ickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED I AGENCY REPOI
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OU2
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 (Must ex	nlain in Darf 5)
(510) 272-3882	crystal.hishida@acgov.org		Amenament (must ex	plain in Part 5.)
Agency Contact (name and title)		Da	te of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	oal Analyst, County Administra	tor's Office		(
. Event For Which Tickets	Were Distributed			
Date(s) of Event. 11 / 28	<u>3 / 10</u> Description of Eve	nt. Football Game		
Date(3) of Event/		150	.00	
]	/ Face Value of Tick	(et: \$		
Agency Event 🛛 Yes	⊠ No (Identify source of ticke	ets below.)		
Name of Outside Source of T	icket(s) Provided to Agency: O	akland Raiders		
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency:	Gratuitously	Pursuant to Contrac
			1 manual 1	
	/ing Ticket(s) (use a continuati		2	
Name of Officia (Last, First)	al Number of Tickets		the Distribution is Inc ne Public Purpose for	ome to the Official or
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of fickets	Describe ti		
-	n Receiving Ticket(s) (Provi			
Name of Behesting Agency C	Official: Alameda County Super	visor Nate Miley, D	istrict 4	
Name of Individual or Organia	zation: United Seniors of Oakla	and & Alameda Cou	intyNumbe	er of Tickets:3
Description of Organization:				
Address of Owner institute 720	00 Bancroft Ave, Ste 178 - Oak	land, CA 94605		
Address of Ordanization.	ber and Street	City		State Zip Code
Purpose for Distribution: (De	scribe the public purpose for the di	istribution to the organ	nization)	
	event held at a County facility	-		rovonuo from porking
To promote attendance at an		In order to maximiz		consession
Verification				conservin
	bution of tickoto and forth shares in i	in accordance with the	nrovioiono of EDDO	Population 19011 1
r have determined that the district	bution of tickets set forth above is i			Negulalion 10944.1.
atann	CRYSTAL HISHIDA GR	AFF PRINCIP	PAL ANALYST	9/1/10
Signature of Agency Head of Designe			Title	(month/day, year)
Comment: (Use this space or an	attachment for any additional informati	ion including amendmen	t explanation.)	
and concession sales - 1 par	king pass			

COUNTY OF ALAMEDA Form CU Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Streit Adfress OAKLAND, CA 94612 Area Code/Phone Number (rystal.hishida@acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and title) crystal.hishida@acgov.org Date of Original Filing:	Tickets Provided by Agency Report	A Publi	c Docume	nt	TICKETS PROVIDED E AGENCY REPOR
CUONT OF ALEARDA Parolitical Use Only Division, Department, or Region (* applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (S10) 272-3882 crystal.hishida@acgov.org Agency Contact (mame and tite) Crystal.Hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09_0_0_1_0_ Description of Event: Baseball Game	1. Agency Name			Date Stamp	California QOO
District Department District Distribution 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Gode/Phone Number E-mail (510) 272-3882 Crystal.hishida@acgov.org Agency Contact (name and file) Crystal.hishida@acgov.org Date of Original Filing:	COUNTY OF ALAMEDA				i onin
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and Nile) Crystal.hishida@acgov.org Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:	Division, Department, or Region (if applicable)				For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Amendment (Must explain in Part 8.) Agency Ontact (name and title) Crystal Hishida Graft, Principal Analyst, Counly Administrator's Office 2. Event For Which Tickets Were Distributed Baseball Game Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game	1221 OAK STREET, #555				
Area Code/Phone Number E-mail	Street Address				
(610) 272-3882 crystal.hishida@acgov.org ☐ Amendment (Must explain in Part 5.) Agency Contact (name and life) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:					
Agency Contact (name and title) Date of Original Filing:(month; day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month; day, year) 2. Event For Which Tickets Were Distributed Description of Event:	Area Code/Phone Number E-mail	4	2	Amendment (Must	explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office (moduli, day, year) 2: Event For Which Tickets Were Distributed Date(s) of Event:		acgov.org			
				Date of Original Filing	(month, day, year)
Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game			or's Office		
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contr 8. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Additional or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Tiffany Keller Number of Tickets: 6 Description of Organization: Tiffany Keller Number of Tickets: 6 Description of Organization: Tiffany Keller Number of Tickets: 6 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parkin Outwore City State City St	Date(s) of Event: <u>09_/_06_/_10</u> Desc	cription of Event	t: <u>Baseball Ga</u>	me	
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Name of Individual or Organization:	Name of Behesting Agency Official: Alameda	County Supervi	sor Nate Miley	, District 4	
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CHAM CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 9//// Signature of Agency Head or Designee Print Name Title (month, day, yee)	5. Verification				
Signature of Agency Held or Designee Print Name Title (month, day, ye	I have determined that the distribution of tickets set	forth above is in	accordance with	n the provisions of FPF	PC Regulation 18944.1.
			FF PRIN		9/1/1
Comment: (Use this space or an attachment for any additional information including amendment explanation.)			- in al cali		(month, day, year)
and concession sales		aaitional informatior	n including amend	ment explanation.)	

COUNTY OF ALAMEDA Port OU Division_Department, or Region (# applicable) Port Official Use Orly Street Address Port Official Use Orly CAKLAND, CA 94612 Amendment (Must explain in Part 8) Use Code/Phone Number E-mail (Street Address Crystal Hishida@acgov.org Upency Contact (nume and tile) Crystal Hishida@acgov.org Crystal Hishida Craft, Principal Analyst, County Administrator's Office Date of Original Filing:	ickets Provided by gency Report	A Publ	lic Document	TICKETS PROVIDED E AGENCY REPOR
COUNTY OF ALAMEDA For Official Use Only For Official Official For Official F	. Agency Name		Date Stamp	California
Avision, Department, or Region (in applicable) Street Address OAKLAND, CA 94612 vras Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org Upper Contact (name and Number Face Value of Ticket (s) Very Tork (s) Provided to Agency: Oakland Athiletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Official (s) Receiving Ticket(s) (revided at the behest of an agency official.) Name of Official (Lame da County Supervisor Nate Miley, District 4 Name of Organization: Miltion Ma Number of Tickets: 2	COUNTY OF ALAMEDA			
Street Address OAKLAND, CA 94612 Virea Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org Ugency Contact (name and title) crystal.hishida@acgov.org Street For Which Tickets Were Distributed Date of Original Filing:	Division, Department, or Region	on (if applicable)		For Official Use Only
OAKLAND, CA 94612 Image: Crystal.Hishida@acgov.org Image: Crystal	1221 OAK STREET, #555			
View Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Vgency Contact (name and title) crystal.hishida@acgov.org Vgency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida (acraft, Principal Analyst, County Administrator's Office Date of Original Filing:	Street Address			
(510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:	OAKLAND, CA 94612			
(510) 272-3882 crystal.hishida@acgov.org Vgency Contact (name and title) Date of Original Filing:	Area Code/Phone Number	E-mail		t evolain in Part 5)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office (month, day, year) Event For Which Tickets Were Distributed Date(s) of Event:	(510) 272-3882	crystal.hishida@acgov.org		
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 09 _ 12 _ 10 _ Description of Event: Baseball Game	Agency Contact (name and title)		Date of Original Filing	g:(month. day. year)
Date(s) of Event: 09 12 10 Description of Event: Baseball Game	Crystal Hishida Graff, Princi	pal Analyst, County Administrat	tor's Office	
	. Event For Which Tickets	Were Distributed		
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Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Milton Ma Number of Tickets: 2 Description of Organization: Milton Ma Number of Tickets: 2 Address of Organization: Mumber and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking Verification CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Immond. Mad/ year Signature of Applecy Produce Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST		/ Face Value of Licke	et: \$	
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Name of Individual or Organization:	Name of Rehesting Agency (Official. Alameda County Super	visor Nate Miley, District 4	
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Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking COVISESSIVEY Verification The Address of Organization of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF Print Name Comment: (Use this space or an attachment for any additional information including amendment explanation.)				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking COVISESSOR Verification The determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Title COVISE this space or an attachment for any additional information including amendment explanation.)	Description of Organization:			
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking COVISESSOR Verification The determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Title COVISE this space or an attachment for any additional information including amendment explanation.)				
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CONSESSION Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Oppose Signature of Agency Head or Designee Print Name Title Oppose Comment: (Use this space or an attachment for any additional information including amendment explanation.)	a section and a section of the secti	The second		t
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Signature of Agency Heador Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST O// 0/// Signature of Agency Heador Designee Print Name Title (month, day, year Comment: (Use this space or an attachment for any additional information including amendment explanation.) Title (month, day, year			8	
Signature of Agency Head or Designee Print Name Title (month, day, year Comment: (Use this space or an attachment for any additional information including amendment explanation.) Image: Comment is a space or an attachment for any additional information including amendment explanation.)	I have determined that the distri	bution of tickets set forth above is in	n accordance with the provisions of FF	PC Regulation 18944.1.
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	CH m M	CRYSTAL HISHIDA GR/	AFF PRINCIPAL ANALYST	9/10/1
	Signature of Agency Head or Designe			(month, day, year)
and concession sales.	Comment: (Use this space or an	attachment for any additional informati	ion including amendment explanation.)	
	and concession sales.			

Agency Name California 802 COUNTY OF ALAMEDA Date Stamp California 802 Division, Department, or Region (if applicable) 1221 OAK STREET, #555 For Official Use Only For Official Use Only 1221 OAK STREET, #555 Street Address Amendment (Med explain in Pert 5) Date of Original Filing:	Fickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
CUONNY OF ALAMEDIA For Official Use Only Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Ontact (name and title) Date of Orginal Filing: Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Orginal Filing: Event For Which Tickets Were Distributed Description of Event: Baseball Game Date(s) of Event: 0 / 24 / 10 Description of Event: Bs.00 Agency Othicate Source of Ticket(s) Provided to Agency: Cakland Athletics Anmendment, (Must explain in Part 8.) Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gatuitousity Pursuant to Contra- Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Tickets Received: 2 Ticket(s) Provided to Agency: Gatuitousity facility in order to file Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official.) Name of an agency official.) Name of an agency official.) Name of Individual or Organization: Tyler Stewart Number of Tickets: 1 Description of Organization:	1. Agency Name				Date Stamp	California 007
Division, Department, Or Region (regulation production) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [crystal.hishida@acgov.org Agency Contact (name and 80%) Crystal.Hishida@attriator's Office Event For Which Tickets Were Distributed Date (s) of Event: 09 / 24 / 10 Description of Event: Baseball Game	COUNTY OF ALAMEDA					
Street Address OAKLAND, CA 94612 Area GodPhone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:	Division, Department, or Reg	ion (if applicable)				For Official Use Only
OAKLAND, CA 94612 E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (mame and tibe) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:	1221 OAK STREET, #555					
Area Code/Phone Number E-mail (610) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:	Street Address					
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) Date of Original Filing:						
Agency Contact (nome and Utle) Date of Original Filing:	Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, Principal			icgov.org			
Event For Which Tickets Were Distributed Date(s) of Event: 09 24 10 Description of Event: Baseball Game					Date of Original Filin	g:(month, day, year)
Date(s) of Event: 09 / 24 / 10 Description of Event: Baseball Game				or's Office		
				Pasaball G	200	
Agency Event Yes Silvo (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Origination of Tickets Received: 2 Ticket(s) Provided to Agency: Origination of Tickets Received: 1 Ticket(s) Provided to Agency: Origination of Tickets Received: 1 Ticket(s) Provided to Agency: Origination of Tickets Received: 1 To promote an event held at a County facility in order to maximize potential County revenue from parking and and concession sales. Individual or Organization: Tyler Stewart Number of Tickets: 1 Description of Organization: Tyler Stewart Received: Tyler Stewart City State With of the organization. Address of Organization: County Receives for the distribution to the organization. To promote an event held at a County facility in order to maximize potential County revenue from parking and 20 County Stewart Receives for the distribution: Tyler Stewart Receives Tyler Stewart Receives Tyler Stewart Receives for the distribution of tickets are to the organization. Address of Organization: County facility in order to maximize potential County revenue from parking and 20 County Receives for the distribution of tickets are torth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 7	Date(s) of Event:09_/_2	<u>4 / 10</u> Desci	ription of Ever	nt: <u>Baseball Ga</u>		
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Image: class and class	3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
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Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, District 4</u> Name of Individual or Organization: <u>Tyler Stewart</u> Number of Tickets: <u>1</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote an event held at a County facility in order to maximize potential County revenue from parking and <i>Lov-Je</i> S. Verification // have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST <u>2110</u>				maximize po	tential County rever	ue from parking and
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Name of Individual or Organization:	4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.	.)
Name of Individual or Organization:	News of Debesting Assess	Alameda C	County Superv	visor Nate Mile	y, District 4	
Description of Organization:				1	1	
Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote an event held at a County facility in order to maximize potential County revenue from parking and correlation Correlation State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST State	Name of Individual or Organ	ization: <u>Tyler Stew</u>	art		Nur	nber of Tickets:1
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote an event held at a County facility in order to maximize potential County revenue from parking and correlation 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	Description of Organization:					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote an event held at a County facility in order to maximize potential County revenue from parking and correlation 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	Address of Organization:				-	
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5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST <u>9/10</u>	•					
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST <u>9/10</u>	To promote an event held a	t a County facility ir	n order to max	ximize potentia	I County revenue fro	om parking and come
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.						
CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 9/10	5. Verification					
	I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wil	h the provisions of FF	PC Regulation 18944.1.
Signature of Agency Head or Designee Print Name Title (month, day, year)	asan	CRYSTAL H	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	9/10
	Signature of Agency Head or Design	lee	Print Name		Title	(month, day, year)
	and concession sales.					

Fickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED E AGENCY REPOR
. Agency Name		T	Date Stamp	
COUNTY OF ALAMEDA			Bate otamp	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				6
OAKLAND, CA 94612 Area Code/Phone Number E-mail				
	nes all'Allandara (c. mandarda)		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 crystal.hishida@ Agency Contact (name and title)	acgov.org		Date of Original Filing: -	
	atu Adminiatrat	orla Office	Date et enginari migi	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour		or s Office		
. Event For Which Tickets Were Distribut		Basshall Ca	ma	
Date(s) of Event:09 /24 /10 Desc	cription of Ever	nt: <u>Baseball Ga</u>		
/ Face	e Value of Ticke	et: \$	85.00	
Agency Event Pes No (Identify		<i></i>		
Name of Outside Source of Ticket(s) Provided	to Agency: Oa	kland Athletics		
Number of Tickets Received:2				N Durquant to Contrac
Number of Tickets Received:	ficket(s) Prov	vided to Agency	: 🔲 Gratuitously	Pursuant to Contrac
. Agency Official(s) Receiving Ticket(s)	use a continuatio	on sheet for additi	onal names)	
Name of Official	Number	State Wheth	er the Distribution is Inc	come to the Official or
(Last, First)	of Tickets	Describ	e the Public Purpose for	r the Distribution
. Individual or Organization Receiving Ti	cket(s) (Provic	led at the behest	of an agency official)	
	5 7			
Name of Behesting Agency Official: Alameda	County Superv	visor Nate Miley	, District 4	
				2
Name of Individual or Organization: <u>Communi</u>	ity Flevention			er of Tickets:2
Description of Organization: <u>Education and Pr</u>	rograms for the	prevention of a	alcohol sales to minor	S
Description of Organization:				
Address of Organization: 1558 'B' Street, Suit	e 201, Haywar	d, CA 94541		
Address of Organization: Number and Street		City	,	State Zip Code
Purpose for Distribution: (Describe the public pu	irnose for the dis	stribution to the o	rganization)	
•				narking and one Cel
To promote an event held at a County facility	In order to max	amize potential		parking and Coviser
Verification				
. Verification				
I have determined that the distribution of tickets set	forth above is in	accordance with	the provisions of FPPC	Regulation 18944.1.
CHAMAN CRYSTAL	HISHIDA GRA	FF PRIN	CIPAL ANALYST	911010
Signature of Agency blead or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any a	dditional informatio	on including amend	ment explanation.)	
and concession sales.				

Fickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED B AGENCY REPOR
I. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regi	on (if applicable)	21			For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princi		-	or's Office		
2. Event For Which Tickets			Baaaball Ca		
Date(s) of Event:/_2	<u> </u>	ription of Even			in the second
/	/ Face	Value of Ticke	et: \$	85.00	
Agency Event 🛛 Yes	⊠ No (Identify s				
Name of Outside Source of T	icket(s) Provided t	to Agency: Ua		3 4	
Number of Tickets Received:	3	Ticket(s) Prov	vided to Agency	r: 🔲 Gratuitously	⊠ Pursuant to Contrac
		. ,			
8. Agency Official(s) Received the second	ving Ticket(s) (u	se a continuatio	n sheet for additi	onal names)	
Name of Offic	ial	Number			ncome to the Official or
(Last, First)		of Tickets	Describ	e the Public Purpose	for the Distribution
-			<u>n</u>		· · · · · · · · · · · · · · · · · · ·
					2
l. Individual or Organizatio					
Name of Behesting Agency 0	Official: Alameda C	County Superv	isor Nate Miley	, District 4	
Name of Individual or Organi	zation: Stacy Owe	ens, Osvaldo 8	Gino Monteiro	Num	ber of Tickets:3
Description of Organization:					,
Address of Organization:					
Num	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	rpose for the dis	tribution to the o	rganization.)	
To promote an event held at	a County facility in	n order to max	imize potential	County revenue from	m parking and conses
To promote an event held at	, ,		•		
5. Verification			•		
I have determined that the distri	bution of tickets set i	forth above is in	accordance with	the provisions of FPF	PC Regulation 18944.1.
ALL D AD		HISHIDA GRA		, CIPAL ANALYST	aunti
Signature of Agency Head or Designed		Print Name		Title	(month, day, year)
Comment: (Use this space or an			n includina amend		
and concession sales.	in the second se		and a second	,,	
and concession sales.					

Гісkets Provided by Agency Report	AP	ublic Document	TICKETS PROVIDED BY AGENCY REPORT
I. Agency Name		Date Sta	mp 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		nt (Must explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)	Date of Origina	al Filing:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County Admini	strator's Office	(
2. Event For Which Tickets	s Were Distributed		
Date(s) of Event:09_/_2	20, 10 Description of	Event: Baseball Game	
		05.00	
/	/ Face Value of	licket: \$	
Agency Event 🛛 Yes	No (Identify source of		
Name of Outside Source of	Ticket(s) Provided to Agency	. Oakland Athletics	
Number of Tickets Received	: Ticket(s)	Provided to Agency: Gratuite	ously I Pursuant to Contract
Agency Official(s) Rece	iving Ticket(s) (use a contir	uation sheet for additional names)	
Name of Offic			tion is Income to the Official or
(Last, First)	of Ticke	 Carrier Production Control and the result of the result of	urpose for the Distribution
Individual or Organizati	 on Receiving Ticket(s) (E	rovided at the behest of an agency o	official)
-			Sincial.)
Name of Behesting Agency	Official: <u>Alameda County Su</u>	pervisor Nate Miley, District 4	
Name of Individual or Orgar			Number of Tickets:2
Description of Organization:			
Address of Organization:	mber and Street	City	State Zip Code
Purpose for Distribution: (D	escribe the public purpose for the	e distribution to the organization.)	
To promote an event held a	t a County facility in order to	maximize potential County rever	ue from parking and Concern
			nue from parking and Corroeo
5. Verification			
	ribution of tickets act forth about	is in accordance with the provisions	of EPPC Regulation 18944 1
I have determined that the dist	IDUIION OF UCKEIS SEFTOND ADDV		
Thave determined that the distr	CRYSTAL HISHIDA		01-1
I have determined that the district Signature of Agency Megd or Design	CRYSTAL HISHIDA		01.1

and concession sales.

ickets Provided by					
Agency Report	A Publ	ic Document			ROVIDED BY
1. Agency Name		Dat	e Stamp	California	802
COUNTY OF ALAMEDA				I OIIII	
Division, Department, or Region (if	applicable)			For Official U	se Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-ma	il		dment (Must exp	(ain in Part 5)	
(510) 272-3882 crys	tal.hishida@acgov.org		ument (wastexp	lan in Part 5.)	
Agency Contact (name and title)		Date of O	riginal Filing:	(month, day, year)	
Crystal Hishida Graff, Principal A	nalyst, County Administrat	or's Office		(month, day, your)	
. Event For Which Tickets We	re Distributed				
Date(s) of Event:0920	10 Description of Ever	nt. Baseball Game			
		95.00			
///_//_//_///_///_///_////	—— Face Value of Ticke	ει. φ			
Agency Event 🗌 Yes 🛛 🛛	No (Identify source of ticke	ts below.)			
Name of Outside Source of Ticket	(c) Provided to Ageney: Of	akland Athletics			
Number of Tickets Received:	Ticket(s) Pro	vided to Agency: Gra	atuitously [⊠ Pursuant to	Contract
. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for additional name	es)		
Name of Official	Number	State Whether the Dis			
(Last, First)	of Tickets	Describe the Pub	lic Purpose for	the Distribution	
1					
. Individual or Organization Ro	eceiving Ticket(s) (Provid	led at the behest of an age	ncy official.)		
-	Alameda County Super	visor Nate Miley District	4		
Name of Behesting Agency Officia		nsor reate miley, District	т 		
Name of Individual or Organizatio	". Mona & Anthony Barr		Numbe	r of Tickets:	2
· · · · · · · · · · · · · · · · · · ·	II		Number	OF HEREIS.	
Description of Organization:					
, o					
Address of Organization:		01		01-1-	7:- 0- 1-
Number an	J Street	City		State	Zip Code
Purpose for Distribution: (Describe					
To promote an event held at a Co	ounty facility in order to may	kimize potential County re	evenue from p	parking and (msess
· · · · · · · · · · · · · · · · · · ·					
. Verification	5. 19				
I have determined that the distribution	n of tickets set forth above is ir	accordance with the provis	sions of FPPC	Regulation 189	44.1.
Cel-a- no				a	India
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRA		Title	Imenth	dav vear
Comment: (Use this space or an attack				lineitti	, adj year)
	ment for any additional informatio	on moluting amenument explai	iadon.j		
and concession sales.					

Tickets Provided by		lic Document	TICKETS PROVIDED BY
Agency Report			AGENCY REPORT
1. Agency Name		Date Stam	^{p California} 802
COUNTY OF ALAMEDA	P = 1.1.5		For Official Use Only
Division, Department, or Region (if	applicable)		
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-ma	til	Amendment	(Must explain in Part 5.)
	stal.hishida@acgov.org		
Agency Contact (name and title)		Date of Original	Filing:(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, County Administrat	or's Office	
2. Event For Which Tickets We	re Distributed		
Date(s) of Event: <u>09_/_20_/</u> _	10 Description of Ever	nt: <u>Baseball Game</u>	
	Face Value of Tick	05.00	
//		οι. ψ	
Agency Event 🗌 Yes 🛛 🛛	No (Identify source of ticke	ets below.)	
Name of Outside Source of Ticke	t(s) Provided to Agency. Of	akland Athletics	
	-		
Number of Tickets Received:	Ticket(s) Pro	vided to Agency: 🔲 Gratuitor	usly 🛛 🗵 Pursuant to Contract
	T :-14/-) / ///////////////////////////////		
3. Agency Official(s) Receiving	licket(s) (use a continuation		
Name of Official (Last, First)	Number		on is Income to the Official or
	of Tickets	Describe the Public Pur	
а. — ^В			
4. Individual or Organization R	eceiving Ticket(s) (Provid	ded at the behest of an agency off	icial.)
Name of Behesting Agency Officia	. Alameda County Super	visor Nate Miley, District 4	
Name of Behesting Agency Officia	al:		
Name of Individual or Organizatio	Elizabeth, Adele, & Stev	ve Sheret	Number of Tickets: <u>3</u>
Name of Individual of Organizatio	11		
Description of Organization:	5		*
5			
Address of Organization:			
Number an	a Street	City	State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the di	stribution to the organization.)	
To promote an event held at a Co	ounty facility in order to max	ximize potential County revenu	e from parking and conce
To promote an event held at a Co			
5. Verification			
I have determined that the distribution	n of tickets set forth above is ir	n accordance with the provisions c	of FPPC Regulation 18944.1.
			011
CH and	CRYSTAL HISHIDA GRA		51 <u>7//0/00</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attac	hment for any additional information	on including amendment explanation.)	
and concession sales.			

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	The second s
COUNTY OF ALAMEDA					California Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555				· · · · ·	
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	nlain in Part 5)
(510) 272-3882	crystal.hishida@a	acgov.org			San ni an o.y
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	nty Administrat	or's Office		
2. Event For Which Tickets	Were Distribut	ed			
Date(s) of Event:09_/_2	.0 / 10 Desc	cription of Ever	nt: <u>Baseball G</u>	ame	
	/ Face			05.00	
/	/ Face		Ξι. φ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Athletics	S	
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	use a continuatio	on sheet for addi	itional names)	
Name of Offic		Number		ther the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	r the Distribution
I. Individual or Organization	on Receiving Tid	cket(s) (Provid	ded at the behes	t of an agency official.)	
•					
Name of Behesting Agency	Official:	Sounty Superv	nsor mate mile		
Name of Individual or Orgar	ization: <u>Ryan, Ser</u>	mya, and Zena	ab Van Valer	Numbe	er of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	irpose for the dis	stribution to the	organization.)	
Purpose for Distribution: (D To promote an event held a	t a County facility i	in order to may	kimize potentia	I County revenue from	parking and Cm
				a obtainty roverhae nem	
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is ir	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
CAAN		HISHIDA GRA		NCIPAL ANALYST	9/10/10
Signature of Agency Head or Design	iee	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ac	dditional informatio	on including amen	dment explanation.)	

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Fickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B
I. Agency Name				Date Stamp	California C. C. C.
COUNTY OF ALAMEDA				Duce oramp	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	acaov.ora		Amendment (Muste)	(piain in Part 5.)
Agency Contact (name and title	2	<u></u>		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ity Administrat	or's Office		(month, day, year)
. Event For Which Tickets		-			
Date(s) of Event:09 / _2			nt. Baseball Ga	ame	
				05.00	
/	/ 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 Athletics	3	
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
. Agency Official(s) Recei	iving Ticket(s) (u	ise a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
				1	N.
. Individual or Organizati	•				
Name of Behesting Agency	Official, Alameda	County Superv	visor Nate Mile	y, District 4	
Name of Individual or Organ	nization: <u>Linda & M</u>	lark Peterson		Numb	er of Tickets: 2
Description of Organization:	(Ŷ			
Address of Organization:					
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the o	organization.)	
To promote an event held a	t a County facility i	n order to max	ximize potentia	I County revenue from	parking and Conser
. Verification	n.				
I have determined that the distr	ribution of tickets set	forth above is ii	n accordance wit	th the provisions of FPPC	CRegulation 18944.1.
Ana IA	CRYSTAL	HISHIDA GRA		ICIPAL ANALYST	alinta
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a			on including amen	dment explanation.)	<i>a</i>
and concession sales.		3	, and the second s	2	

ickets Provided by Agency Report	A Publ	lic Docume	nt	TICKETS PROVIDED E AGENCY REPOR
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				
	a@acgov.org		Amendment (Must ex	xplain in Part 5.)
Agency Contact (name and title)	a@acgov.org		Date of Original Filing: .	
Crystal Hishida Graff, Principal Analyst, C	County Administrat	or's Office		(month, day, year)
. Event For Which Tickets Were Distri		or s office		
Date(s) of Event: $\frac{09}{20}$ / $\frac{10}{10}$		nt. Baseball Ga	me	
			85.00	
/ F	Face Value of Ticke	et: \$		
Agency Event 🔲 Yes 🛛 No (Iden	tify source of ticke	ts below.)	5	
Name of Outside Source of Ticket(s) Provi	ded to Agency, Oa	akland Athletics		
Number of Tickets Received:1	Ticket(s) Pro	vided to Agency	: Gratuitously	⊠ Pursuant to Contrac
. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for additi	onal names)	
Name of Official (Last, First)	Number of Tickets		er the Distribution is Inc e the Public Purpose fo	
			×	
				ι.
. Individual or Organization Receiving				
Name of Behesting Agency Official: Alame	eda County Superv	visor Nate Miley	, District 4	
Name of Individual or Organization: <u>Harry</u>				er of Tickets:1
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the publ To promote an event held at a County fac	ic purpose for the dis	stribution to the of	rganization.)	
To promote an event held at a County faci	lity in order to may	ximize potential	County revenue from	parking and Conce
. Verification				
I have determined that the distribution of tickets	s set forth above is ir	n accordance with	the provisions of FPP0	C Regulation 18944.1.
CIAMA CRYST	AL HISHIDA GRA	AFF PRING	CIPAL ANALYST	9/10/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for a	ny additional informatio	on includina amendi	ment explanation.)	
and concession sales.	-	,		

Fickets Provided by Agency Report	,	A Publ	lic Docume	nt	TICKETS PROVIDED B AGENCY REPOR
I. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		
. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event:09_/_2	.0 <u>/ 10</u> Desc	ription of Ever	nt: Baseball Ga	ame	
	/ Face			85.00	
	/ Tace		ει. ψ		
Agency Event 🛛 Yes	区 No (Identify s				
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Oa</u>	akland Athletics		8
Number of Tickets Received	:1	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Recei	i ving Ticket(s) (u	se a continuatio			
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose f	
1	j.				
I. Individual or Organizatio	on Receiving Tic	cket(s) (Provid	ded at the behes	of an agency official.)	
Name of Behesting Agency	•				
Name of Individual or Orgar	nization: <u>Simon Du</u>	ong		Numb	per of Tickets:1
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D					
To promote an event held a	it a County facility i	n order to max	ximize potentia	County revenue from	n parking and Conce
5. Verification		Kardla - Law Y .	· · · · · · · · · · · · · · · · · · ·	h the provisions of CDD	C Degulation 190111
I have determined that the dist	ripution of tickets set	torth above is li			
Signature of Agency Head or Design		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or a			ion including amen		
	n alloonnon for any at	allona mornal	en mendening amond		
and concession sales.					

