Tickets Provided by Agency Report	AP	ublic Docum	ent	TICKETS PROVID
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			a a to a to the	Form 80
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	il			
510-272-3882 crys	tal.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	annoniaa@aogov.org		Date of Original Filing: _	6 11 1 A
Crystal Hishida Graff, Principal A	nalyst, County Adminis	strator's Office		(month, day, year)
2. Event For Which Tickets Wei				
Date(s) of Event: <u>10 / 22 /</u>		Event. Shakira		
Date(s) of Event://_			113.75	
//	Face Value of	Ticket: \$	110.70	
Agency Event 🛛 Yes 🛛 🗵	No (Identify source of	tickets below.)		
Name of Outside Source of Ticket	(c) Provided to Ageneu	. Golden State Wa	arriors	
			And the second second	11173
Number of Tickets Received:	2 Ticket(s)	Provided to Agend	cy: 🔲 Gratuitously	Pursuant to Cont
3. Agency Official(s) Receiving	Ticket(s) (use a contin	uation sheet for add	itional names)	
Name of Official (Last, First)	Numbe of Ticke	2.4 · · · · · · · · · · · · · · · · · · ·	ther the Distribution is Inc ibe the Public Purpose for	
Ahad, Rozan	2	rewarding co	ounty employee for exe	mplary service
4. Individual or Organization Re	eceiving Ticket(s) (P	trovided at the behas	st of an agency official )	
			st of an agency officially	
Name of Behesting Agency Officia	- oupornoor our otor			
Name of Individual or Organization	וייייייייייייייייייייייייייייייייייייי		Numbe	er of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:	Street	City		State Zip C
Purpose for Distribution: (Describe		e distribution to the	organization.)	
5. Verification				
I have determined that the distribution	of tickets set forth above	is in accordance wi	th the provisions of FPPC	Regulation 18944.1.
chap	CRYSTAL HISHIDA		ICIPAL ANALYST	10/30/1
Signature of Agency Head or Designee	Print Name		Title	(month, day, ye

Agency Report		A Pub	lic Docum	ent		PROVIDED B
Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form For Official	802	
Street Address 1221 OAK STREET, #555,	OAKLAND, CA 94	612		-		
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office			Date of Original Filing:			
2. Event For Which Ticket Date(s) of Event:/	s Were Distribut	ed ription of Ever		05 00		
Agency Event		to Agency: <u>Go</u>	olden State Wa	arriors cy: 🔲 Gratuitously	⊠ Pursuant to	o Contrac
3. Agency Official(s) Rece		se a continuatio	2 2 2 2 3 2 2 3 2 3 2 4 A L S 2 4 4	itional names) ther the Distribution is l	ncome to the Offic	tial or
(Last, First)		of Tickets	Descr	ibe the Public Purpose	for the Distributior	1
I. Individual or Organizati	on Receiving Tic	:ket(s) (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitk	ker, District 3			
Name of Individual or Orgar					ber of Tickets: _	4
Description of Organization:	0 Eight Street, Sui			velops affordable no	using	
Address of Organization:	nber and Street	le 200, Oakiai	City		State	Zip Code

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			
Division, Department, or Region (if ap	plicable)		For Official Use Only
Street Address			
1221 OAK STREET, #555, OAKLA	ND, CA 94612		
Area Code/Phone Number E-mail		Amendment (Must	evolain 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 Ana	r's Office	(	
2. Event For Which Tickets Were			
Date(s) of Event: <u>12 / 14 /</u> 1	Description of Event	t: Golden State Warriors Game	
	Face Value of Ticket	05 00	
Agency Event 🔲 Yes 🗵 N	o (Identify source of tickets	s below.)	
Name of Outside Source of Ticket(s	) Provided to Agency: Gol	den State Warriors	
Number of Tickets Received:4	IICKet(s) Provi	ided to Agency:	Pursuant to Contract
3. Agency Official(s) Receiving T	icket(s) (use a continuation	n sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is In Describe the Public Purpose	
Constraint, Strainty,	UT HOKEIS	Describe the Fubile Fulpese	
·			
4. Individual or Organization Rec	ST 1 2 2 24		
Name of Behesting Agency Official:	Supervisor Alice Lai-Bitke	er, District 3	
Name of Individual or Organization:			ber of Tickets:4
Description of Organization: <u>Recrea</u>	tion and Human Services	is dedicated to promoting commu	nity through its programs
Address of Organization: 15301 Wi	cks Blvd., San Leandro, C.		State Zip Code
a larve and a second	nen 1. ene de mare	City	State Zip Code
Purpose for Distribution: (Describe t	and the state to be been as the second	n versionen er en en en er en er en er	
To reward a school or nonprofit org	anization for its contributio	ons to the community	
5. Verification			
I have determined that the distribution o	f tickets set forth above is in a	accordance with the provisions of FPF	C Regulation 18944.1.
0.1.	CRYSTAL HISHIDA GRAF		10.1
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by		A Public I	Docume	ant	TICKETS PROVIDED BY
Agency Report		Arubici	Jocume	in .	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					101111
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					c
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	accov ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		acgov.org		Date of Original Filing: _	
		A	0.6	Bato of original things	(month, day, year)
Crystal Hishida Graff, Princ			Office		
2. Event For Which Ticket			-		
Date(s) of Event: <u>10</u>	7 <u>10</u> Desc	ription of Event: <u></u>	isney on I	ce Show	
1		Value of Ticket: \$		25.00	
		value of ficket. ¢			
Agency Event 🛛 Yes	⊠ No (Identify s	source of tickets be	elow.)		
News of Outside Course of	Televia Devident	Golder	n State Wa	rrirors	
Name of Outside Source of	Ticket(s) Provided	to Agency:	1.1242268-0.145		
Number of Tickets Received	:4	Ticket(s) Provided	d to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sh	eet 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 Organizati	on Receiving Tic	cket(s) (Provided a	t the behes	t of an agency official.)	
Name of Behesting Agency	Alameda (	County Supervisor	Nate Mile	v. District 4	
Name of Behesting Agency	Official:	obarrity oupportion	That's Thing	), Diotrict 1	
Name of Individual or Orgar	Katie, And	lv. Adrian and And	re Kong	N Is such	4
Name of Individual or Organ	lization:	,,		Numbe	er of Tickets:4
Description of Organization:					
Description of Organization.					
Address of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Dussass for Distributions (D		an a sea fa a tha a d'ataile.	11		
Purpose for Distribution: (D	an ann an san san Sasa ann a' san			Second succession and second	
To promote attendance at a	n event held at a C	County facility in or	der to max	kimize potential County	revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in acc	ordance wil	h the provisions of FPPC	Regulation 18944.1.
211				8	
CAMPAX	2 Providence in the second second	HISHIDA GRAFF		ICIPAL ANALYST	10/31/10
Signature of Agency blead or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional information inc	luding amene	dment explanation.)	

Agency Report 1. Agency Name COUNTY OF ALAMEDA Division Department on Re-					
COUNTY OF ALAMEDA				Date Stamp	California
Division Deventored					Form 802
Division, Department, or Re	gion (if applicable)				For Official Use Only
1221 OAK STREET, #555				1	
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
	THE COMPACT			Amendment (Mustex)	olain in Part 5.)
(510) 272-3882 Agency Contact (name and tit	crystal.hishida@a	acgov.org	Date	of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		1.772	of ofiginal fining. =	(month, day, year)	
		SAL FOR GROUPER STORE STORE STORE	Office		
2. Event For Which Ticke				2255	
Date(s) of Event: <u>10</u> /_	<u>15 / 10</u> Desc	ription of Event:	isney on Ice Sh	ow	
	/ Face		05.0		
Agency Event 🛛 🗌 Yes		ource of tickets be	2		
Name of Outside Source o	Ticket(s) Provided	to Agency: Golder	State Warrirors		
Number of Tickets Receive	d:8	Ticket(s) Provided	d to Agency:	] Gratuitously	Pursuant to Contrac
3. Agency Official(s) Reco	eiving Ticket(s) (u	se a continuation sh	eet for additional i	names)	
Name of Of		·····································			ome to the Official or
(Last, First	)	of Tickets	Describe the	Public Purpose for	the Distribution
4. Individual or Organizat		2.00			
Name of Behesting Agency	Official: <u>Alameda (</u>	County Supervisor	Nate Miley, Dist	trict 4	
Name of Individual or Orga	nization: United Ser	niors of Oakland &	Alameda Coun	tyNumbe	er of Tickets: <u>8</u>
Description of Organization	Senior Advocacy			,	
Address of Organization	200 Bancroft Ave, S	Ste 178 -Oakland,	CA 94605 City		State Zip Code
Purpose for Distribution: ()		rpose for the distribu	18885 11 Rev 10	zation.)	
To promote attendance at	na na sangana na sangana na sanga	and the set of the set of the set of the second set of the second s	a fa ann an an an ann a a' an bha an a		revenue from parking
		Journy radiity in or		potoniui ocomy	revenue nem parting
5. Verification		-	A	a si antenaren	
I have determined that the dis	tribution of tickets set	forth above is in acc	ordance with the p	provisions of FPPC	Regulation 18944.1.
2011년 1월 201					/
Signature of Agency Head or Desi		HISHIDA GRAFF	PRINCIPA	L ANALYST	10/31/1

and concession sales

Agency Report       A Public Document       Trekters RoviceDe To Access (Creport Report Repor
COUNTY OF ALAMEDA       Form OU2         Division, Department, or Region (# applicable)       121 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       crystal.hishida@acgov.org         Agency Contact (mane and title)       crystal.hishida@acgov.org         Count of the contact (mane and title)       crystal.hishida@acgov.org         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:
Division. Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         E-mail         (510) 272-3882         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date of Original Filing:
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         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 of Original Filing:
Street Address         OAKLAND, CA 94612         Area Code/Phone Number         crystal.hishida@acgov.org         Agency Contact (name and little)         Crystal.Hishida@atgov.org         Agency Contact (name and little)         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         Date(s) of Event:       10
OAKLAND, CA 94612
Area Code/Phone Number (510) 272-3882       E-mail crystal.hishida@acgov.org       Amendment (Must explain in Part 5.)         Agency Contact (name and lifle)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:
(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:
(monin, age; year)         (Crystal Hishida Graff, Principal Analyst, County Administrator's Office         (1)         (monin, age; year)         (monin, age; year)         (monin, age; year)         (monin, age; year)         (Colspan="2")         (Interview of Ticket(s) (Non Colspan="2")         (Interview of Ticket(s) (monin and the monin at
2. Event For Which Tickets Were Distributed         Date(s) of Event:       10 / 22 / 10       Description of Event:       Shakira Concert
Date(s) of Event:       10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 10 / 22 / 22
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warrirors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: State Whether the Distribution is Income to the Official or Of Tickets       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       United Seniors of Oakland & Alameda County       Number of Tickets:       4
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warrirors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Image: Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: State Whether the Distribution is Income to the Official or Official or 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.)       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       United Seniors of Oakland & Alameda County       Number of Tickets:       4
Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official       Number (Last, First)       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:
Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official       Number (Last, First)       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:
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
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:
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:
(Last, First)       of Tickets       Describe the Public Purpose for the Distribution         Image: Construct of the description of the descriptio
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:
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:
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:
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:
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:
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:
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:
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 4
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 4
Description of Organization. Senior Advocacy
Address of Organization, 7200 Bancroft Ave, Ste 178-Oakland, CA 94605
Address of Organization: 7200 Bancron Ave, Ste 178-Oakland, CA 94605 Number and Street City State Zip Code
Durness for Distribution: (Describe the public surges for the distribution to the propriorities )
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
E. Marification
5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
CHANNEL CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 18/30/10
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.)

