
(
4. Individual or Organization Receiving	ng Ticket(s) (Provi	ded at the behes	t of an agency official.)
Name of Behesting Agency Official: <u>Alar</u> Name of Individual or Organization: <u>Joe</u>	meda County Super , Elijah, Malachi De ^v	visor Nate Mile √ries & Amy Le	y, District 4 entricchia Nun	nber of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the put To promote attendance at a County faci	ublic purpose for the d ility in order to maxir	istribution to the mize potential (organization.) County revenue from	parking and concession
5. Verification I have determined that the distribution of tick	ets set forth above is	in accordance w	ith the provisions of FF	PPC Regulation 18944.1.
Signature of Agence Head or Designee	STAL HISHIDA GR	AFF PRI	NCIPAL ANALYST	7/13/10 (month, day, year)
Comment: (Use this space or an attachment for sales - 3 parking passes	or any additional informal	tion including amer	ndment explanation.)	
color o particip parass			6 P - 2	FPPC Form 802 (Feb/0

Tickets Provided by Agency Report	A Publi	c Document	t	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# a 1221 OAK STREET, #555 Street Address	ipplicable)		Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Crystal Hishida Graff, Principal A 2. Event For Which Tickets We	tal.hishida@acgov.org nalyst, County Administrato re Distributed	or's Office	☐ Amendment <i>(Must e</i> Date of Original Filing:	
Date(s) of Event: <u>08</u> , <u>07</u> /	Face Value of Ticke No (Identify source of ticket t(s) Provided to Agency: Oa	t: \$ s below.) kland Athletics	35.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuation Number of Tickets	State Whethe	onal names) er the Distribution is li e the Public Purpose	ncome to the Official or for the Distribution
 4. Individual or Organization R Name of Behesting Agency Offic Name of Individual or Organizatio Description of Organization: Address of Organization: Purpose for Distribution: (Description) 	ial: <u>Alameda County Super</u> on: <u>Eliseo and Gabriel Zenc</u> ind Street be the public purpose for the di	visor Nate Miley lejas City stribution to the o	, District 4 Num	iber of Tickets:2
To promote attendance at a Cou 5. Verification <i>I have determined that the distribution</i> Signature of Ageno, Head of Designee Comment: (Use this space or an attendance)	on of tickets set forth above is i CRYSTAL HISHIDA GR Print Name	in accordance with AFF PRIN	h the provisions of FP CIPAL ANALYST Title	

Tickets Provided by Agency Report	AF	Public Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region	(if applicable)		1	For Oricial Use Only
1221 OAK STREET, #555				
Street Address		5	1	
OAKLAND, CA 94612				
	nail		Amendment (Must e	explain in Part 5.)
(510) 272-3882 cr	ystal.hishida@acgov.org	3		
Agency Contact (name and fitle)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Admin	istrator's Office		101 C 11 C 1 C 17 C 17 C 17 C 17 C 17 C
2. Event For Which Tickets W				
2. Event For Which fickets w		Baseball G	ame	
Date(s) of Event:08 /02			85.00	
/	J Face Value of	f Ticket: \$	85.00	
5 ,	⊠ No (Identify source of			
Name of Outside Source of Tic	ket(s) Provided to Agenc	cy: Oakland Athletic	S	
Number of Tickets Received: _			cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin	ng Ticket(s) (use a cont	inuation sheet for add	litional names)	
Name of Official	Num	ber State Whe	ther the Distribution is In	ncome to the Official or
(Last, First)	of Tic	kets Desci	ribe the Public Purpose	for the Distribution
(
4. Individual or Organization	Peceiving Ticket(s)	(Provided at the behe	st of an agency official.)	
4. Individual of Organization	Alemada County S	Cuponvisor Nate Mile	ev District 4	
Name of Behesting Agency Of	ficial: Alameda County a	Supervisor Nate Mile	ey, District 4	
Name of Individual or Organiza	ation: Margaret, Victor, I	David, Max Porter		ber of Tickets:4
Name of manadal of organiza				
Description of Organization:				
Address of Organization:	er and Street	Cit	У	State Zip Code
Purpose for Distribution: (Des	cribe the public purpose for	r the distribution to the	e organization.)	
To promote attendance at a C	ounty facility in order to	maximize potential	County revenue from	parking and concession
5. Verification				
I have determined that the distribu-	ution of tickets set forth abr	ove is in accordance w	vith the provisions of FP	PC Regulation 18944.1.
i nave determined that the distribu				11. 1.
Signature of Agency Head or Designee		ne	INCIPAL ANALYST	(month, day, year)
Comment: (Use this space or an a	attachment for any additional in	nformation including ame	andment explanation.)	

sales - 3 parking passes

Tickets Provided by Agency Report	A Publi	c 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, Principal Analyst, C 2. Event For Which Tickets Were Distri	NAME AND ADDRESS OF TAXABLE PARTY.	or's Office	☐ Amendment <i>(Must</i> Date of Original Filing	
Date(s) of Event:08 07 10	Description of Even Face Value of Ticke ntify source of tickel rided to Agency: <u>Oa</u>	t: \$ s below.) kland Athletics	85.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuation Number of Tickets	State Whe	tional names) ther the Distribution is l ibe the Public Purpose	Income to the Official or for the Distribution
A. Individual or Organization Receiving Name of Behesting Agency Official: Alan Name of Individual or Organization: Fred Description of Organization: Address of Organization: Number and Street	neda County Super	visor Nate Mile	ey, District 4) nber of Tickets: <u>2</u> State Zip Code
Signature of Agency Head or Designee Comment: (Use this space or an attachment fo	lity in order to maxir ets set forth above is STAL HISHIDA GR Print Name	nize potential in accordance w AFF PRI	County revenue from with the provisions of FF NCIPAL ANALYST Title	
sales - 3 parking passes				FPPC Form 802 (Feb/

