Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED E
1. Agency Name				Date Stamp	California	000
COUNTY OF ALAMEDA					Form	002
Division, Department, or Region	(if applicable)				For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
	mail			Amendment (Must	oveleie in Derf 5)	
(510) 272-3882 c	rystal.hishida@a	cgov.org			exprain in Fan 5.)	
Agency Contact (name and title)		• •		Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Principa	l Analyst, Count	y Administrate	or's Office		(11)01111, CLy, y CL	/
2. Event For Which Tickets V	Vere Distribute	d			······································	
Date(s) of Event:08 /18	, 10 Descr	intion of Even	.t. Oakland A'	s vs. Toronto Blue Ja	ys and Tampa E	Bay Ray
08 / 21						
		Value of Ticke	et: \$			
Agency Event 🛛 Yes	No (Identify so	ource of ticket	ts below.)			
Name of Outside Course of Tis	kat(a) Daevided t	. A	kland A's			
Name of Outside Source of Tic	Ket(s) Provided to	o Agency:			<u></u>	
Number of Tickets Received: _	4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contra
3. Agency Official(s) Receivi	n g Ticket(s) (us	e a continuatio	n sheet for add	itional names)		
Name of Official (Last, First)		Number		ther the Distribution is In		
(Lasi, Filsi)		of Tickets	Descr	ibe the Public Purpose	for the Distribution	1
4. Individual or Organization	Receiving Ticl	ket(s) (Provid	ed at the behes	t of an agency official.)		
-	Keith Carso	on Superviso	r Fifth District	. •		
Name of Behesting Agency Of	icial: <u>Real Carso</u>					
Name of Individual or Organiza	tion. Emeryville	Teen Center		Num	ber of Tickets: _	4
Description of Organization: A	terschool progra	ms, seasonal	camps, and le	eaders in training proc	grams.	
Address of Organization:	San Pablo Ave		Emery	'ille,	CA	94608
Numbe	r and Street		City		State	Zip Code
Purpose for Distribution: (Desc	ribe the public purp	oose for the dis	tribution to the	organization.)		
To reward a school or nonprof	it organization for	r its contributi	ons to the con	nmunity.		
5. Verification						
I have determined that the distribu	tion of tickets set fo	orth above is in	accordance wi	th the provisions of FPP	C Regulation 189	44.1.
LIVA. M	CRVSTAL L	IISHIDA GRA		ICIPAL ANALYST	Q.	h 1)
MART I SAMAN			ET ETNI		NI NI	4116

Agency Report		blic Docume	,,,,	AGENCY REPOR	
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA				Form OUZ	
Division, Department, or Region ((if applicable)			For Official Use Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-n	nail		Amendment (Muste	xplain in Part 5.)	
	ystal.hishida@acgov.org				
Agency Contact (name and title)			Date of Original Filing:	(monlh, day, year)	
Crystal Hishida Graff, Principal		ator's Office			
2. Event For Which Tickets W		¢			
Date(s) of Event:08 / _28 /	/ <u>10</u> Description of Ev	ent: Raiders Ga	me		
/	Face Value of Tic	ket: \$	\$150		
	X No (Identify source of tick	-			
Name of Outside Source of Tick	et(s) Provided to Agency: _	Golden State Wa	rriors		
Number of Tickets Received:	•		y: Gratuitously	Pursuant to Contrac	
3. Agency Official(s) Receivin	g Ticket(s) (use a continuat	tion sheet for addit	tional names)		
Name of Official (Last, First)	Number		her the Distribution is Ind		
	of Tickets	Desch	ribe the Public Purpose for the Distribution		
Haggerty, Scott	4	to review faci	ilities or events that m	ay require County fund	
·					
······································					
4. Individual or Organization F					
Name of Behesting Agency Offic	rial Supervisor Scot	Ht Hagererth	4. District 1		
Nume of Beneding Agency offic	nai. <u></u>		1.		
Name of Individual or Organizati	ion:		Numb	er of Tickets:	
Description of Organization:					
Address of Organization					
Address of Organization:	and Street	City		State Zip Code	
	ibe the public nurnose for the c	distribution to the o	irganization.)		
Purpose for Distribution: (Descri	ee the public pulpede let the e		-iga(in_adotin)		
Purpose for Distribution: (Descri					
Purpose for Distribution: (Descri			······		
	· ·		and a sport of the second second	ta talata	
5. Verification	on of tickets set forth above is	in accordance with	h the provisions of EPP(Regulation 18944 1	
Purpose for Distribution: (Descri	on of tickets set forth above is CRYSTAL HISHIDA GR		h the provisions of FPPC CIPAL ANALYST	C Regulation 18944.1.	

,

Tickets Provided by Agency Report	A Public D	ocument	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (i	f applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-m	ail	Amendment (Must	valain in Part 51
(510) 272-3882 cry	stal.hishida@acgov.org		spiain in Fait 9.)
Agency Contact (name and title)	<u> </u>	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff. Principal /	Analyst, County Administrator's O	ffice	(nonin, day, year)
2. Event For Which Tickets We			
Date(s) of Event: 08 / 02 /	10 Description of Event: Ba	seball Game	
		05.00	
//_	Face Value of Ticket: \$		
Agency Event 🔲 Yes 🛛 🛛	No (Identify source of tickets below	ow.)	
Name of Outside Source of Ticke	et(s) Provided to Agency: Oakland	Athletics	
	2 Ticket(s) Provided		I Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuation she	et for additional names)	
Name of Official		tate Whether the Distribution is In	come to the Official or
(Last, First)	of Tickets	Describe the Public Purpose f	
		· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organization R	• • • • • •	• • •	
Name of Behesting Agency Offic	ial: Alameda County Supervisor N	late Miley, District 4	· · · · · · · · · · · · · · · · · · ·
Name of Individual or Organization	on: Olivia and Alexandra Portez	Numt	per of Tickets: <u>2</u>
Description of Organization:			
Address of Organization			
Address of Organization: Number a	nd Street	City	State Zip Code
Purpose for Distribution: (Describ	be the public purpose for the distribution	on to the organization)	
		on to the organization.)	
To reward a student for outstand	ling scholastic achievement		
5. Verification			
		dense with the provisions of CDD	C Degulation 19014 1
i nave determined that the distributio	on of tickets set forth above is in accor	aance with the provisions of FPP	c regulation 18944.1.
loff On 48	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8/2/10
Signature of Agency Head Signee	Print Name	Title	(month, day, year)

Tickets Provided by		· _		
Agency Report	A Pub	lic Documer	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			Amendment (Must	explain in Part 5.)
(510) 272-3882 crystal.hishida	a@acgov.org		Defe of Osialized Fills	14.
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	-	tor's Office		
2. Event For Which Tickets Were Distril		Reschall Cor	2 0	
Date(s) of Event: <u>08 / 02 / 10</u> D	escription of Eve			
//F	ace Value of Tick	et: \$	85.00	
Agency Event 🔲 Yes 🖾 No (Ident	ify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provid	led to Agency:		and the second	
Number of Tickets Received:1	Ticket(s) Pro	vided to Agency	Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for addition	onal names)	
Name of Official	Number			ncome to the Official or
(Last, First)	of Tickets	Describ	e the Public Purpose f	
			•	
				,
4. Individual or Organization Receiving				
Name of Behesting Agency Official: <u>Alame</u>	da County Super	visor Nate Miley,	District 4	
				4
Name of Individual or Organization: Jon Po	onez		Num	ber of Tickets:
Department of Organization:				
Description of Organization:				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public	c purpose for the di	stribution to the or	ganization.)	
To reward a community volunteer for his co	ontributions to the	public		
5. Verification				
I have determined that the distribution of tickets	set forth above is ir	n accordance with	the provisions of FPF	C Regulation 18944.1.
LA And CRYST	AL HISHIDA GRA		IPAL ANALYST	ablin
Signature of Agency Head or Designee	Print Name		Title	(month, tlay, year)
Comment: (Use this space or an attachment for an	ny additional informatio	on including amendr	rent explanation.)	
3 Parting Pices				
" INIANIE ASSU				

ickets Provided by A Public Docume				ent	-	PROVIDED
Agency Name				Date Stamp	California	004
COUNTY OF ALAMEDA					Form	004
Division, Department, or Reg	gion (if applicable)		ų		For Official	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (M	ust explain in Part 5)	
510-272-3882	crystal.hishida@a	acgov.org			ust explain in Fait 3.)	
Agency Contact (name and title				Date of Original Fil	ing: (month, day, yea	r)
Crystal Hishida Graff, Prin	cipal Analyst, Count	ty Administrator	's Office		(, eeg, yee	·/
Event For Which Ticket	ts Were Distribut	ed	•		······································	
Date(s) of Event:8_/	7 / 10 Desc	ription of Event	. UFC			
				300		
	/ ⊢ace	Value of Ticket	: \$			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of tickets	s below.)			
Name of Outside Source of	Ticket(c) Provided	to Agonovi, Gold	den State Wa	arriors		
Number of Tickets Receive	d:4	Ticket(s) Provi	ded to Agend	cy: Gratuitous	y 🛛 Pursuant to	o Contra
Agency Official(s) Rece	eivina Ticket(s) (u	se a continuation	sheet for add	itional names)		
Name of Off		Number			is Income to the Offic	cial or
(Last, First)		of Tickets	Descr	ibe the Public Purpo	se for the Distribution	ר
·						
Individual or Organizat	ion Pocoiving Tic	kot(s) (Provide	d at the beber	t of an agency offici		
	-				əl.)	
	-				al.)	
Name of Behesting Agency	Official: Superviso	r Gail Steele		2		
Individual or Organizat Name of Behesting Agency Name of Individual or Orga	Official: Superviso	r Gail Steele		2	al.) umber of Tickets: _	4
Name of Behesting Agency Name of Individual or Orga	Official: <u>Superviso</u> nization: <u>Sasha Ste</u>	r Gail Steele		2		4
Name of Behesting Agency	Official: <u>Superviso</u> nization: <u>Sasha Ste</u>	r Gail Steele		2		4
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Superviso</u> nization: <u>Sasha Ste</u>	r Gail Steele	Instrict o	2		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	Official: <u>Superviso</u> nization: <u>Sasha Ste</u>	r Gail Steele	Instrict o	<u></u> Nu	umber of Tickets: _	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	Official: <u>Superviso</u> nization: <u>Sasha Ste</u> : 55 Marks Blvd., unber and Street	r Gail Steele	District of Pitts	2Nu sburgg	umber of Tickets: _ CA	4 9456 Zip Cod
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{N_{c}}$ Purpose for Distribution: (E	Official: Superviso nization: Sasha Ste 55 Marks Blvd., umber and Street Describe the public pub	r Gail Steele	District of Pitts	2Nu sburgg	umber of Tickets: _ CA	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{Nt}$	Official: Superviso nization: Sasha Ste 55 Marks Blvd., umber and Street Describe the public pub	r Gail Steele	District of Pitts	2Nu sburgg	umber of Tickets: _ CA	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{Nt}$ Purpose for Distribution: (E to reward a community volu	Official: Superviso nization: Sasha Ste 55 Marks Blvd., umber and Street Describe the public pub	r Gail Steele	District of Pitts	2Nu sburgg	umber of Tickets: _ CA	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{NC}$ Purpose for Distribution: (D to reward a community volu	Official: Superviso nization: Sasha Ste 55 Marks Blvd., unber and Street Describe the public pur unteer for his service	r Gail Steele ,	Pitts City	Nu sburgg	umber of Tickets: _ CA State	Zip Co
Name of Individual or Organization Description of Organization Address of Organization: $\frac{1}{NC}$ Purpose for Distribution: (E	Official: Superviso nization: Sasha Ste 55 Marks Blvd., unber and Street Describe the public pur unteer for his service	r Gail Steele ,	Pitts City ribution to the o	Nu sburgg	umber of Tickets: _ CA State	Zip Co

Tickets Provided by Agency Report	-	A Publ	ic Docume	ent	AGE	PROVIDED E
1. Agency Name				Date Stamp	California Form	002
COUNTY OF ALAMEDA					Form	002
Division, Department, or Region (if applicable)				For Official	Use Only	
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mus	t evolain in Part 5 \	
(510) 272-3882	crystal.hishida@a	icgov.org			, oxprom in t art oxy	
Agency Contact (name and title	;			Date of Original Filin	g:	r)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office			,
2. Event For Which Tickets	s Were Distribute	ed		•	-	
Date(s) of Event:08 _/_2	2 / 10 Desci	ription of Ever	nt: Oakland A	s vs. Tampa Bay Ra	iys	
/				40.00		
/	/ Face	value of theke	βl. φ			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided t		kland A's			
	_			and the second		
Number of Tickets Received	: <u> </u>	Ticket(s) Prov	vided to Agend	y: Gratuitously	⊠ Pursuant t	o Contrac
2 Agaman Official/a) Deca	in a Tiskat/a) (
3. Agency Official(s) Recei						
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is ibe the Public Purpose		
		of Hoketo	2000.			
					,	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Keith Cars	on, Superviso	r Fifth District	. •		
Name of Individual or Organ	ization: BioTech P	artners		Nur	nber of Tickets:	2
Description of Organization:	Help youth from po	opulations und	derrepresente	in the sciences.		
D	O. Box 2186		Berke	lov	СА	94702
Address of Organization:	mber and Street		City	ю,	State	Zip Code
			-		21212	v • • • •
Purpose for Distribution: (D						
To reward a school or nonp	rofit organization fo	r its contributi	ons to the con	munity.		
5. Verification						
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wi	th the provisions of FP	PC Regulation 189	944.1.

lef mak	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8/3/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

.