and concession sales

Tickets Provided by Agency Report	A Pub	lic Docume	ent		PROVIDED B'
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi 1221 OAK STREET, #555	COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			California Form For Official	802 Use Only
Street Address OAKLAND, CA 94612					
Area Code/Phone Number 510-272-3882 Agency Contact (name and title)	Constructions And Annual Construction and Construction an			xplain in Part 5.)	ur)
2. Event For Which Tickets	Were Distributed		Knicks		
Date(s) of Event:11_/_1 /	9 <u>/ 10</u> Description of Eve / Face Value of Tick		0.5		
Agency Event	No (Identify source of ticket)	E	nriors		
Number of Tickets Received	: <u>4</u> Ticket(s) Proving Ticket(s) (use a continuation of the second s		tional names)	⊠ Pursuant t	o Contract
Name of Offic (Last, First)		State Whet	ther the Distribution is In be the Public Purpose for		
4. Individual or Organizatio	on Receiving Ticket(s) (Provi	ded at the behes	t of an agency official.)		
	Official: Supervisor Gail Steele ization: League of Volunteers		Numb	er of Tickets: _	4
	promotes volunteerism and enh	ances quality o			
Address of Organization: Nun	120 Ruschin Drive nber and Street escribe the public purpose for the di	New City stribution to the d		CA State	94560 Zip Code
	ization for its contributions to the				
5. Verification I have determined that the distri	ibution of tickets set forth above is i	n accordance wit	h the provisions of FPP	C Regulation 189	944.1.

 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYST
 OBSCIENCIATION

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

. Agency Name					CY REPO
			Date Stamp	California Form	802
COUNTY OF ALAMEDA			_	For Official Us	
Division, Department, or Region (if applicable)					<b>,</b>
Street Address			-		
1221 OAK STREET, #555, OAKLAND, CA 9	4612				
Area Code/Phone Number E-mail			Amendment (Muste	volain in Port 5.)	
(510) 272-3882 crystal.hishida@	(510) 272-3882 crystal.hishida@acgov.org			xplan in Part 5.)	
Agency Contact (name and title)	Agency Contact (name and title)			(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Cou	nty Administrato	or's Office		(month, day, year)	
. Event For Which Tickets Were Distribu	Ited				
Date(s) of Event: / Des	scription of Ever	nt: Shakira			
/ Fac	e Value of Ticke	ət: \$	113.75		
		enandi "Fridados			
	source of ticke	and the States	i .		
Name of Outside Source of Ticket(s) Provided	d to Agency: <u>Go</u>	olden State Wa	arriors		
Number of Tickets Received: 2			cy: 🔲 Gratuitously	Pursuant to	Contrac
			у. <u>Ц</u> олаловој		
Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for add	itional names)		
Name of Official	Number		ther the Distribution is In		al or
(Last, First)	of Tickets	Descr	ibe the Public Purpose for	or the Distribution	
	_				
. Individual or Organization Receiving T	icket(s) (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency Official:	or Alice Lai-Bitk	er, District 3			
Name of Individual or Organization: Doug Tra	ampetti		Numb	er of Tickets:	2
Description of Organization:					
Address of Organization:					
Address of Organization:		City		State	Zip Code
Hambor and oddor		ana saaraa kataraas	organization )		
	urpose for the dis	tribution to the (	Juanzalon		
Purpose for Distribution: (Describe the public p To promote attendance at an event held at a				from concession	n sales

Colony	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/21/10
Signature of Agoncy Head or Designee	Print Name	Title	(month, day, year)
we w	1 (576 - 1762) (616-3 - 151 - 61 - 6	60 N N 825 N	

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Tickets Provided by	A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report	AT do	no boodine	20182	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				10111
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA	94612			
Area Code/Phone Number E-mail			Amendment (Must ex	oplain in Part 5,)
(510) 272-3882 crystal.hishida	a@acgov.org			
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Co	ounty Administrate	or's Office		*
2. Event For Which Tickets Were Distri	and the second s			
Date(s) of Event: <u>10 / 22 / 10</u> D		nt: <u>Shakira</u>		
	ace Value of Tick		113.75	
Agency Event 🛛 Yes 🛛 🛛 No (Ident	tify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provid	led to Agency: Go	olden State Wa	rriors	
Number of Tickets Received:4	Ticket(s) Pro	wided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	<b>i)</b> (use a continuation	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	r the Distribution
Wilson, Shawn	4	To promote a	attendance at event at	a County facility
4. Individual or Organization Receiving	Ticket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:	visor Alice Lai-Bit	ker, District 3		
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	c purpose for the dis	stribution to the c	organization.)	
To promote attendance at an event held at	a County facility	in order to max	imize County revenue	from concession sales
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 or Designee	AL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	10/30/10 (month, flav, year)
Comment: (Use this space or an attachment for an		on including amend		10000000000000000000000000000000000000

Tickets Provided by	A Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report	AT UD	ne bocame		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				101111
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-r	mail		Amendment (Mustex	alala in Dart 5 )
(510) 272-3882 cr	ystal.hishida@acgov.org			plain in Part 5.)
Agency Contact (name and title)	/		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrat	or's Office		(month, day, year)
2. Event For Which Tickets W	ere Distributed			
Date(s) of Event: <u>10 / 30</u>	/ 10 Description of Eve	nt. Gorillaz Cor	ncert	
			78.40	
/	/ Face Value of Tick	et: \$		
Agency Event 🛛 Yes 🛛	No (Identify source of ticke	ts below.)		
			rrirors	
Name of Outside Source of Tick	(et(s) Provided to Agency:			
Number of Tickets Received:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	ig Ticket(s) (use a continuation	Level of the second second second second	a de la deservación de la consection	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organization	The second s			
Name of Behesting Agency Offi	cial: Alameda County Super	visor Nate Mile	y, District 4	
Name of Individual or Organizat				er of Tickets:2
Name of Individual of Organiza	uon		Numbe	si or nekets.
Description of Organization:				
Address of Organization:	and Street	City		State Zip Code
Purpose for Distribution: (Descr		stribution to the o	organization.)	
To promote attendance at an e	- A state for an an a state of the second state of		AND A CARDON AND AND	revenue from parking
· · · · · · · · · · · · · · · · · · ·				
5. Verification				
I have determined that the distribut	tion of tickets set forth above is i	n accordance wit	th the provisions of FPPC	Regulation 18944.1.
Cale AN				In la la
Signaling Charles Deciment	CRYSTAL HISHIDA GRA	AFF PRIN	Title	(month day yaw)
Signature of Agency Head or Designee		an inclusion	0909	(month, day, year)
Comment: (Use this space or an att	acriment for any additional informati	on including amen	oment explanation.)	
and concession sales				

Tickets Provided by Agency Report	A Pu	Iblic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA			nem summer	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@acgov.org		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and tille)			Date of Original Filing:	(month, day, year)
	ipal Analyst, County Administ	rator's Office		(month, day, year)
2. Event For Which Tickets				
	<u>5 / 10</u> Description of E	Warriors Ba	sketball	
Date(s) of Event:/			95.00	
/	/ Face Value of Ti	cket: \$	95.00	
Agency Event 🛛 🗌 Yes	⊠ No (Identify source of tid			
Name of Outside Source of	Ticket(s) Provided to Agency:	Golden State Wa	rriors	
Number of Tickets Received	54 C			⊠ Pursuant to Contract
3. Agency Official(s) Rece	ving Ticket(s) (use a continu	ation sheet for addi	tional names)	
Name of Offic (Last, First)	sial Number of Tickets		her the Distribution is Inco be the Public Purpose for	
4. Individual or Organizati	on Receiving Ticket(s) (Pro	ovided at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda County Sup	ervisor Scott Hag	gerty, District 1	
	ization: <u>City of Fremont Aging</u>			r of Tickets:4
Description of Organization:	City's care for the elderly			
Address of Organization:	D CITY OF FREMONT PO BC	X 5006 FREMON	NT, CA 94537-5006	State Zip Code
Durnage for Distributions (D	casellas the public purpose for the	distribution to the	readization 1	
이 그 집에 걸려도 없다는 것이 잘 많았는 것이 없다.	escribe the public purpose for the FIT ORGANIZATION FOR ITS		NEW CONTRACTOR OF THE STREET	TV
	T ORGANIZATION FOR TR	5 GONTRIBUTIO		<u> </u>
5. Verification				
	ibulian of tickets and faith at any	la la accordance de	h the provisions of EDDO	Degulation 190414
r nave determined that the disti	ibution of tickets set forth above i		n	Regulation 18944.1.
change	CRYSTAL HISHIDA G	RAFF PRIN	ICIPAL ANALYST	10/30/10
Signature of Agency fead or Design	ee Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	AP	ublic Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	Date Stamp	California Form For Official U	802		
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	Amendment (Must ex		)		
/ Agency Event □ Yes	09 <u>/ 11</u> Description of E / Face Value of T ⊠ No (Identify source of ti Ticket(s) Provided to Agency:	icket: \$ ckets below.) Golden State Wa	95.00	⊠ Pursuant to	) Contract
3. Agency Official(s) Rece Name of Offi (Last, First)		state Whe	tional names) ther the Distribution is Inc be the Public Purpose fo		
Name of Individual or Organ	on Receiving Ticket(s) (Pr Official: <u>Alameda County Su</u> nization: <u>Chinese Christian So</u> Provides support for school	pervisor Nate Mile chools	y, District 4	er of Tickets:	4
Address of Organization: 1 Nu Purpose for Distribution: (D	301 North Loop Rd - Alameda <sup>mber and Street</sup> escribe the public purpose for the nization for its contributions to	, CA 94502 City e distribution to the	organization.)	State	Zip Code
To reward a nonprofit organ	~ 안사가 잘못 가지 않는 것 같아요. 한 것 이야 할 수 있는 것 같아요. 한 것 않	e distribution to the the community			C Regulation 189

