Tickets Provided by		lic Docume		TICKETS PROVIDED BY
Agency Report	A Pub	ne Docume	ent	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				1.1.1.2.1.2.
(510) 272-3882 crystal.hishida@a	caov.ora		Amendment (Mustex)	plain in Part 5.)
Agency Contact (name and title)	logonoig		Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, Count	v Administrat	or's Office		(month, day, year)
2. Event For Which Tickets Were Distribute				
		Oakland Ra	aiders vs. Denver Brond	COS
Date(s) of Event: <u>12 / 19 / 10</u> Descr	ription of Ever			
// Face	Value of Ticke	et: \$	150.00	
Ageney Event 🔲 Van 🕅 Na (Identify a	auroa of ticka			
Agency Event 🗌 Yes 🗵 No (Identify s		tan in president		
Name of Outside Source of Ticket(s) Provided to	o Agency: <u>Oa</u>	akland Raiders		
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Descri	be the Public Purpose for	r the Distribution
Brooks, Rodney	2	To promote a	attendance at a County	facility
				5° 100
Shrago, Amy	2	To promote a	attendance at a County	facility
4. Individual or Organization Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Official:				
Name of Benesting Agency Official.				
Name of Individual or Organization:			Numbe	er of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
				0146 20 0006
Purpose for Distribution: (Describe the public purp	pose for the dis	stribution to the c	organization.)	
5. Verification				
I have determined that the distribution of tickets set fo	orth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
CRYSTAL H	IISHIDA GRA	FF PRIN	CIPAL ANALYST	11/10/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any add	litional informatio	on including amend	lment explanation.)	