Agency Report A Public Docume 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp	California 802		
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				
Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	· ·	Form UUZ		
1221 OAK STREET, #555 Street Address		For Official Use Only		
Street Address				
	-			
OAKLAND, CA 94612 Area Code/Phone Number E-mail				
	Amendment (Must ex	plain in Part 5.)		
(510) 272-3882 crystal.hishida@acgov.org	Data of Onininal Filling			
Agency Contact (name and title)	Date of Original Filing: _	(month, day, year)		
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				
2. Event For Which Tickets Were Distributed				
Date(s) of Event: <u>08 / 20 / 10</u> Description of Event: <u>Oakland A</u>	s vs. Tampa Bay Rays			
/ Face Value of Ticket: \$	40.00			
Agency Event Yes No (Identify source of tickets below.)				
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's				
Number of Tickets Received: <u>1</u> Ticket(s) Provided to Agend		I Pursuant to Contrac		
Number of Tickets Received: Ticket(s) Provided to Agence		Pursuant to Contrac		
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	itional names)			
	ther the Distribution is Inc	come to the Official or		
	ibe the Public Purpose fo			
DeReyes, Amy 1 To reward a	1 To reward a County employee for her exem			
		-		
4. Individual or Organization Receiving Ticket(s) (Provided at the behas	st of an agency official.)			
Name of Behesting Agency Official: Super visor Keith Car	ron District	5		
Name of Behesting Agency Official: UCOEL V 1867 PELLON CM	John District	, ,		
Name of Individual or Organization:	Numbe	er of Tickets:		
Description of Organization:				
Address of Organization:				
Address of Organization:City		State Zip Code		
Purpose for Distribution: (Describe the public purpose for the distribution to the	organization)			
	organizationity			
5. Verification				
I have determined that the distribution of tickets set forth above is in accordance wi	th the provisions of EPPC	Regulation 18044 1		
1.KO DO		May and the Martin		
	ICIPAL ANALYST	8/3/10		
Signature of Ageney Head or Designee Print Name	Title dment explanation.)	(month, day, year)		

,

Tickets Provided by					TICKETS PROVIDED BY
Agency Report		AFUDI	c Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regio	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste)	rolain 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, Princij	pal Analyst, Coun	ty Administrato	or's Office		
2. Event For Which Tickets		-			
Date(s) of Event: 08 / 20			, Oakland A's	s vs. Tampa Bay Rays	
				40.00	······································
/	/ Face	Value of Ticke	t: \$	40.00	
Agency Event	🗵 No (Identify s	ource of ticket	s below)		
-					
Name of Outside Source of T	icket(s) Provided t	to Agency: Oal			
Number of Tickets Received:	1	Ticket(s) Prov	ided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	vina Ticket(s) (u:	se a continuatio	h sheet for addi	tional names)	
Name of Offici		Number		her the Distribution is Inc	ome to the Official or
(Last, First)	a	of Tickets		be the Public Purpose for	
				• • • • • • • • • • • • • • • • • • • •	
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)	
Name of Behesting Agency C	Keith Cars	on, Supervisor	Fifth District	. *	
Name of Benesting Agency C					
Name of Individual or Organi	zation. Ethan Shra	ago		Numb	er of Tickets:1
Name of individual of Organi.	24001.				
Description of Organization: .					
1 5					
Address of Organization:					
S Num	ber and Street		City ·		State. Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dist	ribution to the c	organization.)	
To promote attendance at a	County facility in o	rder to maximi	ze notential C	ounty revenue from p	arking and concession
···					
5. Verification				• • • • • • • • • • • • • • • • • • •	•••••
I have determined that the distril	hution of tickote ect f	orth above is in	accordanco wit	h the novisions of EDDC	Regulation 18044.1
	Sugar of develo set h	onn above is in	accordance Will	n de provisions of FPPC	
los mith		HISHIDA GRAI	F PRIN	ICIPAL ANALYST	
Signature of Agency Here Designe		Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any add	ditional informatior	n including amend	ment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA	COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Regio	Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					·
Area Code/Phone Number E	-mail			Amendment (Must	explain in Part 5.)
	crystal.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princip	=	-	or's Office		
2. Event For Which Tickets					_
Date(s) of Event: <u>08</u> / <u>19</u>	_/_ ¹⁰ Desc	ription of Ever	t: <u>Uakland As</u>		5
/	_/Face	Value of Ticke	et: \$	40.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
• • –			•		
Name of Outside Source of Ti	cket(s) Provided t	o Agency: Oa	ikiand A's		
Number of Tickets Received;	2	Ticket(s) Prov	vided to Agenc	y: Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (u	se a continuatio	n sheet for addi	itional names)	
Name of Officia (Last, First)	I	Number		ther the Distribution is Ir ibe the Public Purpose t	
		of Tickets	Desci	be the Fublic Fulpose i	
<u> </u>	<u></u>	1			
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency O	fficial: Keith Cars	on, Superviso	r Fifth District		
Name of Individual or Organiz	ation: <u>Michael Ar</u>	ndrews		Numl	per of Tickets:2
Description of Organization:			<u></u>		
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	tribution to the d	organization.)	
To promote attendance at a e		-			revenue.
					···· ·
5. Verification					
I have determined that the distrib	ution of tickets set f	orth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Lelk A. D.		HISHIDA GRA		ICIPAL ANALYST	8/2/1)
YERT UMAX	ONTOTAL	NO NDA GINA			012110

Tickets Provided by Agency Report	A Publ	ic Docume	nt		PROVIDED B
1. Agency Name			Date Stamp	California	000
COUNTY OF ALAMEDA				Form	802
Division, Department, or Region (if applicable)	······································			For Official	Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail					
	<u> </u>		Amendment (Mus	st explain in Part 5.)	
(510) 272-3882 crystal.hishida Agency Contact (name and title)	a@acgov.org		Date of Original Filin	a,	
- - · <i>·</i>			Date of Original Finn	g(month, day, yea	ar)
Crystal Hishida Graff, Principal Analyst, C		or's Office			
2. Event For Which Tickets Were Distril			T . (D) (
Date(s) of Event: <u>08 / 16 / 10</u> D	escription of Ever	nt: <u>Oakland A's</u>	vs. Toronto Blue J	ays	
	ace Value of Ticke		40.00		
Agency Event 🔲 Yes 🗵 No (Ident	ify source of ticke	ts below.)			
Name of Outside Source of Ticket(s) Provid	led to Agency: Oa	kland A's			
			and the state of the state		
Number of Tickets Received:4	Ticket(s) Prov	vided to Agency	/: Gratuitously	🛛 Pursuant f	to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for addit	ional names)		
Name of Official (Last, First)	Number		her the Distribution is		
	of Tickets	Descrit	be the Public Purpose	e for the Distributio	1
4. Individual or Organization Receiving	Ticket(s) (Provid	ed at the behest	of an agency official	}	
Name of Behesting Agency Official: Keith C	Carson, Superviso	r Fifth District			
Discourse	- dea				4
Name of Individual or Organization: Playwo	DIKS		Nur	nber of Tickets: -	4
Description of Organization: Improve the he	ealth & well-being	of children by i	ncreasing opportur	nities for physica	l activity.
Address of Organization: 517 Fourth St.			land,	CA	95607 Zip Code
Number and Street		City		State	
Purpose for Distribution: (Describe the public	purpose for the dis	stribution to the o	rganization.)		
To reward a school or nonprofit organizatio	n for its contributi	ons to the com	munity.		
5. Verification					
I have determined that the distribution of tickets	set forth above is in	accordance with	the provisions of FF	PC Regulation 18	944.1.
LA A CRYST	AL HISHIDA GRA		CIPAL ANALYST	d.	3/10
			Title		h day year)
Signature of Agency Head or Designee	Print Name		1 me	. (1100	in, duy, your

-	1.1	× 1					
			- F	- PF	PC Form	802.0	Fen/ib9
					0.1.01.11		

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

Agency Report A Public I	Document TICKETS PROVI AGENCY F
I. Agency Name	Date Stamp California Form
COUNTY OF ALAMEDA	Form O
Division, Department, or Region (if applicable)	For Official Use Or
1221 OAK STREET, #555	
Street Address	
OAKLAND, CA 94612	
Area Code/Phone Number E-mail	Amendment (Must explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org	
Agency Contact (name and title)	Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Administrator's	Office
. Event For Which Tickets Were Distributed	
Date(s) of Event:08 /10Description of Event:	Oakland A's vs. Texas Rangers
/ Face Value of Ticket: \$	40.00
Agency Event Yes No (Identify source of tickets be	pelow.)
Name of Outside Source of Ticket(s) Provided to Agency: <u>Oaklar</u>	nd A's
	2
Number of Tickets Received: <u>2</u> Ticket(s) Provide	ed to Agency: 🔲 Gratuitously 🛛 🗵 Pursuant to Co
Agency Official(s) Receiving Ticket(s) (use a continuation sh	heat for additional names)
Name of Official Number (Last, First) of Tickets	State Whether the Distribution is Income to the Official o Describe the Public Purpose for the Distribution
Individual or Organization Receiving Ticket(s) (Provided a	
Name of Behesting Agency Official: <u>Keith Carson, Supervisor Fif</u>	ifth District
Name of Individual or Organization: <u>Nathan Reyes</u>	Number of Tickets:2
Description of Organization:	
Adduces of Oppeniesticus	
Address of Organization:	City State Zi
Number and Street	
Number and Street Purpose for Distribution: (Describe the public purpose for the distribution)	ution to the organization.)
Number and Street	ution to the organization.)
Number and Street Purpose for Distribution: (Describe the public purpose for the distribu To promote attendance at a event held at a County facility in ord	ution to the organization.)
Number and Street Purpose for Distribution: (Describe the public purpose for the distribu To promote attendance at a event held at a County facility in ord 5. Verification	ution to the organization.) der to maximize potential County revenue.
Number and Street Purpose for Distribution: (Describe the public purpose for the distribution To promote attendance at a event held at a County facility in ord Verification I have determined that the distribution of tickets set forth above is in acc	ution to the organization.) der to maximize potential County revenue. cordance with the provisions of FPPC Regulation 18944.1
Number and Street Purpose for Distribution: (Describe the public purpose for the distribu To promote attendance at a event held at a County facility in ord 6. Verification	ution to the organization.) der to maximize potential County revenue. cordance with the provisions of FPPC Regulation 18944.1

Agency Report		A Publ	ic Docum	ent		ROVIDED E
1. Agency Name	·			Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official U	
Division, Department, or Reg	ion (if applicable)				For Official C	se Uniy
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Muste	explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office			
2. Event For Which Ticket	s Were Distribute	ed				
Date(s) of Event:08 /_0	07 <u>/ 10</u> Desc	ription of Ever	nt: UFC			
				300.00		
/	/ Face	Value of Ticke	÷ι. φ,			
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	source of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided :	to Agency. Go	lden State Wa	arriors		
				saa ayy ya sa 🗖 👘		
Number of Tickets Received	l:4	Ticket(s) Prov	vided to Ageno	cy: 🔲 Gratuitously	I Pursuant to	o Contra
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for add	itional names)		
Name of Offic		Number		ther the Distribution is Ir	come to the Offic	al or
(Last, First)		of Tickets		ibe the Public Purpose f		
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
I. Individual or Organizati	on Receiving Tic	:Ket(s) (Provid	led at the behes	st of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District	. *		
Name of Individual or Orgar	nization: Keith Clarl	k - Word Asse	mbly	Numb	per of Tickets: _	4
Description of Organization:						
4	10 14th St.		Oakland,		CA	94621
Address of Organization: 4	mber and Street		City		State	Zip Cod
Dumens for Distributions (D			Juile ution to the			
Purpose for Distribution: (D		· · ·				
To reward a school or nonp	rofit organization fo	or its contributi	ons to the con	nmunity.		
5. Verification		-				
I have determined that the dist	inution of tickate pat	forth above is in	accordance wi	th the novisions of FPP	C Regulation 180	44 1
					\mathcal{O}	/ \
LAS UMA		HISHIDA GRA	FF PRI		<u>ð/6</u> _	10
Signature of Agency Head or Design	00	Print Name		Title	(month	n, day, year,

John M	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	OB/
Signature of Agency Head or Designee	Print Name	Title	(month,)

ø

Agency Report		A Public	Docume	nt		PROVIDED
. Agency Name				Date Stamp	California	801
COUNTY OF ALAMEDA					Form	002
Division, Department, or Regio	on (if applicable)	- <u> </u>			For Official	Jse Only
1221 OAK STREET, #555						
Street Address						•
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Muste	xplain in Part 5.)	
	crystal.hishida@a	acgov.org				
Agency Contact (name and title)				Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Princip	-	-	s Office	·····		
. Event For Which Tickets						
Date(s) of Event:08_/_15	<u>5 / 10</u> Desc	ription of Event: .	Barnum and	Bailey Circus		
//	/ Face	Value of Ticket:	\$	40.00		
Agency Event 🛛 Yes	⊠ No (Identify s		-			
Name of Outside Source of T	icket(s) Provided t	to Agency: Golde	en State War	riors		
Number of Tickets Received:				Gratuitously	🗵 Pursuant te	o Contra
. Agency Official(s) Receiv	/ing Ticket(s) (u	se a continuation s	heet for additi	onal names)		· · ·
Name of Officia (Last, First)	al	Number		er the Distribution is In-		
(Laor, Firsty		of Tickets	Descilo	e the Public Purpose for		1
L					4	
		<u> . </u>				
. Individual or Organizatio	-			of an agency official.)		
Name of Behesting Agency C	official. Keith Cars	on, Supervisor F	ifth District	. *		
			· · · · ·			
Name of Individual or Organiz	zation: <u>Marques</u> E	Barlow		Numb	er of Tickets: _	4
Description of Organization:						
Address of Organization: 442	28 Fleming Ave,		Oaklan	d	CA	94619
Address of Organization.	per and Street		City		State	Zip Cod
Purpose for Distribution: (Dea	scribe the public pur	pose for the distrib	oution to the or	ganization.)		
To promote attendance at a (arking and con	cession
	oburity lacinty in o		, potentiar oe		and gand con	00001011.
. Verification						
I have determined that the distrit	ution of tickets set t	orth above is in ac	cordance with	the provisions of FPPr	Regulation 1/90	44.1
						, 11
		ISHIDA GRAFF	PRINC	CIPAL ANALYST		11/0
Signature of Agency Head of Designer		Print Name		Title		

4

Tickets Provided by Agency Report	A Pub	lic Docume	nt		PROVIDED I
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form	002
Division, Department, or Region (if applicable)			For Official	Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-m	nail			auntain in Dart E I	
(510) 272-3882 cry	/stal.hishida@acgov.org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title)			Date of Original Filing	(month, day, yea	r)
Crystal Hishida Graff, Principal	Analyst, County Administra	ator's Office		(nonai, ody, you	,
2. Event For Which Tickets We					
Date(s) of Event: <u>08</u> / <u>11</u> /	10 Description of Eve	ent: Barnum and	Bailey Circus	·····	
	Face Value of Tick		40.00		
	No (Identify source of tick	-			
Name of Outside Source of Ticke	et(s) Provided to Agency: <u>G</u>	Golden State War	riors		
Number of Tickets Received:			: Gratuitously	⊠ Pursuant t	o Contra
. Agency Official(s) Receiving	g Ticket(s) (use a continuat	ion sheet for addit	ional names)		
Name of Official (Last, First)	Number of Tickets		ner the Distribution is In the Public Purpose		
			-		
-					
57					
. Individual or Organization F	Receiving Ticket(s) (Prov	ided at the behest	of an agency official.)		
Name of Behesting Agency Offic	Keith Carson, Supervis	or Fifth District	. *	,	
Name of Behesting Agency Offic					
Name of Individual or Organizati	on. OBUGS		Num	ber of Tickets: _	8
Description of Organization: Bui	Id healthy communities thro	ough programs in	of school and neigh	borhood garde	ns.
1724 1	Mandela Parkway, Suite 1	Oaklar	d	CA	94607
Address of Organization:		City	iu,	State	Zip Code
5. State 1.		-	· ·· ·		
Purpose for Distribution: (Descri			-		
To reward a school or nonprofit	organization for its contribut	tions to the comr	nunity.		<u>.</u>
. Verification					
I have determined that the dist-it-ut-	on of tipleoto opt forth phases in i	in accordance with	the provisions of CDC	C Dogulation + 01	1 1 1 1
I have determined that the distribution	on of tickets set forth above is i CRYSTAL HISHIDA GR		the provisions of FPF	C Regulation 189	944.1.