Agency Report		Document	AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
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	:(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	nty Administrator's	Office	
2. Event For Which Tickets Were Distribut		1	
Date(s) of Event:09 /20 /10 Desc	cription of Event:	Baseball Game	
/ Face		05.00	
	source of tickets		
Name of Outside Source of Ticket(s) Provided	to Agency: Oakla	nd Athletics	
Number of Tickets Received: <u>2</u>	Ticket(s) Provid	d to Agency:	Pursuant to Contrac
Agency Official(s) Receiving Ticket(s) (և	use a continuation s	neet for additional names)	
Name of Official	Number	State Whether the Distribution is I	ncome to the Official or
(Last, First)	of Tickets	Describe the Public Purpose	
1			
4. Individual or Organization Receiving Ti	cket(s) (Provided	at the behest of an agency official.)	
Name of Behesting Agency Official: Alameda	County Supervise	Nate Miley, District 4	
Name of Individual or Organization:	Cherneis & David	Simon	ber of Tickets:2
Name of Individual or Organization:		inum	
Description of Organization:			
1 5			
Address of Organization:		01	State Zip Code
		City	State Zip Code
Purpose for Distribution: (Describe the public pu			
To promote an event held at a County facility	in order to maxim	ze potential County revenue fro	m parking and Corvee
5. Verification			
	forth above is in a	cordance with the provisions of FPI	PC Regulation 18944.1.
I have determined that the distribution of tickets set			
		PRINCIPAL ANALYST	gliplin
	HISHIDA GRAFF	PRINCIPAL ANALYST	
Job and CRYSTAL	HISHIDA GRAFF Print Name	Title	<u>9/10/W</u> (month/day, year)

Tickete Provided by			
Fickets Provided by Agency Report	Public Docum	ent	TICKETS PROVIDED B
Agency Name		Date Stamp	
COUNTY OF ALAMEDA		Dute of amp	Form 802
Division, Department, or Region (if applicable)		-	For Official Use Only
1221 OAK STREET, #555			5
Street Address		-	
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			
(510) 272-3882 crystal.hishida@acgov.	ora	Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Adr	ninistrator's Office		(month, day, year)
Event For Which Tickets Were Distributed			
	Baseball C	Game	
Date(s) of Event:092010 Description			
//Face Value	of Ticket: \$		
Agency Event 🔲 Yes 🗵 No (Identify source	of tickets below.)		
		cs	
Name of Outside Source of Ticket(s) Provided to Age	ncy:		
Number of Tickets Received:1 Ticke	t(s) Provided to Agen	cy: 🔲 Gratuitously	Pursuant to Contract
. Agency Official(s) Receiving Ticket(s) (use a co	ontinuation sheet for add	ditional names)	
		ether the Distribution is Inc	
(Last, First) of T	ickets Desc	ribe the Public Purpose fo	r the Distribution
	Q		
. Individual or Organization Receiving Ticket(s) (Provided at the behe	st of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County</u>	/ Supervisor Nate Mile	ey, District 4	
Name of Benesting Agency Official:	 A set and the set of the set of		
Name of Individual or Organization: William Baker		Numb	er of Tickets:1
Description of Organization:			
Address of Organization:	City	y	State Zip Code
		, 	
Purpose for Distribution: (Describe the public purpose			
To promote an event held at a County facility in orde	r to maximize potenti	al County revenue from	parking and Covol
5. Verification			
I have determined that the distribution of tickets set forth a	bove is in accordance w	ith the provisions of FPPC	Regulation 18944.1.
CMMM CRYSTAL HISHI	DA GRAFF PRI	NCIPAL ANALYST	9/10/18
Signature of Agency Head or Designee Print Na		Title	(month, day,(year)
Comment: (Use this space or an attachment for any additional	information including ame	ndment explanation.)	
and concession sales.			

Fickets Provided by Agency Report	A Publ	lic Document	TICKETS PROVIDED BY AGENCY REPORT
. 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-n	nail	Amendment (A	Must explain in Part 5.)
	ystal.hishida@acgov.org		
Agency Contact (name and title)		Date of Original Fi	(month, day, year)
Crystal Hishida Graff, Principal		or's Office	
2. Event For Which Tickets W		Decelor II Come	
Date(s) of Event:09 /20	/ <u>10</u> Description of Ever		
/	/ Face Value of Ticke	et: \$ 85.00	
	☑ No (Identify source of ticke		
17 S			
Name of Outside Source of Tick	et(s) Provided to Agency:		
Number of Tickets Received:	3 Ticket(s) Pro	vided to Agency: 🔲 Gratuitous	ly 🛛 Pursuant to Contract
. Agency Official(s) Receivin	g Ticket(s) (use a continuation	on sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution Describe the Public Purpo	
I. Individual or Organization			ial.)
Name of Behesting Agency Offi	cial: <u>Alameda County Superv</u>	visor Nate Miley, District 4	
Name of Individual or Organizat	tion:	ousins N	lumber of Tickets:3
Description of Organization:	1		
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Descr	ribe the public purpose for the di	stribution to the organization.)	
To promote an event held at a	County facility in order to max	ximize potential County revenue	from parking and Conce
5. Verification			
I have determined that the distribut	tion of tickets set forth above is in	n accordance with the provisions of	FPPC Regulation 18944.1.
Signature of Agency Head of Designee	CRYSTAL HISHIDA GRA	AFF PRINCIPAL ANALYS	Г (month, day, year)
Comment: (Use this space or an att		ion including amendment explanation.)	
and concession sales.	and any available international		

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Region	ı (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	-mail				
UNE HAR PERSON OF THE EXCHANGES ADVANCED TO THE PERSON FILS IN CO				Amendment (Must ex	plain in Part 5.)
(510) 272-3882 c Agency Contact (name and title)	rystal.hishida@a	cgov.org		Date of Original Filing: _	
•••				Butto of original rinigra	(month, day, year)
Crystal Hishida Graff, Principa			or's Office		
2. Event For Which Tickets V					
Date(s) of Event: <u>10</u> / <u>10</u>	_/ <u>10</u> Descr	iption of Ever	nt: Oakland Ra	alders vs. San Diego C	hargers
/				150.00	
Agency Event 🛛 Yes	⊠ No (Identify s				
Name of Outside Source of Tic					
Name of Outside Source of The	Kel(s) Flovided l	o Agency			
Number of Tickets Received: _	4	Ticket(s) Pro	vided to Agenc	y: Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	
Carson, Keith		1	To obtain ov	ersight of facilities that	have received County
				/	
4. Individual or Organization	Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
Name of Behesting Agency Of	ficial. Keith Carso	on, Superviso	or Fifth District		
Name of Denesting Agency Of	۱۱۵۱۵۱۰ <u> </u>				
Name of Individual or Organiza	ation: Mar	ela Car	son	Numbe	er of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the o	organization.)	
To promote attendance at a C	ounty facility in o	rder to maxim	nize potential C	county revenue from pa	arking and concession
5. Verification					
I have determined that the distribut	ution of tickets set fo	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
all hall		IISHIDA GRA		ICIPAL ANALYST	abalin
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	ttachment for any add	ditional informatio	on including amen	dment explanation.)	v

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Region	n (if applicable)				For Official Use Only
1221 OAK STREET, #555	(ii applicable)				
Street Address					
OAKLAND, CA 94612					
	-mail				
		0001 010		Amendment (Must ex	(plain in Part 5.)
(510) 272-3882 (Agency Contact (name and title)	crystal.hishida@a	cyov.org		Date of Original Filing: .	
Crystal Hishida Graff, Principa	al Analyst Count	v Administrat	or's Office		(month, day, year)
	A REAL PROPERTY AND ADDRESS OF THE OWNER.		or s Office		
2. Event For Which Tickets			Oakland Ra	aiders vs. Seattle Seat	nawks
Date(s) of Event: <u>10</u> <u>31</u>	_/10 Descr	iption of Ever			
/	_/ Face `	Value of Ticke	et: \$	150.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	te below)		
Name of Outside Source of Tig	cket(s) Provided to	o Agency: 08	akiand Raiders		
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivi	ing Ticket(s) (us	e a continuatio	on sheet for addi	tional names)	
Name of Officia	I	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
Carson, Keith		1	To evaluate	the ability of a local sp	orts team to attract bus
4. Individual or Organizatior				t of an agency official.)	
Name of Behesting Agency Of	fficial: <u>Keith Carso</u>	on, Supervisc	or Fifth District		
Name of Individual or Organiz	ation: <u>Maria Cars</u>	on and Carol	Music	Numb	er of Tickets: <u>3</u>
Description of Organization: _					
Address of Organization:	er and Street		City	<i>2</i>	State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the o	organization.)	
To promote attendance at a C	County facility in o	rder to maxim	nize potential C	county revenue from pa	arking and concession
5. Verification					
I have determined that the distribution	ution of tickets set fo	orth above is ir	n accordance wit	h the provisions of FPPC	C Regulation 18944.1.
CHANNY	CRYSTAL F	IISHIDA GRA		ICIPAL ANALYST	9/29/w
Signature of Agency Flead or Designee Comment: (Use this space or an a		Print Name	n including amon	Title	(month, day, year)

Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA		e.		
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address			<i>x</i>	
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must exp	olain in Part 5.)
(510) 272-3882 crystal.hishida@a Agency Contact (name and title)	acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, Count	ty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets Were Distribute	-	or s Office		
Date(s) of Event: <u>11 / 28 / 10</u> Desc		, Oakland Ra	aiders vs. Miami Dolphi	าร
			150.00	
/ Face	Value of Ticke	et: \$	130.00	
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:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
Carson, Keith	1	To obtain ov	ersight of facilities or ev	vents
			8	
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organization: <u>Carol Mus</u>			Numbe	r of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the di	stribution to the d	organization.)	
To promote attendance at a County facility in o			-	rking and concession
5. Verification				
I have determined that the distribution of tickets set t	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, Bay, year)
Comment: (Use this space or an attachment for any ad		on including amend		(month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	r			Date Stamp	
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Regio	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail				
(510) 272-3882	crystal.hishida@a			Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	crystal.msmua@a	icgov.org		Date of Original Filing: _	
Crystal Hishida Graff, Princi	nal Analyst Count	tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets					
			. Oakland Ra	aiders vs. Indianapolis	Colts
Date(s) of Event: <u>12</u> / <u>26</u>	<u></u> Descr	ription of Evei			
/	/ Face	Value of Ticke	et: \$	150.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below)		
Name of Outside Source of T	icket(s) Provided t	o Agency: 00			
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	sy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offici	al	Number	State Whet	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets		ibe the Public Purpose for	
Carson, Keith		1	To review the	e ability of a facility to p	participate in job trainin
				· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
•	•			· · · · · · · · · · · · · · · · · · ·	
Name of Behesting Agency C)fficial:				
Name of Individual or Organi	zation: <u>Maria Cars</u>	son & Carol M	lusic	Numbe	er of Tickets: <u>3</u>
Description of Organization: -					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a	County facility in o	rder to maxim	nize potential C	county revenue from pa	arking and concession
E Marification					
5. Verification			2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
I have determined that the distril	oution of tickets set f	orth above is ir	accordance wit	n the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head of Designe		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day,/year)
Comment: (Use this space or an	attachment for any add	ditional informatio	on including amend	dment explanation.)	

Tickets Provided by	A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report				AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ For Official Use Only
Division, Department, or Region (if applicable)				Por Official Use Offiy
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must exp	nlain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org			Samme art c.y
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrat	tor's Office		(monar, day, year)
2. Event For Which Tickets Were Distribut	ed			10
Date(s) of Event: <u>11 / 07 / 10</u> Desc	ription of Eve	nt: Oakland Ra	aiders vs. Kansas City (Chiefs
			150.00	
		ει. φ		
Agency Event 🛛 Yes 🛛 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: <u>Oa</u>	akland Raiders		
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	se a continuatio			
Name of Official (Last, First)	Number of Tickets	Software reaction of Menodemonia	her the Distribution is Inco be the Public Purpose for	
Sanchez, Mina	2	To promote a	attendance at a County	facility
Brown, Aisha	2	To promote a	attendance at a County	facility
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:	isor kei	th Cars	on, District 5	
Name of Individual or Organization:			Numbe	er of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pure	rpose for the dis	stribution to the c	organization.)	
5. Verification				
I have determined that the distribution of tickets set	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head of Designee	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	9/29/10
Comment: (Use this space or an attachment for any ad		on including amend		(month, gay, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
	-				AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or 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	(plain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing: _	
				Buto of original filling	(month, day, year)
Crystal Hishida Graff, Princ			ors Office	2	
2. Event For Which Tickets			Chalving		
Date(s) of Event: <u>10</u> / <u>3</u>	<u>30 / 10</u> Descr	ription of Ever			
/	/ Face	Value of Ticke	et: \$	113.75	
		C (1)	(
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	arriors	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (ແ	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number	Dela Canada de La Societa de La Construction	ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	ibe the Public Purpose fo	r the Distribution
Carson, Keith		1	To promote a	attendance at a Count	y facility
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	on, Alameda	County Superv	visor, DVAnict	5
Name of Individual or Orgar					er of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)	
To promote attendance at a	a County facility in o	rder to maxim	nize potential C	County revenue from pa	arking and concession
5. Verification					
I have determined that the dist	ribution of tickets set f	orth above is ir	n accordance wit	th the provisions of FPPC	Regulation 18944.1.
9/29 CHA		HISHIDA GRA		ICIPAL ANALYST	9/29/10
Signature of Agency Head or Design		Print Name		Title	"(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional informatio	on including amen	dment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regi	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	icaov ora		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and title)		logoviorg		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		tv Administrate	or's Office		(month, day, year)
2. Event For Which Tickets		-			
			, Football Ga	me	
Date(s) of Event: <u>10</u>	<u> </u>	ription of Ever	nt:	150	
	/ Face	Value of Ticke	et: \$	150	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland Raiders		
Number of Tickets Received	:3	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio			
Name of Offic (Last, First)	ial	Number	Carl & Market and The Plan and Carl	her the Distribution is Inco be the Public Purpose for	
(200, 110)		of Tickets	Descri		
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	visor Nate Miley	y, District 4	
Name of Individual or Organ	ization: United Ser	niors of Oaklar	nd & Alameda	CountyNumbe	r of Tickets: <u>3</u>
Description of Organization:					
	200 Bancroft Ave, S	ite 178 - Oakla	and, CA 94605	i	
Nun	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a	n event held at a C	ounty facility i	n order to max	imize potential county r	evenue from parking
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Design		HISHIDA GRA	FF PRIN	ICIPAL ANALYST	month day year
Comment: (Lies this space or si	n attachment for any add		n including among		(month, day, your)

and concession sales - 1 parking pass- STEELE's seats

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 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				
	crystal.hishida@a			Amendment (Must ex	plain in Part 5.)
(510) 272-3882 Agency Contact (name and title		icgov.org		Date of Original Filing: _	
		tu Administrat	orla Office		(month, day, year)
Crystal Hishida Graff, Princ			or s Office		
2. Event For Which Ticket			Dianayan I	an Mickey and Minnia	's Magical Advantura
Date(s) of Event: <u>10</u> /_1	<u>/10</u> Desc	ription of Even	it: Disney on i		s Magical Adventure
//	/ Face	Value of Ticke	et: \$	25.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided f	to Agency: <u>Go</u>	lden State Wa	rriors	
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
4. Individual or Organization	-	a an a		t of an agency official.)	
Name of Individual or Orgar				Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the c	organization.)	
To reward a community vol	unteer for his or her	service to the	e public.		
5. Verification					
I have determined that the dist	ibution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
CHAMP		HISHIDA GRA	FF PRIN	CIPAL ANALYST	9/29/10
Signature of Agency Head or Design Comment: (Use this space or a		Print Name ditional information	n including amend	Title Iment explanation.)	(month, day, year)