Agency Report		A Public		13 Pa 4	AGEN	
I. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official Us	2 2 2 C
Division, Department, or Regi	on (if applicable)				Por Oniciar Os	se Only
1221 OAK STREET, #555						
Street Address		1				
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mus	t explain in Part 5.)	
(510) 272-3882	crystal.hishida@ac	gov.org			20	
Agency Contact (name and title				Date of Original Filing	g:(month, day, year)	
Crystal Hishida Graff, Princ		the second se	's Office			
. Event For Which Tickets	s Were Distributed	d				
Date(s) of Event:07_/_1	<u>9 / 10</u> Descri	ption of Event:	Baseball G	ame		
		alue of Ticket		40.00		
2-30-7						
Agency Event 🛛 Yes	🔀 No (Identify so					
Name of Outside Source of	Ticket(s) Provided to	Agency: Oak	land Athletic	S		
	. 2 .				Dureuant to	('ontro/
Number of Tickets Received	t: <u>2</u>	Ticket(s) Provi	ded to Agend	cy: 🔲 Gratuitously	Pursuant to	Contrac
		N 2			⊠ Pursuant to	Contrac
3. Agency Official(s) Rece	iving Ticket(s) (use	e a continuation	sheet for add	itional names)		
Number of Tickets Received 3. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (use	N 2	sheet for add State Whe		Income to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (use	e a continuation	sheet for add State Whe	itional names) ther the Distribution is	Income to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (use	e a continuation	sheet for add State Whe	itional names) ther the Distribution is	Income to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (use	e a continuation	sheet for add State Whe	itional names) ther the Distribution is	Income to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (use	e a continuation	sheet for add State Whe	itional names) ther the Distribution is	Income to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (use	e a continuation	sheet for add State Whe	itional names) ther the Distribution is	Income to the Offic	ial or
3. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (use	e a continuation Number of Tickets	sheet for add State Whe Desci	itional names) ther the Distribution is ibe the Public Purpose	Income to the Offic e for the Distribution	ial or
 Agency Official(s) Rece Name of Official(Last, First) (Last, First) 4. Individual or Organizati 	iving Ticket(s) (use ^{cial} on Receiving Ticl	e a continuation Number of Tickets	a sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official	Income to the Offic e for the Distribution	ial or
3. Agency Official(s) Rece Name of Official(s) Rece (Last, First)	iving Ticket(s) (use ^{cial} on Receiving Ticl	e a continuation Number of Tickets	a sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official	Income to the Offic e for the Distribution	ial or
3. Agency Official(s) Rece Name of Official (Last, First) 4. Individual or Organizati Name of Behesting Agency	iving Ticket(s) (use cial on Receiving Ticl Official: <u>Alameda C</u>	e a continuation Number of Tickets ket(s) (Provide ounty Supervi	a sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official	Income to the Offic e for the Distribution	
3. Agency Official(s) Rece Name of Official (Last, First) 4. Individual or Organizati Name of Behesting Agency	iving Ticket(s) (use cial on Receiving Ticl Official: <u>Alameda C</u>	e a continuation Number of Tickets ket(s) (Provide ounty Supervi	a sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4	Income to the Offic e for the Distribution	
Agency Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Behesting Agency Name of Individual or Organizati	iving Ticket(s) (use cial on Receiving Ticl Official: <u>Alameda C</u> nization: <u>Camps In C</u>	e a continuation Number of Tickets ket(s) (Provide ounty Supervi Common	a sheet for add State Whe Descr ed at the behe sor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4	Income to the Offic e for the Distribution	
Agency Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Behesting Agency Name of Individual or Organizati	iving Ticket(s) (use cial on Receiving Ticl Official: <u>Alameda C</u> nization: <u>Camps In C</u>	e a continuation Number of Tickets ket(s) (Provide ounty Supervi Common	a sheet for add State Whe Descr ed at the behe sor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4	Income to the Offic e for the Distribution	
Agency Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Behesting Agency Name of Behesting Agency Name of Individual or Organization Description of Organization A	iving Ticket(s) (use cial on Receiving Ticl Official: Alameda C nization: Camps In C : Family camp for O	e a continuation Number of Tickets ket(s) (Provide ounty Supervi Common akland resider	a sheet for add State Whe Descr ed at the behe sor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4	Income to the Offic e for the Distribution	
Agency Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Organization Name of Behesting Agency Name of Individual or Organization Description of Organization Address of Organization: 4	iving Ticket(s) (use cial on Receiving Ticl Official: <u>Alameda C</u> nization: <u>Camps In C</u>	e a continuation Number of Tickets ket(s) (Provide ounty Supervi Common akland resider	a sheet for add State Whe Descr ed at the behe sor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4 Nu	Income to the Offic e for the Distribution	ial or
Agency Official(s) Rece Name of Organization Name of Behesting Agency Name of Behesting Agency Name of Individual or Organization Description of Organization: 4 Address of Organization: 4	iving Ticket(s) (use cial on Receiving Ticl Official: Alameda C nization: Camps In C : Family camp for O 62 Elwood Ave, Ste umber and Street	e a continuation Number of Tickets Ket(s) (Provide ounty Supervi Common akland resider 2 - Oakland, C	a sheet for add State Whe Descr ed at the behe sor Nate Mile hts CA 94610	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4 Nui	Income to the Offic e for the Distribution	ial or
Agency Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece Name of Organization Name of Behesting Agency Name of Behesting Agency Name of Individual or Organization Description of Organization Address of Organization: 4	iving Ticket(s) (use cial on Receiving Tick Official: Alameda C nization: Camps In C : Family camp for Oc 62 Elwood Ave, Ste umber and Street	e a continuation Number of Tickets ket(s) (Provide ounty Supervi Common akland resider 2 - Oakland, C	a sheet for add State Whe Descr ed at the behe sor Nate Mile hts CA 94610 City tribution to the	itional names) ther the Distribution is ibe the Public Purpose st of an agency official ey, District 4 Nui	Income to the Offic e for the Distribution	

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name PRINCIPAL ANALYST

10110 (month, day, year)