Jos mm	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8////8
Signature of Agency Head of Designee	Print Name	Title	(month, day, yea

Agency Report	A Publ	ic Docume	ent		PROVIDED
1. Agency Name			Date Stamp	California	801
COUNTY OF ALAMEDA				Form	004
Division, Department, or Region (if applicable)		·		For Official I	Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must e	xplain in Part 5.)	
(510) 272-3882 crystal.hishida@	Dacgov.org				
Agency Contact (name and title)			Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Principal Analyst, Cou		or's Office			
2. Event For Which Tickets Were Distribu					
Date(s) of Event: <u>08 / 13 / 10</u> De	scription of Ever	nt: <u>Barnum an</u>	d Bailey Circus		
<u> </u>	e Value of Ticke	et: \$	40.00		
Agonov Event 🔲 Vee 🛛 🖾 Ne (Identiji	a a uraa of tiaka	to holow)			
	source of ticke				
Name of Outside Source of Ticket(s) Provide	d to Agency: Go	olden State Wa	irriors		
Number of Tickets Received: <u>8</u>			2	⊠ Pursuant te	o Contra
	Tioked(0) Tio	vided to vigerie			o contra
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for add	tional names)		
Name of Official	Number	State Whe	her the Distribution is In	come to the Offic	cial or
(Last, First)	of Tickets	Descr	be the Public Purpose f	or the Distribution	n.
4. Individual or Organization Receiving T	icket(s) (Provid	led at the behes	t of an agency official.)		
- Koith Ca	rson, Superviso				
Name of Behesting Agency Official:		IT IIIII District	<u> </u>		
Name of Individual or Organization: <u>OBUGS</u>			 Numb	er of Tickets: _	8
Description of Organization: Build healthy co	mmunities throu	igh programs i	n of school and neigh	borhood garder	ns.
Address of Organization: <u>1724 Mandela Park</u>	way, Suite 1	Oakla _{City}	na,	CA	94607 Zip Cod
Number and Street				State	20 000
Number and Street					
Number and Street Purpose for Distribution: (Describe the public p					
Number and Street					

alt and	
Signature of Agency Head or Designe	e

Print Name

Title

(month, day, year)

Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form For Official C	002
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612				Form	002
Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612				For Official U	
Street Address OAKLAND, CA 94612				1	Jse Only
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must exp	lain in Part 5)	
(510) 272-3882 crystal.hishid	la@acgov.org				
Agency Contact (name and title)			Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Principal Analyst, C	County Administrator	's Office			
2. Event For Which Tickets Were Distri					
Date(s) of Event: <u>09 / 11 / 10</u> [Description of Event:	Oakland A's	s vs. Red Sox and Rang	gers	
00 00 10	Face Value of Ticket:		85.00		
	tify source of tickets				
	-	,			
Name of Outside Source of Ticket(s) Provi	ded to Agency:				
Number of Tickets Received:8	Ticket(s) Provid	led to Agenc		🗵 Pursuant to	o Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation	sheet for addi	tional names)		
Name of Official	Number		her the Distribution is Inco		
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution	1
4. Individual or Organization Receiving	Ticket(s) (Provided	at the behes	t of an agency official.)		
- Keith	Carson Supervisor I	Fifth District			
Name of Behesting Agency Official: <u>Keith</u>				····	
Name of Individual or Organization: <u>Tom F</u>	Frainier - Semifreddi	s	Numbe	r of Tickets: _	8
Description of Organization:					
Address of Occession, 1980 North Loop	Road	Alameda		CA	94502
Address of Organization:		City		State	Zip Code
Rumose for Distribution: (Describe the subl	io nurnoso for the distri		vrganization)		
Purpose for Distribution: (Describe the public			ngallization.)		
To reward a community volunteer for his o	or ner service to the p				
5. Verification I have determined that the distribution of tickets	eat forth above is in a	coordanoo wit	h the novisions of EDDO	Regulation 190	MA 1

betan	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8113710
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1. Agency Name Date Stamp California COUNTY OF ALAMEDA Date Stamp California Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail crystal.hishida@acgov.org Image: Agency Contact (name and title) Date of Original Filing:(month, day, yr) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, yr) 2. Event For Which Tickets Were Distributed Date of Original Filing:(month, day, yr) Date(s) of Event: 09 _ 07 _ 10 _ Description of Event: 40			lic Docume	A Pub		Tickets Provided by Agency Report
COUNTY OF ALAMEDA Form Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail	AGENCY REPOR					
Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail						
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail crystal.hishida@acgov.org Agency Contact (mame and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 07 / 10 Description of Event: 40	For Official Use Only	- For Offi			ion (if applicable)	
Street Address OAKLAND, CA 94612 Area Code/Phone Number S10-272-3882 Crystal Hishida@acgov.org Agency Contact (name and title) Crystal Hishida@acgov.org Date of Original Filling:						
Area Code/Phone Number E-mail crystal.hishida@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and life) crystal.hishida@acgov.org Date of Original Filing:		-	· · · · · · · · · · · · · · · · · · ·			-
Area Code/Phone Number E-mail crystal.hishida@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and life) crystal.hishida@acgov.org Date of Original Filing:						OAKLAND, CA 94612
510-272-3882 crystal.hishida@acgov.org Agency Contact (mame and title) Date of Original Filing: Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: 2. Event For Which Tickets Were Distributed Description of Event: A's v. Mariners	0-45)				E-mail	
Agency Contact (name and title) Date of Original Filing:(month, day, y Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, y Z. Event For Which Tickets Were Distributed Date of Original Filing:(month, day, y Date(s) of Event:09 _ 07 _ / 10 Description of Event:4's v. Mariners 40	Рап 5.)			@acgov.org	crystal.hishida@a	510-272-3882
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 07 / 10 / 00 / 00 / 00 / 00 / 00 / 00	nth. day. year)	Date of Original Filing:		<u> </u>	-	Agency Contact (name and title)
Date(s) of Event: 09 / 07 / 10 Description of Event: A's v. Mariners		(······, ···;	or's Office	unty Administrate	ipal Analyst, Count	Crystal Hishida Graff, Princi
		· · · · · ·		uted	s Were Distribut	2. Event For Which Tickets
		ners	nt: <u>A's v. Marine</u>	scription of Ever	07 <u>/ 10</u> Desc	Date(s) of Event: 09 / 0
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant Image: Pursuant 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant Image: Pursuant (Last, First) of Tickets Describe the Public Purpose for the Distribution is Income to the OI Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele Distribution Name of Behesting Agency Official: Supervisor Gail Steele Distribution Number of Tickets: Description of Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: 93375 Cedar Blvd. Newark, CA CA Address of Organization: 39375 Cedar Blvd. Newark, CA Ca Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State						
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: State Whether the Distribution is Income to the Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official (Last, First) Image: State Whether the Distribution is Income to the Official (Last, First) Image: State Whether the Distribution is Income to the Official (Last, First) Image: State Whether the Distribution is Income to the Official (Last, First) Image: State Whether the Distribution is Income to the Official (Last, First) Image: State Whether the Distribution is Income to the Official (Last, First) 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele (Li) (Li) (Li) Number of Tickets: Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Number of Tickets: Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State						
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Of Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele Not Style 2 Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: Promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State			ts below.)	y source of ticke	No (Identify s	Agency Event 🛛 Yes
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Of Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele Not Style 2 Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: Promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State			akland A's	ed to Agency: Oa	Ticket(s) Provided	Name of Outside Source of
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Of Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele District 2- Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: Promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	ursuant to Contract					
(Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Gail Steele Nothict 2 Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: Promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State		litional names)	on sheet for additi	(use a continuatio	iving Ticket(s) (u	3. Agency Official(s) Recei
Name of Behesting Agency Official: Supervisor Gail Steele, Mithick 2- Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					cial	
Name of Behesting Agency Official: Supervisor Gail Steele, Mithick 2- Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Address of Organization: 39375 Cedar Blvd. Newark, CA Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)						
Name of Behesting Agency Official: Supervisor Gail Steele District Description Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)						
Name of Behesting Agency Official: Supervisor Gail Steele District Description Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)						
Name of Individual or Organization: Newark Memorial High School Boosters Club Number of Tickets: Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)				• •	-	-
Description of Organization: promotes business opportunities for large and small businesses in Hayward area Address of Organization: 39375 Cedar Blvd. Newark, CA Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State						
Address of Organization: 39375 Cedar Blvd. Newark, CA Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State						
Address of Organization: Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	rd area	I small businesses in Hayward are	s for large and s	ess opportunitie	promotes busines	Description of Organization:
Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State	94560			•		Address of Organization:
	State Zip Code		-		·····	Nun
to reward a school for its contributions to the community		organization.)	stribution to the or	,		
				community	ntributions to the c	to reward a school for its co
5. Verification						

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

CRYSTAL HISHIDA GRAFF
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL AINOLICE

 Signature of Agency Keef or Designee
 Print Name
 Title

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

PRINCIPAL ANALYST

13/10 th, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent		PROVIDED BY
1. Agency Name	/			Date Stamp	California	
COUNTY OF ALAMEDA				Ducoump	Form	802
Division, Department, or Reg	ion (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	unlain in Dort E)	
510-272-3882	crystal.hishida@acgo	ov.org			piain in Part 5.)	
Agency Contact (name and title				Date of Original Filing: _	(month, day, yea	rl.
Crystal Hishida Graff, Princ	ipal Analyst, County A	dministrator	's Office		(······, ···), j ···	.,
2. Event For Which Tickets				5 		
Date(s) of Event: <u>8 / 1</u>	6 / 10 Descripti	ion of Event	Ringling Bro	others and Barnum & I	Bailey Circus	
				40		
//	/ Face Val		. Ф 	<u>.</u>		
Agency Event 🛛 🗌 Yes	🛛 No (Identify sour	rce of tickets	s below.)			
Name of Outside Source of	Ticket(s) Provided to A	Gol	den State Wa	rriors		
Number of Tickets Received	: <u> </u>	cket(s) Provi	ded to Agenc	y: 🔲 Gratuitously	I Pursuant t	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (use a	a continuation	sheet for addit	tional names)		
Name of Offic		Number		her the Distribution is Inc		
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distributio	<u> </u>
4. Individual or Organizati	on Receiving Ticke	t(s) (Provide	d at the behes	t of an agency official.)		
Name of Behesting Agency	Official: <u>Supervisor G</u> a	ail Steele	Dashid	2		
Name of Individual or Organ	ization: <u>Eden Youth &</u>	Family Cer	iter	Numbe	er of Tickets: _	8
				a and familian from Lla	www.ord.couirop	~
Description of Organization:	provides multi-service	es to disadvi	antaged your	Tand tanines from Ha	ywaru environ	<u> </u>
Address of Organization: <u>68</u>	80 W. Ter	nnyson Roa	d Hay	/ward	CA	94144
Nur	nber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public purpos	se for the dist	ribution to the c	organization.)		
to reward a non-profit for its	contributions to the co	ommunity				
·	· · · · · · · · · · · · · · · · · · ·	•			i	······
5. Verification						
I have determined that the distr	ibution of tickets set forth	n above is in a	accordance witi	h the provisions of FPPC	Regulation 189	944.1.

let Onth	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8/13/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555			-		
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	accion ora		Amendment (Must	explain in Part 5.)
Agency Contact (name and title		iogoviorg		Date of Original Filing	:
Crystal Hishida Graff, Princ	ipal Analyst, Coun	tv Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets					
			. Baseball G	ame	
Date(s) of Event: <u>09</u>				0- 00	
/	/ Face	Value of Tick	et: \$	00.00	
Agency Event	🗵 No (Identify s	source of ticke	ts helow)		
	· ·		•	- · · ·	
Name of Outside Source of	Ticket(s) Provided t	to Agency:		D	
Number of Tickets Received	:1	Ticket(s) Pro	vided to Agenc	y: Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	xial	Number			ncome to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose	for the Distribution
·····				_	
,					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
-	•				
Name of Behesting Agency	Official:	Jounty Superv	visor nate mile	y, District 4	
Norra of Individual as of the	Mercedes	Alcala		N 1	1 1
Name of Individual or Organ	ization:			Numi	ber of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Durness for Distributions (D		r . 16 . 18	·		
Purpose for Distribution: (De		•		organization.)	
To reward a student for outs	standing scholastic	achievement			
5. Verification					
I have determined that the distr	fution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPF	C Regulation 18944.1.
led mm		HISHIDA GRA		ICIPAL ANALYST	8/13/10
Signature of Agency/Head or Devign	ee	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional informatio	on including amend	dment explanation.)	