1. Agency Name Date Stamp California 802 COUNTY OF ALAMEDA For Official 802 Division, Department, or Region (#applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:	Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED B' AGENCY REPOR
COUNTY OF ALAMEDA Form CUX Division, Department, or Region (# applicable) 1221 OAK STREET, #555 For Official Use Only Street Address OAKLAND, CA 94612 Ame acde/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:				Date Stamp	
1221 OAK STREET, #555 Street Address OAK STREET, #555 OAK STREET, #555 Street Address OAK STREET, #555 OAK STREET, #555 Street Address Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Orginal Filing:				2	
Street Address OAKLAND, CA 94612 Area code/hono Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (amer and tille) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date of Original Filing:	Division, Department, or Region (if applicable)			÷	For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and file) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date of Original Filing: Date(s) of Event: 11 / 12 / 10 Description of Event: Usher	1221 OAK STREET, #555				
Area Code/Phone Number E-mail Immediate in Part 5.1 (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:	Street Address				
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and titio) Date of Original Filing:	OAKLAND, CA 94612				
(610) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:					
Agency Contact (name and title) Date of Original Filing:	(510) 272-3882 crystal.hishida@	acgov.org			piain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 12 / 10 Description of Event: Usher		0 0		Date of Original Filing: _	(month day year)
Date(s) of Event: 11 / 12 / 10 / 12 / 10 / 16 Description of Event: 156.00 / 160	Crystal Hishida Graff, Principal Analyst, Cour	nty Administrat	or's Office		(monin, day, year)
Date(s) of Event: 11 / 12 / 10 / 12 / 10 / 16 Description of Event: 156.00 / 160					
			nt. Usher		
Agency Event Proce value of ricket: s Agency Event Provided to Agency: Golden State Warriors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image of Official (s) Receiving Ticket(s) (use a continuation sheet for additional names) Number of Tickets Received: 2 Number of Official Number Image of Official Number State Whether the Distribution is Income to the Official or Image of Official Number State Whether the Distribution is Income to the Official or Image of Official Number Image of Official Number State Whether the Distribution Describe the Public Purpose for the Distribution Image of Deficial Number Image of Deficial Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Mumber and Street Address of Organization: Mumber and Street Number of Tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1, Mumber It/10 / 10	3.29 K			156.00	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of Tickets State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution Image: Contract of Tickets Number State Whether the Distribution is income to the Official or Describe the Public Purpose for the Distribution Image: Contract of Tickets Image: Contract of Tickets Describe the Public Purpose for the Distribution Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets Contract of Tickets Image: Contract of Tickets Image: Contract of Tickets </td <td>// Face</td> <td>Value of Licke</td> <td>et: \$</td> <td></td> <td></td>	// Face	Value of Licke	et: \$		
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of	Agency Event 🛛 Yes 🖾 No (Identify :	source of ticke	ts below.)		
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of	Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	irriors	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Number of Tickets: Description of Organization: Amari Sweet Number of Tickets: Address of Organization: Image: City State Address of Organization: Number and Street City State For eward a student for outstanding scholastic achievement. State Zip Code 5. Verification Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	(m)	to Agency			
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Number of Tickets: 2 Description of Organization: Amari Sweet Number of Tickets: 2 Address of Organization: Mumber and Street Cliv State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 1/10/10	Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
(Last, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Number of Tickets: 2 Description of Organization: Amari Sweet Number of Tickets: 2 Description of Organization: Mumber and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mumber 1/10/10	3. Agency Official(s) Receiving Ticket(s) (u	ise a continuatio	on sheet for addi	tional names)	
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST					
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Image: Construction of Organization: Address of Organization: Image: Construction of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: Construction of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. In the determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Intervention CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	(Last, Hirst)	of Tickets	Descri	be the Public Purpose for	r the Distribution
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Image: Construction of Organization: Address of Organization: Image: Construction of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: Construction of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. In the determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Intervention CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST					
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Image: City code Address of Organization: Number and Street Address of Organization: City code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: City code 5. Verification Interview of the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mamma CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Image: City code					
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Image: Construction of Organization: Address of Organization: Image: Construction of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: Construction of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. In the determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Intervention CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST					
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Image: City code Address of Organization: Number and Street Address of Organization: City code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: City code 5. Verification Interview of the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Mamma CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Image: City code					
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District Name of Individual or Organization: Amari Sweet Description of Organization: Image: Construction of Organization: Address of Organization: Image: Construction of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: Construction of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. In the determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Intervention CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST					
Name of Individual or Organization: Amari Sweet Number of Tickets: 2 Description of Organization:	4. Individual or Organization Receiving Tid	cket(s) (Provid	led at the behes	t of an agency official.)	
Name of Individual or Organization: Amari Sweet Number of Tickets: 2 Description of Organization:	Name of Bebesting Agency Official. Keith Cars	on, Superviso	or Fifth District		
Description of Organization:					
Description of Organization:	Name of Individual or Organization: Amari Swe	eet		Numbe	er of Tickets:2
Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. Image: City of the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. AddMand CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumpose for Distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumpose for Distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Description of Organization:				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumpose for Distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumpose for Distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Address of Organization				
To reward a student for outstanding scholastic achievement. 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. July Add Machine CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST IN / 10 / 10	Number and Street		City		State Zip Code
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jaddaba CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/10/10	Purpose for Distribution: (Describe the public pu	rpose for the dis	stribution to the c	organization.)	
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jaddaba CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/10/10		The second secon		1. March and the structure of the sector to a sector of the sector of	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.					
Journ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/10/10	5. Verification				
Journ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/10/10	I have determined that the distribution of tickets set	forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
<u> </u>	111 MA CRYSTAL		FF PRIM	CIPAL ANALVST	11/10/10
			<u> </u>	SADE DE GERLEGER DE LE VERS	(month, day, year)

Tickets Provided by		A Dubl	le Deeuwe		TICKETS PROVIDED BY
Agency Report		A Publ	ic Docum	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address				-	
OAKLAND, CA 94612					
	E-mail				a va su nev
- MARCONE DEPENDENT STREET				Amendment (Must e	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@a	acgov.org		Date of Original Filing:	
			1.01	Date of original rung.	(month, day, year)
Crystal Hishida Graff, Princi			or's Office		
2. Event For Which Tickets			-		
Date(s) of Event:01_/_2	<u>1_/_11</u> Desc	ription of Ever	nt: Basketball	Game	
	/ Face			95.00	
		value of floke	ςι. ψ		
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of T	Ficket(s) Provided (Goney, Go	olden State Wa	arrirors	
Name of Outside Source of	icket(s) Provided (to Agency.			· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received	2	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Offic	ial	Number		ther the Distribution is In	
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	or the Distribution
4. Individual or Organizatio	- AND FERRER CONTRACTOR AND AND A CONTRACT OF A DESCRIPTION				
Name of Behesting Agency (Official. Alameda (County Superv	visor Nate Mile	ey, District 4	
Name of Individual or Organ	ization: Canine Co	mpanions for	Independence	e Numb	per of Tickets: 2
name er mannadar er ergan					
Description of Organization:	Provides trained c	anines for per	sons with disa	abilities	
Address of Organization.	D Box 446 - Santa	Rosa, CA 954			
0 Nun	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the dis	stribution to the	organization.)	
To reward a non profit orgar				energen en et en	
To reward a non pront organ		insulation to the	o oon manney.		
5. Verification					
I have determined that the distri	ibution of tickets set	forth above is in	accordance wi	ith the provisions of EPP	C Regulation 18944 1
Thave determined that the distri					
Jef Child	and the second s	HISHIDA GRA	FF PRI	NCIPAL ANALYST	11/8/10
Signature of Agency Flead or Design	38	Print Name		Title	(month, day, year)