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

PLAZA SEATS

gency Report		A Public	0 00000000	110	AGENC	7.11.11.71.0
. Agency Name				Date Stamp	California	302
COUNTY OF ALAMEDA					Form For Official Use	
Division, Department, or Reg	ion (if applicable)	N.			For Onicial Use	Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org		Date of Original Filin	a:	
Agency Contact (name and tille		. Administrato	ve Office		(month, day, year)	
Crystal Hishida Graff, Princ		and the second se	or's Onice			
. Event For Which Ticket	s Were Distribute	a	. Baseball G	ame		
Date(s) of Event:	20 10 Descr	ription of Even	t:	40.00		
/	/ Face	Value of Ticke	t: \$	40.00		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	s below.)			
김 사람님께 집 것에서 집안한 것 같아요. 이 집 전 것이 같아요. 이 집 것이 같아요.				S		
Name of Outside Source of						
Number of Tickets Receive	d. 2	Tielent/a) Deau				
				cy: 🔲 Gratuitously	Pursuant to	Contrac
3. Agency Official(s) Rece	eiving Ticket(s) (us	se a continuatio	n sheet for add	itional names)		
	eiving Ticket(s) (us	se a continuatio	n sheet for add State Whe		s Income to the Officia	
Agency Official(s) Rece Name of Off	eiving Ticket(s) (us	se a continuatio	n sheet for add State Whe	itional names) ther the Distribution is	s Income to the Officia	
Agency Official(s) Rece Name of Off	eiving Ticket(s) (us	se a continuatio	n sheet for add State Whe	itional names) ther the Distribution is	s Income to the Officia	
Agency Official(s) Rece Name of Off	eiving Ticket(s) (us	se a continuatio	n sheet for add State Whe	itional names) ther the Distribution is	s Income to the Officia	
Agency Official(s) Rece Name of Off	eiving Ticket(s) (us	se a continuatio	n sheet for add State Whe	itional names) ther the Distribution is	s Income to the Officia	
. Agency Official(s) Rece Name of Off	eiving Ticket(s) (us	se a continuatio	n sheet for add State Whe	itional names) ther the Distribution is	s Income to the Officia	
Agency Official(s) Rece Name of Off (Last, First	eiving Ticket(s) (us iicial)	se a continuatio Number of Tickets	n sheet for add State Whe Desci	itional names) ther the Distribution is ibe the Public Purpos	s Income to the Officia e for the Distribution	
Agency Official(s) Rece Name of Off (Last, First)	eiving Ticket(s) (us	se a continuatio Number of Tickets ket(s) (Provid	n sheet for add State Whe Desci	itional names) ther the Distribution is ibe the Public Purpos	s Income to the Officia e for the Distribution	
Agency Official(s) Rece Name of Off (Last, First)	eiving Ticket(s) (us	se a continuatio Number of Tickets ket(s) (Provid	n sheet for add State Whe Desci	itional names) ther the Distribution is ibe the Public Purpos	s Income to the Officia e for the Distribution	
Agency Official(s) Rece Name of Off (Last, First)	icial) ion Receiving Tic	se a continuatio Number of Tickets Cket(s) (Provid County Superv	n sheet for add State Whe Desci	itional names) ther the Distribution is ibe the Public Purpos st of an agency officia ay, District 4	s Income to the Officia e for the Distribution	
Agency Official(s) Rece Name of Off (Last, First)	icial icial ion Receiving Tic y Official: Alameda (anization: Camps In	se a continuatio Number of Tickets Sket(s) (Provid County Superv	n sheet for add State Whe Descr Jed at the behe visor Nate Mile	itional names) ther the Distribution is ibe the Public Purpos st of an agency officia ay, District 4	s Income to the Officia e for the Distribution	ll or
Agency Official(s) Rece Name of Off (Last, First I. Individual or Organizat Name of Behesting Agency Name of Individual or Orga Description of Organization	icial ion Receiving Ticket(s) (us ion Receiving Ticket) y Official: <u>Alameda C</u> anization: <u>Camps In</u> n: <u>Family camp for C</u>	se a continuatio Number of Tickets ket(s) (Provid County Superv Common	n sheet for add State Whe Desc ded at the behe visor Nate Mile	itional names) ther the Distribution is ibe the Public Purpos st of an agency officia ay, District 4	s Income to the Officia e for the Distribution	ll or
Agency Official(s) Rece Name of Off (Last, First)	tion Receiving Ticket(s) (us icial ion Receiving Tick y Official: <u>Alameda C</u> anization: <u>Camps In</u> n: <u>Family camp for C</u> 462 Elwood Ave, Ste	se a continuatio Number of Tickets ket(s) (Provid County Superv Common	n sheet for add State Whe Desc ded at the behe visor Nate Mile	itional names) ther the Distribution is ibe the Public Purpos st of an agency officia ay, District 4	s Income to the Officia e for the Distribution	1l or 2
Agency Official(s) Rece Name of Off (Last, First) Last, First Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{2}{N}$	tion Receiving Ticket(s) (us icial) Cion Receiving Tick official: Alameda (anization: Camps In n: Family camp for C 462 Elwood Ave, Ste	se a continuatio Number of Tickets Sket(s) (Provid County Superv Common Dakland reside	n sheet for add State Whe Descr ded at the behe visor Nate Mile ents CA 94610	itional names) ther the Distribution is ibe the Public Purpos st of an agency officia ey, District 4 Nu	s Income to the Officia e for the Distribution	1l or 2
Agency Official(s) Rece Name of Off (Last, First) (Last, First) Address of Organization:	tion Receiving Ticket(s) (us icial) tion Receiving Tick y Official: Alameda C anization: Camps In n: Family camp for C 462 Elwood Ave, Stel lumber and Street Describe the public pu	se a continuatio Number of Tickets Stet(s) (Provid County Superv Common Dakland reside 2 - Oakland,	n sheet for add State Whe Describted ded at the behe visor Nate Mile ents CA 94610 Cite	itional names) ther the Distribution is ibe the Public Purpos st of an agency officia ey, District 4 Nu	s Income to the Officia e for the Distribution	ll or

Signature of Agency Head or Designee

Print Name

CRYSTAL HISHIDA GRAFF

PRINCIPAL ANALYST Title

(month, day, year

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

PLAZA SEATS

Tickets Provided by Agency Report		A Public	c Docume	nt	TICKETS PRO	OVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)	í.		Date Stamp	California Form For Official Use	802 • Only
Street Address OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mus	t explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org		A second and as		
Agency Contact (name and title				Date of Original Filing	g:(month, day, year)	
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	r's Office		1	
2. Event For Which Ticket	s Were Distribute	d				
Date(s) of Event:08 /_0	02 / 10 Desci	ription of Event	Baseball G	ame		
		Value of Ticket		40.00		
Agency Event 🛛 🗌 Yes	🔀 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oal	dand Athletic	S		
Number of Tickets Receive				cy: 🔲 Gratuitously	⊠ Pursuant to	Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatior	n sheet for add	itional names)		
Name of Off (Last, First)	icial	Number of Tickets	State Whe	ther the Distribution is ibe the Public Purpose	Income to the Officia e for the Distribution	al or
4. Individual or Organizat	ion Receiving Tic	c ket(s) (Provid	ed at the behe	st of an agency official	.)	
Name of Behesting Agency	Official, Alameda	County Superv	isor Nate Mile	ey, District 4		
Name of Individual or Orga					mber of Tickets:	2
Description of Organization	: Family camp for C	Dakland reside	nts			
Address of Organization:	162 Elwood Ave, Ste			/	State	Zip Code
		rocco for the die	tribution to the	organization)		
Purpose for Distribution: (- genization)		
to reward a non profit orga	inization for its contr	ioutions to the	community			
5. Verification						
I have determined that the dis	stribution of tickets set	forth above is in	accordance w	ith the provisions of Fl	PPC Regulation 189	44.1.
CAMA	CRYSTAL	HISHIDA GRA		NCIPAL ANALYST	21	, day, year)
Signature of Agency Head or Desi	gnee	Print Name		Title	(month)	, say, year)

PLAZA SEATS

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555 Street Address	applicable)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title) Crystal Hishida Graff, Principal A 2 Event For Which Tickets We	tal.hishida@acgov.org nalyst, County Administrato		g:(month, day, year)
Date(s) of Event: <u>09</u> , <u>11</u> , /	Face Value of Ticke No (Identify source of ticket t(s) Provided to Agency: Oa	t: \$85.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuatio Number of Tickets	n sheet for additional names) State Whether the Distribution is Describe the Public Purpose	Income to the Official or e for the Distribution
4. Individual or Organization R Name of Behesting Agency Offici Name of Individual or Organizatio Description of Organization: Address of Organization: Purpose for Distribution: (Description	al: <u>Keith Carson, Superviso</u> on: <u>Hannah Green</u> on: <u>Hannah Green</u>	City	mber of Tickets:
5. Verification	on of tickets set forth above is in CRYSTAL HISHIDA GRA Print Name	n accordance with the provisions of Fl AFF PRINCIPAL ANALYST Title	