CHANK	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/31/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report		ATUS	ne booanne	ent	TICKETS I AGE	NCY REPOR
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA				14	Form	. No. 10 10-1
Division, Department, or Reg	Division, Department, or Region (if applicable)				For Official U	Jse Only
Street Address				-		
1221 OAK STREET, #555,	OAKLAND, CA 946	512				
Area Code/Phone Number E-mail				Amendment (Must e	xplain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org		15	19 B	
Agency Contact (name and title	)			Date of Original Filing: .	(month, day, yea	r)
Crystal Hishida Graff, Princ	cipal Analyst, County	/ Administrate	or's Office			
2. Event For Which Ticket			Jake - Victorial Parts			
Date(s) of Event: <u>11 / (</u>	05_/_10Descr	iption of Eve	nt: Golden Sta	te Warriors Game		
/	/ Face '	Value of Tick	et: \$	95.00		
Agency Event 🛛 Yes	🗙 No (Identify so	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided to	o Agency: G	olden State Wa	nriors		
Number of Tickets Received	1:4	Ticket(s) Pro	ovided to Agend	y: 🔲 Gratuitously	Pursuant to	o Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuatio	on sheet for addi	tional names)		
Name of Offi (Last, First)	cial		energy is a resident during the residence			
		Number	• CE 17.61 (MAX - 17.52) [Section 4.57]	ther the Distribution is Ind		
		Number of Tickets	• CE 17.61 (MAX - 17.52) [Section 4.57]	ther the Distribution is Ind be the Public Purpose fo		
			• CE 17.61 (MAX - 17.52) [Section 4.57]			
			• CE 17.61 (MAX - 17.52) [Section 4.57]			
			• CE 17.61 (MAX - 17.52) [Section 4.57]			
	on Receiving Ticl	of Tickets	Descr	be the Public Purpose fo		
4. Individual or Organizati		of Tickets <b>ket(s)</b> (Provid	Descri	be the Public Purpose fo		
<ol> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> </ol>	Official: Supervisor	of Tickets <b>ket(s)</b> (Provid Alice Lai-Bitl	Descrided at the behes ker, District 3	be the Public Purpose fo		
<ol> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organizati</li> </ol>	Official: Supervisor	of Tickets <b>ket(s)</b> (Provid Alice Lai-Bitl sian Cultural	Descrided at the behes ker, District 3	t of an agency official.)	er of Tickets: _	4
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Supervisor</u> nization: <u>Oakland As</u> Builds vibrant com	of Tickets <b>ket(s)</b> (Provid Alice Lai-Bitl sian Cultural munities thro	Descrided at the behes ker, District 3 Center	t of an agency official.)	er of Tickets: _	4
<ul> <li>4. Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organ</li> <li>Description of Organization: 38</li> <li>Address of Organization: 38</li> </ul>	Official: Supervisor	of Tickets <b>ket(s)</b> (Provid Alice Lai-Bitl sian Cultural munities thro	Descrided at the behes ker, District 3 Center	t of an agency official.)	er of Tickets: _	4
<ul> <li>4. Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organ</li> <li>Description of Organization: 38</li> <li>Address of Organization: 38</li> </ul>	Official: <u>Supervisor</u> nization: <u>Oakland As</u> Builds vibrant com 38 Ninth Street, Suite mber and Street	of Tickets ket(s) (Provid Alice Lai-Bitl sian Cultural munities thro e 290, Oakla	Descrided at the behes ded at the behes ker, District 3 Center ough Asian and und, CA 94607 City	t of an agency official.) Pacific Islander arts a	er of Tickets:	4 Jrams
<ul> <li>4. Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organ</li> <li>Description of Organization:</li> <li>Address of Organization: 38</li> </ul>	Official: <u>Supervisor</u> nization: <u>Oakland As</u> Builds vibrant com 38 Ninth Street, Suite mber and Street escribe the public purp	of Tickets ket(s) (Provid Alice Lai-Bitl sian Cultural munities thro e 290, Oakla	Description to the c	t of an agency official.) Pacific Islander arts a prganization.)	er of Tickets:	4 Jrams

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST Title

(month, day, year,

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	0.132				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
				Amendment (Must e	əxplain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing:	
				Date of Original I ling.	(month, day, year)
Crystal Hishida Graff, Princ		all have been al	or's Office		
2. Event For Which Ticket					
Date(s) of Event://	10 <u>10</u> Desc	ription of Ever	nt: Football Ga	me	
/		Value of Ticke		150.00	
Agency Event Yes	🔀 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	akland Raiders		
Number of Tickets Received	l: <u>3</u>	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 addit	ional names)	
Name of Offi	cial	Number	State Whet	her the Distribution is Ir	ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose f	for the Distribution
		2			
t		×			
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	visor Nate Mile	/, District 4	
Name of Individual or Orgar					ber 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	rpose for the dis	stribution to the c	organization.)	
To promote attendance at a	an event held at a C	County facility i	in order to max	imize potential count	y revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
CHAN	CRYSTAL I	HISHIDA GRA		CIPAL ANALYST	10/30/0
Signature of Agency Head or Design		Print Name		Title	(nfonth, day, gear)
Comment: (Use this space or a	n attachment for any ad	ditional informatic	on including amend	lment explanation.)	

and concession sales - 1 parking pass

Tickets Provided by Agency Report		A Public D	ocument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Reg	gion (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (M	ust explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org		
Agency Contact (name and titl	e)		Date of Original Fill	ng:(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Coun	ty Administrator's O	ffice	
2. Event For Which Ticket	ts Were Distribute	ed		
Date(s) of Event: <u>10</u> /	15 <u>10</u> Desc	ription of Event: Sh	akira Concert	
		Value of Ticket: \$ _	440 75	
	Face	value of ficket.		
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of tickets belo	ow.)	
Name of Outside Source of	Ticket(s) Provided	o Agency: Golden :	State Warrirors	
Number of Tickets Receive	d:8	Ticket(s) Provided	to Agency: 🔲 Gratuitously	y ⊠ Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation shee	et for additional names)	
Name of Off			tate Whether the Distribution i	
(Last, First)		of Tickets	Describe the Public Purpo	se for the Distribution
				*
4. Individual or Organizat				al.)
Name of Behesting Agency	Official: Alameda C	County Supervisor N	late Miley, District 4	
Name of Individual or Orga				umber of Tickets:8
Description of Organization				
Address of Organization: _	200 Bancroft Ave, S	Ste 178 -Oakland, C	A 94605	State Zip Code
Purpose for Distribution: (I		pose for the distribution	12225 1 0 114 5 /05 93	Ma
To promote attendance at	an event held at a C	ounty facility in orde	er to maximize potential Co	ounty revenue from parking
5. Verification				
I have determined that the dis	tribution of tickets set	forth above is in accor	rdance with the provisions of F	PPC Regulation 18944 1
	induiton of tickets set	0111 above is in accor	dance with the provisions of t	TTO Regulation 10044.1.
Signature of Agency Head or Desig	CRYSTAL I	HISHIDA GRAFF	_ PRINCIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
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			-	
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				3110 676 - 276 - 1958
(510) 272-3882 crystal.hishida@a	cdov ord		Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title)	legov.org		Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, Count	ty Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets Were Distribute		tor s office		
		. Golden Sta	te Warriors vs. Portlan	d Trailblazers
Date(s) of Event: <u>12 / 25 / 10</u> Desc	ription of Eve	nt:	05.00	
// Face	Value of Tick	et: \$	95.00	
Agency Event 🔲 Yes 🗵 No (Identify s	ource of ticke	ets below.)		
		and the second second	arriors	
Name of Outside Source of Ticket(s) Provided t	o Agency:	olden olde we		
Number of Tickets Received:4	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Official	Number	<ul> <li>Construction and the second sec</li></ul>	ther the Distribution is Inc	
(Last, First)	of Tickets	Descr	ibe the Public Purpose fo	r the Distribution
Carson, Keith	2	To evaluate	the ability of a local spo	orts team to attract bus
4. Individual or Organization Receiving Tic	STREES STREES AND		t of an agency official.)	
Name of Behesting Agency Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organization: <u>Carol Musi</u>	C		Numbe	er of Tickets: 2
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the a	organization.)	
To promote attendance at a County facility in o	5 prs pr		. 2	arking and concession
		inze potential C	ounty revenue nom pa	inting and concession
5. Verification				
		ar nanarar ana aka kutana ara sa sa sa		Development and a
I have determined that the distribution of tickets set f			na wana kata kata ang kata kata kata kata kata kata kata kat	NAT ANY
CRYSTAL H	ISHIDA GRA	AFF PRIN	ICIPAL ANALYST	10/21/10

Signature of Agenoy Head or Designee -

Print Name

Title

(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555		Date Stamp	California Form 802 For Official Use Only	
Street Address OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Muste	xplain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org		Data of Original Elling:	
Agency Contact (name and title)		0//	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour		tor's Office		
2. Event For Which Tickets Were Distribut		Golden Sta	te Warriors vs. New Y	ork Knicks
Date(s) of Event: <u>11 / 19 / 10</u> Desc				on micks
// Face	Value of Tick	et: \$	95.00	
Agency Event 🗌 Yes 🛛 No (Identify :		And the result of the second second		
Name of Outside Source of Ticket(s) Provided	to Agency: G	olden State Wa	rriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is In- be the Public Purpose fo	
Carson, Keith	2	To evaluate	the ability of a local sp	oorts team to attract bus
4. Individual or Organization Receiving Tid	cket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Keith Cars	son, Superviso	or Fifth District		
Name of Individual or Organization: Carol Mus			Numb	er of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu	rpose for the di	stribution to the c	organization.)	
To promote attendance at a County facility in o	order to maxin	nize potential C	ounty revenue from p	arking and concession
5. Verification				
I have determined that the distribution of tickets set	forth above is ir	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
AUX - 121 - 1 - 121	HISHIDA GRA			10/37/10 (month, day year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report     Fit allow Docume       1. Agency Name     COUNTY OF ALAMEDA       Division, Department, or Region (if applicable)     1221 OAK STREET, #555		Date Stamp	AGENCY REPORT California 802 Form 802	
Street Address OAKLAND, CA 94612				
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office			☐ Amendment <i>(Must e:</i> Date of Original Filing: .	
2. Event For Which Tickets Were Distribute Date(s) of Event: 01 / 14 / 11 Desc	ed		te Warriors vs. Los An	geles Clippers
/ Face Agency Event □ Yes ⊠ No (Identify s	Value of Tick	et: \$ ets below.)	95.00	
Name of Outside Source of Ticket(s) Provided Number of Tickets Received:4			sy: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo	
Carson, Keith	2	To evaluate	the ability of a local sp	orts team to attract bus
4. Individual or Organization Receiving Tic Name of Behesting Agency Official: Keith Cars	25 5 5 5		t of an agency official.)	
Name of Individual or Organization: Carol Mus			Numb	er of Tickets: 2
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur To promote attendance at a County facility in c	interest construction interview (2004			arking and concession
5. Verification I have determined that the distribution of tickets set Signature of Agency Head or Designee CRYSTAL I	forth above is i HISHIDA GRA Print Name		th the provisions of FPPC ICIPAL ANALYST Title	C Regulation 18944.1.