Tickets Provided by			ic Docume	nt	TICKETS PROVIDED BY
Agency Report		Агил	ic Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regior	ı (if applicable)				For Official Use Only
1221 OAK STREET, #555					5
Street Address					
OAKLAND, CA 94612					
	-mail				
(510) 272-3882	crystal.hishida@a	caoy ora		Amendment (Must exp	iain in Part 5.)
Agency Contact (name and title)	n yotaliinoinida(@a	ogenerg		Date of Original Filing:	
Crystal Hishida Graff, Principa	al Analyst Count	v Administrat	or's Office		(month, day, year)
2. Event For Which Tickets V	and the second se	-			
			Disney on l	ce: Mickey and Minnie's	s Magical Adventure
Date(s) of Event: <u>10</u> / <u>14</u>	_/ Descr	ription of Ever	nt:		s magical / lavontaro
/	_/ Face	Value of Ticke	et: \$	25.00	
Agency Event 🛛 Yes	🗙 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tic	cket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	rriors	
Number of Tickets Received: _	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	I	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Of	ficial: <u>Keith Cars</u>	on, Superviso	r Fifth District		
Name of Individual or Organiza				Numbe	r of Tickets:4
Description of Organization:				3	
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a community volunt	teer for his or her	service to the	e public.		<u>.</u>
5. Verification I have determined that the distribution	ution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
CH MA		ISHIDA GRA		ICIPAL ANALYST	9/29/10
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	ttachment for any add	auonal informatic	on including amend	ament explanation.)	

Tickets Provided by Agency Report		A Publ	A Public Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					15
OAKLAND, CA 94612					
Area Code/Phone Number E-	mail			Amendment (Must ex	(plain in Part 5.)
	rystal.hishida@a	cgov.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principa	I Analyst, Count	y Administrate	or's Office		
2. Event For Which Tickets W	Vere Distribute	d			
Date(s) of Event: <u>10 / 16</u>	<u>_/_10</u> Descr	iption of Ever	nt: <u>Disney on l</u>	ce: Mickey and Minnie	's Magical Adventure
	J Face \				
	No (Identify so				÷
Name of Outside Source of Ticl	ket(s) Provided to	o Agency: Go	olden State Wa	Irriors	
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receivin	n g Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
	×				
	5				
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Off	ficial: Keith Carso	on, Supervisc	or Fifth District		
Name of Individual or Organiza				Numb	er of Tickets:4
Description of Organization:					
Address of Organization.	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	cribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a community volunt					
5. Verification	tion of tickate act f	orth above is in	anoordanaa wii	th the provisions of EDD	Regulation 18044 1
I have determined that the distribu					
Signature of Agency filead or Designee		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an at			on including amen	dment explanation.)	

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY
the second se					AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Region	(if applicable)				Tor Official Osc Offiy
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-n	nail			Amendment (Must ex	plain in Port 5)
(510) 272-3882 crv	ystal.hishida@acgo	ov.ora			plain in Part 5.)
Agency Contact (name and title)	,	j		Date of Original Filing: _	(manth stars and
Crystal Hishida Graff, Principal	Analyst County A	Aministrato	or's Office	1017 544	(month, day, year)
		ummistrate	of a Office		
2. Event For Which Tickets W			Deiderle Ce		
Date(s) of Event: <u>10</u> / <u>31</u>	/ <u>10</u> Descripti	ion of Even	t: <u>Raider's Ga</u>	ime	
/	/ Face Val	lue of Ticke	t: \$	150.00	
Agency Event 🛛 Yes	⊠ No (Identify sour	rce of ticket	s below.)	٣	
Name of Outside Source of Tick	et(s) Provided to A	gency:	Oak	land Parders	>
Number of Tickets Received:					☑ Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a	a continuation	n sheet for addi	tional names)	
Name of Official		Number		her the Distribution is Inc	
(Last, First)	c	of Tickets	Descri	be the Public Purpose for	r the Distribution
					· · · · · · · · · · · · · · · · · · ·
4. Individual or Organization I	Peceiving Ticket	t(s) (Provid	od at the behas	t of an agency official)	
•	-	•			
Name of Behesting Agency Offic	cial: <u>Alameda Cou</u>	nty Supervi	isor Scott Hag	gerty, District 1	
Name of Individual or Organizat	ion: Mancy Phillips	S ·		Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descri	ibe the public purpos	e for the dis	tribution to the c	organization.)	
to reward an community volunte	eer for his service t	o the public	D.		
1					
5. Verification					
I have determined that the distributi	ion of tickets set forth	n above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
CH Gras	CRYSTAL HISI		FF PRIN	CIPAL ANALYST	9/29/10
Signature of Agency Head or Designee Comment. (Use this space or an atta		t Name nal information	n including ameng	Title	(month, day, year)
	assimont for any addition				

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA. 94612 Area Code/Phone Number 510-272-3882	E-mail crystal.hishida@a	icgov.org		Amendment (Muster	xplain in Part 5.)
Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, County		or's Office	Date of Original Filing: .	(month, day, year)
2. Event For Which Tickets Date(s) of Event:		ription of Ever		7.00	
Agency Event ☐ Yes Name of Outside Source of	🛛 No (Identify s	ource of ticke	ts below.)		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei					
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
4. Individual or Organization	-			t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	Alice Lai-Bitk	ker, District 3		
Name of Individual or Organ				Numb	er of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (Do To reward a community volu				organization.)	
5. Verification					
I have determined that the distr				h the provisions of FPPC	CRegulation 18944.1.
Signature of Agency Head or Design		HISHIDA GRA	FF PRIN	ICIPAL ANALYST	(month, day, year)

Tickets Provided by					
Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Region	(if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OA	AKLAND, CA 946	612			
Area Code/Phone Number E-	-mail			Amondmont (Mustow	ulain in Dart 5)
(510) 272-3882 c	rystal.hishida@a	icqov.orq		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)		0 0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, County	y Administrato	r's Office		(month, day, year)
2. Event For Which Tickets V					
Date(s) of Event: <u>10</u> / <u>16</u>			Disney on l	се	
				25.00	••••••••••••••••••••••••••••••••••••••
/	_/ Face	Value of Ticke	t: \$	23.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticket	s below.)		
				rriors	
Name of Outside Source of Tic	ket(s) Provided to	o Agency: 00			
Number of Tickets Received: _	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to Contract
		· · · ·	5		
3. Agency Official(s) Receiving	ng Ticket(s) (ແຮ	se a continuation	n sheet for addi	tional names)	
Name of Official		Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
4. Individual or Organization	Peopitying Tio	kot(o) (Dravid		(af an anomal official)	
	•	• • •		t of an agency official.)	
Name of Behesting Agency Off	ficial: <u>Supervisor</u>	Alice Lai-Bitke	er, District 3		
					4
Name of Individual or Organiza	ation: Kathy Mart	lins		Numbe	er of Tickets: <u>4</u>
Description of Organization:					
Address of Organization:					
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	nose for the dist	tribution to the c	rganization)	
				-	from concossion sales
To promote attendance at an e		ounty facility in	Torder to max	imize County revenue	
5. Verification					
	tion of ticksta and f	orth obour is in	opportance with	h the provisions of EDDA	Population 190111
I have determined that the distribu	uon or lickets set fo	ortri above is in			Regulation 18944.1.
Cit Proto		HISHIDA GRAI	FF PRIN	CIPAL ANALYST	9/29/10
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an at	tachment for any add	ditional information	n including amend	lment explanation.)	

Tickets Provided by			lic Docume	nt.	TICKETS PROVIDED BY
Agency Report		AFUD			AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	cqov.org			xpiairi ir Fait 5.)
Agency Contact (name and title)		<u> </u>		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ		tv Administrat	or's Office		(monin, day, year)
2. Event For Which Tickets					
			How Sweet	the Sound	
Date(s) of Event: <u>10</u> /_0	<u>besci</u> Desci	ription of Ever	nt:	7.00	
/	/ Face	Value of Ticke	et: \$	7.00	
	VI No (Identify o	ouroo of ticko	to holow)		9 ^m
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>G</u>	olden State Wa	irriors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic		Number		her the Distribution is Ind	come to the Official or
(Last, First)		of Tickets		be the Public Purpose for	
Carson, Keith		4	To promote a	attendance at a Count	y facility.
n.	л. н				
					······
A la dividual en Ormanizati					
4. Individual or Organization					G
Name of Behesting Agency	Official: Moer	viror R	eith lars	m, bistrict	3
Name of Individual or Organ	ization:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the o	organization.)	
5. Verification				·	
I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
MA A	2	HISHIDA GRA		ICIPAL ANALYST	abidi
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or al	n attachment for any add	ditional informatio	on including amend	dment explanation.)	р — 100 фененийс — Ф

Tickets Provided by Agency Report		A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	0.111
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	ovelain in Part 5)
510-272-3882	crystal.hishida@a	acgov.org			explain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		(month, duy, your)
2. Event For Which Tickets	Were Distribut	ed			
Date(s) of Event: <u>10</u>	2,10 Desc	ription of Ever	nt. Eagles Cond	cert	
				199.00	
/	/ Face	value of Licke	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Go</u>	olden State War	riors	
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agency	r: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for additi	onal names)	
Name of Offic	121 102 123 1	Number		12	ncome to the Official or
(Last, First)		of Tickets	Describ	e the Public Purpose f	or the Distribution
		4			
					······
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behest	of an agency official)	
-	-			of all agency official.)	
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitk	ker, District 3		
Name of Individual or Organ	ization: <u>Rodelyn C</u>	oppock		Numb	per of Tickets: <u>2</u>
Description of Organization:			2		
Address of Organization:	nber and Street		City	ĸ	State Zip Code
Purpose for Distribution: (De	escribe the public pur	mose for the dis	stribution to the o	manization)	
To promote attendance at a					w rowonus from colos
					y revenue from sales
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in	accordance with	the provisions of FPP	C Regulation 18944 1
Cotont		HISHIDA GRA		CIPAL ANALYST	9/23/1
Signature of Agency Head or Design	эе	Print Name		Title	(month, day, year)
Comment: (Use this space or ar	attachment for any add	ditional informatic	on including amendi	nent explanation.)	

Tickets Provided by			lic Docume	ont	TICKETS PROVIDED BY
Agency Report		Arubi	ne Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain 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, Count	y Administrato	or's Office		(monus, day, your)
2. Event For Which Tickets					
Date(s) of Event: <u>10</u> / <u>0</u>			Eagles Cor	cert	
				199.00	
/	/ Face	Value of Ticke	et: \$	199.00	
Agency Event	⊠ No (Identify s	ource of ticke	ts below)		
				rrioro	
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	l:2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
-					
4. Individual or Organizati	•			t of an agency official.)	
Name of Behesting Agency	Official. Supervisor	r Alice Lai-Bitk	ker, District 3		
Name of Individual or Orgar	vization: April Chan			Numb	er of Tickets: <u>2</u>
5					
Description of Organization:	1 19				
Address of Organization:	mber and Street		City		State Zip Code
i vu			City		
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the o	organization.)	
To promote attendance at a	in event held at a C	ounty facility i	in order to max	imize potential Count	y revenue from sales
5. Verification					
I have determined that the distr	ribution of tickets set f	forth above is in	1 accordance wit	h the provisions of FPP(C Regulation 18944 1
					DL - L
Al gutz		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	9/23/10
Signature of Agency Bead or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional informatic	on including amend	dment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
					The second se
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regio	n (if annlicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	E-mail	ж.		Amendment (Must exp	plain in Part 5.)
510-272-3882	crystal.hishida@a	cgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, County	y Administrato	or's Office		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Event For Which Tickets					
Date(s) of Event: <u>12</u> <u>26</u>			. Raiders v. 0	Colts	
				150	
/	/ Face	Value of Ticke	et: \$	150	
Agency Event Ses	⊠ No (Identify s				
Name of Outside Source of Ti	cket(s) Provided t	o Agency: Oa	kland Raiders		
Number of Tickets Received:					⊠ Pursuant to Contract
3. Agency Official(s) Receiv	r ing Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Officia	al	Number		ther the Distribution is Inco	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
	4 12				
4. Individual or Organization	n Pocoiving Tic	kot(s) (Provid	ad at the behas	t of an agency official)	
Name of Behesting Agency O	fficial: Supervisor	Gail Steele	12124 ISTACI	- 2	
Name of Individual or Organiz	zation: Pam Russ	o/St. Rose Ho	spital Foundat	tion Numbe	er of Tickets:4
Description of Organization:	supports St. Rose	Hospital whic	h assists low-i	ncome and indigents w	ith health care service
Address of Organization:	200 Calaroga Aver	nue	Hayward		CA 94515-4383 State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the dis	tribution to the o	organization.)	
promote healthto vulnerable		8			'S
	- population on th		alcabiod,		In Anthrop
5. Verification					
I have determined that the distrib	oution of tickets set f	forth above is in	accordance wit	th the provisions of FPPC	Regulation 18944 1
CH mp		HISHIDA GRA	FF PRIN	ICIPAL ANALYST	9/20
Signature of Agency Head or Designee	e	Print Name		Title	(month, day, year)