Agency Report		A Publ	ic Docume	ent	TICKETS I AGE	NCY REPO
. Agency Name				Date Stamp	California	001
COUNTY OF ALAMEDA					Form	004
Division, Department, or Regi	ion (if applicable)		•	1	For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title,				Date of Original Filing	(month, day, yea	1
Crystal Hishida Graff, Princi		•	or's Office			
. Event For Which Tickets						
Date(s) of Event:09 /_0	7 <u>/10</u> Desc	cription of Ever	nt: <u>Baseball G</u>	ame		
	/ Face					
Agency Event Ses	🛛 No (Identify :					
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	kland Athletic	S		
				and the second		
Manuals and Window to Data Street	2	The state Design			NT Durau and t	Contro
Number of Tickets Received	:	Ticket(s) Prov	vided to Agend		🔀 Pursuant to	o Contra
				cy: 🔲 Gratuitously	🛛 Pursuant to	o Contra
. Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add	cy: Gratuitously itional names)		
	ving Ticket(s) (u		on sheet for add State Whe	cy: 🔲 Gratuitously	ncome to the Offic	al or
Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add State Whe	cy: Gratuitously itional names) ther the Distribution is I	ncome to the Offic	al or
Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add State Whe	cy: Gratuitously itional names) ther the Distribution is I	ncome to the Offic	al or
Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add State Whe	cy: Gratuitously itional names) ther the Distribution is I	ncome to the Offic	al or
Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add State Whe	cy: Gratuitously itional names) ther the Distribution is I	ncome to the Offic	al or
Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add State Whe	cy: Gratuitously itional names) ther the Distribution is I	ncome to the Offic	al or
Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for add State Whe Descr	cy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offic for the Distribution	al or
Agency Official(s) Recei	ving Ticket(s) (u bial	Use a continuation Number of Tickets	on sheet for add State Whe Descr	sy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offic for the Distribution	al or
. Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u bial	Use a continuation Number of Tickets	on sheet for add State Whe Descr	sy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offic for the Distribution	al or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Alameda (</u>	Use a continuation of Tickets of Tickets cket(s) (Provid County Superv	on sheet for add State Whe Descr	cy: Gratuitously itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) y, District 4	ncome to the Offic for the Distribution	sial or
. Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Alameda (</u>	Use a continuation of Tickets of Tickets cket(s) (Provid County Superv	on sheet for add State Whe Descr	cy: Gratuitously itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) y, District 4	ncome to the Offic for the Distribution	al or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Alameda (</u> ization: <u>Women of</u>	use a continuation Number of Tickets Cket(s) (Provid County Superv n the Way to R	on sheet for add State Whe Descr led at the behes risor Nate Mile Recovery	cy: Gratuitously itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) y, District 4	ncome to the Offic for the Distribution	sial or
. Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Alameda (</u> ization: <u>Women of</u>	use a continuation Number of Tickets Cket(s) (Provid County Superv n the Way to R	on sheet for add State Whe Descr led at the behes risor Nate Mile Recovery	cy: Gratuitously itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) y, District 4	ncome to the Offic for the Distribution	sial or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Alameda (</u> ization: <u>Women of</u>	Use a continuation Number of Tickets Cket(s) (Provid County Superv n the Way to R men to prevent	on sheet for add State Whe Descr led at the behes risor Nate Mile Recovery recidivism	cy: Gratuitously itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) y, District 4	ncome to the Offic for the Distribution	sial or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Alameda (</u> ization: <u>Women of</u> Programs for wom	Use a continuation Number of Tickets Cket(s) (Provid County Superv n the Way to R men to prevent	on sheet for add State Whe Descr led at the behes risor Nate Mile Recovery recidivism	cy: Gratuitously itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) y, District 4	ncome to the Offic for the Distribution	cial or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: Alameda (ization: Women of Programs for wom 424 Haviland Aven	Use a continuation Number of Tickets Tickets Cket(s) (Provid County Superv n the Way to R men to prevent nue - Hayward	on sheet for add State Whe Descr led at the behes risor Nate Mile Recovery recidivism I, CA 94541 City	cy: ☐ Gratuitously itional names) ther the Distribution is li ibe the Public Purpose at of an agency official.) y, District 4 Num	ncome to the Offic for the Distribution	cial or
Agency Official(s) Recei Name of Offic (Last, First) . Individual or Organization Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: $\frac{20}{Num}$	ving Ticket(s) (u cial on Receiving Tic Official: <u>Alameda (</u> ization: <u>Women of</u> Programs for wom 424 Haviland Aven ober and Street escribe the public pu	Ise a continuation Number of Tickets Chet(s) (Provid County Superv n the Way to R men to prevent nue - Hayward	on sheet for add State Whe Descr led at the behes risor Nate Mile Recovery recidivism I, CA 94541 City	cy: ☐ Gratuitously itional names) ther the Distribution is li ibe the Public Purpose at of an agency official.) y, District 4 Num	ncome to the Offic for the Distribution	sial or

Som	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8/13/10
Signature of Agency Mead or Opsignee	Print Name	Title	(month, day, year)

					AGENCY REPO
I. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Region	(if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OA	KLAND, CA 946	512			
Area Code/Phone Number E-n				Amendment (Must	evertain in Dant 51
(510) 272-3882 cm	ystal.hishida@a	cgov.org			explain in Part 5.)
Agency Contact (name and title)				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrator's C	ffice		(
2. Event For Which Tickets W	ere Distribute	ed	I		
Date(s) of Event: <u>08</u> / 19	<u>10</u> Desc	ription of Event: _O	akland A's	Game	
		Value of Ticket: \$.		40.00	
		ource of tickets be			
			•		
Name of Outside Source of Tick					
Number of Tickets Received:	4	Ticket(s) Provided	l to Agency	: Gratuitously	Pursuant to Contra
. Agency Official(s) Receivin	a Ticket(s) (us	se a continuation she	et for additi	onal names)	
Name of Official					ncome to the Official or
(Last, First)		of Tickets	Describ	e the Public Purpose	for the Distribution
Individual or Organization	Receiving Tic	ket(s) (Provided at	the behest	of an agency official)	
-	-				
I. Individual or Organization I Name of Behesting Agency Offic	-				
Name of Behesting Agency Offic	cial: Supervisor	Alice Lai-Bitker, D			ber of ⊺ickets:4
Name of Behesting Agency Office	cial: <u>Supervisor</u> ion: <u>Carmen G</u>	Alice Lai-Bitker, D	District 3	Num	ber of ⊺ickets:4
Name of Behesting Agency Offic	cial: <u>Supervisor</u> ion: <u>Carmen G</u>	Alice Lai-Bitker, D	District 3	Num	ber of ⊺ickets:4
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Supervisor</u> ion: <u>Carmen G</u>	Alice Lai-Bitker, D	District 3	Num	
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Supervisor</u> ion: <u>Carmen G</u> and Street	Alice Lai-Bitker, D	District 3	Num	ber of ⊤ickets:4
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Descri	cial: <u>Supervisor</u> ion: <u>Carmen G</u> and Street be the public pur	Pose for the distribut	District 3	Num	State Zip Cod
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Supervisor</u> ion: <u>Carmen G</u> and Street be the public pur	Pose for the distribut	District 3	Num	State Zip Cod
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Descri	cial: <u>Supervisor</u> ion: <u>Carmen G</u> and Street be the public pur	Pose for the distribut	District 3	Num	State Zip Cod
Name of Behesting Agency Office Name of Individual or Organization: Description of Organization: Address of Organization: Number at Purpose for Distribution: (Description)	cial: <u>Supervisor</u> ion: <u>Carmen G</u> and Street be the public pur rent held at a C	Pose for the distribut	City City ion to the or ler to maxin	Num ganization.) nize revenue from c	State Zip Cod
Name of Behesting Agency Office Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Description) To promote attendance at an expose 5. Verification	cial: <u>Supervisor</u> ion: <u>Carmen G</u> and Street be the public pur rent held at a C	Pose for the distribut	City City ion to the or ler to maxin	Num ganization.) nize revenue from c	State Zip Cod

Tickets Provided by		A Publi	ic Docume	nt	TICKETS PROVIDED BY
Agency Report					AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Regi	on (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>8 / 2</u>	<u>1 / 10</u> Desci	ription of Ever	nt: Baseball Ga	me	
1			et: \$	40.00	
			τ. φ <u></u>		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticket	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	:2	Ticket(s) Prov	vided to Agency	/: ☐ Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addit	ional names)	
Name of Offic	ial	Number	State Wheth	ner the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descrit	be the Public Purpose for	or the Distribution
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ed at the behest	of an agency official)	
-	-			or an agency emotally	
Name of Behesting Agency	Official: <u>Supervisor</u>	r Nate Miley, L	District 4		
				County	2
Name of Individual or Organ	ization: Onited Ser	IIUIS UI Oakiai		Numb	per of Tickets:2
Description of Organization:	Senior Advocacy				
Decomption of organization.					
Address of Organization.	200 Bancroft Ave, S	Ste 178, Oakla	nd, CA 94605 _{City}		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the o	rganization.)	
To reward a non-profit for its		-		•	
		community			
5. Verification					
I have determined that the distr	disting of fishers out it	Forth above is in	accordance with	the provisions of EDD	C Regulation 18944 1
TOO YAR		HISHIDA GRA	FF PRIN	CIPAL ANALYST	<u> 8/20/00</u>
Signature of Agency Head or Design	iee	Print Name		Title	(month, day, year)

٠

Agency Report A Public Do		AGENCY REPO
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form UU2
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org	Data of Original Filings	
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Offi		
. Event For Which Tickets Were Distributed	aball Cama	
Date(s) of Event: <u>09 / 24 / 10</u> Description of Event: Base		
/ Face Value of Ticket: \$	40.00	
Agency Event Yes X No (Identify source of tickets below	v .)	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A	Athletics	
Number of Tickets Received: Ticket(s) Provided to	· · · · · · · · · · · · · · · · · · ·	I Pursuant to Contra
Agency Official(s) Receiving Ticket(s) (use a continuation sheet	for additional names)	· · · · · · · · · · · · · · · · · · ·
	te Whether the Distribution is In	
(Last, First) of Tickets	Describe the Public Purpose for	or the Distribution

. Individual or Organization Receiving Ticket(s) (Provided at the		
Name of Behesting Agency Official: Alameda County Supervisor Na	te Miley, District 4	
Name of Individual or Organization: Cherryland Community Associa	tion Numb	er of Tickets: <u>2</u>
Description of Organization: <u>Advocacy for the residence of the Cher</u>		
Address of Organization.	City	State Zip Cod
Purpose for Distribution: (Describe the public purpose for the distribution	to the organization.)	
To reward a non profit for their service to the community		
. Verification		
	ance with the provisions of EPPI	C Regulation 18944.1
I nave determined that the distribution of tickets set forth above is in accorde		
I have determined that the distribution of tickets set forth above is in accorda	PRINCIPAL ANALYST	A2 2/11

	A Publ			AGENCY RI
. Agency Name			Date Stamp	California 8
COUNTY OF ALAMEDA				Form Official Use Onl
Division, Department, or Regior	1 (if applicable)			For Onicias Ose Oni
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
	-mail	A 🗌 🖓	nendment (Mustexp	plain in Part 5.)
	crystal.hishida@acgov.org	Dete	f Original Filmer	
Agency Contact (name and title)			of Original Filing:	(month, day, year)
	al Analyst, County Administrate	or's Office		
Event For Which Tickets V		F # "O		
Date(s) of Event:07	_/_10 Description of Even			
/	Face Value of Ticke	et: \$150.00) 	
Agency Event Yes	VI No /Identify course of ticket			
• · · ·	No (Identify source of ticket			
Name of Outside Source of Tic	ket(s) Provided to Agency: Oa	kland Raiders		
Number of Tickets Received: _	3 Ticket(s) Prov		Gratuitously	I Pursuant to Con
Agency Official(s) Receivi	ng Ticket(s) (use a continuatio	n sheet for additional n	ames)	
Name of Official (Last, First)				ome to the Official or
	of Tickets	Describe the i	Public Purpose for	
Individual or Organization	Receiving Ticket(s) (Provid	ed at the behest of an a	agency official.)	
Name of Behesting Agency Of	ficial. Alameda County Superv	isor Nate Miley, Distr	ict 4	

Name of Individual or Organiza	ation: St. Mary's Center		Numbe	r of Tickets: <u>3</u>
		dation		
Description of Organization: <u>S</u>	ervices to elder nomeless popt			
925	Brockhurst Street, Oakland, CA	A 94608		
Address of Organization:	er and Street	City		State Zip
Numbe		tribution to the organize	tion)	
	oribe the public purpose for the dia		140H.)	
Purpose for Distribution: (Des	cribe the public purpose for the dis	-	,	
Purpose for Distribution: (Des	cribe the public purpose for the dis ation for its contributions to the	-	, 	
Purpose for Distribution: (Dese To reward a nonprofit organize		-		
Purpose for Distribution: (Deserver to reward a nonprofit organized verification	ation for its contributions to the	community		Dogulation 190111
Purpose for Distribution: (Dese To reward a nonprofit organize		community	ovisions of FPPC	Regulation 18944.1.

1 parking pass

Agency Report	A	Public Docume	ent	TICKETS PROVIDED AGENCY REPO
I. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA			-	Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address	•••			
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (Must e)	(olain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.or	g		,
Agency Contact (name and title)		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ		nistrator's Office		
. Event For Which Ticket				
Date(s) of Event:08 /_2	28 / 10 Description o	f Event: Football Ga	me	
	Face Value of		150.00	
Agency Event Ses	No (Identify source of			
Name of Outside Source of	Ticket(s) Provided to Agenc	y: Oakland Raiders		
			and the second to the first second	
Number of Tickets Received	: licket(s	s) Provided to Agenc	y: [] Gratuitousiy	
Agency Official(s) Rece	iving Ticket(s) (use a cont	inuation sheet for addi	tional names)	
Name of Offic			her the Distribution is Inc	ome to the Official or
(Last, First)	of Tick		be the Public Purpose fo	
Individual or Organizati	on Receiving Ticket(s) (Provided at the behas	t of an agency official)	
	=			
Individual or Organizati Name of Behesting Agency	=			
Name of Behesting Agency	Official: <u>Alameda County S</u>	Supervisor Nate Mile	y, District 4	2
	Official: <u>Alameda County S</u>	Supervisor Nate Mile	y, District 4	er of Tickets:2
Name of Behesting Agency Name of Individual or Orgar	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u>	Supervisor Nate Mile	y, District 4	er of Tickets:2
Name of Behesting Agency	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u>	Supervisor Nate Mile	y, District 4	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u>	Supervisor Nate Mile	y, District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u>	Supervisor Nate Mile	y, District 4	
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u>	Supervisor Nate Mile	y, District 4 Numbe	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u> mber and Street escribe the public purpose for	Supervisor Nate Mile & Darrell Sanders City the distribution to the o	y, District 4 Numbe	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nut</u> Purpose for Distribution: (D	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u> mber and Street escribe the public purpose for	Supervisor Nate Mile & Darrell Sanders City the distribution to the o	y, District 4 Numbe	State Zip Co
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u> mber and Street escribe the public purpose for	Supervisor Nate Mile & Darrell Sanders City the distribution to the o	y, District 4 Numbe	State Zip Coo
Name of Individual or Organ Description of Organization: Address of Organization: $\frac{1}{Nu}$ Purpose for Distribution: (D	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u> mber and Street escribe the public purpose for in event held at a County fa	Supervisor Nate Mile & Darrell Sanders City the distribution to the o scility in order to max	y, District 4 Numbe organization.) imize potential county	State Zip Coo revenue from parking
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda County S</u> nization: <u>Clarence Traywick</u> mber and Street escribe the public purpose for in event held at a County fa	Supervisor Nate Mile & Darrell Sanders City the distribution to the o acility in order to max we is in accordance with	y, District 4 Numbe organization.) imize potential county	State Zip Coo revenue from parking

and concession sales - 1 parking pass

1

Tickets Provided by Agency Report	A Public Do	ocument	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name		Date Stamp	California
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region	(if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
	nail		
(510) 272-3882 cm	ystal.hishida@acgov.org	Amendment (Must	explain in Part 5.)
Agency Contact (name and title)	,	Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrator's Of	fice	(monur, day, year)
2. Event For Which Tickets W			
	/ <u>10</u> Description of Event: For	otball Game	
		450	
	Face Value of Ticket: \$	100	
Agency Event 🛛 Yes [No (Identify source of tickets belo	w.)	
Name of Outside Source of Tick	et(s) Provided to Agency: Oakland	Raiders	
Number of Tickets Received:	1 Ticket(s) Provided t	o Agency: Gratuitously	Pursuant to Contra
Agency Official(s) Receivin	g Ticket(s) (use a continuation shee	t for additional names)	
Name of Official		ate Whether the Distribution is I	come to the Official or
(Last, First)	of Tickets	Describe the Public Purpose	
· · · · · · · · · · · · · · · · · · ·			
Individual or Organization	Peoplying Ticket(o) (Devided et d	ha habaat af an eastair official)	
-	Receiving Ticket(s) (Provided at the second states of the second states		
Name of Behesting Agency Offi	cial: Alameda County Supervisor N	ate Miley, District 4	
Name of Individual or Organizat	ion: Angelina Rodriguez	Num	ber of Tickets:1
Description of Organization.			
Address of Organization:			
Number	and Street	City	State Zip Code
	ibe the public purpose for the distributio	n to the organization.)	
Purpose for Distribution: (Descr			
Purpose for Distribution: (Descr To promote attendance at an ev		r to maximize potential count	v revenue from parking
	vent held at a County facility in orde	r to maximize potential count	y revenue from parking
To promote attendance at an e		r to maximize potential count	y revenue from parking
To promote attendance at an event of the second sec	vent held at a County facility in orde	· · · · · · · · · · · · · · · · · · ·	
To promote attendance at an event of the second sec		· · · · · · · · · · · · · · · · · · ·	

and concession sales.