Tickets Provided by			. <u>.</u>	ž.	TICKETS PROVIDED BY
Agency Report		A Publ	ic Docume	nt	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					1 Olim
Division, Department, or Regio	on (if applicable)		10		For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	xolain in Part 5.
(510) 272-3882	crystal.hishida@a	cgov.org	_		
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princip	oal Analyst, Count	y Administrat	or's Office		
2. Event For Which Tickets	Were Distribute	d			
Date(s) of Event: <u>08</u> / <u>11</u>	1 / 10 Descr	iption of Ever	nt: Circus		
		Value of Tick		40.00	
	_/ Face	value of fick	σι. φ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify se	ource of ticke	ts below.)		
Name of Outside Source of T	icket(s) Provided t	o Agency. Go	olden State Wa	rrirors	
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(e) /ur	e a continuatio	on sheet for addi	tional names)	
				her the Distribution is In	come to the Official or
Name of Offici (Last, First)	al	Number of Tickets		her the Distribution is in be the Public Purpose for	
		of floketo			
		14			
4. Individual or Organizatio					
Name of Behesting Agency C	Official. Alameda C	County Super-	visor Nate Mile	y, District 4	
Name of Benesting Agency o				2-211-211-211-21	
Name of Individual or Organi	zation: United Ser	niors of Oakla	nd & Alameda	County Numb	er of Tickets:4
Description of Organization:	Senior Advocacy				
72	00 Bancroft Ave, S	te 178 - Oak	and, CA 9460	5	
Address of Ordanization.	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	nose for the di	stribution to the r	organization.)	
To promote attendance at ar					v revenue from parking
To promote attendance at an	n event held at a C	ounty facility	in order to max	amize potential Count	y revenue nom parking
5. Verification		_			
I have determined that the distri	ibution of tickets set i	forth above is i	n accordance wii	th the provisions of FPP	C Regulation 18944.1
Thave determined that the distri					
lottop	A DALENCE A ALLONATIVE AND	HISHIDA GR	AFF PRIN	ICIPAL ANALYST	1/22/10
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informati	on including amen	dment explanation.)	
and concession sales					

Tickets Provided by Agency Report A Public Doc	ument TICKETS PROVIDER AGENCY REP
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp California 80. Form 80.
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 Offic	Date of Original Filing:
Agency Event Image: Contract to the section of the sectin of the section of the section of the section of the	40.00
Name of Outside Source of Ticket(s) Provided to Agency: Golden Sta Number of Tickets Received: 4 Ticket(s) Provided to A	Agency: □ Gratuitously ⊠ Pursuant to Contr
Name of Official (Last, First) Of Tickets	e 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 Name of Behesting Agency Official: <u>Alameda County Supervisor Nat</u> Name of Individual or Organization: <u>United Seniors of Oakland & Ala</u> Description of Organization: <u>Senior Advocacy</u> Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA	e Miley, District 4 meda CountyNumber of Tickets:4
Address of Organization: 7200 Bancrolt Ave, Ste 178 - Oakland, CA Number and Street Purpose for Distribution: (Describe the public purpose for the distribution To promote attendance at an event held at a County facility in order	City State Zip C to the organization.)
5. Verification I have determined that the distribution of tickets set forth above is in accorda	PRINCIPAL ANALYST 7/22- Title (month, day, ye

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 a) 1221 OAK STREET, #555 Street Address	iplicable)	Date Stamp	California Form 802 For Official Use Only
Agency Contact (name and title)	al.hishida@acgov.org alyst, County Administrator's Office	Date of Original Filing: .	6 3
Agency Event ☐ Yes ⊠ Name of Outside Source of Ticket(Number of Tickets Received:	10 Description of Event: Circus Face Value of Ticket: \$ No (Identify source of tickets below.) s) Provided to Agency: Golden State W	icy: 🔲 Gratuitously	⊠ Pursuant to Contract
Name of Official (Last, First)	Number State Wh	ether the Distribution is In ribe the Public Purpose fo	come to the Official or or the Distribution
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: <u>Senio</u> Address of Organization: <u>7200 Ba</u> Number and Purpose for Distribution: (Describe	ncroft Ave, Ste 178 - Oakland, CA 946	ley, District 4 <u>a County</u> Numb 105 ^{ty} e organization.)	ber of Tickets:4
Signature of Agency Head of Designee	of tickets set forth above is in accordance of tickets set forth above is in accordance of tickets set for the set of the	INCIPAL ANALYST	PC Regulation 18944.1. <u>1/22/10</u> (month, day, year)

and concession sales

Tickets Provided by Agency Report	A Publ	ic Document	t	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if a 1221 OAK STREET, #555 Street Address	pplicable)		Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-ma (510) 272-3882 cryst Agency Contact (name and title) Crystal Hishida Graff, Principal A	al.hishida@acgov.org		☐ Amendment <i>(Must e</i> . Date of Original Filing: .	nine a activate - Activation
2. Event For Which Tickets Wer Date(s) of Event:08 /_14 //////	10 Description of Ever Face Value of Ticke No (Identify source of ticke (s) Provided to Agency: Go	et: \$4 ts below.) olden State Warri	i0.00 rors □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuation Number of Tickets	State Whethe		ncome to the Official or or the Distribution
4. Individual or Organization Re Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: <u>Seni</u>	al: <u>Alameda County Super</u> n: <u>United Seniors of Oakla</u>	visor Nate Miley,	District 4	ber of Tickets:4
	ancroft Ave, Ste 178 - Oak ^{d Street} e the public purpose for the di	City stribution to the org		State Zip Code ty revenue from parking
5. Verification I have determined that the distribution Signature of Agency Head or Designee Comment: (Use this space or an attack and concession sales	CRYSTAL HISHIDA GR	AFF PRINC	CIPAL ANALYST	PC Regulation 18944.1. <u>7/22/10</u> (month, day, year)

Tickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	jion (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	1				
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org		Date of Original Filing:	
Agency Contact (name and title Crystal Hishida Graff, Prine		w Administrat	or's Office		(month, day, year)
	the second s	The second se			
2. Event For Which Ticker	15 10	eu	, Circus		
Date(s) of Event: <u>08</u> //		Value of Ticke		40.00	
Agency Event 🛛 Yes	🗵 No (Identify s			A	
Name of Outside Source of	f Ticket(s) Provided	to Agency: <u>Go</u>	olden State Wa	arrirors	
Number of Tickets Receive				cy: 🔲 Gratuitously	⊠ Pursuant to Contra
3. Agency Official(s) Reco	eiving Ticket(s) (u	se a continuatio	on sheet for addi	itional names)	
Name of Of		Number	State Whe	ther the Distribution is I	ncome to the Official or
(Last, First	0	of Tickets	Descr	ibe the Public Purpose	for the Distribution
4. Individual or Organiza	tion Receiving Ti	cket(s) (Provi	ded at the behes	st of an agency official.))
4. Individual of Organiza	tion Receiving in		viser Noto Mile	District 4	
Name of Behesting Agenc	y Official: Alameda	County Super	visor nate wite	sy, District 4	
Name of Individual or Orga	anization: <u>Andy</u> , Kat	tie, Adrian, & A	Andre Kong		nber of Tickets:4
Description of Organizatio					
Address of Organization:			City		State Zip Co
					1977 - 1 99 A.C. (1977) - 1 99 A.C. (1977)
Purpose for Distribution:	(Describe the public pu	urpose for the d	listribution to the	organization.)	e de la constante de la constan
To promote attendance a	t an event held at a	County facility	in order to ma	aximize potential Cou	nty revenue from parking
5. Verification					
I have determined that the di	istribution of tickets se	t forth above is	in accordance w	vith the provisions of FF	PPC Regulation 18944.1.
1Have determined that the di		HISHIDA GR		NCIPAL ANALYST	7/22/10
Signature of Agency Head or Des	signee	Print Name		Title	(month, day, yea
Comment: (Use this space o	the second designed as	dditional informa	tion including amo	ndment explanation)	
Comment. Tose and space a	or an attachment for any a	iddillonal informa	tion moluoing anic	nument explanation,	