CA	PA	n	2
Signatu	ire of Agei	icy Hea	d or Desig

(month, day, year)

 Signature of Agency read or Designee
 Print Name
 Title

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

Tickets Provided by	A Publ	ic Docume	ont	TICKETS PROVIDED BY
Agency Report	ATUM			AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA	0		4	Form OOZ For Official Use Only
Division, Department, or Region (if appl	icable)			Tor Official Osc Offiy
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must exp	nlain in Part 5.)
(510) 272-3882 crystal.	nishida@acgov.org			Jan in art o.y
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Anal	vst. County Administrate	or's Office		(month, day, year)
2. Event For Which Tickets Were I				
Date(s) of Event:09 _/_19 _/_10		Raiders Ga	me	
Date(s) of Event:///_	_ Description of Ever	nt:	\$150	
///	 Face Value of Ticket 	et: \$	\$150	
Agency Event 🔲 Yes 🗵 No	(Identify source of ticke	ts helow)		
	(identity source of toke	10 Delow.)	Oakla	ind Raiders
Name of Outside Source of Ticket(s)			000 Pit	that restrictions
Number of Tickets Received:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Tid	:ket(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is Inc	
(Last, First)	of Tickets	Descri	be the Public Purpose for	r the Distribution
4. Individual or Organization Rece	iving Ticket(s) (Provid	led at the behas	t of an agency official)	
5	•			
Name of Behesting Agency Official:	Alameda County Superv	visor Scott Hag	igerty, District One	
				Λ
Name of Individual or Organization:	Ben Abena		Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:	eet	City		State Zip Code
Purpose for Distribution: (Describe th	e public purpose for the dis	stribution to the o	organization.)	
To reward a community volunteer fo	his service to the public	C		
		-		
5. Verification				
I have determined that the distribution of	tickets set forth above is in	n accordance wil	h the provisions of FPPC	Regulation 18944.1.
0.4	RYSTAL HISHIDA GRA		ICIPAL ANALYST	alistin
Signature of Agency Mead or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachme		on including amon		
		and an and an	amont oxplanation.)	

Tickets Provided by			ic Docume	unt .	TICKETS PROVIDED BY
Agency Report		Arubi	ic Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
				Amendment (Must ex	<plain 5.)<="" in="" part="" td=""></plain>
(510) 272-3882 Agency Contact (name and title	crystal.hishida@ac	cgov.org		Date of Original Filing: .	
		. Administrat	orla Office	Dute of original rining.	(month, day, year)
Crystal Hishida Graff, Princ			or s Office		
2. Event For Which Ticket			Rasoball Gr	mo	
_Date(s) of Event:2	<u>24 / 10</u> Descri	iption of Ever	nt: <u>Baseball Ga</u>		
/	/ Face \	Value of Ticke	et: \$	85.00	
Agency Event 🛛 Yes	⊠ No (Identify so	ource of ticke	ts helow)		
Name of Outside Source of	Ticket(s) Provided to	o Agency:		,	
Number of Tickets Received	l:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
. Agency Official(s) Rece	iving Ticket(s) (us	e a continuatio	on sheet for addit	ional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	or the Distribution
. Individual or Organizati	on Receiving Ticl	ket(s) (Provid	led at the behest	of an agency official)	
	-				
Name of Behesting Agency	Official: Alameda Co	ounty Superv	visor inate ivilley	/, District 4	
					2
Name of Individual or Orgar	lization:			Numb	er of Tickets:2
Description of Organization:					×
Address of Organization:					
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public purc	oose for the dis	stribution to the c	organization.)	
To promote an event held a					narking and CDASS SA
5. Verification					
I have determined that the dist	ribution of tickets set fr	orth above is ir	accordance with	h the provisions of FPPC	C Regulation 18944 1
					ali-la
Signature of Agency Head or Design	CRYSTAL H	IISHIDA GRA Print Name	PRIN	CIPAL ANALYST	(month, day, year)
Comment: (Use this space or a	n attachment for any add	litional informatio	on including amend	lment explanation.)	

and concession sales.

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				Unsigned fields - High-hoffieldises -	Form 802
Division, Department, or Region (if applicable)					For Official Use Only
1221 OAK STREET, #555					
Street Address		t			
OAKLAND, CA 94612 Area Code/Phone Number E-mail					
				Amendment (Mus	t explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)				Date of Original Filing:	
				Date of Original Filing	g:(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
2. Event For Which Tickets					
Date(s) of Event:09_/_0	14 <u>/ 10</u> Desc	ription of Event	t: <u>KMEL Sum</u>	mer Ja m	
	/ Face			142.85	
/		value of ficker	ι. φ		
Agency Event 🛛 Yes	🔀 No (Identify s	ource of tickets	s below.)		
Name of Outside Source of	Tielest(e) Drevided t	Gol	den State Wa	rriors	*
Name of Outside Source of	TICKEL(S) Provided L	o Agency:			
Number of Tickets Received	:4	Ticket(s) Prov	ided to Agenc	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatior	n sheet for addi	tional names)	
Name of Offic	vial	Number	State Whether the Distribution is Income to the Official or		
(Last, First)		of Tickets	Describe the Public Purpose for the Distribution		
		-			
4. Individual or Organization				t of an agency official.)
Name of Behesting Agency	Official: Keith Cars	on, Supervisor	Fifth District	r Territoria de la constante	
Name of Individual or Organ	ization: Delta Harri	S		Nun	nber of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street				
			City	·	State Zip Code
Purpose for Distribution: (De				organization.)	
To reward a County employ	ee for her exempla	ry service to th	e public.		
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in a	accordance wit	h the provisions of FP	PC Regulation 18944.1.
11. An	CRYSTAL HISHIDA GRAFF PRIM				0/2
Signature of Agency Head or Design		Print Name		CIPAL ANALYST	(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional information	n including amend	Iment explanation.)	
Tickets Provided by		A Publ	lic Docume	ent	TICKETS PROVIDED BY
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Agency Report					AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region	e (if applicable)				For Official Use Only
	n (ii applicable)				
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612					
	-mail			Amendment (Must ex	plain in Part 5.)
	crystal.hishida@a	acgov.org		Data of Original Filing	
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	and the second sec		or's Office		
2. Event For Which Tickets \					
Date(s) of Event:09 /12	_/ <u>10</u> Desc	ription of Ever	nt: <u>Oakland A's</u>	s vs. Boston Red Sox	
	_/ Face			10.00	
Agency Event 🛛 Yes	No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tic	cket(s) Provided t	o Agency: Oa	akland A's		
Number of Tickets Received: _				y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivi	ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets	이번 가지가 가면 것 같아요. 우	her the Distribution is Inc be the Public Purpose for	
	18				
	9				
4. Individual or Organization	-			t of an agency official.)	
Name of Behesting Agency Of	ficial: <u>Keith Cars</u>	on, Supervisc	or Fifth District		
Name of Individual or Organiza	ation: <u>Amir Arma</u>	n		Numbe	er of Tickets: <u>2</u>
Description of Organization:			-		
Address of Organization:	er and Street	z	City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a community volunt				· ·	
5. Verification					
I have determined that the distribut	ution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
tott ands	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	9/3/10
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)

Tickets Provided by					*
Agency Report	A Public Docume			ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		-	Amendment (Must exp	blain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title)		2		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Count	ty Administrato	r's Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:09_/_20	0 <u>/ 10</u> Desci	ription of Event	Baseball Ga	ame	
	/ Face			85.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of tickets	s below.)		
Name of Outside Source of T	icket(s) Provided t	o Agency: Oak	kland Athletics	5	
Number of Tickets Received:	1	Ticket(s) Provi	ided to Agency	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	vina Ticket(s) (us	se a continuation	sheet for addit	ional names)	
Name of Offic		Number		her the Distribution is Inco	ome to the Official or
(Last, First)		of Tickets		be the Public Purpose for	
, 100 , 10, 10, 10, 10, 10, 10, 10, 10, 10, 10					
4. Individual or Organizatio	n Receiving Tic	kot(s) (Provide	d at the behast	of an agency official)	
-	-				
Name of Behesting Agency C	Official: Alameda C	County Supervis	sor Nate Miley	/, District 4	
Name of Individual or Organi					r of Tickets:1
Nume of marriadal of organi	201011.				
Description of Organization: .					
Address of Organization					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dist	ribution to the o	organization.)	
To promote an event held at	a County facility in	ı order to maxiı	mize potential	County revenue from	parking and
				,,	<u> </u>
5. Verification					
I have determined that the distri	bution of tickets set f	orth above is in a	accordance witl	h the provisions of FPPC	Regulation 18944.1.
Celan In		IISHIDA GRAF		CIPAL ANALYST	alintin
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any add	ditional information	including amend	lment explanation.)	

and concession sales. 3 Parking Passes.

	150.00 y: □ Gratuitously ⊠ Pursuant to Contr
COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number [510] 272-3882 Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 19 / 10 Description of Event: Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 2 Ticket(s) Provided to Agency 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add Name of Official Name of Official Number State Whe Description of Tickets (Last, First) of Ticket(s) (rovided at the behes Name of Behesting Agency Official: Alameda County Supervisor Nate Mile Name of Individual or Organization: Idow Kojoyo & Lisa Brown	Form OU For Official Use Only For Official Use Only Amendment (Must explain in Part 5.) Date of Original Filing:(month, day, year) me 150.00 y: □ Gratuitously
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:091910	☐ Amendment (Must explain in Part 5.) Date of Original Filing:(month, day, year) me 150.00 y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
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 / 19 / 10 Description of Event: Football Game and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Provided to Agency Agency Event 19 / 10 Description of Event: Football Game and title) Career For Which Tickets Were Distributed Date(s) of Event: 09 / 19 / 10 Description of Event: Football Game and title) Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency Oakland Raiders Number of Tickets Received: 2 Ticket(s) Provided to Agency 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add (Last, First) Number of Tickets Descr Mame of Official Number of Tickets State Whe Descr Mame of Behesting Agency Official: Alameda County Supervisor Nate Mile Name of Individual or Organization: Idow Kojoyo & Lisa Brown	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 Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 19 / 10 Description of Event: Football Ga	Date of Original Filing:
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 19 / 10 _ Description of Event: Football Ga	Date of Original Filing:
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 / 19 / 10 _ Description of Event: Football Ga	Date of Original Filing:
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event:	Date of Original Filing:
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 / 19 / 10	me 150.00 y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 19 / 10 _ Description of Event: Football Ga	me 150.00 y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 19 / 10 Description of Event: Football Ga	150.00 y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
Date(s) of Event: 09 19 10 Description of Event: Football Ga	150.00 y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
	150.00 y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 2 Ticket(s) Provided to Agence 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add Name of Official Name of Official Number State Whe of Tickets (Last, First) of Tickets Descr 4. Individual or Organization Receiving Ticket(s) (Provided at the behes Name of Behesting Agency Official: Alameda County Supervisor Nate Mile Name of Individual or Organization: Idow Kojoyo & Lisa Brown Idow Kojoyo & Lisa Brown	y: □ Gratuitously ⊠ Pursuant to Contr ional names) her the Distribution is Income to the Official or
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 2 Ticket(s) Provided to Agence 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add Name of Official Number State Whe Image: Im	ional names) her the Distribution is Income to the Official or
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 2 Ticket(s) Provided to Agence 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add Name of Official Number State Whe Image: Im	ional names) her the Distribution is Income to the Official or
Number of Tickets Received: 2 Ticket(s) Provided to Agend Ticket(s) (use a continuation sheet for add Name of Official Number State Whe Image: Clast, First of Tickets Descr Image: Clast, First of Ticket(s) (Provided at the behase Image: Clast Agency Official Alameda County Supervisor Nate Mile Name of Behesting Agency Official: Alameda County Supervisor Nate Mile Name of Individual or Organization: Idow Kojoyo & Lisa Brown	ional names) her the Distribution is Income to the Official or
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add Name of Official (Last, First) Number of Tickets Of Tickets Descr Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets Image: State Wheter of Tickets <td>ional names) her the Distribution is Income to the Official or</td>	ional names) her the Distribution is Income to the Official or
Name of Official (Last, First) Number of Tickets State Whe Descr 4. Individual or Organization Receiving Ticket(s) (Provided at the behess Name of Behesting Agency Official: Alameda County Supervisor Nate Mile Name of Individual or Organization: Idow Kojoyo & Lisa Brown	her the Distribution is Income to the Official or
(Last, First) of Tickets Descr d. Individual or Organization Receiving Ticket(s) (Provided at the behases Name of Behesting Agency Official: Alameda County Supervisor Nate Miles Name of Individual or Organization: Idow Kojoyo & Lisa Brown	
4. Individual or Organization Receiving Ticket(s) (Provided at the behas Name of Behesting Agency Official: Alameda County Supervisor Nate Mile Name of Individual or Organization: Idow Kojoyo & Lisa Brown	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	s
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u> Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	
Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	
Name of Individual or Organization: <u>Idow Kojoyo & Lisa Brown</u>	v. District 4
	Number of Tickets:2
Description of Organization:	
Address of Organization:	State Zip Co
Purpose for Distribution: (Describe the public purpose for the distribution to the	rganization.)
To promote attendance at an event held at a County facility in order to max	imize potential county revenue from parking
5. Verification	
I have determined that the distribution of tickets set forth above is in accordance wi	
	h the provisions of FPPC Regulation 18944 1
Signature of Agency Head or Designee Print Name Comment: (Use this space or an attachment for any additional information including amen	h the provisions of FPPC Regulation 18944.1. CIPAL ANALYST Title (month, day, ve.

and concession sales

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				in produced to addressed. •	Form 802
Division, Department, or Reg	ion (if applicable)			т. Т	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
	Construction of the Constr			Amendment (Must ex	plain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing: _	
	•			Date of Original Filling. =	(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
2. Event For Which Tickets					
Date(s) of Event:/1	<u>9_/_10</u> Desc	ription of Even	nt:Football Ga	me	
//	/ Face	Value of Ticke	et: \$	150.00	
Agency Event 🛛 Yes					
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>Oa</u>	kland Raiders	·	
Number of Tickets Received	l:1	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
L					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda (County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organ					er of Tickets:1
Description of Organization:					
Address of Organization:	mber and Street	6	City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the c	organization.)	
To promote attendance at a	in event held at a C	County facility in	n order to max	imize potential county	revenue from parking
5. Verification					
I have determined that the distr	ibution of tickets set	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
at any	CRYSTAL I	HISHIDA GRA		ICIPAL ANALYST	9/15/11
Signature of Agency Head or Design		Print Name		Title	(mønth, day, øear)
Comment: (Use this space or a	n attachment for any ad	lditional informatio	on including amend	dment explanation.)	