Comment: (Use this space or an attachmen	for any additional information	including amendment explanation.)
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Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name			Date Stamp	0 11
COUNTY OF ALAMEDA			6	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 e	avolain in Part 5.)
510-272-3882 crystal.hishida@	acgov.org			skplain in Fait 5.j
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	nty Administrate	or's Office		(moniny sidy) yeary
2. Event For Which Tickets Were Distribu				
Date(s) of Event: <u>11 / 30 / 10</u> Des	cription of Eve	nt: Golden Sta	te Warriors Basketba	Ι
		et: \$	OF	
	e value of fick	Θι. φ		
Agency Event 🛛 Yes 🛛 No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	I to Agency: G	olden State Wa	arriors	
Number of Tickets Received:2			cy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for addi	itional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is In ibe the Public Purpose f	
Robyn Hodges	2	to reward a d	county employee for e	xemplary service
				ŝ.
4. Individual or Organization Receiving Ti	i cket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: <u>Supervise</u>	or Gail Steele			
Name of Individual or Organization:			Numb	per of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pr	urpose for the di	stribution to the o	organization.)	
5. Verification				
I have determined that the distribution of tickets set	t forth above is in	n accordance wit	n the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Designee	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	11/9/10 (month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PI AGEN	ROVIDED B
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					1 Onn	And And Mark
Division, Department, or Reg	Division, Department, or Region (if applicable)				For Official U	se Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	avalain in Part 5	
(510) 272-3882	crystal.hishida@a	icgov.org			explain in Fait 5.)	
Agency Contact (name and title				Date of Original Filing	:(month, day, year)	
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		(maning and), youry	
2. Event For Which Ticket	s Were Distribute	ed				
Date(s) of Event: <u>11</u>	12 / 10 Desc	ription of Ever	t. Usher			
				156.00		
	/ Face	Value of Ticke	et: ֆ			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>GS</u>	SW			
Number of Tickets Received	. 4	Ticket(a) Prov	vided to Agence	y: 🔲 Gratuitously	Rursuant to	Contrac
Number of fickets Received	li	Ticket(s) FIO	Aded to Agent		Fursuant to	Contrac
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for add	tional names)		
Name of Offic		Number		her the Distribution is li	ncome to the Offici	alor
(Last, First)	Jan	of Tickets	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	be the Public Purpose for the Distribution		
4 Individual or Organizati	an Dessiving Tie	kette) (Durid	ad at the balance			_
4. Individual or Organizati						
Name of Behesting Agency	Official: Alameda C	County Superv	isor Scott Hag	gerty, District 1		
Name of Individual or Orgar	ization: John Wend	lez		Num	ber of Tickets:	4
Description of Organization:						
Address of Organization:						
Address of Organization:	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the	organization.)		
to reward an community vol		N 62 - 2008		781		
to reward an community vol	unteer for his servic	se to the publi				
5. Verification						_
		count interests are as			0.0	
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wh	n the provisions of PPF	- C Regulation 1894	····. / .

tott On D	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	11/9/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
		5 8 1 1 1S 6	