Tickets Provided by Agency Report		A Public Do	ocument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ For Official Use Only
Division, Department, or Reg	gion (if applicable)			Por official case only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Mus	t explain in Part 5.)
(510) 272-3882	crystal.hishida@)acgov.org		
Agency Contact (name and titl			Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Cou	nty Administrator's O	ffice	
2. Event For Which Ticke				
Date(s) of Event:08_/_	07 <u>10</u> Des	scription of Event: UF	C	
		e Value of Ticket: \$ _	300.00	
Agency Event 🛛 🗌 Yes		source of tickets bel		
Name of Outside Source o	f Ticket(s) Provideo	d to Agency: Golden	State Warrirors	
Number of Tickets Receive			to Agency: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rec	eivina Ticket(s)	(use a continuation she	et for additional names)	
Name of Of		Number S	State Whether the Distribution is	Income to the Official or
(Last, Firs		of Tickets	Describe the Public Purpose	e for the Distribution
4. Individual or Organiza	tion Receiving 1	Ficket(s) (Provided at	the behest of an agency officia	l.)
4. Individual of Organiza	tion Receiving i		Note Miley District 4	
Name of Behesting Agenc	y Official: Alameda	a County Supervisor	Nate Miley, District 4	
Name of Individual or Org	anization: <u>Meena</u> a	& Arjun Galena and G	Ghansham Sayram Nu	mber of Tickets: <u>3</u>
Description of Organizatio	n:			
Address of Organization:	Number and Street		City	State Zip Code
Purpose for Distribution:	(Describe the public	purpose for the distribu	tion to the organization.)	
To promote attendance a	t an event held at a	a County facility in ore	der to maximize potential Co	unty revenue from parking
To promote allendance a	tun eronnen			
5. Verification				
I have determined that the d	istribution of tickets s	set forth above is in acc	ordance with the provisions of F	PPC Regulation 18944.1.
ALLA A				7/22/11
	CRYSTA	AL HISHIDA GRAFF	PRINCIPAL ANALIST	1120116
Signature of Agency Head or De		AL HISHIDA GRAFF Print Name	PRINCIPAL ANALYST	(month, day, year

Fickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OOZ For Official Use Only
Division, Department, or Regi	on (if applicable)				
1221 OAK STREET, #555					
Street Address				4	
OAKLAND, CA 94612	E				
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org		Date of Original Filing:	(month class year)
Agency Contact (name and tille) Crystal Hishida Graff, Princi		v Administrat	or's Office		(monin, day, year)
2. Event For Which Tickets	3 vvere Distribute		UFC		
Date(s) of Event:08_/_0				300.00	
/	/ Face	Value of Ticke	et: \$		
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Tisket(a) Provided (Gancy. Go	olden State Wa	arrirors	
Name of Outside Source of	Ticket(s) Provided (o Agency			E Durant to Contract
Number of Tickets Received	<u>1:1</u>	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	to the Official or
Name of Offic (Last, First)		Number of Tickets	State Whe Descr	ther the Distribution is I ribe the Public Purpose	ncome to the Official or for the Distribution
(2001, 1100)		of flokets			
4. Individual or Organizati	ion Receiving Tid	cket(s) (Provi	ided at the behe	st of an agency official.	
4. Individual of organization	Alameda	County Super	visor Nate Mile	ev. District 4	
Name of Behesting Agency	Official: Alameda	County Super	VISOI IVALO IVIII		
Name of Individual or Orga					nber of Tickets:1
Description of Organization					
Address of Organization:	umber and Street		Cit	У	State Zip Code
Purpose for Distribution: (I	Describe the public pu	rpose for the d	listribution to the	e organization.)	
To promote attendance at	an event held at a	County facility	in order to ma	aximize potential Cou	nty revenue from parking
5. Verification					
I have determined that the dis	stribution of tickets set	t forth above is	in accordance v	vith the provisions of FF	PPC Regulation 18944.1.
sector and the sector					7/22/1
LIKA H	CRYSTAL	HISHIDA GR	RAFF PR	INCIPAL ANALYST	112410
Signature of Agéncy Héad or Desi	ignee	HISHIDA GR		Title	(month, day, year,
Signature of Agéncy Héad or Desi Comment: (Use this space or	ignee	Print Name		Title	(month, day, year,

Fickets Provided by Agency Report	A Public	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
I. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OOL For Official Use Only
Division, Department, or Region (if applicable)				Por Official Obe Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Muste	xplain in Part 5.)
(510) 272-3882 crystal.hishida@	Dacgov.org			
Agency Contact (name and title)		H WEINE	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	unty Administrato	or's Office		
2. Event For Which Tickets Were Distribution	uted		1112112-1	
Date(s) of Event:090610 De	scription of Event	t: Baseball Ga	ame	
/ Fac	ce Value of Ticke	t: \$	85.00	
	y source of ticket			
Name of Outside Source of Ticket(s) Provide	d to Agency:	Kidha / Kinoda	-	
Number of Tickets Received: 2	Ticket(s) Prov	vided to Agenc	:y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	n sheet for add	itional names)	
Name of Official	Number	State Whe	ther the Distribution is In ibe the Public Purpose	come to the Official or
(Last, First)	of Tickets	Descr	ibe the Public Purpose	
2				
4. Individual or Organization Receiving	Ticket(s) (Provid	ded at the behe	st of an agency official.)	
Name of Behesting Agency Official: Alamed	a County Superv	visor Nate Mile	ey, District 4	
Name of Behesting Agency Official.	5 62 84 9 V			2
Name of Individual or Organization: <u>Roderic</u>	ck Spikes & Mou	rice Rochell	Num	ber of Tickets:2
Description of Organization:				
				State Zip Cod
Address of Organization:		Cit	Y	State 250 000
	o purpose for the di			Giale all out
Purpose for Distribution: (Describe the public		istribution to the		
		istribution to the		
Purpose for Distribution: (Describe the public To reward a student for outstanding schola	stic achievement	istribution to the t	e organization.)	
Purpose for Distribution: (Describe the public To reward a student for outstanding schola	stic achievement	istribution to the t	e organization.)	
Purpose for Distribution: (Describe the public To reward a student for outstanding schola 5. Verification I have determined that the distribution of tickets CRYST	stic achievement set forth above is AL HISHIDA GR	istribution to the t in accordance v	e organization.)	PC Regulation 18944.1.
Purpose for Distribution: (Describe the public To reward a student for outstanding schola 5. Verification I have determined that the distribution of tickets	stic achievement set forth above is AL HISHIDA GR	istribution to the t in accordance v AFF PR	e organization.) with the provisions of FF INCIPAL ANALYST Title	

Tickets Provided by Agency Report	A Public	c Document		ROVIDED BY CY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Re 1221 OAK STREET, #555 Street Address		Date Stamp	o California Form For Official Us	802 se Only
	cipal Analyst, County Administrator	Date of Original	(Must explain in Part 5.) Filing:	
<u>09 /_</u> Agency Event	23 / 10 Description of Event 24 / 10 Face Value of Ticket ⊠ No (Identify source of tickets f Ticket(s) Provided to Agency: Oak	: \$40.00 s below.)		Contract
3. Agency Official(s) Rec Name of Of (Last, Fire		State Whether the Distribution	on is Income to the Offici pose for the Distribution	
Name of Behesting Agenc Name of Individual or Org	tion Receiving Ticket(s) (Provide y Official: <u>Keith Carson, Supervisor</u> anization: <u>Medicine Warriors/All Na</u> n: <u>Native American cultural appreci</u>	Fifth District	ficial.) Number of Tickets:	4
Address of Organization: .	221 Oak Street Number and Street	Oakland ^{City}	CA State	94607 Zip Code