and concession sales - 1 parking pass

Tickets Provided by			ic Docume	ant l	TICKETS PROVIDED BY
Agency Report		APUDI	ic Docume		AGENCY REPORT
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					
	mail	1			
510-272-3882 cr	rystal.hishida@a	caoy ora		Amendment (Must exp	olain in Part 5.)
Agency Contact (name and title)	ystal.msmua@a	cgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal	Analyst County	Administrate	or's Office	0 0	(month, day, year)
2. Event For Which Tickets W				idana v Osatila Osaka	
Date(s) of Event: <u>10</u> / <u>31</u>	<u>10</u> Descr	ription of Ever	nt: <u>Oakland Ra</u>	ilders V. Seattle Seanav	WKS
	J Face			450	
Agency Event 🛛 Yes	No (Identify so	ource of ticke	ts below.)	\square	
Name of Outside Source of Tick	ket(s) Provided t	o Agency: 🕖	akland	Raiders	
	· • • •				
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	າ g Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	e
Name of Official		Number		her the Distribution is Inco	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
A Individual on Opposization	Dessiving Tie				
4. Individual or Organization					
Name of Behesting Agency Offi	icial. Supervisor	Gail Steele	motric	+2	
Name of Individual or Organizat	tion: Chabot Col	llege Foundat	tion	Numbe	r of Tickets:4
Description of Organization: <u>fur</u>	ndraises for Cha	bot College to	o augment aca	demic and other college	e programs
2555	E Hannarian Dhu	4	House	CA	94545
Address of Organization.	5 Hesperian Blvc	J.	Hayward,	CA	State Zip Code
			•		State Zip Code
Purpose for Distribution: (Descr	ribe the public purp	pose for the dis	stribution to the c	organization.)	
to reward a local non-profit whi	ch is helping the	community			
5. Verification					
I have determined that the distribut	ion of tickets set fo	orth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
Colar m	CRYSTAL H	IISHIDA GRA	FF PRIN	CIPAL ANALYST	9/0/11
Signature of Agency Head or Designee	-	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
Division, Department, or Reg	ion (if applicable)				For Official I	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612		. А.	2			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)	
510-272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title				Date of Original Filing: -	(month, day, yea	ır)
Crystal Hishida Graff, Princ			r's Office			
2. Event For Which Tickets						
Date(s) of Event: <u>10</u>	0 <u>/ 10</u> Desc	ription of Even	nt: Raiders v. C	Chargers		
/	/ Face	Value of Ticke	et: \$	150		
Agency Event Ses	🗙 No (Identify s	source of ticket	ts below.)			
Name of Outside Source of	Ticket(s) Provided f	to Agency: <u>Oa</u>	kland Raiders			
Number of Tickets Received	:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)		
Name of Offic (Last, First)	bial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo		
4. Individual or Organization						
Name of Behesting Agency	Official: <u>Supervisor</u>	r Gail Steele	District	2		
Name of Individual or Organ	ization: <u>Nichae Blu</u>	ume Patton		Numbe	er of Tickets: _	4
Description of Organization:						
Address of Organization:	O. Box 47	2	Guernvill	е,	CA	95446 Zip Code
					State	ZIP Code
Purpose for Distribution: (De		-		organization.)		
to reward a community volu	nteer for his service	e to the comm	unity			
5. Verification						
I have determined that the distr	ibution of tickets set I	forth above is in	accordance with	h the provisions of FPPC	Regulation 189	944 1
CAM		HISHIDA GRA		CIPAL ANALYST	9/	8/16
Signature of Agency Head or Design	ee	Print Name	Personalities	Title	(month	h day, year)
Comment: (Use this space or a	າ attachment for any add	ditional informatio	n including amend	Iment explanation.)	div. no	

Tickets Provided by			TICKETS PROVIDED BY
Agency Report	A Public Docur	nent	AGENCY REPORT
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-mail			
510-272-3882 crystal.hishida@	acdov ord	Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)	,	Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, Cour	ty Administrator's Office		(month, day, year)
2. Event For Which Tickets Were Distribu			
		nite Sox	
Date(s) of Event: <u>09 / 20 / 10</u> Des			
//Fac	e Value of Ticket: \$	40-	
Agency Event 🛛 Yes 🛛 No (Identify	source of tickets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Oakland Raide	ers v. Seattle Seahawks	
Number of Tickets Received:			Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a	dditional names)	
Name of Official (Last, First)		hether the Distribution is Inco scribe the Public Purpose for	
· · · · · · · · · · · · · · · · · · ·			
4. Individual or Organization Receiving Ti	cket(s) (Provided at the beh	nest of an agency official.)	
Name of Behesting Agency Official:	or Gail Steele , Distric	-2	
Name of Individual or Organization: <u>Chabot C</u>			er of Tickets:
Description of Organization:fundraises for Ch		cademic and other colleg	e programs
Address of Organization: 25555 Hesperian B			
Number and Street	C	ity	State Zip Code
Purpose for Distribution: (Describe the public publ	urpose for the distribution to th	e organization.)	
to reward a local non-profit which is helping the	ne community		
5. Verification			
I have determined that the distribution of tickets se	t forth above is in accordance	with the provisions of FPPC	Regulation 18944.1.
	have been a second s	RINCIPAL ANALYST	9/8/10
Signature of Agency read of Pesignee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachment for any a	aditional information including am	enament explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Data Otawa	AGENCY REPORT
COUNTY OF ALAMEDA				Date Stamp	California 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					,
Area Code/Phone Number	E-mail				
510-272-3882	crystal.hishida@a			Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)		acyov.org		Date of Original Filing: _	
Crystal Hishida Graff, Princi		v Administrat	or's Office		(month, day, year)
2. Event For Which Tickets	And the second	Contract of the set of			
Date(s) of Event:09 /_2			nt: <u>A's v. White</u>	e Sox	
	/ Face			40	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	Ficket(s) Provided 1	to Agency: <u>Oa</u>	akland A's		
Number of Tickets Received	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
		~			
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	2
Name of Behesting Agency (Official: Supervisor	Gail Steele	District	2	
Name of Individual or Organi				Numbe	r of Tickets:
Description of Organization:	fundraises for Cha	bot College to	o augment aca	demic and other colleg	e programs
Address of Organization.	555 Hesperian Blv Iber and Street	d	Hayward,	CA	94545 State Zip Code
Purpose for Distribution: (De	escribe the public pur	nose for the dis	stribution to the c	ragnization)	
to reward a local non-profit v				nganization.)	
E. Marifia Alam					
5. Verification			1987.		
I have determined that the distri	bution of tickets set f	orth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
CH and	CRYSTAL H	IISHIDA GRA	FF PRIN	CIPAL ANALYST	918/10
Signature of Agency Head or Designe	ee	Print Name		Title	(month, day, year)

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California QO 2
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Region	on (if applicable)				For Official Use Only
		1			
Street Address	1				
1221 OAK STREET, #555, 0	DAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	pal Analyst, County	y Administrate	or's Office		
2. Event For Which Tickets					
Date(s) of Event:09 /23	<u>3 / 10</u> Desc	ription of Eve	nt: <u>Oakland A'</u>	s Game	
/			et: \$		
Agency Event 🛛 Yes	🛛 No (Identify s				
Name of Outside Source of T	icket(s) Provided t	to Agency: <u>Oa</u>	akland Athletics	6	
Number of Tickets Received:					Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offici (Last, First)	al	Number of Tickets		ther the Distribution is Inc be the Public Purpose for	
4. Individual or Organizatio				t of an agency official.)	
Name of Behesting Agency C	Official: <u>Supervisor</u>	r Alice Lai-Bitl	ker, District 3		
Name of Individual or Organi	zation: <u></u> Glenn Eng	llund		Numbe	er of Tickets: <u>12</u>
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	nose for the di	stribution to the r	organization.)	
To promote attendance at ar					rom concession sales
To promote attendance at an	Tevent neid at Cot		maximize pole		
5. Verification					· · · · · · · · · · · · · · · · · · ·
<i>I have determined that the distril</i>	hution of tickots set t	forth above is in	a accordance wit	h the provisions of EPDC	Regulation 18044 1
					Augunation Tourt. T.
CH MM		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	9/8
Signature of Agency Head of Designe		Print Name			(month, day, year)
Comment: (Use this space or an	allachment for any add	ullonal informatio	on including amend	ument explanation.)	이 가 한 것

Tickets Provided by Agency Report		A Public Document			TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi Street Address 1221 OAK STREET, #555,		512		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title, Crystal Hishida Graff, Princ	E-mail crystal.hishida@a pal Analyst, Count	icgov.org y Administrato	or's Office	☐ Amendment <i>(Must ex</i> Date of Original Filing: .	
2. Event For Which Tickets Date(s) of Event:/	<u>1 , 10</u> Desci / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u>	et: \$ ets below.) akland Raiders	150.00	⊠ Pursuant to Contract
3. Agency Official(s) Recei	<u> </u>	se a continuation Number of Tickets	State Whet	tional names) her the Distribution is Ind be the Public Purpose fo	
 Individual or Organization Name of Behesting Agency of Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Determine the promote attendance at endance at end	Official: <u>Supervisor</u> ization: <u>Marilyne D</u> nber and Street escribe the public pur	Alice Lai-Bitl	ker, District 3	Numb	er of Tickets:3
5. Verification I have determined that the distr Signature of Agency Headfor Design Comment: (Use this space or an	CRYSTAL H	HISHIDA GRA Print Name	AFF PRIN	ICIPAL ANALYST Title	C Regulation 18944.1.

1. Agency Name California 802 COUNTY OF ALAMEDA Date Stamp 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@acgov.org Agency Contact (name and title) crystal. hishida@acgov.org Agency Contact (name and title) crystal. hishida@acgov.org Agency Sontact (name and title) crystal. hishida@acgov.org Agency Event For Which Tickets Were Distributed Date of Original Filing:	Tickets Provided by Agency Report	A Public Doc	cument	TICKETS PROVIDED BY AGENCY REPORT
COUNTYOF ALANEDA For Official Use Only Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number erystal.hishida@acgov.org Agency Oratiz (name and the) crystal.hishida@acgov.org Agency Oratiz (name and the) crystal.hishida@acgov.org Agency Oratiz (name and the) monomet (fluid explain in Part 5) Date (s) of Event. 0 / 0 / 10 Description of Event. 85.00 Agency Oratiz (name and the) Face Value of Ticket \$			Date Stamp	California 000
District of region (argumentation) 1221 OAK ALAND, CA 94612 Area Code/Phone Number F-mail (510) 272-3882 Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing: Crystal Hishida Graft, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 03 / 10 Description of Event: Baseball Game	COUNTY OF ALAMEDA			
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tille) crystal.hishida@acgov.org Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) Agency Event 0 0	Division, Department, or Region (if applicable)			For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (S10) 272-3882 (S10) 272-3882 Crystal Hishida (@acgov.org Agency Contact (hum and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 0 / 0 / 0	1221 OAK STREET, #555			
Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Amendment (Mud explain in Part 5.) Agency Contact (name and the) Crystal.hishida@acgov.org Date of Original Filing: (month, day, year) Crystal.Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: (month, day, year) Zevent For Which Tickets Were Distributed Baseball Game	Street Address			
(510) 272-3882 crystal.hishida@acgov.org □ Amendment (Mait explain in Part 5.) Agency Contact (name and title)	OAKLAND, CA 94612			
(B10) 272-3882 crystal.hishida@acgov.org Agency Contact (name and bite) Date of Original Filing:	Area Code/Phone Number E-mail		Amendment (Must ex	(plain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office (month, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event:	(510) 272-3882 crystal.hishida@a	acgov.org		
2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 03 / 10 Description of Event: Baseball Game	Agency Contact (name and title)		Date of Original Filing: _	(month, day, year)
Date(s) of Event: 09 03 10 Description of Event: Baseball Game	Crystal Hishida Graff, Principal Analyst, Coun	ty Administrator's Offic	ce 🛛	2
	2. Event For Which Tickets Were Distribute	ed		
	Date(s) of Event: <u>09 / 03 / 10</u> Desc	ription of Event: Base	ball Game	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contra Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Purpose for the Distribution Image: Purpose for the Distribution Image: Purpose for the Distribution A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Mumber and Street City State Zip Cod Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Tity State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provi			95 00	
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously El Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: All the public Purpose of the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose of the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose of the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose of the public Purpose for the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose for the Distribution Image: All the public Purpose of Organization: Image: All the public Purpose for Tickets: 2 Description of Organization: Senior Advocacy Image: All the Public Purpose for the distribution to the organization.) Image: All the public Purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community Image: All the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <td></td> <td></td> <td></td> <td></td>				
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Advording CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Organization (month, dag/year)		to Agency: Oakland Al	thletics	
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Number of Tickets: 2 Description of Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community State Zip Cod 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Orgonization for is contributions to the community Signature of Meenor Heed or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Orgonization for itele public day of the set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Number of Tickets Received: <u>2</u>	Ticket(s) Provided to	Agency: 🔲 Gratuitously	⊠ Pursuant to Contract
(Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: Description of Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community State Zip Cod I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1. Signature of Manor Print Name PRINCIPAL ANALYST Organization (month, day/year)	3. Agency Official(s) Receiving Ticket(s) (u	se a continuation sheet f	or additional names)	
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5 State City State Zip Cod Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1. Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1.			TO A REPORT THE OWN TRANSPORT OF REPORTS OF REPORTS OF REPORTS	
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5 State City State Zip Cod Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1. Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1.				
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5 State City State Zip Cod Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1. Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1.				
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5 State City State Zip Cod Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1. Marke determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Organization 18944.1.				
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Output, day year		• • •		
Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agence Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Output Title (monith, day, year)	Name of Behesting Agency Official: <u>Alameda (</u>	County Supervisor Nat	e Miley, District 4	
Address of Organization: ⁷²⁰⁰ Bancroft Ave, Ste 178 - Oakland, CA 94605 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>CRYSTAL HISHIDA GRAFF</u> <u>PRINCIPAL ANALYST</u> <u>(monith, day, year)</u> 	Name of Individual or Organization: <u>United Ser</u>	niors of Oakland & Ala	meda County Numbe	er of Tickets:2
Address of Organization: Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for is contributions to the community 5. Verification Interview of the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Output CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Output Signature of Agence Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Output	Description of Organization: <u>Senior Advocacy</u>			
To reward a nonprofit organization for is contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Output Signature of Agence Head or Designee	Address of Organization:	Ste 178 - Oakland, CA		State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Crystal Hishida Graff Signature of Agency Head or Designee Print Name Title	Purpose for Distribution: (Describe the public purpose for Distribution)	rpose for the distribution	to the organization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Output CRYSTAL HISHIDA GRAFF Signature of Agency Head or Designee Print Name	To reward a nonprofit organization for is contri	butions to the commur	nity	
Change CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 9/1/1/ Signature of Agence Head or Designee Print Name Title (month, day, year)	5. Verification			
Signature of Agency Head or Designee Print Name Title (month, day, year)	I have determined that the distribution of tickets set	forth above is in accorda	nce with the provisions of FPPC	Regulation 18944.1.
				9/1/10
				(month, day(year)

Tickets Provided by			lie Deerma		TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regi	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must exp	lain in Dart 5)
(510) 272-3882	crystal.hishida@a	acgov.org			liain în Part 5.)
Agency Contact (name and title)		0 0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		(monur, day, year)
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:09_/_0	<u>3 / 10</u> Desc	ription of Ever	nt: Baseball Ga	ame	2
	/ Face			40.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided f	to Agency: Oa	akland Athletics	3	
Number of Tickets Received	22	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets	16000 (0000) (0000) (000000) (00000)	her the Distribution is Inco be the Public Purpose for	
				·····	
					20 T
					2
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
Name of Behesting Agency (
Name of Individual or Organ	ization: <u>United Ser</u>	niors of Oakla	nd & Alameda	County Numbe	r of Tickets:2
Description of Organization:	senior advocacy				
Address of Organization:	00 Bancroft Ave, S	te 178 - Oakl	and, CA 9460	5	
- Nun	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a non profit for th	eir service to the co	ommunity			
5. Verification					
	in the second second	and a barrier to the		h the number of CODO	Deculation 100111
I have determined that the distri	ipution of tickets set f	orth above is in	n accordance wit	n the provisions of $FPPC$	Regulation 18944.1.