Tickets Provided by	A Pub	lic Docume	ant	TICKETS PROVIDED BY
Agency Report		no booune		AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				PERIOD STREAM COMPANY COMPANY (COMPANY)
Street Address				
OAKLAND, CA 94612			λ	
Area Code/Phone Number E-mail				
510-272-3882 crystal.hishida@	Dacdov ord		Amendment (Must	explain in Part 5.)
Agency Contact (name and title)	gaogoviorg		Date of Original Filing:	And the Alexandra construction of
Crystal Hishida Graff, Principal Analyst, Cou	ntv Administrat	or's Office	92) (G	(month, day, year)
2. Event For Which Tickets Were Distribu				
Date(s) of Event: <u>11 / 30 / 10</u> Des		nt. Warriors v.	Spurs	
	e Value of Tick		95	· · · · · · · · · · · · · · · · · · ·
Agonay Event 🛛 Vac 🛛 🛛 No /Identify	course of ticks	to below)		
	source of ticke		224.202	
Name of Outside Source of Ticket(s) Provided	d to Agency: G	olden State vva	rriors	
Number of Tickets Received:20	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number		her the Distribution is Ir	
(Last, First)	of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organization Receiving T	icket(s) (Provi	l ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: <u>Supervis</u>	or Gail Steele,	District 2		
Name of Individual or Organization: Alameda	County Urban	Male Health In	itiative Numb	per of Tickets: <u>18</u>
Description of Organization: <u>collaboration of</u>				lth of males at high risk
Address of Organization: 1000 Broadway		Oakland ^{City}	1	CA 94612 State Zip Code
Purpose for Distribution: (Describe the public p	urpose for the di	stribution to the c	organization.)	
provide opportunities to those who are receiv	ing services fro	om County ager	nciesfrom Health Ca	are Services/Pub.Health
5. Verification				
I have determined that the distribution of tickets se	t forth above is ir	n accordance witi	h the provisions of FPP	C Regulation 18944.1.
a a la ail	HISHIDA GRA		CIPAL ANALYST	1115/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any a	additional information	on including amend	lment explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED
1. Agency Name				Date Stamp	AGENCY REPO
COUNTY OF ALAMEDA				Date oramp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
510-272-3882	crystal.hishida@a	caoy ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		cgov.org		Date of Original Filing: -	
Crystal Hishida Graff, Princ		/ Administrate	or's Office		(month, day, year)
2. Event For Which Ticket					
			Oakland Ra	aiders v. Denver Broco	s
Date(s) of Event: <u>12</u> /_1	Descr	iption of Ever	nt: <u>California rac</u>		
/	/ Face	Value of Ticke	ət: \$	150	
Agency Event D Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided to	o Agency: Ra	aiders		
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	Gail Steele			
Name of Individual or Orgar	nization: <u>Chabot Co</u>	llege Foundat	tion		er of Tickets:4
Description of Organization:	fundraises for Cha	bot College to	o augment aca	demic and other collec	je programs
Address of Organization.	5555 Hesperian Blvo mber and Street	d.	Hayward, _{City}	CA	A 94545 State Zip Coo
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	proanization.)	
to reward a local non-profit		NACONALINESO DUDIO MUNI			
5. Verification					
I have determined that the distr	ribution of tickets set fi	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944 1
11VA A				3	
Signature of Agency Head or Design		IISHIDA GRA Print Name	FF PRIN	Title	(month, day, year

Tickets Provided by		A Publi	c Docume	ont	TICKETS PROVIDED BY
Agency Report		Arusii	e bocame		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	ion (if applicable)				r or omain coo only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrato	r's Office		
2. Event For Which Tickets	s Were Distribut	ed			
Date(s) of Event: <u>11 /</u>			. Golden Stat	te Warriors vs. Utah .	Jazz
Date(s) of Event:/				OF OO	
/	/ Face	Value of Ticket	: \$	95.00	
Agency Event	🛛 No (Identify s	source of tickets	below)		
CARGONING L THERE AND CARGON			on a service reason and the state of the service of	2142222	
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Gold	den State vva	rriors	
Number of Tickets Received	:	Ticket(s) Provi	ded to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation	sheet for addit	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Ir	ncome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organization	on Receiving Tic	:ket(s) (Provide	d at the behest	t of an agency official.)	
Name of Behesting Agency	Official, Keith Cars	on, Supervisor	Fifth District		
Name of Benesting Agency					
Name of Individual or Organ	ization. Vincent Mi	itchell		Numt	per of Tickets:4
Name of marviadar of organ					
Description of Organization:					
Address of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the distr	ribution to the o	organization.)	
To promote attendance at a	County facility in o	order to maximiz	ze potential C	ounty revenue from p	arking and concession
5. Verification		슬람이 및 동안(2.20) 등 같은 모양 -			
I have determined that the distr	ibution of tickets set f	forth above is in a	accordance with	h the provisions of FPP	C Regulation 18944.1.
6 HAM		-IISHIDA GRAF	F PRIN	CIPAL ANALYST	11/5/10
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional information	including amena	lment explanation.)	