Tickets Provided by Agency Report	y A Public Docume			TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> ) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@a         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, Count	ty Administrat	or's Office	☐ Amendment (Must e. Date of Original Filing: .	
Agency Event ☐ Yes ⊠ No (Identify s Name of Outside Source of Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke to Agency: <u>G</u>	et: \$ ets below.) blden State Wa	95.00	ake City Jazz ⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose fo	
Carson, Keith	2	To evaluate t	he ability of a local sp	ports team to attract bus
4. Individual or Organization Receiving Tic Name of Behesting Agency Official: <u>Keith Cars</u> Name of Individual or Organization: <u>Carol Musi</u> Description of Organization:	on, Supervisc	or Fifth District	Numb	er of Tickets:2
Address of Organization: <u></u>	Redukted and standard strends to solar			State Zip Code arking and concession
	HISHIDA GRA	AFF PRIN	CIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	on (if applicable)			Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title, Crystal Hishida Graff, Princ			or's Office	Date of Original Filing: -	menonen aroxio orazo en en estera
2. Event For Which Tickets Date(s) of Event:/_0	5 <u>/ 11</u> Desci / Face ⊠ No (Identify s licket(s) Provided t :4	ription of Even Value of Ticke ource of ticke o Agency: <u>G</u> Ticket(s) Pro	et: \$ ets below.) olden State Wa vided to Agenc	95.00 nrriors y: Gratuitously	o Bulls
3. Agency Official(s) Recei Name of Offic (Last, First) Carson, Keith		se a continuation Number of Tickets 2	State Whet Descri	her the Distribution is Inc be the Public Purpose fo	
<ul> <li>4. Individual or Organization</li> <li>Name of Behesting Agency of Name of Individual or Organization:</li> <li>Description of Organization:</li> <li>Address of Organization:</li> <li>Purpose for Distribution: (Description of Distribution)</li> <li>To promote attendance at a</li> <li>5. Verification</li> </ul>	Official: Keith Cars ization: Carol Musi ober and Street	on, Superviso	or Fifth District City stribution to the c	Numbe	er of Tickets:2 
I have determined that the distri- Signature of Agergy Head of Design Comment: (Use this space or an	CRYSTAL H	HISHIDA GRA Print Name	AFF PRIN	CIPAL ANALYST	Regulation 18944.1.

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED
Agency Report 1. Agency Name			no boouni	Date Stamp	California
COUNTY OF ALAMEDA				Puto etamp	Form 802
Division, Department, or Region (i	f applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-m	ail			Amendment (Must ex	xplain in Part 5.)
	stal.hishida@a	cgov.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal			tor's Office		
2. Event For Which Tickets We			0.11.01	nor harrondeting of the state	
Date(s) of Event: <u>02</u> / <u>25</u> /	Desc	ription of Eve	nt: Golden Sta	te Warriors vs. Atlanta	Hawks
//_	Face	Value of Tick	et: \$	95.00	
Agency Event 🔲 Yes 🗵	No (Identify s	ource of ticke	ts below )		
				prriors	
Name of Outside Source of Ticke	et(s) Provided t	o Agency:	Juen State wa	intors	
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Receiving	<b>រ Ticket(s)</b> (u				
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
Carson, Keith		2	To evaluate	the ability of a local sp	orts team to attract bus
4. Individual or Organization R	eceiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offic	ial: Keith Cars	on, Superviso	or Fifth District	S.V * S	
Name of Individual or Organization				Numbe	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	nd Street		City		State Zip Cod
Purpose for Distribution: (Describ		pose for the di	stribution to the d	organization.)	
To promote attendance at a Cou		An-real-contraction (contract) (contract)		1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	arking and concession
5. Verification		1			
I have determined that the distributio	n of tickets set f	orth above is ir	1 accordance will	h the provisions of EDDC	Regulation 18044 1
				A construction of the second s	riogulatori rooma, r.
Signature of Agency Head of Designee		HISHIDA GRA	AFF PRIN	Title	(month, day, year)
Comment: (Use this space or an attac	hment for any add	ditional informatio	on including amen	dment explanation.)	

Tickets Provided by Agency Report	A Public De	ocument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> )	Date Stamp	California Form 802 For Official Use Only	
	14640		
1221 OAK STREET, #555, OAKLAND, CA S Area Code/Phone Number  E-mail	94612		
	Baagay arg	Amendment (Must	explain in Part 5.)
(510) 272-3882 crystal.hishida@ Agency Contact (name and title)	gacgov.org	Date of Original Filing	
Crystal Hishida Graff, Principal Analyst, Cou	ntv Administrator's Off	1521 - 15 <sup>2</sup> 1	(month, day, year)
2. Event For Which Tickets Were Distribu			
		lden State Warriors Game	
Date(s) of Event: <u>02 / 05 / 11</u> De			
/ Fac	ce Value of Ticket: \$	95.00	
Agency Event 🛛 Yes 🛛 No (Identify	v source of tickets belo	ow.)	
Name of Outside Source of Ticket(s) Provide	d to Agency: Golden S	State Warriors	
Number of Tickets Received:4		to Agency: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuation shee	t for additional names)	
Name of Official (Last, First)	Number St of Tickets	tate Whether the Distribution is In Describe the Public Purpose	
4. Individual or Organization Receiving T	8 8 2		
Name of Behesting Agency Official: <u>Supervis</u>	sor Alice Lai-Bitker, Dis	strict 3	
Name of Individual or Organization: <u>Darren E</u>	Davis	Num	ber of Tickets:4
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the public p	ourpose for the distributio	on to the organization.)	
To promote attendance at an event held at a	County facility in orde	r to maximize potential Coun	ty revenue from sales
5. Verification			
I have determined that the distribution of tickets se	et forth above is in accorr	dance with the provisions of FPP	C Regulation 18944 1
D .1	_ HISHIDA GRAFF	PRINCIPAL ANALYST	In/salin
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by	A Public D	ocument	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if app		Date S	Galifornia Form 802
Street Address 1221 OAK STREET, #555, OAKLA	ND, CA 94612		
Agency Contact (name and title) Crystal Hishida Graff, Principal Ana		Date of Orig	nent (Must explain in Part 5.) Inal Filing:(month, day, year)
2. Event For Which Tickets Were Date(s) of Event: <u>10 / 29 / 10</u>		lden State Warriors (	Same
Date(s) of Event://	<ul> <li>Description of Event:</li> <li>Face Value of Ticket: \$</li> </ul>	05.00	
Agency Event ☐ Yes ⊠ No Name of Outside Source of Ticket(s)	o (Identify source of tickets belo Provided to Agency: <u>Golden S</u>		
Number of Tickets Received:4		o Agency: 🔲 Gratu	itously 🛛 🗵 Pursuant to Contract
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation shee	t for additional names)	
Name of Official (Last, First)	Number Si of Tickets		oution is Income to the Official or Purpose for the Distribution
4. Individual or Organization Reco Name of Behesting Agency Official: Name of Individual or Organization:	Supervisor Alice Lai-Bitker, Dis		v official.) Number of Tickets:4
Description of Organization:			
Address of Organization:	eet	City	State Zip Code
Purpose for Distribution: (Describe the To promote attendance at an event	n de la calegia com ser a calegia de la c	ana - Homes Construction <del>Ba</del> nder Address Construction	ial County revenue from sales
5. Verification	lickete est forth choire is in access	longo with the eventein	no of EDBC Regulation 49044.4
I have determined that the distribution of Signature of Agency Heber or Designee Comment: (Use this space or an attachme	Print Name	PRINCIPAL ANA	LYST 10/31/10 (month, day, year)

Agency Report		REPAIRE PROPERTY			AGE	NCY REPOI
. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	2-14 April 10
Division, Department, or Reg	ion (if applicable)				For Official U	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612					1	
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title	•			Date of Original Filing:	(month, day, year	2
Crystal Hishida Graff, Princ	Advantation of the local data and the local data an		or's Office			
. Event For Which Tickets			-			
Date(s) of Event:1_/_1	15 <u>10</u> Desc	ription of Ever	nt: Basketball	Game		
/			et: \$	05.00		
Agency Event Yes	🗙 No (Identify s		0120 Dens 0.0420 Den 97			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Go</u>	olden State Wa	arrirors		
Number of Tiekete Deceived	. 2	Ticket/a) Dray	uidad to Acon		V Durevant to	Contra
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contra
			100		X Pursuant to	o Contra
Agency Official(s) Received	iving Ticket(s) (u		on sheet for add			
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names)	come to the Offic	sial or
Agency Official(s) Rece Name of Official	iving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	sial or
Agency Official(s) Rece Name of Official	iving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	sial or
Agency Official(s) Rece Name of Official	iving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	sial or
Agency Official(s) Rece Name of Official	iving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	sial or
Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	sial or
S. Agency Official(s) Rece Name of Offic (Last, First)	<b>iving Ticket(s)</b> (us	se a continuatio	on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose f	come to the Offic	sial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic	se a continuation	on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose f	come to the Offic	sial or
S. Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic	se a continuation	on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose f	come to the Offic	sial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda</u> C	se a continuation of Tickets ket(s) (Provid County Superv	on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ay, District 4	come to the Offic or the Distributior	ial or
Agency Official(s) Receins Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Sobrante T</u>	se a continuation Number of Tickets Sket(s) (Provid County Superv	on sheet for add State Whe Descr Jed at the behes risor Nate Mile	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ay, District 4	come to the Offic	sial or
Agency Official(s) Receins Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Sobrante T</u>	se a continuation Number of Tickets Sket(s) (Provid County Superv	on sheet for add State Whe Descr Jed at the behes risor Nate Mile	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ay, District 4	come to the Offic or the Distributior	ial or
Agency Official(s) Receins Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Sobrante T</u> Support for streng	se a continuation Number of Tickets Ket(s) (Provid County Superv Time Banking thening comm	on sheet for add State Whe Descr Jed at the behes risor Nate Mile	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ay, District 4	come to the Offic or the Distributior	ial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Sobrante T</u> Support for streng	se a continuation Number of Tickets Ket(s) (Provid County Superv Time Banking thening comm	on sheet for add State Whe Descr Jed at the behes visor Nate Mile	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ay, District 4	per of Tickets:	ial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Sobrante T</u> Support for streng	se a continuation Number of Tickets Ket(s) (Provid County Superv Time Banking thening comm	on sheet for add State Whe Descr Jed at the behes risor Nate Mile	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ay, District 4	come to the Offic or the Distributior	ial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: Alameda C dization: Sobrante T Support for streng 57 Capistrano Drive mber and Street	se a continuation Number of Tickets Sect(s) (Provid County Superv Time Banking thening comme e-Oakland, CA	on sheet for add State Whe Descr Descr ded at the behes risor Nate Mile hunity	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ey, District 4	per of Tickets:	ial or
Agency Official(s) Rece Name of Offic (Last, First)	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Sobrante T</u> Support for streng 57 Capistrano Drive mber and Street escribe the public pur	se a continuation Number of Tickets Ket(s) (Provid County Superv Time Banking thening comm e-Oakland, CA	on sheet for add State Whe Descr Jed at the behes risor Nate Mile hunity 94603 City	itional names) ther the Distribution is In ibe the Public Purpose f st of an agency official.) ey, District 4	per of Tickets:	ial or