CH MA	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	9/1/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: // lea this space or an attac	hmont for any additional information includie	a amondmont explanation)	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address	2				<i>p</i>
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acaoy.ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		and a second sec		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets					
Date(s) of Event:09 /0			nt: <u>Baseball G</u> a	ame	
				40.00	
/	/ Face	Value of Tick	et: \$	40.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Athletics	3	
Number of Tickets Received	:	licket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addit	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
				e	
B					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	I ded at the behes	t of an agency official.)	
Name of Behesting Agency	Alameda (County Super	visor Nate Milev	v. District 4	
Name of Individual or Organ	ization: United Ser	niors of Oakla	nd & Alameda	County Numbe	er of Tickets:2
Description of Organization:	senior advocacy				
70	200 Bancroft Ave, S	to 178 - Oakl	and CA 94604	5	
Address of Organization.	nber and Street		City	, 	State Zip Code
Purpose for Distribution: (De	escribe the public pu	nose for the di	stribution to the c	pragnization)	
		÷		nganization.)	
To reward a non profit for th	eir service to the c	ommunity			
5. Verification					
I have determined that the distr	ibution of tickets set	forth above is i	n accordance wit	h the provisions of FPPC	Regulation 18944.1.

CAMP	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	9/1/10
Signature of Agency Flead or Designee	Print Name	Title	(month, day, year)

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED
Agency Report			lie Beedanne		AGENCY REPO
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	on (if applicable)			5.	T of Official Osc Offy
1221 OAK STREET, #555					
Street Address				C.	
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	1			Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		(
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:09 _/0	5 <u>10</u> Desc	ription of Eve	nt: Baseball G	ame	
	Face			40.00	
		value of fick	σι. ψ		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ficket(s) Provided t	to Agency: Oa	akland Athletic	3	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contra
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is I be the Public Purpose	ncome to the Official or for the Distribution
				1	
4. Individual or Organization					
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	visor Nate Mile	y, District 4	
Name of Individual or Organ	ization: <u>United Ser</u>	niors of Oakla	nd & Alameda	County Num	ber of Tickets:2
Description of Organization:	senior advocacy				
Address of Organization: 72	200 Bancroft Ave, S	Ste 178 - Oakl	and, CA 9460 _{City}	5	State Zip Co
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)	
To reward a non profit for th					
					Balt Boline by Charles and South Charles and South States and South States and South States and South States and
5. Verification					
I have determined that the distr	ibution of tickets set i	forth above is in	n accordance wi	h the provisions of FPI	PC Regulation 18944 1
					e logaration fourth.t.

CHAN	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	9/1/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

(510) 272-3882 crystal.hishida@acgov.org Date Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game	.00
Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game	Form OUZ For Official Use Only Amendment (Must explain in Part 5.) te of Original Filing:
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game	Amendment (Must explain in Part 5.) te of Original Filing:(month, day, year)
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game / Face Value of Ticket: \$ 40. Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	te of Original Filing:(month, day, year)
OAKLAND, CA 94612 Image: Constant of the second	te of Original Filing:(month, day, year)
Area Code/Phone Number E-mail Image: Crystal.hishida@acgov.org Image: Date (s) of Event: Image: Date (s) of Event: <thimage: (s)="" date="" eve<="" of="" td=""><td>te of Original Filing:(month, day, year)</td></thimage:>	te of Original Filing:(month, day, year)
(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 Baseball Game Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game / Face Value of Ticket: \$ 40 Agency Event Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	te of Original Filing:(month, day, year)
(510) 272-3882 crystal.hishida@acgov.org Date Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game	te 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: 09 / 06 / 10 _ Description of Event: Baseball Game / Face Value of Ticket: \$40. Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2	(month, day, year)
2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 06 / 10 Description of Event: Baseball Game // Face Value of Ticket: \$40. Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	.00
Date(s) of Event: 09 , 06 , 10 Description of Event: Baseball Game / Face Value of Ticket: \$40 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	.00
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	.00
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	.00
Agency Event Yes Xo (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	☐ Gratuitously ⊠ Pursuant to Contrac
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency:	☐ Gratuitously ⊠ Pursuant to Contrac
Number of Tickets Received: Ticket(s) Provided to Agency:	☐ Gratuitously ⊠ Pursuant to Contrac
Number of Tickets Received: Ticket(s) Provided to Agency:	Gratuitously I Pursuant to Contract
	☐ Gratuitously
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additiona	I names)
a zavoru al-en al anti-zaveza zaveza za	he Distribution is Income to the Official or
(Last, First) of Tickets Describe th	ne Public Purpose for the Distribution
I. Individual or Organization Receiving Ticket(s) (Provided at the behest of a	an agency official.)
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, Di</u>	istrict 4
Name of Individual or Organization: United Seniors of Oakland & Alameda Cou	
Description of Organization:	
Address of Organization: <u> 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605</u> <u> Number and Street</u> City	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organ	nization.)
To reward a non profit for their service to the community	•

CHAMP	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	9/1/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by					TICKETS PROVIDED BY
Agency Report		A Publ	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regi	on (if applicable)	с.			For Official Use Only
1221 OAK STREET, #555					
Street Address				121	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		P	Amendment (Must ex	(plain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Count	ty Administrat	or's Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event: <u>09</u> /_0	<u>8 / 10</u> Desci	ription of Ever	nt: Baseball Ga	ame	
	/ Face			40.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below.)		
• •				3	
Name of Outside Source of	licket(s) Provided t	o Agency:			
Number of Tickets Received	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	ial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	or the Distribution
4. Individual or Organization	107				
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	visor Nate Miley	y, District 4	
Name of Individual or Organ	ization: United Ser	niors of Oakla	nd & Alameda	County Number	er of Tickets:2
Description of Organization:	senior advocacy				
Address of Organization:	00 Bancroft Ave, S	ite 178 - Oakl		5	
Nun	nber and Street		City		State Zip Code
Purpose for Distribution: (De			stribution to the c	organization.)	
To reward a non profit for th	eir service to the co	ommunity			
5 Verification					
5. Verification					Demulation 490444

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

et mm	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	9/1/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
-			

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

-

Tickets Provided by		A Public	Docume	unt .	TICKETS PROVIDED BY
Agency Report		Arubic	Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail				
(510) 272-3882	crystal.hishida@a	caov ora		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)	oryotalinornaa@a	ogoviorg		Date of Original Filing: _	
Crystal Hishida Graff, Princip	al Analyst Count	v Administrator's	Office		(month, day, year)
2. Event For Which Tickets	-	-	Onioc		
			Basaball Ga	amo	
Date(s) of Event: <u>09</u> / <u>03</u>	_/ Descr	iption of Event:			
/	/ Face	Value of Ticket: \$	S	85.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets b	elow.)		
Name of Outside Source of Ti	icket(s) Provided t	o Agency: <u>Oakla</u>	nd Athletics	3	
					N Durauant to Contract
Number of Tickets Received:		Ticket(s) Provide	ed to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	r ing Ticket(s) (us	se a continuation sl	heet for addi	tional names)	
Name of Officia	al	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
• • • • • • • • • • • • • • • • • • •				·	
4. Individual or Organization	n Receiving Tic	ket(s) (Provided	at the behes	t of an agency official.)	
Name of Behesting Agency O	official: Alameda C	county Superviso	r Nate Miley	y, District 4	
					_
Name of Individual or Organiz	zation: <u>Michael Ca</u>	ampbell & Khari (Campbell-W	/right Numbe	er of Tickets: <u>2</u>
-					
Description of Organization: _					
Address of Organization:					
Address of Organization.	per and Street		City		State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the distrib	ution to the c	organization.)	
To reward a community volur	nteer for his servic	e to the public			
F. Marifia atian					
5. Verification	ution of ticles to and t	adh abawa ia in	oordonoo	h the provisions of FRRA	Population 190111
I have determined that the distrib	oution of tickets set f	onn above is in ac	cordance Wit	n the provisions of FPPC	
Signature of Agency bread or Designed		ISHIDA GRAFF	PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an			cluding ameno		(,,,,

Tickets Provided by Agency Report	A Public Docun	nent	TICKETS PROVIDED B
Agency Neport 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California 802 Form 802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Count	y Administrator's Office	Date of Original Filing: _	
Agency Event ☐ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to	iption of Event: <u>Oakland</u> Value of Ticket: \$ ource of tickets below.) o Agency: <u>Oakland A's</u> Ticket(s) Provided to Age	40.00 ncy: Gratuitously	≫x ⊠ Pursuant to Contract
Name of Official (Last, First)	Number State Wh	nether the Distribution is Inc cribe the Public Purpose fo	
 Individual or Organization Receiving Ticle Name of Behesting Agency Official: <u>Keith Carso</u> Name of Individual or Organization: <u>North Oakla</u> Description of Organization: <u>Community senior</u> Address of Organization: <u>5714 Martin Luther Ki</u> Number and Street Purpose for Distribution: (Describe the public purp 	on, Supervisor Fifth Distric and Senior Center services center. ng Jr. Way O	ot Numbe	er of Tickets:4 CA 94609 State Zip Code
To reward a school or nonprofit organization for 5. Verification I have determined that the distribution of tickets set for CRYSTAL H	r its contributions to the co orth above is in accordance of IISHIDA GRAFF PR Print Name	with the provisions of FPPC RINCIPAL ANALYST Title	Regulation 18944.1.

 Signature of Agency Head of Designee
 Print Name
 Title

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio	n (if applicable)			Date Stamp	California Form For Official	802
1221 OAK STREET, #555 Street Address				÷		
OAKLAND, CA 94612						
	E-mail			Amondmont //	Must explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org			vust explain in Falt 5.)	
Agency Contact (name and title)				Date of Original Fi	ling:	ar)
Crystal Hishida Graff, Princip	al Analyst, Count	y Administrat	or's Office			
2. Event For Which Tickets						
Date(s) of Event:09 /10	<u></u>	iption of Ever	nt: <u>Oakland A's</u>	s vs. Boston Red	Sox	
	_/ <u>10</u> Face					
Agency Event 🛛 Yes	⊠ No (Identify s					
Name of Outside Source of Ti	cket(s) Provided to	o Agency: <u>Ala</u>	ameda County	Fair		
Number of Tickets Received:		licket(s) Prov	vided to Agenc	y: 🗌 Gratuitous	ly 🗵 Pursuant t	o Contrac
B. Agency Official(s) Receiv	ring Ticket(s) (us	e a continuatio	on sheet for addit	tional names)		
Name of Officia (Last, First)	al	Number of Tickets			is Income to the Officers for the Distribution	
. Individual or Organization					ial.)	
Name of Behesting Agency O	fficial: <u>Keith Carso</u>	on, Superviso	or Fifth District			
Name of Individual or Organiz					umber of Tickets: _	4
Description of Organization:	Community senior	center				
Address of Organization:	1 Hearst Avenue		Berkeley	/	CA	94709 Zip Code
Numb		nose for the dir		vicanization)	Sidle	
Purpose for Distribution: (Des	שטוועכ נווכ טעטווע טעוו			nganization.)		
Purpose for Distribution: (Des To reward a school or nonpro		tite contributi	ons to the com	munity		

9/1/	10
(month, day,	year)

 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYST

 Signature of Agency fleed or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only	
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94	4612			
Area Code/Phone Number E-mail			Amendment (Must e	vnlain in Part 5)
(510) 272-3882 crystal.hishida@ Agency Contact (name and title))acgov.org		Date of Original Filing: .	
Crystal Hishida Graff, Principal Analyst, Cour	nty Administrate	or's Office		
2. Event For Which Tickets Were Distribu				3
Date(s) of Event: <u>10 / 10 / 10</u> Des	cription of Ever	nt: Oakland Ra	iders Game	
/ Fac			150.00	
Agency Event 🔲 Yes 🗵 No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	I to Agency: Oa	akland Raiders	×	
Number of Tickets Received: <u>3</u>			y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
Laws, Jerl	3	To promote a	attendance at County	event to max sales
4. Individual or Organization Receiving Ti	icket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:	or Alice Lai-Bit	ker, District 3		
Name of Individual or Organization:			Numb	er of Tickets:
				er of Tickets:
Name of Individual or Organization:				er of Tickets:
Name of Individual or Organization: Description of Organization:		City		
Name of Individual or Organization: Description of Organization: Address of Organization: _{Number and Street}	urpose for the dis	City Stribution to the d	organization.)	State Zip Code
Name of Individual or Organization: Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public pu	urpose for the dis	City Stribution to the d	organization.)	State Zip Code
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public purpose for Distribution: (Describe the public purpose for Distribution)	urpose for the dis unty facility to r	City stribution to the o maximize poter	organization.) tial County revenue fr	State Zip Code