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (f applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-m	ail			
			Amendment (Must e	explain in Part 5.)
Agency Contact (name and title)	stal.hishida@acgov.org		Date of Original Filing:	
	Analyst County Administrat			(month, day, year)
Crystal Hishida Graff, Principal . 2. Event For Which Tickets We		tor's Office		
		Football Ga	me	
Date(s) of Event: <u>09</u> / 02 /	Description of Eve	nt:		
//	Face Value of Tick	et: \$	150	
Agency Event 🔲 Yes 🗈	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticke	· •	,		
			and the second	······································
Number of Tickets Received:	3 Ticket(s) Pro	vided to Agency	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)	of Tickets	Descrit	be the Public Purpose f	or the Distribution
		ļ		
4. Individual or Organization F	Pocoiving Tickot(c) (Provi	l	of an agonov official)	
Name of Behesting Agency Offic	ial: <u>Alameda County Super</u>	visor Nate Miley	/, District 4	
				3
Name of Individual or Organizati	on:		Numb	per of Tickets:3
Description of Organization: <u></u>	nior Advocacy			
Address of Organization:	Bancroft Ave, Ste 178 - Oak			
Number a	nd Street	City		State Zip Code
Purpose for Distribution: (Descri	be the public purpose for the di	stribution to the o	rganization.)	
To promote attendance at an ev	ent held at a County facility	in order to maxi	imize potential county	y revenue from parking
	na na anala kaominina amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fi		· · · · · · · · · · · · · · · · · · ·	
5. Verification				
I have determined that the distribution	on of tickets set forth above is i	n accordance with	h the provisions of FPP	C Regulation 18944.1.
bit a.A	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	8/24/10
Signature of Agendy Head & Designee	Print Name		Title	(month, day, year)

and concession sales - 1 parking pass

Tickets Provided by Agency Report		A Pub	lic Docum	ent		ROVIDED E
1. Agency Name				Date Stamp		
COUNTY OF ALAMEDA					California Form	802
Division, Department, or Reg	ion (if applicable)			-	For Official L	Jse Only
1221 OAK STREET, #555						
Street Address				4		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail				Aust sustain in Dart 51	
(510) 272-3882	crystal.hishida@a	icqov.orq		Amendment (#	nust explain in Part 5.)	
Agency Contact (name and title		<u> </u>		Date of Original Fi	ling:	-)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	tor's Office		thons, ad, year	,
2. Event For Which Tickets	s Were Distribute	ed			· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event:09 /_2	1 / 10 Desci	ription of Eve	nt. Baseball G	Same		
				40.00		
/	/ Face	Value of Tick	et: \$			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(e) Drevided t		akland Athletic	s		
		o Agency				
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agen	cy: 🔲 Gratuitousi	ly 🛛 🗵 Pursuant to	o Contra
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for add	litional names)		
Name of Offic (Last, First)	sial	Number			is Income to the Offic	
		of Tickets	Desci	nde the Public Purpo	ose for the Distribution	1
· · · · · · · · · · · · · · · · · · ·						
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behe	st of an agency offici	al.)	
Name of Behesting Agency	Alameda C	County Superv	visor Nate Mile	v. District 4		
Name of Individual or Organ	vization. Maxwell Pa	ark Neighborł	nood Coordina	itor N	umber of Tickets:	2
				IN		
Description of Organization:	Keeps neighborho	od informed a	and safe			
	o Barbara Taylor 30	036 Monticello				7.0.1
Nur	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)		
To reward a community volu	unteer for her servic	ce to the publi	ic			
5. Verification						
I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wi	ith the provisions of I	FPPC Regulation 189	44.1.

let ant	CRYSTAL HISHIDA GRAFF
Signature of Agency Here of Designee	Print Name

PRINCIPAL ANALYST

Title

<u>///)</u> lay, year)

Agency Report A Public Docu 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Description of Event: Basebaa / Face Value of Ticket: \$	all Game 40.00
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [510] 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Description of Event: Basebaa	Form OUZ For Official Use Only For Official Use Only Date of Original Filing:
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event:	Amendment (Must explain in Part 5.) Date of Original Filing:
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Date(s) of Event: 09 / 20 / 10 Face Value of Ticket: \$	all Game 40.00
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office Description of Event: 09 20 10 Description of Event: Basebaa Date(s) of Event: 09 20 10 Description of Event: Basebaa Agency Event I Yes Xi No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	all Game 40.00
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Description of Event: Basebaa /	all Game 40.00
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Description of Event: Baseba	all Game 40.00
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Description of Event: Baseba /	all Game 40.00
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 20 / 10 Description of Event: Baseba 	(month, day, year) all Game 40.00
2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 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 Athere.	all Game 40.00
Date(s) of Event: 09 / 20 / 10 Description of Event: Basebaa / Face Value of Ticket: \$	40.00
Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	40.00
Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	40.00
Agency Event Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	nletics
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Ath	nletics
_	and the second first the second se
_	and the second first the second se
Number of Tickets Received: <u>2</u> Ticket(s) Provided to A	gency: Gratuitously Ki Pursuant to Contrac
Number of fickets Received: ficket(s) Provided to A	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for	r additional names)
Name of Official Number State	Whether the Distribution is Income to the Official or
(Last, First) of Tickets E	Describe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the b	pehest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Nate	
Name of Behesting Agency Official: Alameda County Supervisor Nate	
Name of Individual or Organization: HOPE Collaborative	Number of Tickets:2
Description of Organization: Promotes health and environmental initiat	tives for the residents of Oakland
Address of Organization: 221 Oak Street, Suite D - Oakland, CA 9460	City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to	the organization.)
To reward a non profit for their service to the community	
5. Verification	
I have determined that the distribution of tickets set forth above is in accordance	ce with the provisions of FPPC Regulation 18944.1.

6 Signature of Agency Head or Designee

Print Name

PRINCIPAL ANALYST

Title

day, year) XI

		AFUDIU	Docume	nt	TICKETS PROVIDED AGENCY REPO
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Reg	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address		······			
OAKLAND, CA 94612					× .
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Muster	xpiain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:		
Crystal Hishida Graff, Princ	ipal Analyst. Coun	tv Administrator'	s Office		(monun, day, year)
Event For Which Ticket		•			
Date(s) of Event:/ 09 / (Baseball Ga	ime	
				85.00	
/	/Face	Value of Ticket:	\$	00.00	
Agency Event Yes	⊠ No (Identify s	ource of tickets	helow)		
			,		
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	l: <u> </u>	Ticket(s) Provid	led to Agency	r: ☐ Gratuitously	☑ Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (u:	se a continuation :	sheet for addit	ional names)	
Name of Offi	cial	Number		ner the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
·					
		1 1			
=	-			= =	
=	-			= =	
Name of Behesting Agency	Official: <u>Alameda C</u>	County Supervise	or Nate Miley	, District 4	er of Tickets:4
Name of Behesting Agency	Official: <u>Alameda C</u>	County Supervise	or Nate Miley	, District 4	er of Tickets:4
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u>	County Supervise	or Nate Miley h Isenberg	v, District 4 Numb	er of Tickets:4
Name of Behesting Agency Name of Individual or Organ	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u>	County Supervise	or Nate Miley h Isenberg	v, District 4 Numb	er of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u>	County Supervise	or Nate Miley	v, District 4 Numb	
Name of Behesting Agency Name of Individual or Orgar Description of Organization: Address of Organization:	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u> mber and Street	County Supervise	or Nate Miley h Isenberg City	v, District 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u> mber and Street	County Supervise	or Nate Miley h Isenberg City	v, District 4 Numb	
Name of Behesting Agency Name of Individual or Orgar Description of Organization: Address of Organization:	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u> mber and Street escribe the public pur	County Supervise Vivian, and Jos pose for the distri	or Nate Miley h Isenberg City bution to the o	rganization.)	State Zip Cod
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D To promote attendance at a	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u> mber and Street escribe the public pur	County Supervise Vivian, and Jos pose for the distri	or Nate Miley h Isenberg City bution to the o	rganization.)	State Zip Cod
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a Verification	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u> mber and Street escribe the public pur in event held at a C	County Supervise Vivian, and Jos pose for the distril county facility in o	or Nate Miley h Isenberg City bution to the o order to max	rganization.)	State Zip Cod / revenue from parking
Name of Individual or Organ Description of Organization: Address of Organization: _{Nu} Purpose for Distribution: (D	Official: <u>Alameda C</u> nization: <u>Bing, Max,</u> mber and Street escribe the public pur in event held at a C	County Supervise Vivian, and Jos pose for the distril county facility in o forth above is in ac	or Nate Miley h Isenberg City bution to the o order to max	rganization.) mize potential County	State Zip Cod / revenue from parking
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a Verification	Official: Alameda C nization: Bing, Max, mber and Street escribe the public pur in event held at a C ribution of tickets set f	County Supervise Vivian, and Jos pose for the distril county facility in o	or Nate Miley h Isenberg City bution to the o order to max	rganization.)	State Zip Cod / revenue from parking

and concession sales - 1 parking pass

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name					AGENCY REPOR
COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Region	n (if applicable)			-	For Official Use Only
	in (in applicable)				
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	-mail				
	crystal.hishida@a				explain in Part 5.)
(510) 272-3882 (Agency Contact (name and title)	Data of Original Filing:				
	Date of Original Filing: (month, day, year)				
Crystal Hishida Graff, Princip		·	or's Office		······································
2. Event For Which Tickets			Deschall		
Date(s) of Event: <u>09</u> / 25	_/ <u>10</u> Desci	ription of Ever	nt: Baseball G	ame	1015-001-001-
/	_/ Face	Value of Ticke	et: \$	40.00	
Agency Event 🛛 Yes	No (Identify s		-		
Name of Outside Source of Tid	cket(s) Provided t	o Agency: <u>Oa</u>	kland Athletic	5	
Number of Tickets Received: -					Pursuant to Contrac
3. Agency Official(s) Receivi	i ng Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Officia	1	Number		ther the Distribution is Ir	
(Last, First)		of Tickets	Descr	ibe the Public Purpose t	for the Distribution
	· · · ·				·····
					· · · · · · · · · · · · · · · · · · ·
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
-	-				
Name of Behesting Agency Of	fficial: <u>Alameda C</u>	ounty Superv	isor Nate Mile	y, District 4	· · · · · · · · · · · · · · · · · · ·
	American I	ndian Conten	norary Arts		2 2
Name of Individual or Organiz					per of Tickets:2
Description of Organization:	Offers art program	s to residents	of Alameda C	county.	
Address of Organization:	Seven Generatior	ns Consulting	- 3746 - 39th /	Avenue - Oakland, C/	A 94619
	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	nose for the dis	stribution to the	organization)	
To reward a non profit for their		•			
		Jinnunity		· 1021000	NEEDING T. F
5. Verification					
	ulian afficture - 1 t	adh abain is to		the provining of FDF	C Begulation 490444
I have determined that the distribution				in the provisions of FPF	C regulation 18944.1.
_ formatt	CRYSTAL H	IISHIDA GRA	FF PRIN	ICIPAL ANALYST	8/24/10
Signature of Agency Alead or Designee	2	Print Name		Title	(month, day, year)

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

Tickets Provided by Agency Report	A Public	Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California
COUNTY OF ALAMEDA			California Form 802
Division, Department, or Region	'if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-n	nail		
(510) 272-3882 cm	/stal.hishida@acgov.org	Amendment (Musi	t explain in Part 5.)
Agency Contact (name and title)		Date of Original Filing	;(month, day, year)
Crystal Hishida Graff, Principal	Analyst County Administrator's		(month, day, year)
2. Event For Which Tickets W			
Date(s) of Event: $10 / 03$		Football Game	
//	Face Value of Ticket:	\$	
Agency Event 🗌 Yes [☑ No (Identify source of tickets I	below.)	
Name of Outside Source of Tick	et(s) Provided to Agency: Oakla	and Raiders	
Number of Tickets Received:		And the second	Pursuant to Contrac
3. Agency Official(s) Receivin	g Ticket(s) (use a continuation s	sheet for additional names)	
Name of Official	Number	State Whether the Distribution is I	
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution
			• • • •
I. Individual or Organization I)
Name of Behesting Agency Offic	Nat. Alameda County Superviso	or Nate Miley, District 4	
Name of Individual or Organizat	ion: United Seniors of Oakland	& Alameda County Num	ber of Tickets: <u>3</u>
Description of Organization: Ser	nior Advocacy		
7200	Bancroft Ave, Ste 178 - Oakland	1 CA 94605	
Address of Organization;	and Street	City	State Zip Code
		· · · · · · · · · · · · · · · · · · ·	
Purpose for Distribution: (Descri			
To promote attendance at an ev	vent held at a County facility in c	order to maximize potential coun	ty revenue from parking
5. Verification			
	an of Halada ool for the share in the s		DC Degulation 19011 d
I have determined that the distributi	UN ULLICKEIS SEL IORTH ADOVE IS IN AC		- C Regulation 10944.1.
_lefant?	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	
Signature of Ageno Head of Designee	Print Name	Title	(month, day, year)

Signature of Agenory head of Tosignee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

and concession sales - 1 parking pass

.