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

FF PRINCIPAL ANALYST

(month, day, year)

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED B
Agency Report				1	AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region	(if applicable)				For Official Use Only
	(II applicable)				La nella del Mechalia Industrio - econado
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612					
	mail			Amendment (Must e)	xplain in Part 5.)
	ystal.hishida@a	icgov.org		Data de la la comuna	
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal			tor's Office		
2. Event For Which Tickets W					7 42
Date(s) of Event: <u>10</u> / <u>29</u>	<u>10</u> Desci	ription of Eve	nt: <u>Golden Sta</u>	te Warriors vs. Los An	geles Clippers
/			et: \$		
Agency Event 🛛 Yes	🔀 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Tick	(et(s) Provided t	o Agency: Go	olden State Wa	rriors	
Number of Tickets Received:				y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivin	ng 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	
Carson, Keith		2	To evaluate	the ability of a local sp	orts team to attract bus
4. Individual or Organization	Pacelying Tic	kat(s) (Provid	ad at the beloes	t of an agency official )	
0797	1940	5 5 K		t of an agency official.)	
Name of Behesting Agency Offi	cial: Keith Carso	on, Supervisc	or Fifth District		
Name of Individual or Organizat				Numbe	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ribe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at a Co		59 YO DEPHERING STORES (SEC.)		an Angela ann an an Anna an Anna	arking and concession
5. Verification					
I have determined that the distribut	ion of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agendy Head or Designee	CRYSTAL H	IISHIDA GRA	AFF PRIN	CIPAL ANALYST	10/31/10

Tickets Provided by		A Public	Docume	ant	TICKETS PROVIDED BY
Agency Report		AFublic	Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	2				101111
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			Amondment (Musica	plain in Part 5 )
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Must exp	sain in Part 5.)
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ		tv Administrator'	s Office		(month, day, year)
2. Event For Which Tickets					
			Football Ga	ime	π.
Date(s) of Event: <u>10</u> / <u>3</u>	Desci	ription of Event:	T OOLDAIT OC		
/	/ Face	Value of Ticket:	\$	150.00	
Agency Event	⊠ No (Identify s	ourse of tickets	holow)		
1 - 1170 14 - 14 14 14 14 14 14 14 14 14 14 14 14 14			2080-010-080 (C.M.		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oakla	and Raiders	2 5 	
Number of Tickets Received	:3	Ticket(s) Provid	ed to Agenc	;y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuation s	sheet for addi	itional names)	
Name of Offic	sial	Number	State Whe	ther the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	the Distribution
· · · · · · · · · · · · · · · · · · ·					
4. Individual or Organization	on Receiving Tic	ket(s) (Provided	l at the behes	t of an agency official.)	
Name of Behesting Agency	Alameda (	County Supervise	or Nate Mile	v District 4	
Name of Behesting Agency	Official:	Jounty Supervise	or react white	y, District 4	
Name of Individual or Organ	Sharonda	White, Charles D	rew IV,Anth	iony Byrd	er of Tickets: <u>3</u>
Name of Individual of Organ	ization:				r of fickets.
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distri	bution to the	organization.)	
To promote attendance at a	n event held at a C	ounty facility in o	order to may	kimize potential county	revenue from parking
E Varifiantian					
5. Verification I have determined that the distr	ibution of tickets eat i	forth above is in a	cordance wi	th the provisions of EPPC	Regulation 18944 1
r nave determined that the distr				100 C	riogulation roott.r.
Signature of Agency Head or Design		HISHIDA GRAF	PRIN	Title	(month, day, year)
Comment: (Use this space or a		ditional information i	ncluding amen	dment explanation.)	8 % 335 Å

and concession sales - 1 parking pass

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report		711.00	ne boounit		AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regi	on /if applicable)			-	For Official Use Only
Division, Department, or Regi					n managan yang kang kang kang kang kang kang kang k
Street Address				-	
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must exp	nlain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			stant in real cuy
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Count	y Administrate	or's Office		And the second
2. Event For Which Tickets				C 840 A	
Date(s) of Event: <u>11 /</u>	<u>3 / 10</u> Desc	ription of Eve	nt: <u>Golden Sta</u>	te Warriors	
			et: \$		
Agency Event 🛛 Yes	🗙 No (Identify s		- 112-07 T. 12-07 FPR 72.112 - 97 FP 12-14		
Name of Outside Source of	Ficket(s) Provided 1	to Agency: G	olden State Wa	arriors	
Number of Tickets Received	4	Ticket(s) Pro	ovided to Agenc	sy: 🔲 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		ther the Distribution is Inco be the Public Purpose for	
Briones, Ruben		4	To promote a	attendance at event at a	a County facility
4. Individual or Organizatio	on Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency (	Official: Supervisor	<sup>-</sup> Alice Lai-Bitl	ker, District 3		
Name of Individual or Organi				Numbe	r of Tickets:
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the di	stribution to the o	organization.)	
To promote attendance at a	n event held at a C	ounty facility	in order to max	imize County revenue	from concession sales
E Varifiantian					
5. Verification	hution of lists to act t	lanth abava la l	a aaaaudan aa wii	h the provisions of EDDO	Population 100111
I have determined that the distri				<i>7</i>	Regulation 18944.1.
Signature of Agency Head or Designe		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	ic Docume	ent		PROVIDED BY
Agency Name         COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612				Date Stamp	California Form For Official U	802
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title, Crystal Hishida Graff, Princ			or's Office	☐ Amendment <i>(M</i> Date of Original Fili		<del>)</del>
2. Event For Which Tickets Date(s) of Event:1_ / _1/ Agency Event □ Yes Name of Outside Source of <sup>1</sup> Number of Tickets Received	5 <u>, 10</u> Desc / Face ⊠ No (Identify s Ficket(s) Provided t	ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u>	t: \$ s below.) Iden State Wa	95.00	y ⊠ Pursuant to	
3. Agency Official(s) Recei Name of Offic (Last, First)		se a continuatio Number of Tickets	State Whet	her the Distribution i	s Income to the Offic se for the Distributior	
Address of Organization.	Official: <u>Alameda C</u> ization: <u>Breakfast</u>	County Superv of Champions hips to educat	isor Nate Mile ional institutes	y, District 4	al.) umber of Tickets: State	2 Zip Code
Purpose for Distribution: (De To reward a nonprofit organ	escribe the public pur		tribution to the	organization.)		
I have determined that the distr	ibution of tickets set i	forth above is in	accordance wit	th the provisions of F		044.1.

CAMP	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/31/10
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)

Agency Report		A Publ	lic Docum	ent	TICKETS PROVIDED I AGENCY REPOI
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		Υ.		-	
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@a	cgov.org		Amendment (Mus	t explain in Part 5.)
Agency Contact (name and tille Crystal Hishida Graff, Princ	ipal Analyst, Count	Sel sur	or's Office	Date of Original Filing	g:(month, day, year)
2. Event For Which Ticket Date(s) of Event://			nt: <u>Basketball</u>		
/ Agency Event   □ Yes	/ Face <sup>™</sup> ⊠ No (Identify se			95.00	
Name of Outside Source of	All and a state of the state of		and the second state of the second second	arrirors	
Number of Tickets Received		6 5	53. 	cy: Gratuitously	⊠ Pursuant to Contrac
Number of Tickets Received 3. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (us	6 5	on sheet for add State Whe	itional names)	Income to the Official or
3. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (us cial	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose	Income to the Official or for the Distribution
3. Agency Official(s) Rece Name of Offi (Last, First) 4. Individual or Organizati	iving Ticket(s) (us cial on Receiving Tic	se a continuation Number of Tickets <b>ket(s)</b> (Provid	on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose	Income to the Official or for the Distribution
<ul> <li>Agency Official(s) Rece Name of Official(s) Rece</li> <li>Name of Official(s) Rece</li> <li>Name of Official(s) Rece</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organizati</li> </ul>	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Dublin Hig</u> l	se a continuation Number of Tickets <b>ket(s)</b> (Provid County Superv h School PFS	on sheet for add State Whe Descr Jed at the behes visor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose at of an agency official. y, District 4	Income to the Official or for the Distribution
<ul> <li>Agency Official(s) Rece Name of Official(s) Rece</li> <li>Name of Official(s) Rece</li> <li>Name of Official(s) Rece</li> <li>Name of Behesting Agency</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organization</li> </ul>	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Dublin Hig</u> t	se a continuation Number of Tickets <b>ket(s)</b> (Provid County Superv h School PFS o Dublin High	on sheet for add State Whe Descr ded at the behes visor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose at of an agency official. y, District 4	Income to the Official or for the Distribution
<ul> <li>Agency Official(s) Rece Name of Offi (Last, First)</li> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organization</li> <li>Description of Organization:</li> </ul>	iving Ticket(s) (us cial on Receiving Tic Official: <u>Alameda C</u> nization: <u>Dublin Hig</u> l	se a continuation Number of Tickets <b>ket(s)</b> (Provid County Superv h School PFS o Dublin High	on sheet for add State Whe Descr ded at the behes visor Nate Mile	itional names) ther the Distribution is ibe the Public Purpose at of an agency official. y, District 4	Income to the Official or for the Distribution