Ch	Fai	A	-
Signature of	Agency Hea	ad or Design	ee

Print Name

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

120110 (month, day, year)

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

Title

Tickets Provided by Agency Report		A Publi	ic Docume	ent		PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form For Official C	802	
1221 OAK STREET, #555	1999 - Andrew I. († 1996 - 1997) - 1997 -					
Street Address			-			
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@a	caov ora		Amendment (Muster	kplain in Part 5.)	
Agency Contact (name and title	 A statistic statistic statistic statistic statistics 	ogonorg		Date of Original Filing: .	(month, day, yea	r)
Crystal Hishida Graff, Princ		v Administrato	or's Office		(monun, day, yea	0
2. Event For Which Ticket	the second s	distant and the second s				
Date(s) of Event:08_/			, Oakland A'	s vs. Kansas City Roya	als	
Date(s) of Event:/				40.00		
/	/ Face	Value of Ticke	et: \$	40.00		
Agency Event 🛛 Yes	区 No (Identify s	ource of ticket	ts below.)			
MURES STATES TOPAGE STATES (1999)	en-en-chennelle manerie meneren se					
Name of Outside Source of	Ticket(s) Provided t	o Agency:				
Number of Tickets Received	d:2	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant t	o Contrac
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for add	itional names)		
Name of Offi (Last, First)	cial	Number of Tickets	State Whe	ther the Distribution is In ibe the Public Purpose for		
4. Individual or Organizat		1.53 95/1 21				
Name of Individual or Orga					er of Tickets:	2
Description of Organization	Senior Services C	enter				
	724 Adeline Street	(Oakland		CA	94607
Address of Organization: _	imber and Street		City		State	Zip Code

Catant	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1122110
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	ic Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form For Official U	802 Jse Only	
Street Address						
	E-mail	caoy ora		Amendment (Must e	explain in Part 5.)	
(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, day, year)		
2. Event For Which Tickets Date(s) of Event:08 /_0	<u>6 / 10</u> Descr	iption of Even		s vs. Texas Rangers 40.00		
08_/_0 Agency Event □ Yes Name of Outside Source of ⁻	🗵 No (Identify s		ts below.)			
Number of Tickets Received	1. (81)			cy: 🔲 Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio				
Name of Offic (Last, First)	sial	Number of Tickets		ther the Distribution is Ir ibe the Public Purpose I		
	e		1			
4. Individual or Organization						
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ	ization: West Oakl	and Senior Ce			ber of Tickets: _	4
Description of Organization:	Senior Services C	enter				
Address of Organization: 17	724 Adeline Street		Oaklar ^{City}		CA State	94607 Zip Code
Purpose for Distribution: (D To reward a school or nonp						
5. Verification I have determined that the distr	ribution of tickets set	forth above is ir	n accordance w	ith the provisions of FPF	PC Regulation 189	44.1.

ch and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	7/22/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Public Docu	ment	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				T OTTIM
Division, Department, or Reg	ion (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org		
Agency Contact (name and title			Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst, Count	y Administrator's Office		
2. Event For Which Ticket	s Were Distribute	ed	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Date(s) of Event:09 / _:	26 <u>/ 10</u> Desc	ription of Event: Oakland	A's vs. Texas Rangers	
		Value of Ticket: \$		
Agency Event 🛛 Yes		ource of tickets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oakland As		
Number of Tickets Received	d: <u>10</u>	Ticket(s) Provided to Ag	ency: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation sheet for a	additional names)	
Name of Offi			Vhether the Distribution is I	ncome to the Official or
(Last, First)	1999-92	of Tickets De	escribe the Public Purpose	for the Distribution
4. Individual or Organizati	ion Receivina Tio	ket(s) (Provided at the be	hest of an agency official.)	
승규가 영가님이 잘 잘 많은 것이 없는 것이 집에 많이 많이 했다.				
Name of Behesting Agency	Official: Keith Cars	on, Supervisor Finn Dist	nct	
Name of Individual or Orga				ber of Tickets:10
Name of manadar of orga				
Description of Organization	Develop our comr	nunity's youth into positiv	e contributors to society	
	P.O. Box 23203	Oakland	4	CA 94623
Address of Ordanization:	umber and Street	ounari	City	State Zip Code
Purpose for Distribution: ([Describe the public pu	pose for the distribution to	the organization.)	
To reward a school or non	na en anterna en cara para para de servicio de la companya	an na shekara ta shekara shi shakara shekara shi shekara s		
	er en er germentert fe	and a subscription of the		
5. Verification				
I have determined that the dis	tribution of tickets set	forth above is in accordance	e with the provisions of FPI	PC Regulation 18944.1.
CILA A			RINCIPAL ANALYST	7/22/1
as and	UKISTALI		AL ANALIST	

Car Unon	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1122116	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

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Agency Report				ent	AGEI	NCY REPOR
. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
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	explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org				
Agency Contact (name and title))			Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office	· · · · · · · · · · · · · · · · · · ·		
2. Event For Which Ticket	s Were Distribute	ed				
Date(s) of Event:2	26 / 10 Desci	ription of Ever	nt: Oakland A'	s vs. Texas Rangers		
		Value of Ticke		85.00		
/	/ Face	value of ficke	π. φ			
Agency Event 🛛 🗌 Yes	🗙 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency. Oa	akland A's			
Number of Tickets Received	1:4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contra
				10 march 1 march 10		
3. Agency Official(s) Rece	and the state of the second state of the	se a continuatio	in sheet for add			
Name of Offi				and the second sec		1-1
	cial	Number	State Whe	ther the Distribution is I		
(Last, First)	cial	Number of Tickets	State Whe	and the second sec		
	cial		State Whe	ther the Distribution is I		
	cial		State Whe	ther the Distribution is I		
	cial		State Whe	ther the Distribution is I		
	cial		State Whe	ther the Distribution is I		
(Last, First)		of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution	
(Last, First)	on Receiving Tic	of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution	
(Last, First)	on Receiving Tic	of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution	
(Last, First)	on Receiving Tic	of Tickets :ket(s) (Provid son, Superviso	State Whe Descr ded at the behe or Fifth District	ther the Distribution is I ibe the Public Purpose st of an agency official.)	for the Distribution	
(Last, First)	on Receiving Tic	of Tickets :ket(s) (Provid son, Superviso	State Whe Descr ded at the behe or Fifth District	ther the Distribution is I ibe the Public Purpose st of an agency official.)	for the Distribution	
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u>	of Tickets :ket(s) (Provid :on, Superviso County Health	State Whe Descr ded at the behe or Fifth District Care Founda	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num	for the Distribution	
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u>	of Tickets :ket(s) (Provid :on, Superviso County Health	State Whe Descr ded at the behe or Fifth District Care Founda	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num	for the Distribution	
(Last, First)	on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u>	of Tickets cket(s) (Provid con, Supervise County Health ork of the Alam	State Whe Descr ded at the behe or Fifth District Care Founda neda County M	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num ledical Center.	for the Distribution	4
(Last, First)	on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>To support the wo</u> 100 Broadway, Suit	of Tickets cket(s) (Provid con, Supervise County Health ork of the Alam	State Whe Descr ded at the behe or Fifth District Care Founda neda County M	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num ledical Center. kland,	for the Distribution	4 94612
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nt}$	on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>To support the wo</u> 100 Broadway, Suit	of Tickets cket(s) (Provid con, Supervise County Health ork of the Alam	State Whe Descr ded at the behe or Fifth District Care Founda neda County M Oa City	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num ledical Center. kland,	for the Distribution	4 94612
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nc}$ Purpose for Distribution: (D	On Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>To support the wo</u> 100 Broadway, Suit Imber and Street	of Tickets charters charters con, Supervise county Health ork of the Alam te M	State Whe Descr ded at the behe or Fifth District Care Founda neda County M Oa city stribution to the	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num ledical Center. kland, organization.)	for the Distribution	
(Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: $\frac{2}{Nt}$	On Receiving Tic Official: <u>Keith Cars</u> nization: <u>Alameda C</u> <u>To support the wo</u> 100 Broadway, Suit Imber and Street	of Tickets charters charters con, Supervise county Health ork of the Alam te M	State Whe Descr ded at the behe or Fifth District Care Founda neda County M Oa city stribution to the	ther the Distribution is I ibe the Public Purpose st of an agency official.) tion Num ledical Center. kland, organization.)	for the Distribution	4 94612