(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Description of Event: <u>A's Game</u> Date(s) of Event: <u>9 / 22 / 10</u> Description of Event: <u>A's Game</u>			ROVIDED E
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [510] 272-3882 Orystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 22 / 10 Description of Event: \$1700.0 / Face Value of Ticket: \$	Date Stamp	California	000
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 22 / 10 Description of Event: A's Game		Form	0U 2
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event:		For Official U	lse Only
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event:			
Area Code/Phone Number E-mail Image: Constant (name and title) (510) 272-3882 crystal.hishida@acgov.org Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Image: Constant (name and title) Agency Event Image: Yes Image: No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Image: Constant (name and title) Number of Tickets Received: 24 Ticket(s) Provided to Agency: Image: Constant (Last, First) Number of Tickets Image: Constant (name and title)			
(510) 272-3882 crystal.hishida@acgov.org Lift Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 22 / 10 Description of Event: A's Game 1/0.0000			
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Description of Event: <u>4's Game</u> Date(s) of Event: <u>9 / 22 / 10</u> Description of Event: <u>4's Game</u>	mandmont (Mustov	l	
Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 22 / 10 Description of Event: A's Game	Date of Original Filing:(month, day, year)		
2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 22 / 10 Description of Event: A's Game			
Date(s) of Event: 9 22 10 Description of Event: A's Game			
Agency Event Yes No (Identify source of ticket: \$	0		****
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 24 Ticket(s) Provided to Agency: I 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Number Name of Official Number State Whether the Describe the 0f Tickets Image: Constraint of the state			
Number of Tickets Received: 24 Ticket(s) Provided to Agency: Image: Comparison of Comparison o			
Number of Tickets Received: 24 Ticket(s) Provided to Agency: Image: Comparison of Comparison o			
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional Name of Official Number of Tickets State Whether th Describe the (Last, First) of Tickets Describe the			
Name of Official (Last, First) Number of Tickets State Whether th Describe the 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of ar Name of Behesting Agency Official: Supervisor Gail Steele State 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and workit 203.W longuin Avenue, Suite 110, San Leandre, CA	Gratuitously	Pursuant to	o Contrac
(Last, First) of Tickets Describe the 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of ar Name of Behesting Agency Official: Supervisor Gail Steele Supervisor 4.2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and worki 203 W loaguin Avenue Suite 110 San Leapdre	names)		
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of ar Name of Behesting Agency Official: Supervisor Gail Steele , Subract 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and worki	e Distribution is Inco		
Name of Behesting Agency Official: <u>Supervisor Gail Steele</u> , <u>Supervisor 2</u> Name of Individual or Organization: <u>East Bay Innovations</u> Description of Organization: <u>provides individuals with disabilities living and worki</u>	Public Purpose for	the Distribution	
Name of Behesting Agency Official: Supervisor Gail Steele Supervisor 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and working 203 W Loaguin Avenue Suite 110			
Name of Behesting Agency Official: Supervisor Gail Steele Supervisor 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and working 203 W Loaguin Avenue Suite 110			
Name of Behesting Agency Official: Supervisor Gail Steele , Suprice 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and worki			
Name of Behesting Agency Official: Supervisor Gail Steele , Suprice 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and worki		-	
Name of Behesting Agency Official: Supervisor Gail Steele Supervisor 2 Name of Individual or Organization: East Bay Innovations Description of Organization: provides individuals with disabilities living and working 203 W Loaguin Avenue Suite 110			
Name of Individual or Organization: <u>East Bay Innovations</u> Description of Organization: <u>provides individuals with disabilities living and worki</u>	agency official.)		
Name of Individual or Organization: <u>East Bay Innovations</u> Description of Organization: <u>provides individuals with disabilities living and worki</u>			
Name of Individual or Organization: <u>East Bay Innovations</u> Description of Organization: <u>provides individuals with disabilities living and worki</u>			
303 W. Joaquin Avenue, Suite 110, San Leandre, CA		r of Tickets:	24
Address of Organization: <u>303 W. Joaquin Avenue, Suite 110, San Leandro, CA</u>	ng skills to becom	ne independen	t
	94577		
Number and Street City	Andrew Martin 1997	State	Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organi	ation.)		
To reward a nonprofit organization for its contributions to the community	·,	i -	
5. Verification			

Signatule of Agenov Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST Title

Fickets Provided by		Iblic Document	TICKETS PROVIDED B
Agency Report			AGENCY REPOR
I. Agency Name		Date Stamp	
COUNTY OF ALAMEDA			Form OUZ For Official Use Only
Division, Department, or Reg			
1221 OAK STREET, #555 Street Address			
OAKLAND, CA 94612	10 ⁻¹		
Area Code/Phone Number	E-mail	Amendment	(Must explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org		F illing and
Agency Contact (name and titl		Date of Original I	(month, day, year)
	cipal Analyst, County Administ	rator's Office	
Event For Which Ticket			
Date(s) of Event:09 /_	04 / 10 Description of E	vent: <u>Summer Jam</u>	
/	/ Face Value of Ti	cket: \$42.95	
Agency Event 🛛 Yes	No (Identify source of tic		
Name of Outside Source of	Ticket(s) Provided to Agency:	Golden State Warrirors	
Number of Tickets Receive	d: licket(s) H	Provided to Agency: Gratuitou	sly I Pursuant to Contrac
Agency Official(s) Rece	eiving Ticket(s) (use a continu	ation sheet for additional names)	
Name of Off			
(Last, First)	of Tickets	s Describe the Public Purp	oose for the Distribution
Individual or Organizat	ion Receiving Ticket(s) (Pro	ovided at the behest of an agency offi	cial.)
	Official: Alameda County Sup		
Name of Benesting Agency	Official:		
Name of Individual or Orga	nization. Kristina Veasely		Number of Tickets:1
Name of individual of Orga	112au011,		Admber of fickets,
Description of Organization	:		
Address of Organization:			·
Nı	umber and Street	City	State Zip Code
Purpose for Distribution: (E	Describe the public purpose for the	distribution to the organization.)	
To promote attendance at	an event held at a County facili	ty in order to maximize potential C	County revenue from parking
Verification		-	
	ribution of tickets sof forth above i	is in accordance with the provisions o	f EPPC Regulation 18044 1
			01-1
18 8 1 X S X X			・エー・・マー・マング くろく しんしょう しんしょ しんしょ
Signature of Ageric/Head of Desig	nee CRYSTAL HISHIDA G	RAFF PRINCIPAL ANALYS	<u> </u>

and concession sales

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regin 1221 OAK STREET, #555 Street Address	on (if applicable)		·····	Date Stamp	California Form 802
OAKLAND, CA 94612					
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princi	E-mail crystal.hishida@a pal Analyst, Count		or's Office	☐ Amendment (Must of Date of Original Filing:	
Agency Event 🛛 Yes	4 <u>/ 10</u> Desc Face ⊠ No (Identify s	ription of Ever Value of Ticke ource of ticke	et: \$ <u> 42.8</u> ts below.)	<u>ξ</u>	
Name of Outside Source of T Number of Tickets Received:				y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	in sheet for addi	tional names)	
Name of Offici (Last, First)	al	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency C	Official: <u>Alameda C</u>	County Superv	isor Nate Mile	y, District 4	·
Name of Individual or Organi	zation: <u>Sarah Mile</u>	y		Numt	per of Tickets: <u>1</u>
Description of Organization: .					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De To promote attendance at ar		•		- ,	y revenue from parking
5. Verification I have determined that the distri		orth above is in IISHIDA GRA		CIPAL ANALYST	C Regulation 18944.1. 8/25//D
Signature of Agency Head of Dealgne	e	Print Name		Title	(month, day, year)

and concession sales

gency Report		A Publi	ic Docume	ent	TICKETS PROVIDED AGENCY REPO
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUA
Division, Department, or Region (i	f applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-m	all			Amendment (Must e	xplain in Part 5.)
	crystal.hishida@acgov.org				•
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal			or's Office		
. Event For Which Tickets We	ere Distributed	1			
Date(s) of Event:09 /04 /	10 Descrip	tion of Even	t: <u>Summer Ja</u>	m	
	Face Va	alue of Ticke	+ \$ 142.8	5	
-	No (Identify sou		•		
Name of Outside Source of Ticke	et(s) Provided to	Agency: Gol	Iden State Wa	rrirors	
Number of Tickets Received:					Pursuant to Contra
Agency Official(s) Receiving	g Ticket(s) (use	a continuation	n sheet for addi	tional names)	
Name of Official		Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
Mart at a tota to					
		:			
······································				<u>.</u>	
Individual or Organization R	Receiving Tick	et(s) (Provide	ed at the behes	t of an agency official.)	
Name of Behesting Agency Offic		unty Supervi	sor Nate Mile	y, District 4	
Name of Individual or Organizati	on: United Senio	ors of Oaklan	d & Alameda	County Numb	er of Tickets: 2
Description of Organization:	nior Advocacy				
7200 F	Bancroft Ave, Ste	: 178 - Oakla	nd. CA 94605		
Address of Organization: Number a			City		State Zip Cod
Purpose for Distributions (Descri	a the public pure	aa fariha dini	hibution to the	(monimetion)	
Purpose for Distribution: (Descrit					
To promote attendance at an ev	ent held at a Col	unty facility in	n order to max	imize potential Count	y revenue from parking
Verification	······································				
	afficture - 1 f	the have to to	e o o o se la mara de la de	h the provisions of FDD	C Degulation 190111
I have determined that the distribution	on of tickets set for	th above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Agency Report	ŀ	Public Docun	nent	TICKETS PROVIDED E AGENCY REPOR	
---	--	---------------------------	--	------------------------------------	
1. Agency Name	·		Date Stamp	California 802	
COUNTY OF ALAMEDA					
Division, Department, or Region (if	applicable)			For Official Use Only	
Street Address					
1221 OAK STREET, #555, OAK	LAND, CA 94612	· · ·			
Area Code/Phone Number E-ma	ail		Amendment (Must ex	nlain in Part 5)	
(510) 272-3882 crys	stal.hishida@acgov.	org		prantint at 0.7	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Principal A		inistrator's Office		(,,,	
2. Event For Which Tickets We					
Date(s) of Event:0907	10 Description	of Event: Oakland	A's Game		
//_	Face Value	of Ticket: \$	40.00		
- •	No (Identify source		(t		
Name of Outside Source of Ticke	t(s) Provided to Age	ncy: Oakland Athlei	lics		
Number of Tickets Received:	Ticke	t(s) Provided to Age	ncy: Gratuitously	Pursuant to Contra	
3. Agency Official(s) Receiving	Ticket(s) (use a co	intinuation sheet for a	dditional names)		
Name of Official (Last, First)			hether the Distribution is Inc scribe the Public Purpose fo		
		ickets Des			
	· · · · · · · · · · · · · · · · · · ·				
I. Individual or Organization R	eceiving Ticket(s) (Provided at the beh	est of an agency official)	5	
Name of Behesting Agency Offici					
Name of Behesting Agency Offici	al:	La Blach, Blocher a			
Name of Individual or Organization	n: Harmon Gee		Numbe	er of Tickets:4	
Description of Organization:					
	ad Street	· C	ity	State Zip Code	
Address of Organization:					
Address of Organization: Number an Number an Purpose for Distribution: (Describ		or the distribution to th	e organization.)		
Number an	e the public purpose f			ncession sales.	
Number an Purpose for Distribution: (Describ To promote attendance at an eve	e the public purpose f			ncession sales.	
Number an Purpose for Distribution: (Describ To promote attendance at an eve 5. Verification	e the public purpose f ent held at a County	facility in order to m	aximize revenue from co		
Number an Purpose for Distribution: (Describ	e the public purpose f ent held at a County	facility in order to m	aximize revenue from co		

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

Tickets Provided by Agency Report		A Pub	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	· · · · · · · · · · · · · · · · · · ·			Date Stamp	California 002
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Region	(if applicable)		······		For Official Use Only
1221 OAK STREET, #555					
Street Address				• ·	
OAKLAND, CA 94612					
Area Code/Phone Number E-r	nail		· · · · · · · · · · · · · · · · · · ·	Amendment (Muste)	rolain in Part 5
510-272-3882 cm	ystal.hishida@acq	gov.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County	Administrato	or's Office		(·····································
2. Event For Which Tickets W					
Date(s) of Event:0904	/ <u>10</u> Descrip	tion of Ever	nt: <u>Summer Ja</u>	am 2010	
1				142.85	
			Ξι. Ψ		y .
Agency Event 🛛 Yes 🛛 [🗙 No (Identify sou	urce of ticke	ts below.)		
Name of Outside Source of Tick	et(s) Provided to	Agency: Go	olden State Wa	arriors	
Number of Tickets Received:				cy: ☐ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use	a continuatio	on sheet for addi	itional names)	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
		of fickets	Desci	ibe the Fublic Fulpose ic	
				and the state of the	
4. Individual or Organization I	-	• • •		-	
Name of Behesting Agency Offic	siel. Supervisor A	lice Lai-Bitk	er, District 3	. •	
Name of Individual or Organizat	ion: <u>Dottie Teixei</u>	ra		Numb	er of Tickets:4
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descri	ibe the public purpo	ee for the die	tribution to the c	organization)	,
To promote attendance at an ev					rovonuo from coloo
			n order to max		
5. Verification	· · · · · · ·				
I have determined that the distributi	on of tickets out for	th ahous is in	accordance wit	h the provisions of EDDC	Population 19044 1
					ngulalion 10944.1.
_tomm	CRYSTAL HIS		FF PRIN	ICIPAL ANALYST	<u> </u>
Signature of Agency Head or Designee	Pri	nt Name		Title	(rhonth, dáy, year)

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

.