Tickets Provided by	Pro Definition and a			
Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OOZ For Official Use Only
Division, Department, or Region (if applicable)				For Official Use Offiy
Street Address				
	10			
1221 OAK STREET, #555, OAKLAND, CA 946 Area Code/Phone Number E-mail				
(510) 272-3882 crystal.hishida@a	agov org		Amendment (Must exp	blain in Part 5.)
Agency Contact (name and title)	cgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, County	/ Administrate	or's Office		(month, day, year)
2. Event For Which Tickets Were Distribute				
Date(s) of Event: <u>09 / 04 / 10</u> Descr		nt. Oakland A's	Game	
			40.00	
/ Face '	value of fick	et:		
Agency Event 🛛 Yes 🛛 No (Identify se	ource of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided to	o Agency: Oa	akland Athletics		
4				Durquant to Contract
Number of fickets Received.	HCKel(S) Pro	vided to Agency	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	e a continuatio	on sheet for addit	ional names)	
Name of Official	Number		her the Distribution is Inco	
(Last, First)	of Tickets	Descril	be the Public Purpose for	the Distribution
Briones, Ruben	4	To promote a	ttendance at County fa	acility to maximize sale
4. Individual or Organization Receiving Tic			of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor</u>	Alice Lai-Bit	ker, District 3		
Name of Individual or Organization:	,		Numbe	r of Tickets:
Description of Organization:				
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public purp	pose for the di	stribution to the o	rganization.)	
To promote attendance at an event held at Cou	inty facility to	maximize pote	ntial County revenue fr	om concession sales
5. Verification				
I have determined that the distribution of tickets set for	orth above is ii	n accordance with	h the provisions of FPPC	Regulation 18944.1.
	IISHIDA GRA	AFF PRIN	CIPAL ANALYST	(month, day, year)
Comment: (Use this space or an attachment for any add		on including amend		

Tickets Provided by Agency Report	ΙA	Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA		For Official Use Only		
Division, Department, or Region (if applicable)				
Street Address			-	
1221 OAK STREET, #555, OAK	(LAND, CA 94612			
Area Code/Phone Number E-m	ail		Amendment (Must exp	plain in Part 5.)
(510) 272-3882 cry	stal.hishida@acgov.org	g		,
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Admin	istrator's Office		(month, day, you)
2. Event For Which Tickets We	ere Distributed			
Date(s) of Event:09 _/_02 _/.	10 Description of	f Event: Oakland R	aiders Game	
//	Face Value of	Ticket: \$	150.00	
	No (Identify source of			
			3	
Name of Outside Source of Ticke		y: <u>Canana randore</u>		
Number of Tickets Received:	<u> </u>) Provided to Agene	cy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	J Ticket(s) (use a cont	inuation sheet for add	litional names)	
Name of Official (Last, First)	Numb of Tick		ther the Distribution is Inc ribe the Public Purpose for	
		5		
4. Individual or Organization F	ا دودونving Ticket(s) (Provided at the behes	st of an agency official.)	
Name of Behesting Agency Offic	ial: Supervisor Alice La	ai-Bitker, District 3		
Name of Individual or Organizati			Numbe	er of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:	nd Street	City		State Zip Code
Purpose for Distribution: (Descril	oe the public purpose for	the distribution to the	organization)	
To promote attendance at event				om concession sales
		,		
5. Verification				
I have determined that the distribution	on of tickets set forth abov	ve is in accordance wi	ith the provisions of FPPC	Regulation 18944.1.
aff min	CRYSTAL HISHIDA	GRAFF PRI	NCIPAL ANALYST	9/1/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Tickets Provided by		Δ Ριιμ	lic Docume	ant	TICKETS PROVIDED B
Agency Report		ATUDI			AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	ovalain in Part 5)
(510) 272-3882	crystal.hishida@a	acgov.org			explain in r all 5.)
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets		-			
Date(s) of Event:09_/_20			nt. Baseball Ga	ame	
				40.00	
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 Yes	⊠ No (Identify s				
Name of Outside Source of T	icket(s) Provided t	o Agency: Oa	akland Athletics	6	
Number of Tickets Received:				y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	ial	Number			ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose f	for the Distribution
*			~		
			5		
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official)	
•	•				
Name of Behesting Agency O	Official: Alameda C	County Superv	lisor Nate Mile	y, District 4	
Name of Individual or Organi					ber of Tickets:2
Description of Organization:				Jnified School Distric	t
Address of Organization.	Box 20687, Castr	o Valley, CA	94546 City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	nose for the dis	stribution to the c	organization.)	
To reward a non profit organ				Jigunization)	
To reward a non profit organ			e community.		
5. Verification					
	hution of tickets act	forth chours is in	a anondance with	h the provisions of EDD	C Regulation 18044 1
I have determined that the distri	oution of tickets set f	ortri above is li	i accordance Wit	n the provisions of FPP	C Regulation 10944.1.
Cerant		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	9/10
Signature of Agency Head or Designe	e	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 Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only	
1221 OAK STREET, #555, Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	E-mail crystal.hishida@a) ipal Analyst, County	icgov.org y Administrato	or's Office	☐ Amendment <i>(Must o</i> Date of Original Filing:	en Konstantist Istanion vision
2. Event For Which Tickets Date(s) of Event:	06 <u>, 10</u> Desci / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>Oa</u>	et: \$ ts below.) akland Athletics	40.00	⊠ Pursuant to Contract
3. Agency Official(s) Recei		se a continuatio	State Whet	tional names) her the Distribution is Ir be the Public Purpose f	
 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: Nur Purpose for Distribution: (Determine the promote attendance at a strain the provide the promote attendance at a strain the provide the promote attendance at a strain the provide the provi	Official: <u>Supervisor</u> ization: <u>Lil' Arneric</u> mber and Street escribe the public pur	Alice Lai-Bith	cer, District 3	Numb	per of Tickets:2
5. Verification I have determined that the distr Signature of Agericy Head or Design Comment: (Use this space or an	ibution of tickets set f CRYSTAL H	orth above is ir HSHIDA GRA Print Name	accordance wit	h the provisions of FPP ICIPAL ANALYST Title	

Tickets Provided by				
Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 946 Area Code/Phone Number [E-mail	612			
			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crystal.hishida@a Agency Contact (name and title)	icgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, Count	v Administrat	or's Office	Date of original rinig.	(month, day, year)
2. Event For Which Tickets Were Distribute		,		
Date(s) of Event: <u>11 / 07 / 10</u> Desci		, Oakland Ra	iders Game	
			150.00	
/ Face	Value of Ticke	et: \$	100.00	<i>k</i>
Agency Event 🛛 Yes 🖾 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided t	o Agency: Oa	akland Raiders		
0				
Number of Tickets Received: <u>3</u>	Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	tional names)	
Name of Official	Number		her the Distribution is Inc	come to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
Wilson, Shawn	3	To promote attendance at County event to max sales		
	3		allendance at County (event to max sales
		1.		
4. Individual or Organization Receiving Tic	ket(s) (Provid	led at the behest	t of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor</u>	Alice Lai-Bitk	ker, District 3		
Name of Individual or Organization:			Numb	er of Tickets:
Description of Organization:				2
Address of Organization:				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the public purp	pose for the dis	stribution to the o	rganization.)	
To promote attendance at event held at a Coun	ity facility to n	naximize poten	tial County revenue fr	om concession sales
5. Verification				
I have determined that the distribution of tickets set for	orth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
CHAN CRYSTALH	IISHIDA GRA	FF PRIN	CIPAL ANALYST	alghi
	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any add	litional informatic	n including amend	lment explanation.)	

Tickets Provided by	A Dute	lia Decesso		
Agency Report	A Pub	lic Docume	int	TICKETS PROVIDED BY AGENCY REPORT
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-ma				
(510) 272-3882 crys	tal.hishida@acgov.org		Amendment (Must exp.	lain in Part 5.)
Agency Contact (name and title)	annienda@aogov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal A	nalyst, County Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets We	re Distributed			
Date(s) of Event:0921	10 Description of Eve	nt: Oakland A's		
///	—— Face Value of Tick	et: \$	40.00	
Agency Event 🗌 Yes 🗵	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket	(s) Provided to Agency:	AKLAND A's		
Number of Tickets Received:				
	TICKEL(S) PTO	vided to Agenc	y: 🔲 Gratuitously 🛛	☑ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for addi	tional names)	1
Name of Official	Number		her the Distribution is Inco	
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution
		ļ		
4. Individual or Organization Re	ceiving Ticket(s) (Provid	l ded at the behest	t of an agency official.)	
Name of Behesting Agency Officia		ASUL SCOLL HAY		
Norra of Individual on Oracia C	Mel Luna			4
Name of Individual or Organizatio	n:	-	Number	of Tickets:4
Description of Organization:				5
Address of Organization:	I Street	City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the div	stribution to the o	ragnization)	
			rganization.)	
To reward a community volunteer	for her service to the publi	С.		
5. Verification		میں اور		
I have determined that the distribution	of tickets set forth above is ir	accordance with	h the provisions of FPPC I	Regulation 18044 1
ALL M				
CHEMIN	CRYSTAL HISHIDA GRA	PRIN	CIPAL ANALYST	9/8/16
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attach	ment for any additional information	on including amend	ment explanation.)	

Agency Report A Public Document Tickers provided by agency report 1. Agency Name Date Stamp California 802 COUNTY OF ALAMEDA Date Stamp Form 802 Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address Date Stamp For Official Use Only OAKLAND, CA 94612 Image: Crystal.hishida@acgov.org Image: Crystal.hishida@acgov.org Image: Crystal.hishida@acgov.org Date of Original Filing: (month, day, year) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: (month, day, year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 24 / 10 Description of Event: Baseball Game
COUNTY OF ALAMEDA Form OU2 Division, Department, or Region (if applicable) For Official Use Only 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) 2. Event For Which Tickets Were Distributed
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 / 24 / 10 _ Description of Event: Baseball Game
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 / 24 / 10 _ Description of Event: Baseball Game
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OAKLAND, CA 94612 Imail
Area Code/Phone Number E-mail Image: Area Code/Phone Number E-mail Image: Area Code/Phone Number Image: Area Code/Phone Number E-mail Image: Area Code/Phone Number Image: Area Code/Phon
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 24 / 10
2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 24 / 10 Description of Event: Baseball Game / Face Value of Ticket: \$ 85.00 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract
Date(s) of Event: 09 / 24 / 10 Description of Event: Baseball Game
Agency Event Yes Xi No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Xi Pursuant to Contract
Agency Event Yes Xi No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Xi Pursuant to Contract
Agency Event Yes Image: No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Image: Gratuitously Image: Pursuant to Contract
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: I Gratuitously X Y
Number of Tickets Received: Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract
 Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
Name of Official Number State Whether the Distribution is Income to the Official or
(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.)
Alameda County Supervisor Nate Miley District 4
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, District 4</u>
Name of Individual or Organization: <u>Edward and Daniel Cotter</u> Number of Tickets: <u>2</u>
Description of Organization:
Address of Organization: Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote an event held at a County facility in order to maximize potential County revenue from parking and
5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 9/20/16 Signature of Agency Head or Designee Print Name Title (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					I SIIII
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		Date of Original Filing:	
Agency Contact (name and title		ι. Λ. J!!		Date of Original Filling.	(month, day, year)
Crystal Hishida Graff, Princ			tor's Office		
2. Event For Which Tickets			The Eagles		
Date(s) of Event: <u>10</u>	<u> </u>	ription of Eve			
/	/ Face	Value of Tick	et: \$	199.00	
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: G	SW		
Number of Tickets Received	4			y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets	CONTRACTORS IN ACCOUNTS AND	her the Distribution is In be the Public Purpose for	
Alameda County Superviso	r Scott Haggerty	4	To obtain ove	ersight of facilities or e	events that have
District One			received Cou	Inty funding or suppor	t
				E.	
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Super	risor S	cott thagg	euty, Dartric	* (
Name of Individual or Organ	ization:			Numb	er of Tickets:
Description of Organization:		p			
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the di	stribution to the c	organization.)	
to reward an community vol	unteer for his servio	ce to the publ	ic.		
5. Verification					
I have determined that the distr	ibution of tickets set t	orth ahove is in	1 accordance wit	h the provisions of EPDr	C Regulation 18944 1
at and		HISHIDA GRA		ICIPAL ANALYST	
Signature of Ageney Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	attachment for any add	ditional information	on including amend	dment explanation.)	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED
Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		
2. Event For Which Tickets	s Were Distribute	ed	2. 2.		
Date(s) of Event:09_/_2	<u>4 / 10</u> Desc	ription of Eve	nt: Baseball G	ame	
/	/ Face	Value of Tick	et: \$	85.00	
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)		
			and the second second second	5	
Name of Outside Source of	licket(s) Provided t	to Agency:			
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contra
8. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
Gee, Anna		3	To promote a	an event held at a Cou	nty facility in order to
			maximize po	tential County revenue	from parking and
			and concess	ion sales.	
I. Individual or Organization					
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	visor Nate Mile	y, District 4	
Name of Individual or Organ					er of Tickets:1
Description of Organization:					
Address of Organization:	nber and Street		City	į	State Zip Cod
Purpose for Distribution: (D	escribe the public pur	rpose for the dis	stribution to the o	organization.)	
To promote an event held a				-	narking and
5. Verification					
I have determined that the distr	ibution of tickets set t	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1
					abil
Signature of Manay Load or Design		HISHIDA GRA		ICIPAL ANALYST	(month day your
Signature of Agency Head or Design			on including orac		(month, day, year,
Comment: (Use this space or a	r allachment for any ad	ulional informatio	on including amend	атепсехріанацоп.)	
and concession sales.					

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)			Date of Original Filin	g:(month, day, year)
Crystal Hishida Graff, Princ	pipal Analyst, Coun	ty Administrate	or's Office		
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:	24 <u>/ 10</u> Desc	ription of Ever	nt: Baseball Ga	ame	
	/ Face			85.00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Athletics	3	
Number of Tickets Received	1:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi	cial	Number	Chebra Brance Brance (1980) of the Source of		Income to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provic	led at the behes	t of an agency official.)
Name of Behesting Agency	Official: Alameda C	County Superv	visor Nate Mile	y, District 4	
Name of Individual or Orga					nber of Tickets:
Description of Organization	:				
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the o	organization.)	
To promote an event held a	at a County facility in	n order to max	kimize potentia	I County revenue fro	om parking and
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in	n accordance wit	h the provisions of FF	PC Regulation 18944.1.
Color	CRYSTAL I	HISHIDA GRA		ICIPAL ANALYST	9/23/1/1
Signature of Agency Fread or Desig		Print Name		Title	(month, day, year)
Comment: (Use this space or a	an attachment for any ad	lditional informatio	on including amend	dment explanation.)	

and concession sales.