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

Signature of Agency Bead or Designee 10/31/10 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Print Name Title (month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	2			Date Stamp	California 802
COUNTY OF ALAMEDA					101111
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 exp	alain in Part 5 )
(510) 272-3882	crystal.hishida@a	acgov.org			nam m un o.y
Agency Contact (name and title	)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		N
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>11</u> / <u></u>	3 / 10 Desc	ription of Ever	t. WARRIOR'	S GAME	
Date(s) of Event,					
/	/ Face	Value of Ticke	ət: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided 1	to Agency: <u>GC</u>	OLDEN STATE	WARRIORS	
Number of Tickets Received	:2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Rursuant to Contract
3. Agency Official(s) Recei	i <b>ving Ticket(s)</b> (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	sial	Number		her the Distribution is Inco	
(Lasi, Fiist)		of Tickets	Desch	be the Public Purpose for	the Distribution
-					
2					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency		COUNTY SU	IPERVISOR S	COTT HAGGERTY- DI	ST 1
Name of Behesting Agency	Official:		Littleonte		
Name of Individual or Organ	ization: American	High School, f	Fremont	Numbe	r of Tickets: <u>2</u>
Description of Organization:					
Address of Organization.	300 Fremont, CA S	94536	City		State Zip Code
10.00	1 17 27 4 7 14 7 17 17 17 17 17 17 18 17 17 17 17 17 17 17 17 17 17 17 17 17		575 B		State Zip Gode
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)	
TO REWARD A SCHOOL O	OR NONPROFIT O	RGANIZATIO	N FOR ITS CC	NTRIBUTIONS TO TH	IE COMMUNITY
5. Verification					
I have determined that the distr	ibution of tickets set t	forth above is in	accordance wit	h the provisions of EPPC	Regulation 18944 1
					cale 1
asamp		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	10/20/10
Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)

Agency Report	A Pu	blic Docume	ent		ROVIDED BY
1. Agency Name			Date Stamp		
COUNTY OF ALAMEDA				Form	802
Division, Department, or Reg	ion (if applicable)			For Official U	se Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				_
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must ex	piain in Part 5.)	
Agency Contact (name and title,			Date of Original Filing: .	(month, day, year)	
Crystal Hishida Graff, Princ	ipal Analyst, County Administr	ator's Office		(monin, day, year)	
2. Event For Which Tickets	s Were Distributed				
Date(s) of Event: <u>12</u>	27 / 10 Description of Ev	ent: Basketball	Game		
	/ Face Value of Tic		95.00		
Agency Event 🛛 Yes	☑ No (Identify source of tick)				
Name of Outside Source of	Ticket(s) Provided to Agency:	Golden State Wa	irrirors		
Number of Tickets Received	: Ticket(s) P	rovided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to	Contract
3. Agency Official(s) Recei	ving Ticket(s) (use a continua	tion sheet for addi	tional names)		
Name of Offic (Last, First)	sial Number of Tickets		ther the Distribution is Inc be the Public Purpose fo		al or
					đ
4. Individual or Organizatio					
Name of Behesting Agency	Official: <u>Alameda County Supe</u>	ervisor Nate Mile	y, District 4		
Name of Individual or Organ	ization: <u>Redwood Hieghts Ele</u>	mentary School	Numbe	er of Tickets:	4
	Provide support for school's n		art, and science progra	ims	
	01 39th Avenue - Oakland, CA				
Nur	nber and Street	City		State	Zip Code
Purpose for Distribution: (De	escribe the public purpose for the	distribution to the	organization.)		
그는 것 같은 것 같					
<ul> <li>Financial Rocards and South States</li> </ul>	ization for its contributions to the	he community			

CHERA	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/20/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED B
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>il applicable</i> ) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612				Date Stamp	California Form For Official	802
510-272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princij	A REAL PROPERTY AND A REAL PROPERTY AND	y Administrato	or's Office	☐ Amendment (Must e	674 9 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	r)
2. Event For Which Tickets			Warriors v	1977		
Date(s) of Event: <u>11 / 05</u>			et: \$	OF		
Agency Event	3	o Agency: <u>Go</u>	ilden State Wa	rriors y: □ Gratuitously	⊠ Pursuant to	o Contrac
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Offici (Last, First)	al	Number of Tickets		her the Distribution is Ir be the Public Purpose f		
<b>4. Individual or Organizatio</b> Name of Behesting Agency C	Official: Supervisor	Gail Steele		t of an agency official.)		
Name of Individual or Organiz Description of Organization: .					er of Tickets: _	4
Address of Organization: 116	601 Main Street			nol	CA State	94586 Zip Code
Purpose for Distribution: (De to reward a school for its con	and the second second second	STOTE SHOW THE WO		organization.)		55
5. Verification I have determined that the distrik	oution of tickets set fo	orth above is in	accordance wit	h the provisions of FPP	C Regulation 189	944.1.

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Nepolit COUNTY OF ALAMEDA Division, Department, or Reg	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and litle				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	<ul> <li>Transferration of the second se</li></ul>		or's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>10</u> / <u>1</u>	<u>4_/_10</u> Desc	ription of Ever			
/	/ Face	Value of Ticke	et: \$	113.75	
Agency Event 🛛 Yes	🗵 No (Identify s		una son Stanna		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	lden State Wa	rrirors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)	sial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
4. Individual or Organizati				2 2 2	
Name of Behesting Agency	Official: <u>Alameda</u> C	County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organ	ization: <u>Matt Turne</u>	er		Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the d	organization.)	
To reward a community volu	en e				κ
5. Verification				7	
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Kgency Head or Design	2296525.555.63.57789	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	10/31/10 (month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				T CITIL
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 (Mustex)	plain in Part 5.)
(510) 272-3882 crystal.hishid	a@acgov.org		1774 C (	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	County Administrat	tor's Office		
2. Event For Which Tickets Were Distri		2012 2	5 52 12	
Date(s) of Event: <u>10 / 10 / 10</u> D	Description of Eve	nt: <u>Raiders Ga</u>	me - San Diego Charg	ers
	ace Value of Tick		¢450	
Agency Event 🔲 Yes 🗵 No (Iden	tify source of ticke	ets below )		
Name of Outside Source of Ticket(s) Provid	여기가 이 지수는 것 같은 것 같아요.		rriors	
and a second	ded to Agency:			
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	s) (use a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
Alameda County Supervisor Scott Hagger	ty, 4	To evaluate	the ability of a facility, i	ts operator, or a local
District One		sports team t	to attract business and	contribute to the
		local econom	ıy	
4. Individual or Organization Receiving	Ticket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official:	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Name of Individual or Organization:			Numbe	er of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the publi	c purpose for the di	etribution to the c	organization )	
		stribution to the t	sgamzation.y	
P A POLITATION AT COM				ананан тарактан тарак
5. Verification I have determined that the distribution of tickets	set forth shove is in	n accordance wit	h the provisions of EPPC	Regulation 18944 1
· · Kan			-	Negulation 10344.1:
Signature of Agency Head or Designee	AL HISHIDA GRA		ICIPAL ANALYST Title	(month, day, year)
Comment: (Use this space or an attachment for a	ny additional informatio	on including amend		

Tickets Provided by Agency Report	A Public D	ocument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cou 2. Event For Which Tickets Were Distribut	unty Administrator's C	Date of Original Filing:	8 8
Date(s) of Event: <u>10 / 09 / 10</u> Des // Fac	scription of Event: Ho e Value of Ticket: \$ _ v source of tickets bel	\$7.00 ow.)	
Number of Tickets Received:4 3. Agency Official(s) Receiving Ticket(s)		to Agency: Gratuitously	Pursuant to Contract
Name of Official (Last, First)		tate Whether the Distribution is In Describe the Public Purpose for	이번 집에 가지 않는 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 가지 않는 것 같이 있다. 나는 것 같은 것 같
4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Alameda</u> Name of Individual or Organization: <u>Doug &amp; C</u>	County Supervisor S	Scott Haggerty, District One	per of Tickets:4
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public p TO REWARD A COMMUNITY VOLUNTEER	urpose for the distributi	city on to the organization.)	State Zip Code
5. Verification I have determined that the distribution of tickets se Signature of Agency blead or Designee CRYSTAL	t forth above is in accor - HISHIDA GRAFF Print Name	dance with the provisions of FPP0 	C Regulation 18944.1. <u> 10/31/11</u> (month, day, year)

Tickets Provided by Agency Report		A Public D	ocume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-	mail			Amendment (Must exp	lain in Part 5.)
(510) 272-3882 cr	ystal.hishida@acgc	ov.org			lain in ran 0.7
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County A	dministrator's O	ffice		
2. Event For Which Tickets W	ere Distributed				
Date(s) of Event: <u>10</u> / <u>13</u>	/ <u>10</u> Descripti	on of Event: Dis	sney on le	ce	
		ue of Ticket: \$ _		25.00	
Agency Event 🛛 Yes	X No (Identify sour	ce of tickets bel	ow.)		
Name of Outside Source of Tick	et(s) Provided to A	gency: <u>GSW</u>			· · · · · ·
Number of Tickets Received:	Tic	ket(s) Provided	to Agenc	y: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Receivin	<b>g Ticket(s)</b> (use a	continuation shee	et for addit	tional names)	
Name of Official (Last, First)		Number S If Tickets		her the Distribution is Inco be the Public Purpose for	
4. Individual or Organization		12 - S- SS			
Name of Behesting Agency Office	cial: <u>Alameda Cou</u> r	nty Supervisor S	cott Hag	gerty, District 1	
Name of Individual or Organizat				Numbe	r of Tickets: <u>4</u>
Description of Organization: <u>Sh</u>	elter Against Violer	nt Environments			
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public purpose	e for the distribution	on to the o	rganization.)	
to reward an community volunte	eer for his service to	o the public.	L		
5. Verification					
I have determined that the distributi	ion of tickets set forth	above is in accor	dance witl	h the provisions of FPPC	Regulation 18944 1
Jet an	CRYSTAL HISH			CIPAL ANALYST	10/31/10
Signature of Agency Head or Designee	Print	Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Publ	lic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			Date Stamp	California Form 802
OAKLAND, CA 94612 Area Code/Phone Number E-ma			mendment (Must exp	plain in Part 5.)
(510) 272-3882 crys Agency Contact (name and title) Crystal Hishida Graff, Principal A	atal.hishida@acgov.org malyst, County Administrat		of Original Filing: _	(month, day, year)
2. Event For Which Tickets We Date(s) of Event: <u>10</u> , <u>17</u> , //		25.0	0	
Agency Event ☐ Yes ⊠ Name of Outside Source of Ticke Number of Tickets Received:			Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for additional r	names)	
Name of Official (Last, First)	Number of Tickets		Distribution is Incompose for Public Purpose for Public Public Purpose for Public Public	ome to the Official or the Distribution
4. Individual or Organization R	(TP) 28 (R) 29			
Name of Behesting Agency Offici	al: Alameda County Superv	risor Scott Haggerty,	District 1	
Name of Individual or Organizatic		20	Numbe	er of Tickets: <u>8</u>
Description of Organization: <u>Shel</u>	ter Against Violent Environr	nents		
Address of Organization:	d Street	City		State Zip Code
Purpose for Distribution: (Describ to reward an community voluntee		na nama na sa na matamatan	ation.)	
5. Verification				
I have determined that the distribution	n of tickets set forth above is in CRYSTAL HISHIDA GRA Print Name	2	rovisions of FPPC ANALYST Title	Regulation 18944.1. <u>10/31/10</u> (rhonth, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent		ROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	on (if applicable)			Date Stamp	California Form For Official U	802 Jse Only
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612						
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princ			tor's Office	☐ Amendment <i>(Must e</i> Date of Original Filing:		<del>)</del>
2. Event For Which Tickets Date(s) of Event:10 /110 /1	<u>4 / 10</u> Descr			ce 25.00		
Agency Event		o Agency: <u>G</u>	SW	y: 🔲 Gratuitously	⊠ Pursuant to	) Contrac
3. Agency Official(s) Recei		se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose fo		
<ol> <li>Individual or Organization</li> <li>Name of Behesting Agency 6</li> </ol>	1996년 - 2017년 1월 1999년 1999년 1997년 1997	- and - a state of the state of		동안 문제 영제에 대응되는 이것에서 이야기 것을 가지 않는다.		
Name of Individual or Organ	zation: Louis Chic	oine, ABODE		Numb	er of Tickets:	8
Description of Organization:	Shelter in Fremont			lation		
Address of Organization:	ber and Street scribe the public purp	pose for the dis	City stribution to the c	organization.)	State	Zip Code
5. Verification I have determined that the distri	bution of tickets set fo	orth above is in	n accordance wit	h the provisions of FPPC	C Regulation 189	44.1.