Tickets Provided by Agency Report		A Public	c Docume	ent	TICKETS PROVIDED BY
	· · · · · ·			r	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	<i>(1</i>				For Official Use Only
Division, Department, or Reg	ion (if applicable)				i di otnolal odo olny
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrato	r's Office		
2. Event For Which Tickets	s Were Distribut	ed	·		
Date(s) of Event:2	29 / 10 Desc	ription of Event	Oakland Ra	iders vs. San Francis	sco 49ers
				150.00	
/	/ Face	Value of Ticket	: \$		
Agency Event 🛛 Yes	🛛 No (Identify s	source of tickets	below.)		
Name of Outside Source of			-	γ	
				and the second the first	
Number of Tickets Received	1:	Ticket(s) Provi	ded to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuation	sheet for addit	tional names)	
Name of Offic	zial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
······································					
4. Individual or Organization	on Receiving Tic	ket(s) (Provide	d at the behest	t of an agency official.)	an a harafisiran a go ta ta a s
•	•	• • •			
Name of Behesting Agency	Official:	on, Supervisor			
Name of Individual or Organ	ization:		, ,	Numb	per of Tickets:
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distr	ibution to the a	organization.)	
To promote attendance at a	County facility in o	rder to maximiz	e potential C	ounty revenue from p	arking & concessions.
			• <u> </u>		
5. Verification					<u>, , , , , , , , , , , , , , , , , , , </u>
I have determined that the distr	ibution of tickets set f	forth above is in a	ccordance witi	h the provisions of FPP	C Regulation 18944.1.
11.6			•		ohilid
Signature of Agency Head of Design		HISHIDA GRAF		CIPAL ANALYST	Nell
- · · ·			including areas		(nioinin, udy, yed)
Comment: (Use this space or a	r adactiment for any add	unonal monnation	monuting amend	ment explanation.j	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	· · ·			Date Stamp	California 802
COUNTY OF ALAMEDA				•	
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi		-	or's Office		
2. Event For Which Tickets					10
Date(s) of Event:08 _/_2	<u>9 / 10</u> Desc	ription of Even	it: Oakland Ra	iders vs. San Francisc	co 49ers
/////////////////////_/	/ Face	Value of Ticke	et: \$	150.00	
Agency Event 🛛 Yes	⊠ No (Identify s		-		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	kland Raiders		
Number of Tickets Received	. 1	Ticket(s) Prov	vided to Agenc	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of Offic (Last, First)	bial	Number		her the Distribution is Inc	
(Lasi, 1 iisi)		of Tickets	Descri	be the Public Purpose fo	
	• •				
			e herring		
4. Individual or Organization	-				
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District	· · · · ·	
Name of Individual or Organ	ization: Jean Lewi	S		Numbe	er of Tickets:1
Description of Organization:				: 	
Address of Organization:	nber and Street		City	······	State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	tribution to the c	organization.)	
To promote attendance at a	County facility in o	order to maxim	ize potential C	ounty revenue from pa	arking & concessions.
			I		
5. Verification			tar ya ana ana ang kana ang k	ny ya ana ana ana ana ana ana ana ana an	- 5261-108 v. 23- 10 v. 24
J. Vermuation					
I have determined that the distri	ibution of tickets set i	forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
		forth above is in HISHIDA GRA		h the provisions of FPPC	Regulation 18944.1.

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

		A Public D	ocume	[]L	AGENCY REPO
. Agency Name		· · · · · ·		Date Stamp	California Form 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address		ayu			
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xolain in Part 5.1
(510) 272-3882	crystal.hishida@ac	gov.org			
Agency Contact (name and title) .			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	Administrator's C	Office		
Event For Which Ticket			··· ·· ··· ··· ·· ·· ·· ·· ·· ·· ·· ··		ββαροταλχ∎ταλικού για δο ^τ ιου γ
Date(s) of Event:2	2 <u>9 / 10</u> Descri	otion of Event: Oa	akland Rai	iders vs. San Francis	co 49ers
		alue of Ticket: \$ _		150.00	
/	Face v	alue of ficket. a _			
Agency Event 🛛 Yes	🗵 No (Identify so	urce of tickets bel	ow.)		
Name of Outside Source of	Ticket(s) Provided to	Agency. Oakland	l Raiders		
				and the second	
Number of Tickets Received	l: 7	icket(s) Provided	to Agency	/: □ [·] Gratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (use	e a continuation she	et for addit	ional names)	
Name of Offi (Last, First)	cial			er the Distribution is In	
(Lasi, 1 (isi)		of Tickets	Descrit	be the Public Purpose for	or the Distribution
р					· · ·
	an a				
Individual or Organizati	on Receiving Tick	et(s) (Provided at	the behest	of an agency official.)	· · · · · · · · · · · · · · · · · · ·
-	•				· · · · · · · · · · · · · · · · · · ·
Individual or Organizati Name of Behesting Agency	•				· · · · · · · · · · · · · · · · · · ·
Name of Behesting Agency	Official: Keith Carso	n, Supervisor Fifth	District		or of Tickots 2
-	Official: Keith Carso	n, Supervisor Fifth	District		er of Tickets:2
Name of Behesting Agency Name of Individual or Organ	Official: <u>Keith Carson</u> ization: <u>Mildred Whi</u>	n, Supervisor Fifth	District		er of Tickets:2
Name of Behesting Agency	Official: <u>Keith Carson</u> ization: <u>Mildred Whi</u>	n, Supervisor Fifth	District		er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carson</u> ization: <u>Mildred Whi</u>	n, Supervisor Fifth	n District itfield		
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carson</u> ization: <u>Mildred Whi</u>	n, Supervisor Fifth	District		er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Keith Carson</u> nization: <u>Mildred Whi</u> mber and Street	n, Supervisor Fifth	n District itfield City	Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Keith Carson</u> nization: <u>Mildred Whi</u> mber and Street escribe the public purpo	n, Supervisor Fifth tfield & Calvin Wh	n District itfield City on to the o	Numb	State Zip Coc
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: <u>Keith Carson</u> nization: <u>Mildred Whi</u> mber and Street escribe the public purpo	n, Supervisor Fifth tfield & Calvin Wh	n District itfield City on to the o	Numb	State Zip Cod
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a Verification	Official: Keith Carson nization: Mildred Whi nber and Street escribe the public purpo County facility in orc	n, Supervisor Fifth tfield & Calvin Wh ose for the distributi ler to maximize po	n District itfield City on to the or otential Co	Numb	State Zip Cod arking & concessions
Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	Official: Keith Carson nization: Mildred Whi mber and Street escribe the public purpo County facility in orce ibution of tickets set for	n, Supervisor Fifth tfield & Calvin Wh ose for the distributi ler to maximize po	n District itfield City on to the or otential Co rdance with	Numb	State Zip Cod arking & concessions

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED E
1. Agency Name		1. J. M		Date Stamp	California 802
COUNTY OF ALAMEDA				Date otamp	Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, (512			
	E-mail			· <u> </u>	
(510) 272-3882	crystal.hishida@a	Accov ord		Amendment (Must	explain in Part 5.)
Agency Contact (name and title)		logov.org		Date of Original Filing	·
Crystal Hishida Graff, Princi		v Administrate	or's Office		(month, day, year)
2. Event For Which Tickets	· · · · · · · · · · · · · · · · · · ·				
	=		Oakland A	s Game	
Date(s) of Event:09 /1				10.00	<u>.</u>
/	/ Face	Value of Ticke	et: \$	40.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below)	н. Н	
			·	.	
Name of Outside Source of T	Ficket(s) Provided t	to Agency:		5 	
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agend	cy: Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Offic	ial	Number			ncome to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose	
	-				
				· · · · · · · · · · · · · · · · · · ·	
	·				
4. Individual or Organizatio	-	• • •		t of an agency official.)	<u> </u>
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bit	er, District 3		·
					· .
Name of Individual or Organi	zation: Friends of	the San Lorei	nzo Library	Numl	ber of Tickets:4
Description of Organization:				vices of the San Lore	enzo Library
P	D. Box 152, San Lo	orenzo CA 94	1580		
Address of Organization:	ber and Street		City		State Zip Code
		, , , , , , ,			_
Purpose for Distribution: (De					
To reward a school or nonpr	ofit organization fo	r its contributi	ons to the com	nmunity.	
and a state of the					, a tol set a factor of a constant
5. Verification		Ě			
I have determined that the distri	bution of tickets set f	orth above is in	i accordance wit	h the provisions of FPF	C Regulation 18944.1.
latt- Man M	CRYSTAL F	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	8/27/1
Signature of Agepcy Head or Designe	e	Print Name		Title	(month, day, year)

 Signature of Agency Head or Designee
 Print Name
 Title

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

			ent	AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 9	4612			
Area Code/Phone Number E-mail			Amendment (Must ex	infain in Port 5 \
(510) 272-3882 crystal.hishida@)acgov.org			plain in Fait 5.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	nty Administrate	or's Office		· · · · · · · · · · · · · · · · · · ·
2. Event For Which Tickets Were Distribu				
Date(s) of Event:08 2810 Des	cription of Eve	nt: <u>Oakland Ra</u>	aiders Game	
	e Value of Tick		150.00	
Name of Outside Source of Ticket(s) Provideo	to Agency:	akianu Raiders	i i i i i i i i i i i i i i i i i i i	
Number of Tickets Received:3	Ticket(s) Pro	ovided to Agend		Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for add	itional names)	
Name of Official (Last, First)	Number		ther the Distribution is Inc	
	of Tickets	Descr	ibe the Public Purpose fo	
Briones, Ruben	3	To promote	attendance at event he	ld at a County facility
Individual or Organization Receiving T	icket(s) (Provi		t of an agency official)	
			t of an agency official.)	
			t of an agency official.)	
Name of Behesting Agency Official: Supervise	or Alice Lai-Bit	ker, District 3		er of Tickets:
	or Alice Lai-Bit	ker, District 3		er of Tickets:
Name of Behesting Agency Official: Supervise	or Alice Lai-Bit	ker, District 3		er of Tickets:
Name of Behesting Agency Official: <u>Supervise</u> Name of Individual or Organization: Description of Organization:	or Alice Lai-Bit	ker, District 3		er of Tickets:
Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization:	or Alice Lai-Bit	ker, District 3		
Name of Individual or Organization:	or Alice Lai-Bit	ker, District 3		
Name of Behesting Agency Official: Supervision Name of Individual or Organization:	or Alice Lai-Bit	ker, District 3		
Name of Behesting Agency Official: Supervise Name of Individual or Organization:	or Alice Lai-Bit	ker, District 3		
Name of Behesting Agency Official: Supervision Name of Individual or Organization:	or Alice Lai-Bit	ker, District 3 City		State Zip Code
Name of Behesting Agency Official: Supervise Name of Individual or Organization: Description of Organization: Address of Organization: Address of Organization: Purpose for Distribution: (Describe the public p 5. Verification I have determined that the distribution of tickets se	or Alice Lai-Bit	ker, District 3 City stribution to the		State Zip Code

ę

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 8U2
Division, Department, or Regio	on (if applicable)				For Official Use Only
1221 OAK STREET, #555	, ,				
Street Address					
OAKLAND, CA 94612					
·	E-mail				1
(510) 272-3882	crystal.hishida@a			Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	ciystat.msmda@a	icgov.org		Date of Original Filing:	
Crystal Hishida Graff, Princip	nal Analvet Coun	tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets		-			
			Raiders Ga	me	
Date(s) of Event:09_/_02	<u>2 10</u> Desc	ription of Eve	nt: <u>Traiders Oa</u>		
/	/ Face	Value of Tick	et: \$	\$150	
Agency Event 🛛 Yes	No (Identify s	ource of ticke	ets below)		
	• •			Deiders	
Name of Outside Source of T	icket(s) Provided	to Agency:	Unflanc	x and s	
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agend	cy: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	on sheet for addi	itional names)	
Name of Offici (Last, First)	al	Number of Tickets		ther the Distribution is In ibe the Public Purpose f	
				<u></u>	
4. Individual or Organizatio					
Name of Behesting Agency C	Official: <u>Alameda (</u>	County Super	visor Scott Hag	gerty, District One	· · ·
Name of Individual or Organi	zation: <u>Marco Pac</u>	cho		Numb	er of Tickets:4
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Durnage for Distributions (De	aariba Aba ayahia aya	waaa fartha dii		organization)	
Purpose for Distribution: (De		-		-	
TO REWARD A COMMUNIT	YVOLUNTEERF			TO THE PUBLIC	
5. Verification					
I have determined that the distril	hution of tislate cot	forth above is is	a anaardanaa wii	h the provisions of CDD	C Degulation 19044 1
	oution of tickets set i	orun above is li			01 1. Mayunanon 10944.1.
lit and	CRYSTAL H	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	8121110
		Print Name			

.

A DESCRIPTION OF A DESC

Tickets Provided by Agency Report		A Pub	lic Docume	ent			
1. Agency Name				Date Stamp		California	802
COUNTY OF ALAMEDA						Form For Official L	
Division, Department, or Reg	ion (if applicable)				Ì	For Official C	Jse Only
Street Address						- - -	
1221 OAK STREET, #555,		512					
Area Code/Phone Number	E-mail			🔲 Amendment (/	Must expi	lain in Part 5,)	
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Fi	iling:		
·		u Administrat	oria Offica	Date of Original 1	g. <u> </u>	(month, day, year)
Crystal Hishida Graff, Princ 2. Event For Which Ticket		-					
Date(s) of Event: <u>10</u>			, Oakland Ra	aiders Game			
Date(s) of Event:/	Desc		nt	150.00			
/	/ Face	Value of Tick	et: \$				
Agency Event 🛛 🖾 Yes	🗵 No (Identify s	ource of ticke	ets below.)				
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland Raiders				
Number of Tickets Received					6. B		Contract
Number of fickets Received	1:	fickel(s) Pro	vided to Agend	y: 🔲 Gratuitous	iy E	Rursuant to	Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a c ontinuatio	on sheet for addi	tional names)			
Name of Offi	cial	Number	1	her the Distribution			
(Last, First)		of Tickets	Descri	be the Public Purpo	ose for	the Distribution	l
		,,				- Andre Branne	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency offici	ial.)		
Name of Behesting Agency	-						
Name of Individual or Orgar	nization: <u>Al. County</u>	Deputy Sheri	iffs' Activities L	eague N	umber	of Tickets: _	3
Description of Organization:	To create recreation	onal and educ	cational opportu	unities for childrer	n in the	e unincorporal	ed area
Address of Organization:	5378 East 14th Stre	et, Suite 101,	San Leandro, ^{City}	CA 94578		State	Zip Code
Purpose for Distribution: (D		pose for the dis	-	organization.)			F
To reward a school or nonp	, .			- ,			
5. Verification							

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

At Baff	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8/30/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Commonte de la la		1 1 1 1 1 1 1	