CHAN
Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

(month, day, year)

Agency Report		A Public Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Re 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form For Official U	802 Jse Only
Area Code/Phone Number (510) 272-3882 Agency Contact (name and ti Crystal Hishida Graff, Prin 2 Event For Which Ticke	ncipal Analyst, County Ad	ministrator's Office	Amendment (Muster) Date of Original Filing: .		0
Date(s) of Event:/_ /_ Agency Event □ Yes Name of Outside Source of Number of Tickets Receiv	/ Face Value ⊠ No (Identify source of Ticket(s) Provided to Ag	e of Ticket: \$ e of tickets below.) ency: Oakland A's	85.00	⊠ Pursuant t	o Contract
3. Agency Official(s) Rec	eiving Ticket(s) (use a d	continuation cheet for add	itional names)		
Name of O (Last, Fin	fficial N	lumber State Whe	ther the Distribution is In ibe the Public Purpose for		
Name of O	fficial N of ntion Receiving Ticket cy Official: Keith Carson, S anization: Word Assembl	Iumber State Whe Tickets Descr (s) (Provided at the behe Supervisor Fifth District	ther the Distribution is In ibe the Public Purpose for st of an agency official.)		

Han	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	7122/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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Tickets Provided by Agency Report		A Public	: Docume	ent		ROVIDED BY
1. Agency Name				Date Stamp	1 Contraction of the	
COUNTY OF ALAMEDA				2	Form	802
Division, Department, or Reg	ion (if applicable)				For Official U	se Only
	1221 OAK STREET, #555					
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail				surfate in Dard E1	
(510) 272-3882	crystal.hishida@a	icaov.ora		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title				Date of Original Filing	(month, day, year)	
Crystal Hishida Graff, Princ		ty Administrator	's Office		(month, day, year)	
2. Event For Which Ticket	s Were Distribute	ed				
Date(s) of Event:09_/	11 <u>/ 10</u> Descr	ription of Event:	Oakland A's	s vs. Boston Red So	<	
		Value of Ticket:				
Agency Event 🛛 Yes	🗵 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oak	land A's			
Number of Tickets Received				:y: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation	sheet for add	itional names)		
Name of Offi		Number	State Whe	ther the Distribution is I		
(Last, First)		of Tickets	Descr	ibe the Public Purpose	for the Distribution	l
					1	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	d at the behes	t of an agency official.)		
	Keith Cars	on Supervisor	Fifth District		(4	
Name of Behesting Agency	Official:	ion, caporneor	r mit biotrot			
Name of Individual or Organ	urban ReL	_eaf		Num	ber of Tickets: _	4
realitie of manualation or gai						
Description of Organization	Empower our resid	dents including	children and	youth to beautify the	ir neignbornood.	
8	35-57th Street		Oakland		CA	94608
Address of Organization:	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public pur	roose for the dist	ribution to the	organization)		
·······						
To reward a school or nong	bront organization to	or its contributio	ns to the con	innunity.		
5. Verification		and provide posterior in the second				
I have determined that the dist	ribution of tickets set 1	forth above is in a	accordance wi	th the provisions of FPI	PC Regulation 189	44.1.
alt a m					21.	17/10
as apply	CRYSTAL	HISHIDA GRAF		NCIPAL ANALYST		110

Signature of Agency Head or Designee	Print Name	Title

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PR	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 Us	802 e Only
OAKLAND, CA 94612 Area Code/Phone Number E-m	ail					
	stal.hishida@a		or's Office	Amendment (Must) Date of Original Filing:	- 1. B	
2. Event For Which Tickets We	Contraction of the local division of the loc	the second se				
Date(s) of Event://	10 Descr	iption of Ever	nt: <u>Oakland A'</u> et: \$		5	
Name of Outside Source of Ticke		o Agency: <u>Oa</u>	akland A's		⊠ Pursuant to	Contract
Number of Tickets Received:		Ticket(s) Pro	vided to Agent	cy: 🔲 Gratuitously	M Fuisdant to	Contract
3. Agency Official(s) Receiving	g Ticket(s) (us	se a continuatio				
Name of Official (Last, First)		Number of Tickets	State Whe Descr	ther the Distribution is libe the Public Purpose	ncome to the Offici for the Distribution	al or
4. Individual or Organization F						
Name of Behesting Agency Offic	cial: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organizat	ion: Thunder R	toad		Num	ber of Tickets:	4
Description of Organization: As	sist youth and t	heir families i	n the challenge	es to recover from the	e abuse of alcoho	l, drugs
Address of Organization:	40th Street		Oaklar		CA State	94609 Zip Code
Purpose for Distribution: (Descri To reward a school or nonprofit						
5. Verification				It the provisions of FDI	DC Pagulation 190	11 1
I have determined that the distribution of A A A A A A A A A A A A A A A A A A		forth above is in HISHIDA GRA Print Name		th the provisions of PP NCIPAL ANALYST Title	71	44.1. 22/// , day, year)

Tickets Provided by Agency Report	A Publi	c Document			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 Us	802 se Only	
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, C 2. Event For Which Tickets Were Distri	ounty Administrate	Date o	nendment <i>(Must e)</i> f Original Filing: .		
Date(s) of Event: <u>09 / 07 / 10</u> D // F	Description of Even Face Value of Ticke tify source of ticket ded to Agency: <u>Oa</u>	t: \$85.00		⊠ Pursuant to	Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	s) (use a continuatio Number of Tickets	State Whether the	Distribution is In	come to the Offic or the Distribution	
4. Individual or Organization Receiving Name of Behesting Agency Official: <u>Keith</u> Name of Individual or Organization: <u>St. Ma</u> Description of Organization: <u>Focuses on b</u>	Carson, Superviso ary's Center	r Fifth District	Numb	er of Tickets:	4 ces
Description of Organization: <u>Pocuses of D</u> Address of Organization: <u>925 Brockhurst</u> <u>Number and Street</u> Purpose for Distribution: (Describe the publ To reward a school or nonprofit organizati	ic purpose for the dis	Oakland, ^{City} tribution to the organiza	ation.)	CA State	94608 Zip Code
5. Verification I have determined that the distribution of tickets	s set forth above is in FAL HISHIDA GRA		rovisions of FPP	C Regulation 189	44.1.