laponto	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/31	110
Signature of Agency Head or Designee	Print Name	Title	(month)	day, year)

Tickets Provided by				
Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA		£		
Division, Department, or Region (	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-n	nail		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 cry	ystal.hishida@acgov.org			Contractor and Contractor
Agency Contact (name and title)	N.		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrat	or's Office		
2. Event For Which Tickets W				
Date(s) of Event: <u>10 / 30</u>	/ Description of Ever	nt: Gorillaz Cor	ncert	
/	/ Face Value of Ticke		78.40	
Agency Event	X No (Identify source of ticke	ts below.)		
			rrirors	
Name of Outside Source of Tick	201			(
Number of Tickets Received:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continuation	on sheet for addit	tional names)	
Name of Official (Last, First)	Number of Tickets	2012년 2월 2012년	her the Distribution is Inc be the Public Purpose fo	
			2).	
4. Individual or Organization I			공 이 문	
Name of Behesting Agency Offic	cial: Alameda County Superv	isor Nate Miley	y, District 4	
				1
Name of Individual or Organizat	ion: Kaityin Quackenbush		Numbe	er of Tickets:1
Description of Organization:				
Address of Organization:	and Street	City		State Zip Code
Purpose for Distribution: (Descr		stribution to the c	organization.)	
To promote attendance at an ev	energia de la construcción de la co		n an	revenue from parking
To promote attendance at an ex	vent held at a county facility f	IT OIGET TO THAN	imize potential county	Tevenue nom parking
5. Verification				
I have determined that the distributi	ion of tickets set forth above is ir	n accordance with	h the provisions of FPPC	Regulation 18944.1.
laft to 18	CRYSTAL HISHIDA GRA	FF PRIN	CIPAL ANALYST	10/20/10
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an atta	achment for any additional informatic	on including amend	Iment explanation.)	
and concession sales				

Tickets Provided by	A D	ublic Docume	- en t	TICKETS PROVIDED BY
Agency Report	API	ublic Docume		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Regio	n (if applicable)		1	For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
	E-mail			allanda antisana anti
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)	orystal.monida@acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Princip	al Analyst County Adminis	trator's Office		(month, day, year)
2. Event For Which Tickets		strator s Office		
전에 공격 전화가 가지 않는 것이 가지 않는 것이 가지?		Corillaz Co	poort	
Date(s) of Event: <u>10</u> / <u>30</u>	_/_10 Description of E	Event: Gorillaz Co		
	_/ Face Value of T	icket: \$	78.40	
Agency Event 🛛 Yes	🗵 No (Identify source of ti	ckets below.)		
Name of Outside Source of Ti	cket(s) Provided to Agency:	Golden State Wa	arrirors	
Number of Tickets Received:				☑ Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (use a continu	uation sheet for add	itional names)	
Name of Officia (Last, First)	al Numbe of Ticket		ther the Distribution is Inco ibe the Public Purpose for	그 집에 걸는 말까지 않는 것은 것은 것이라고 한다. 여러
4. Individual or Organization			T. C. S.	
Name of Behesting Agency O	fficial: Alameda County Su	pervisor Nate Mile	y, District 4	
Name of Individual or Organiz				er of Tickets:1
Name of Individual of Organiz	auon			
Description of Organization: _				
Address of Organization:	er and Street	City		State Zip Code
Purpose for Distribution: (Des	cribe the public purpose for th	e distribution to the	organization.)	
To promote attendance at an	event held at a County faci	lity in order to may	kimize potential County	revenue from parking
5. Verification	8			
<i>I have determined that the distrib</i>	ution of tickets set forth above	is in accordance wi	th the provisions of EPPC	Regulation 18944 1
				riogulatori 10044.1.
Signature of Agency Pead or Designed	CRYSTAL HISHIDA C	GRAFF PRIN	Title	(0/31/10
Comment: (Use this space or an		mation including amon		(moning day) (robi)
and concession sales	allocation of any additional (filon	nation monuting amen	aman explanation.)	

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (iii	applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-ma	ail			
(510) 272-3882 crys	stal.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	stal.monida@acgov.org		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal A	Analyst. County Administrat	or's Office		(month, day, year)
2. Event For Which Tickets We	and the second	010 01100		
		. Gorillaz Co	ncert	
Date(s) of Event: <u>10 / 30 /</u>			70.40	
//_	Face Value of Ticke	et: \$	78.40	
Agency Event 🛛 Yes 🗵	No (Identify source of ticke	ts below.)		
17 H	· · ·		relino no	
Name of Outside Source of Ticke	et(s) Provided to Agency:	biden State wa	Infors	
Number of Tickets Received:	1 Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Rursuant to Contract
3. Agency Official(s) Receiving				
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inc be the Public Purpose for	
4. Individual or Organization R	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Name of Behesting Agency Offici	al: Alameda County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organization				er of Tickets:1
Description of Organization:				
Address of Organization:	ad Dissat	City		Quale 71s Ocale
		City		State Zip Code
Purpose for Distribution: (Describ	전기 다음에 망가지 않는 것이 관람이 가지는 다음을 거듭했다. 가지			ş
To promote attendance at an eve	ent held at a County facility	in order to max	imize potential County	revenue from parking
5. Verification				
I have determined that the distributio	n of tickets set forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
11VA 11				16 har lin
Signature of Agency Heed or Designee	CRYSTAL HISHIDA GRA		Title	(month, day year)
Comment: (Use this space or an attac		on including amon		(month, day, year)
and concession sales	and the any endolorial monthal	and an and an	ansan enplanementy	
and concession sales				

Tickets Provided by Agency Report	A Publ	ic Docume	ent		ROVIDED E
1. Agency Name			Date Stamp	California	000
COUNTY OF ALAMEDA			576 1	Form	802
Division, Department, or Reg	ion (if applicable)			For Official U	lse Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must e	xplain in Part 5.)	
Agency Contact (name and tille)			Date of Original Filing:	(month, day, year	
Crystal Hishida Graff, Princ	ipal Analyst, County Administrate	or's Office		(month, day, year	,
2. Event For Which Tickets	s Were Distributed				
Date(s) of Event:	9 / 10 Description of Even	t: Basketball	Game		
	Face Value of Ticke		95.00		
	Face value of ficke	ι. φ			
Agency Event	🗵 No (Identify source of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided to Agency: <u>Go</u>	lden State Wa	rrirors		
	722				
Number of Tickets Received	:4 Ticket(s) Prov	rided to Agenc	y: 🔲 Gratuitously	I Pursuant to	Contrac
3 Agency Official(s) Recei	ving Ticket(s) (use a continuatio	n sheet for addi	tional names)		
			her the Distribution is In	come to the Offic	ial or
Name of Offic (Last, First)	cial Number of Tickets		be the Public Purpose for		
		Un provinciala.			
한 것은 전상에서는 아직 다시는 것 같아. 것은 것은 것이 많아. 그 집에 가슴이 빠른 가슴을 걸려야 한다. 아이는	on Receiving Ticket(s) (Provid				
Name of Behesting Agency	Official: Alameda County Superv	isor Nate Mile	y, District 4		
Name of Individual or Organ	ization: <u>Women on the Way to R</u>	ecovery	Numb	er of Tickets: _	4
Description of Organization:	Re-entry program for women				
20	0424 Haviland, Hayward, CA 9454	41			
Address of Organization:	mber and Street	City		State	Zip Code
Purpose for Distribution: (D	escribe the public purpose for the dis	tribution to the o	organization.)		
	ization for its contributions to the		ಕ್ರಾ 😅 ನಾಲ್ಯದಿಂದ ಪ್ರಾಶಿ ನ ( 2017)		
To reward a nonprofit organ	ization for its contributions to the	community			
5. Verification					

aton	CRY
ignature of Agency Bead or Designee	

YSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

(month, day, year)

Date Stamp          Date Stamp         Amendment (Must explanate of Original Filing:)         me         5.00         ors         Gratuitously	AGENCY California 8 For Official Use O lain in Part 5.) (month, day, year)
ate of Original Filing: me 5.00 ors	(month, day, year)
5.00 ors	⊠ Pursuant to Co
al names) the Distribution is Inco the Public Purpose for	
District 4	r of Tickets:^
anization.)	
	f an agency official.) District 4 Number anization.)