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

Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address		A 4A			
1221 OAK STREET, #555, Area Code/Phone Number	OAKLAND, CA 94 IE-mail	612			
				Amendment (Must	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org	<u> </u>	Date of Original Filing:	·
Crystal Hishida Graff, Princ	-	v Administrate	nr's Office		(month, day, year)
2. Event For Which Ticket	-				
Date(s) of Event:/_1			nt. Oakland Ra	aiders Game	
			- t. ¢	150.00	
]	/ Face	value of TICK	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Raiders	· · · · · · · · · · · · · · · · · · ·	
	()	0 ,			
Manual and Chalasta Described	. 3		vide d te Acces		M Durayant to Contro
Number of Tickets Received	l: <u>3</u>	Ticket(s) Pro	vided to Agend	:y: 🗌 Gratuitously	Pursuant to Contra
Number of Tickets Received		• •			Pursuant to Contra
·	iving Ticket(s) (u	• •	on sheet for add		
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	ncome to the Official or
3. Agency Official(s) Rece Name of Offic	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is Ir	ncome to the Official or
3. Agency Official(s) Rece Name of Offic	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is Ir	ncome to the Official or
3. Agency Official(s) Rece Name of Offic	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is Ir	ncome to the Official or
3. Agency Official(s) Rece Name of Offic	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is Ir	ncome to the Official or
3. Agency Official(s) Rece Name of Offic	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is Ir	ncome to the Official or
3. Agency Official(s) Rece Name of Official	iving Ticket(s) (u cial	se a continuation	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	ncome to the Official or
3. Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (u ^{cial} on Receiving Tic	se a continuation Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	ncome to the Official or
Agency Official(s) Rece Name of Offic (Last, First) And the state of th	iving Ticket(s) (u cial on Receiving Tic Official: <u>Superviso</u>	se a continuation Number of Tickets Sket(s) (Provid r Alice Lai-Bith	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f	ncome to the Official or for the Distribution
Agency Official(s) Rece Name of Offic (Last, First) And the second	iving Ticket(s) (u cial on Receiving Tic Official: <u>Superviso</u>	se a continuation Number of Tickets Sket(s) (Provid r Alice Lai-Bith	on sheet for add State Whe Descr	itional names) ther the Distribution is Ir ibe the Public Purpose f to f an agency official.)	ncome to the Official or
Agency Official(s) Rece Name of Offic (Last, First) And the second s	iving Ticket(s) (u cial on Receiving Tic Official: <u>Superviso</u> nization: <u>Alameda H</u>	se a continuation Number of Tickets Sket(s) (Provident r Alice Lai-Bith Hospital Found	on sheet for add State Whe Descr ded at the behes ker, District 3 dation	itional names) ther the Distribution is Ir ibe the Public Purpose f 	ncome to the Official or for the Distribution
Agency Official(s) Rece Name of Offic (Last, First) And the second	iving Ticket(s) (u cial on Receiving Tic Official: <u>Superviso</u> nization: <u>Alameda H</u>	se a continuation Number of Tickets Sket(s) (Provident r Alice Lai-Bith Hospital Found	on sheet for add State Whe Descr ded at the behes ker, District 3 dation	itional names) ther the Distribution is Ir ibe the Public Purpose f to f an agency official.)	ncome to the Official or for the Distribution
Agency Official(s) Rece Name of Offic (Last, First) A Individual or Organization Name of Behesting Agency Name of Individual or Organization: Description of Organization:	iving Ticket(s) (u cial on Receiving Tic Official: <u>Superviso</u> nization: <u>Alameda H</u>	se a continuation Number of Tickets Sket(s) (Provider Alice Lai-Bith Hospital Found da Hospital's	on sheet for add State Whe Descr ded at the behes ker, District 3 dation mission of prov	itional names) ther the Distribution is Ir ibe the Public Purpose f 	ncome to the Official or for the Distribution
Agency Official(s) Rece Name of Offic (Last, First) (Last, First) Address of Organization: 20	iving Ticket(s) (u cial on Receiving Tic Official: <u>Superviso</u> nization: <u>Alameda H</u> To support Alame	se a continuation Number of Tickets Sket(s) (Provider Alice Lai-Bith Hospital Found da Hospital's	on sheet for add State Whe Descr ded at the behes ker, District 3 dation mission of prov	itional names) ther the Distribution is Ir ibe the Public Purpose f 	ncome to the Official or for the Distribution
Agency Official(s) Rece Name of Offic (Last, First) (Last, First) Address of Organization: 20	iving Ticket(s) (u cial on Receiving Tic Official: Superviso nization: Alameda H To support Alame D70 Clinton Avenue	se a continuation Number of Tickets Sket(s) (Provident Alice Lai-Bith Hospital Found da Hospital's a, Alameda, Ca	on sheet for add State Whe Descr Descr ded at the behes ker, District 3 dation mission of prov A 94501 City	itional names) ther the Distribution is Ir ibe the Public Purpose f 	ncome to the Official or for the Distribution

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

Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PI

PRINCIPAL ANALYST

(month, day, year)

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

A A NI	· · · · · · · · · · · · · · · · · · ·				AGENCY REPO
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)		· ·····	4	For Official Use Only
	on (ii appicable)				
1221 OAK STREET, #555 Street Address	····· , ·····			4	
OAKLAND, CA 94612				•	
	E-mail				
(510) 272-3882	crystal.hishida@a			Amendment (Must	explain in Part 5.)
Agency Contact (name and title)				Date of Original Filing	:
Crystal Hishida Graff, Princi		tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets		-			
			, Oakland A	's vs. Seattle Mariner	5
Date(s) of Event:09_/_0				10.00	<u> </u>
	<u>8 / 10</u> Face	Value of Ticke	et: \$	40.00	÷
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	Ficket(s) Provided t	o Agency: <u></u>		and the second	
Number of Tickets Received	4	Ticket(s) Pro	vided to Agen	cy: Gratuitously	☑ Pursuant to Contra
3. Agency Official(s) Receit	ving Ticket(s) (us	se a continuatio	on sheet for add	litional names)	
	:				
Name of Official		Number		ther the Distribution is I	
(Last, First)	lai	Number of Tickets		ther the Distribution is I ribe the Public Purpose	
(Last, First)	iai				
(Last, First)	/a।				
(Last, First)	/aı				
(Last, First)					
(Last, First)	//æ1				
		of Tickets	Desci	ribe the Public Purpose	
. Individual or Organizatio	on Receiving Tic	of Tickets ket(s) (Provic	Desci	ribe the Public Purpose	
. Individual or Organizatio	on Receiving Tic	of Tickets ket(s) (Provic	Desci	ribe the Public Purpose	
I. Individual or Organization	o n Receiving Tic Official: <u>Keith Cars</u>	of Tickets ket(s) (Provic on, Supervisc	Descr ded at the behavior or Fifth District	ribe the Public Purpose	for the Distribution
 Individual or Organization Name of Behesting Agency of Name of Individual or Organization 	o n Receiving Tic Official: <u>Keith Cars</u> ization: <u>Legal Assi</u>	of Tickets ket(s) (Provid on, Supervisc stance for Sel	Descr ded at the beher or Fifth District niors	ribe the Public Purpose	for the Distribution
 Individual or Organization Name of Behesting Agency of Name of Individual or Organization 	o n Receiving Tic Official: <u>Keith Cars</u> ization: <u>Legal Assi</u>	of Tickets ket(s) (Provid on, Supervisc stance for Sel	Descr ded at the beher or Fifth District niors	ribe the Public Purpose	for the Distribution
 Individual or Organization Name of Behesting Agency (Name of Individual or Organization) 	on Receiving Tic Official: <u>Keith Carse</u> ization: <u>Legal Assis</u> Ensuring the indep	of Tickets ket(s) (Provid on, Supervisc stance for Sel	Descr ded at the behavior or Fifth District niors I dignity of ser	ribe the Public Purpose	for the Distribution ber of Tickets:4 ir legal rights.
I. Individual or Organization Name of Behesting Agency (Name of Individual or Organi Description of Organization: Address of Organization:	on Receiving Tic Official: <u>Keith Cars</u> ization: <u>Legal Assis</u> Ensuring the indep 4-7th Street	of Tickets ket(s) (Provid on, Supervisc stance for Sel	Descr ded at the beher or Fifth District niors I dignity of ser Oakland,	st of an agency official.)	for the Distribution ber of Tickets: <u>4</u> ir legal rights. CA 94607
I. Individual or Organization Name of Behesting Agency (Name of Individual or Organi Description of Organization: Address of Organization: $\frac{46}{Num}$	On Receiving Tic Official: <u>Keith Carse</u> ization: <u>Legal Assis</u> Ensuring the indep 4-7th Street	of Tickets ket(s) (Provid on, Supervisc stance for Ser bendence and	Descr ded at the beher or Fifth District niors I dignity of ser Oakland, City	st of an agency official.)	for the Distribution ber of Tickets:4 ir legal rights.
Individual or Organization Name of Behesting Agency (Name of Individual or Organization) Description of Organization: Address of Organization: Purpose for Distribution: (Description)	On Receiving Tic Official: <u>Keith Carse</u> ization: <u>Legal Assis</u> Ensuring the indep 4-7th Street aber and Street escribe the public pur	of Tickets ket(s) (Provid on, Supervisc stance for Ser bendence and pose for the dis	Descr ded at the beher or Fifth District niors I dignity of ser Oakland, City stribution to the	st of an agency official.)Num niors by protecting the organization.)	for the Distribution ber of Tickets: <u>4</u> ir legal rights. CA 94607
 4. Individual or Organization Name of Behesting Agency Organization Name of Individual or Organization: Description of Organization: Address of Organization: 	On Receiving Tic Official: <u>Keith Carse</u> ization: <u>Legal Assis</u> Ensuring the indep 4-7th Street aber and Street escribe the public pur	of Tickets ket(s) (Provid on, Supervisc stance for Ser bendence and pose for the dis	Descr ded at the beher or Fifth District niors I dignity of ser Oakland, City stribution to the	st of an agency official.)Num niors by protecting the organization.)	for the Distribution ber of Tickets: <u>4</u> ir legal rights. CA 94607

Signature of Agency Hoad or pesignee

Print Name

6[3/1/0 (month, day, year)

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

Title

Agency Report		A Publi	ic Docume	nt	TICKETS PROV AGENCY	
Agency Name				Date Stamp	California OO	
COUNTY OF ALAMEDA		Form O	02			
Division, Department, or Reg	ion (if applicable)				For Official Use O)niy
1221 OAK STREET, #555						
Street Address			·			
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail				ovalain in Part 5)	
(510) 272-3882	crystal.hishida@a	cgov.org		Amendment (Must explain in Part 5.)		
Agency Contact (name and title	Date of Original Filing:					
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		(monut, day, year)	
2. Event For Which Ticket		-		······		
00 (Oakland A's	s vs. Los Angeles An	gels	
	E 10			40.00	<u> </u>	
	05 <u>10</u> Face	Value of Ticke	et: \$	40.00		
Agency Event	⊠ No (Identify s	ource of ticket	ts helow)			
· ·			•			
Name of Outside Source of	Ticket(s) Provided to	p Agency: Oa	ikianu AS			
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agency	y: 🔲 Gratuitously	Pursuant to Co	ontra
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuatio	n sheet for addit	ional names)		
Name of Official (Last, First)		Number		hether the Distribution is Income to the Official or scribe the Public Purpose for the Distribution		
		of Tickets	Deschi	Je the Public Purpose		
						-
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behest	of an agency official.)		
	error Keith Carso	on, Supervisor	r Fifth District	. •	·	
Name of Behesting Agency	Official:	,				
Name of Individual or Orgar	Emeryville	Senior Center	r	Num	ber of Tickets:	4
				Num		
Description of Organization:	Senior Services Ce	enter				
Address of Organization: 4321 Salem Street			Emeryvi	lle,		94608
- Nur	mber and Street		City		State Zi	ip Code
Purpose for Distribution: (D	escribe the public purp	oose for the dis	tribution to the o	rganization.)		
To reward a school or nonp	rofit organization for	r its contributio	ons to the com	munity.		
5. Verification						
		- the status is in	accordence will	the provisions of CDC	C Doculation 19044	
I have determined that the -" "	ibution of Holest 1 "			THE DROVISIONS OF EPP	<u> </u>	1.
I have determined that the distr	ibution of tickets set fo	orth above is in			e rioganation room.	1.
l have determined that the distr		IISHIDA GRAI		CIPAL ANALYST		110

Tickets Provided by Agency Report		A Publ	ic Docume	ent		S PROVIDED BY GENCY REPORT	
1. Agency Name	·,·			Date Stamp	Californi		
COUNTY OF ALAMEDA	Date Otamp	Form	* 802				
Division, Department, or Regio		For Offici	ial Use Only				
1221 OAK STREET, #555							
Street Address							
OAKLAND, CA 94612			-				
	-mail						
				Amendment (Must ex	plain in Part 5.)		
510-272-3882 Agency Contact (name and title)					Date of Original Filing:		
	Date of originar mildre	(month, day, y	rear)				
Crystal Hishida Graff, Princip	-	-	or's Office				
2. Event For Which Tickets			Ale y Ded (Pay			
Date(s) of Event: <u>09</u> / <u>10</u>	_/_10 Desc	ription of Ever	ht : As v. Red :				
/	_/Face	Value of Ticke	et: \$	1,700			
Agency Event 🛛 Yes	No (Identify s						
Name of Outside Source of Ti	cket(s) Provided	to Agency: Oa	akland A's				
Number of Tickets Received:	40			y: Gratuitously	⊠ Pursuan	t to Contrac	
3. Agency Official(s) Receiv	i ng Ticket(s) (u	se a continuatio	on sheet for addi	tional names)			
				ther the Distribution is Inc			
(Last, First)	of Tickets Describe the Public Purpose for the Distribution				ion		
						<u> </u>	
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)			
Name of Behesting Agency O	fficial Supervisor	r Gail Steele, I	District 2				
Name of Individual or Organiz	ation. Alameda (County Urban	Male Health In	itiative Numbe	er of Tickets:	. 20	
Description of Organization:	ollaboration of pr	ofessional me	n who are con	cerned about the healt	th of males a	it high risk	
100	0 Broodway		Ookland		· CA	94612	
	0 Broadway er and Street		Oakland _{City}	1	CA	Zip Code	
			·		Judie	Zip Code	
Purpose for Distribution: (Des	cribe the public pur	rpose for the dis	tribution to the c	organization.)			
provide opportunities to those	who are receivin	ig services fro	m County agei	nciesfrom Health Ca	re Services/I	² ub.Health	
5. Verification							
I have determined that the distrib	ution of tickets set i	forth above is in	accordance wit	h the provisions of FPPC	Regulation 1	8944.1.	
CINA M	CRYSTAL	HISHIDA GRA		ICIPAL ANALYST	Q	2,11)	
Signature of Agency Heat of Designee		Print Name		Title		onth, day, year)	

0