CAMP	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1124/0
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form For Official U	802 se Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Prince 2. Event For Which Tickets	ipal Analyst, Count	ly Administrato	or's Office	☐ Amendment <i>(M</i> Date of Original Fili		
Date(s) of Event: <u>09 , 0</u> / Agency Event □ Yes Name of Outside Source of Number of Tickets Received	/ Face ⊠ No (Identify s Ticket(s) Provided t	Value of Ticke ource of ticket o Agency: <u>Oa</u>	t: \$ s below.) kland A's	s vs. Seattle Marin 85.00 sy: □ Gratuitousl		Contract
3. Agency Official(s) Rece Name of Official(Last, First)		se a continuatio Number of Tickets	State Whe	ther the Distribution	is Income to the Offic se for the Distribution	
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	Official: <u>Keith Cars</u> nization: <u>BioTech P</u>	on, Superviso artners	r Fifth District	Ni	al.) umber of Tickets:	4
Address of Ordanization:	.O. Box 2186 mber and Street escribe the public pur	rpose for the dis	Berke City	ley, organization.)	CA State	94702 Zip Code
5. Verification I have determined that the dist		forth above is in HISHIDA GRA		th the provisions of I		44.1.

	in the second	A . Company of the	Contract of the second s
Signature of	Agency	Head or	Designee

Print Name

-

(month, day, year)

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

Title

		711 4651	c Docume	ent	AGEN	ROVIDED E
. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA		Form For Official Us	and the second			
Division, Department, or Reg		For Onicial Of	Se Only			
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612	1.00					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org		Date of Original Filing: _		
Agency Contact (name and title			0.0	Date of Original Filing.	(month, day, year)	
Crystal Hishida Graff, Prin	and the second se		or's Office			
. Event For Which Ticket	s Were Distribute	ed	Oakland A	s ve. Seattle Mariners		
Date(s) of Event:09_/	07_/_10 Desc	ription of Even	t:	s vs. Seattle Mariners		_
/	/ Face	Value of Ticke	t: \$	85.00		
Agency Event 🛛 Yes	区 No (Identify s	ource of ticket	s helow)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: 0a	Kianu A S			
Number of Tickets Receive	d:4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	I Pursuant to	Contra
. Agency Official(s) Rece	viving Ticket(s) (u	se a continuatio	n sheet for add	itional names)	i.	
Name of Off	icial	Number		ther the Distribution is Inc		
(Last, First))	of Tickets	Descr	ibe the Public Purpose fo	r the Distribution	
I. Individual or Organizat						
Name of Behesting Agency	Keith Cars	on. Superviso	r Fifth District			
Name of Behesting Agency						
	Young Ad	ult Project		Numb	er of Tickets:	4
	nization:					
Name of Individual or Orga	nization:	i i	· · · · ·	hat had used a subscript in the	nin noninan	
	nization:	ehensive rang	e of services t	hat include ongoing ba	isic services.	
Name of Individual or Orga Description of Organizatior	: Provides a compr	ehensive rang				94607
Name of Individual or Orga Description of Organization	nization:o : Provides a compro 730 Oregon Street	ehensive rang	e of services t Berke ^{City}	ley,	CA State	
Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{N}$	2 Provides a compression 730 Oregon Street umber and Street	ehensive rang	Berke	ley,	CA	
Name of Individual or Orga Description of Organization	1: Provides a compression 730 Oregon Street umber and Street Describe the public put	ehensive rang	Berke ^{City}	ley, organization.)	CA	94607 Zip Coo

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

(month, day, year)

Tickets Provided by Agency Report		A Public	c Docume	ent		ROVIDED BY
1. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)				For Official Us	se Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612		2				
Area Code/Phone Number	E-mail				1	
(510) 272-3882	crystal.hishida@a	caoy ora		Amendment (Mustex)	plain in Part 5.)	
Agency Contact (name and title		icgov.org		Date of Original Filing: _		
Crystal Hishida Graff, Princ		v Administrato	r's Office		(month, day, year)	
						_
2. Event For Which Ticket			Oakland A's			
Date(s) of Event: <u>09</u>	<u>b 10</u> Desci	ription of Event		, 		
/	/ Face	Value of Ticket	: \$	40-		
Agency Event	🗵 No (Identify s	ource of tickets	s below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oak	land A's			
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation	sheet for addi	tional names)		
Name of Offic		Number		her the Distribution is Inc	ome to the Offici	al or
(Last, First)	Siai	of Tickets		be the Public Purpose for		1975 (BAR)
		<u>A.</u>				
-						
		-				
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	d at the behes	t of an agency official.)		
	en anti-se en la recorda de la companya de la comp	a contraction of the second				
Name of Behesting Agency	Official: Alameda C	Jounty Supervis	sor Scott Hag	genty, District 1		
					te se <u>sting</u> en er en en	4
Name of Individual or Orgar	nization:	ie -	_	Numbe	er of Tickets:	
Description of Organization:						
Address of Organization:	mbar and Street		City		State	Zip Code
Nu	mber and Street		City		oluio	Lip oode
Purpose for Distribution: (D	escribe the public pur	rpose for the dist	ribution to the o	organization.)		
to reward an community vo	lunteer for his servi	ce to the public	•			
5. Verification	4					
	ribution of Volution and	forth about is in	annardanaa wii	h the provisions of EDDC	Regulation 190	44 1
I have determined that the dist	and all all and the second				A dyulation 189	
CHAT	CRYSTAL	HISHIDA GRAF	F PRIN	ICIPAL ANALYST	1/2	2/10
Signature of Agency Head or Design	nee	Print Name		Title	(month	, ɗay, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	12			
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	;			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	Administrato	or's Office		And the second second second
2. Event For Which Ticket					
Date(s) of Event:	25 <u>/ 10</u> Descr	iption of Ever	nt: Oakland A's	s Game	
/			et: \$		
Agency Event 🛛 Yes	🗵 No (Identify so				
Name of Outside Source of	Ticket(s) Provided to	o Agency: Oa	akiand Athletic	5	
Number of Tickets Received					☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuatio	on sheet for add	itional names)	
Name of Offi (Last, First)	cial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
	-	UT TICKETS	00001		
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
전기에서 여행에 가슴을 잡는 것 같아요. 그 것이라는 것이 집에야 하지 않는 것이 없다.					
Name of Behesting Agency					
Name of Individual or Organ	nization: San Lorenz	zo Little Leag	ue	Numb	er of Tickets:2
rianio or manadar or organ	Description of second	building and	eportemonchi	n through sport	
Description of Organization		building and	sponsmansm	p through sport	
P	O Box 21, San Lore	nzo, CA 9458	80		
Address of Ordanization.	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)	
To reward a school or non					
To reward a series of here	font organization to				
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in	n accordance wi	th the provisions of FPPC	CRegulation 18944.1.
CHG m		HISHIDA GRA		VCIPAL ANALYST	7/2/10
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)