Jab and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/31/10		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
		an y yn charlethau			

Agency Report		A Publ	lic Docum	ent		ROVIDED B
1. Agency Name				Date Stamp	22 802 5	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)			1	For Official U	lse Only
1221 OAK STREET, #555				10		
Street Address				1		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	alain in Part 5 )	
(510) 272-3882	crystal.hishida@a	icgov.org			blann in Fan 5.)	
Agency Contact (name and title	A second state of the second state s State second state second st State second state second s			Date of Original Filing: _	(month, day, year,	,
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		(1191111) 3407 (1993)	, 
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event: <u>11</u> /	05 / 10 Desc	ription of Ever	ht: Basketball	Game		
				95.00		
/	Face	Value of Ticke	θί, φ			
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided 1	o Agency: Go	olden State Wa	arrirors		
	-					
Number of Tickets Received	l:4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	I Pursuant to	Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names)		
Name of Offic (Last, First)	cial	Number of Tickets	승규가 많은 것 같아요. 것 같아요.	ther the Distribution is Inc ibe the Public Purpose fo		
		Of Hoketa		ibe the r dbite r dipode to	The Distribution	
		· · · · · ·				
	And the second					
1. Individual or Organizati						
Name of Behesting Agency	Official. Alameda (	County Superv	visor Nate Mile	ey, District 4		
Name of Individual or Orgar	nization: United Ser	niors of Oakla	nd & Alameda	County Number	er of Tickets:	4
Description of Organization:	Senior Advocacy					
7	200 Bancroft Ave, S	to 178-Oaklar	nd CA 94605			
Address of Ordanization:	mber and Street		City	<u>.</u>	State	Zip Code
	seeribe the public pu	mose for the dis	stribution to the	organization.)		
Purpose for Distribution: (D	escribe the public pul	poor for the die		Sigurnauterity		
Purpose for Distribution: (D To reward a nonprofit orgar		i		organization ()		

lo Honk	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/31/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report A Public Docum	ent TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp California 802 Form 802
OAKLAND, CA 94612           Area Code/Phone Number         E-mail	
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	
2. Event For Which Tickets Were Distributed Date(s) of Event: <u>11 / 06 / 10</u> Description of Event: Family Brid/ Face Value of Ticket: \$	0.4 MF
Agency Event	
Number of Tickets Received: Ticket(s) Provided to Agen	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	litional names)
	other the Distribution is Income to the Official or ribe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the behe Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u>	
Name of Individual or Organization: <u>Jennifer Mok and Johnny Tang</u>	Number of Tickets:2
Description of Organization:	
Address of Organization:	V State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the To reward a community volunteer for their service to the public	organization.)
5. Verification I have determined that the distribution of tickets set forth above is in accordance w CRYSTAL HISHIDA GRAFF PRI Signature of Agency Head to Designee Print Name	ith the provisions of FPPC Regulation 18944.1. NCIPAL ANALYST

Tickets Provided by Agency Report		A Publi	ic Docume	ent		ROVIDED BY
1. Agency Nepolt 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	Contraction and Contraction an	802 se Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ 2. Event For Which Tickets	ipal Analyst, Count	ty Administrate	or's Office	☐ Amendment <i>(Mu</i> : Date of Original Filin		
Date(s) of Event: <u>11 / 0</u> / Agency Event □ Yes Name of Outside Source of Number of Tickets Received	/ Face ⊠ No (Identify s Ticket(s) Provided t	Value of Ticke ource of ticket o Agency: <u>Go</u>	t: \$ s below.) Iden State Wa	91.75	⊠ Pursuant to	Contract
3. Agency Official(s) Receins Name of Official (Last, First)		se a continuation Number of Tickets	State Whet	tional names) ther the Distribution is ibe the Public Purpose		
4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda C</u> ization: <u>Angela an</u>	County Supervi d John Jow	isor Nate Mile	y, District 4 Nur	.) mber of Tickets:	2
Description of Organization: Address of Organization: Purpose for Distribution: (D To reward a community volu	nber and Street escribe the public pur	pose for the dis	City tribution to the o		State	Zip Code
5. Verification I have determined that the distr		forth above is in		th the provisions of FF		44.1. / <del>31/10</del>

chart	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/31/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an atta	chment for any additional information includ	ling amendment explanation.)	

Fickets Provided by Agency Report		A Publi	ic Docume	ent	AGE	NCY REPOR
1. Agency Name		_		Date Stamp	California	000
COUNTY OF ALAMEDA				P. C.	Form	802
Division, Department, or Reg	on (if applicable)				For Official L	lse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail				evelois is Bart 6 )	
(510) 272-3882	crystal.hishida@ac	gov.org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title	and the second	5		Date of Original Filing	i:(month, day, year	
Crystal Hishida Graff, Princ	ipal Analyst, County	Administrato	or's Office		(monini, day, you	×.
2. Event For Which Tickets	AND					
Date(s) of Event: <u>11</u>			+. Basketball	Game		
				95.00		
/	/ Face \	alue of Ticke	t: \$			
Agency Event D Yes	🗵 No (Identify so	urce of ticket	s below.)			
		Golden Gol	Iden State Wa	arrirors		
Name of Outside Source of		Agency:				
Name of Outside Source of Number of Tickets Received				cy: 🔲 Gratuitously	⊠ Pursuant to	o Contrac
Number of Tickets Received	:	Ticket(s) Prov	rided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to	o Contrac
	:	Ticket(s) Prov	rided to Agend	cy: ☐ Gratuitously itional names)		
Number of Tickets Received 3. Agency Official(s) Rece Name of Official	ving Ticket(s) (use	Ticket(s) Prov e a continuation Number	rided to Agend n sheet for add State Whe	by: ☐ Gratuitously itional names) ther the Distribution is I	Income to the Offic	sial or
Number of Tickets Received	ving Ticket(s) (use	Ticket(s) Prov	rided to Agend n sheet for add State Whe	cy: ☐ Gratuitously itional names)	Income to the Offic	sial or
Number of Tickets Received <b>Agency Official(s) Rece</b> Name of Official	ving Ticket(s) (use	Ticket(s) Prov e a continuation Number	rided to Agend n sheet for add State Whe	by: ☐ Gratuitously itional names) ther the Distribution is I	Income to the Offic	sial or
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Number of Tickets Received <b>Agency Official(s) Rece</b> Name of Official	ving Ticket(s) (use	Ticket(s) Prov e a continuation Number	rided to Agend n sheet for add State Whe	by: ☐ Gratuitously itional names) ther the Distribution is I	Income to the Offic	sial or
Number of Tickets Received <b>Agency Official(s) Rece</b> Name of Official	ving Ticket(s) (use	Ticket(s) Prov e a continuation Number	rided to Agend n sheet for add State Whe	by: ☐ Gratuitously itional names) ther the Distribution is I	Income to the Offic	cial or
Number of Tickets Received <b>Agency Official(s) Rece</b> Name of Official	ving Ticket(s) (use	Ticket(s) Prov e a continuation Number	rided to Agend n sheet for add State Whe	by: ☐ Gratuitously itional names) ther the Distribution is I	Income to the Offic	sial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First)	ving Ticket(s) (uso sial	Ticket(s) Prov e a continuation Number of Tickets	n sheet for add State Whe Descr	cy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose	Income to the Offic for the Distributior	sial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First)	ving Ticket(s) (uso sial	Ticket(s) Prov e a continuation Number of Tickets	n sheet for add State Whe Descr	cy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose	Income to the Offic for the Distributior	sial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First) 4. Individual or Organizati Name of Behesting Agency	<u>ving Ticket(s)</u> (uso sial on Receiving Ticl Official: <u>Alameda C</u>	Ticket(s) Prov e a continuation Number of Tickets	n sheet for add State Whe Descr	cy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose	Income to the Offic for the Distributior	sial or
Number of Tickets Received Agency Official(s) Rece Name of Offic (Last, First) A. Individual or Organizati Name of Behesting Agency	<u>ving Ticket(s)</u> (uso sial on Receiving Ticl Official: <u>Alameda C</u>	Ticket(s) Prov e a continuation Number of Tickets	n sheet for add State Whe Descr	ey: ☐ Gratuitously itional names) ther the Distribution is I ibe the Public Purpose st of an agency official. ey, District 4	Income to the Offic for the Distribution	sial or
Number of Tickets Received Agency Official(s) Rece Name of Offic (Last, First) A. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	<u>ving Ticket(s)</u> (uso sial on Receiving Ticl Official: <u>Alameda C</u> oization: <u>Sobrante T</u>	Ticket(s) Prov e a continuation Number of Tickets (Provide ounty Superv ime Banking	rided to Agend n sheet for add State Whe Descr	ey: ☐ Gratuitously itional names) ther the Distribution is I ibe the Public Purpose st of an agency official. ey, District 4	Income to the Offic for the Distributior	sial or
Number of Tickets Received Agency Official(s) Rece Name of Offic (Last, First) A. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	<u>ving Ticket(s)</u> (uso sial on Receiving Ticl Official: <u>Alameda C</u> oization: <u>Sobrante T</u>	Ticket(s) Prov e a continuation Number of Tickets (Provide ounty Superv ime Banking	rided to Agend n sheet for add State Whe Descr	ey: ☐ Gratuitously itional names) ther the Distribution is I ibe the Public Purpose st of an agency official. ey, District 4	Income to the Offic for the Distribution	sial or
Number of Tickets Received Agency Official(s) Rece Name of Offic (Last, First) Name of Behesting Agency Name of Individual or Organization	ving Ticket(s) (use sial on Receiving Ticl Official: Alameda Constante T support for strengt	Ticket(s) Prov e a continuation Number of Tickets (Provide ounty Superv ime Banking hening comm	rided to Agend n sheet for add State Whe Descr	ey: ☐ Gratuitously itional names) ther the Distribution is I ibe the Public Purpose st of an agency official. ey, District 4	Income to the Offic for the Distribution	sial or
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Rece (Last, First) Address of Organization: Address of Organization: 4	2 ving Ticket(s) (use cial on Receiving Ticl Official: <u>Alameda C</u> hization: <u>Sobrante T</u> Support for strengt 57 Capistrano Drive-	Ticket(s) Prov e a continuation Number of Tickets (Provide ounty Superv ime Banking hening comm	rided to Agend n sheet for add State Whe Descr ed at the behes isor Nate Mile nunity 94603	cy: ☐ Gratuitously itional names) ther the Distribution is l ibe the Public Purpose st of an agency official. ey, District 4 Num	Income to the Offic for the Distribution	zial or
Number of Tickets Received Agency Official(s) Rece Name of Offic (Last, First) Aname of Behesting Agency Name of Individual or Organization Description of Organization Address of Organization: $\frac{4}{Nu}$	ving Ticket(s) (use sial on Receiving Ticl Official: Alameda C nization: Sobrante T Support for strengt 57 Capistrano Drive- mber and Street	Ticket(s) Prov e a continuation Number of Tickets (Provide ounty Superv ime Banking hening comm Oakland, CA	rided to Agend n sheet for add State Whe Descr ed at the behes isor Nate Mile nunity 94603	cy: ☐ Gratuitously itional names) ther the Distribution is I ibe the Public Purpose st of an agency official. ey, District 4 Num	Income to the Offic for the Distribution	zial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization	2 ving Ticket(s) (use sial on Receiving Ticl Official: Alameda C Difficial: Sobrante T Support for strengt 57 Capistrano Drive- mber and Street escribe the public purp	Ticket(s) Prov e a continuation Number of Tickets (Provid ounty Superv ime Banking hening comm Oakland, CA	rided to Agend n sheet for add State Whe Descr ed at the behes isor Nate Mile nunity 94603 City	cy: ☐ Gratuitously itional names) ther the Distribution is I ibe the Public Purpose st of an agency official. ey, District 4 Num	Income to the Offic for the Distribution	sial or

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

CRYSTAL HISHIDA GRAFF

Print Name

(month, day, year

PRINCIPAL ANALYST

Title