Tickets Provided by Agency Report		A Publi	c Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form For Official	802
OAKLAND, CA 94612 Area Code/Phone Number 510-272-3882 Agency Contact (name and title	E-mail crystal.hishida@a	icgov.org		Amendment (Must e)	an a	
Crystal Hishida Graff, Princ		y Administrato	r's Office		(month, day, yea	r)
2. Event For Which Ticket: Date(s) of Event:	10 <u>/ 10</u> Desci / Face ⊠ No (Identify s	ription of Even Value of Ticke ource of ticket	t: \$ s below.)	95		
Name of Outside Source of Number of Tickets Received				sy: □Gratuitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Rece Name of Offic (Last, First)		se a continuation Number of Tickets	State Whe	tional names) ther the Distribution is Inc ibe the Public Purpose fo		
4. Individual or Organization	2000	S. 8 8	ed at the behes	t of an agency official.)		
Name of Benesting Agency Name of Individual or Organ Description of Organization:	ization: <u>Tri-Ced Co</u>	ommunity Recy			er of Tickets: _	20
Address of Organization: 33	3377 Western Ave. nber and Street		Union Cit _{City}	У	CA State	94587 Zip Code
to reward a non-profit organ		NUTRAN DEL MORT MERE		nganization, j		
5. Verification I have determined that the distr		orth above is in		h the provisions of FPPC	11.5	5/10

LHAN	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	11/5/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802	
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612					
Area Code/Phone Number (510) 272-3882	nber E-mail crystal.hishida@acgov.org				R. A
Agency Contact (name and title) Crystal Hishida Graff, Princi			or's Office	Date of Original Filing: _	(month, day, year)
2. Event For Which Tickets Date(s) of Event:	<u>3 / 11</u> Desc			ame 95.00	
Agency Event	⊠ No (Identify s	ource of ticke	s below.)		
Number of Tickets Received:		Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	X Pursuant to Contract
3. Agency Official(s) Receiv		se a continuatio		tional names) her the Distribution is Inc	
(Last, First)		of Tickets		be the Public Purpose fo	
4. Individual or Organizatio					
Name of Behesting Agency C Name of Individual or Organi		ounty Superv	ISOF SCOLL Hag		er of Tickets: <u>4</u>
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De to reward an community volu	- a 46.a ¹⁶ a			organization.)	
5. Verification I have determined that the distril	bution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agenov Head or Désigne		HSHIDA GRA		CIPAL ANALYST	(month, day, year)

Tickets Provided by		A Pub	lic Docume	ant	TICKETS PROVIDED B
Agency Report		Arub	ne bocume		AGENCY REPOR
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA	1				For Official Use Only
Division, Department, or Region (f applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	- 11				
Area Code/Phone Number E-m				Amendment (Must	explain in Part 5.)
	stal.hishida@a	icgov.org		Date of Original Filing	
Agency Contact (name and title)	and the second			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal		and some second s	tor's Office		
2. Event For Which Tickets We			Coldes Die		r512
Date(s) of Event: <u>11 / 03 /</u>	10 Descr	ription of Eve	nt: Golden Sta		es
//	Face	Value of Tick	et: \$	95.00	
	No (Identify s		Testaria cara il construire		
Name of Outside Source of Ticke	et(s) Provided t	o Agency: <u>G</u>	olden State Wa	nriors	
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	j Ticket(s) (u:	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number		her the Distribution is Ir	
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organization R	eceiving Tic	ket(s) (Provi	I ded at the behes	t of an agency official)	
				t of all agency officially	
Name of Behesting Agency Offic	ial: Keith Cars	on, Superviso	or Fifth District		
				23 2	por of Tickots: 2
Name of Individual or Organization	on: <u>being ria</u>			Numb	per of Tickets:2
Description of Organization:					
Description of Organization.					
Address of Organization:					
Number a	nd Street		City		State Zip Code
Purpose for Distribution: (Descrit	be the public pur	pose for the di	stribution to the o	organization.)	
To promote attendance at a Cou	inty facility in o	rder to maxin	nize potential C	ounty revenue from p	parking and concession
5. Verification					
I have determined that the distribution	on of tickets set f	orth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
ILLA N				ekante jima antisentra ini kana	11/2/10
Signature of Agency Head or Designee	12.5 FN SKA 64.8 W	HSHIDA GRA		ICIPAL ANALYST	(month, day, year)
			on including our		(monin, day, year)
Comment: (Use this space or an attac	innent for any add	uuonai informati	on including amend	iment explanation.)	
					EPPC Form 802 (Fob/09

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name		711 010			AGENCY REPORT
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Region	n (if applicable)				For Official Use Only
1221 OAK STREET, #555	in (in opping a new				
Street Address					
OAKLAND, CA 94612					
	-mail				V. & G.Y. 98, 2, 300
(510) 272-3882	crystal.hishida@a	cdov ord		Amendment (Must exp	olain in Part 5.)
Agency Contact (name and title)	al y o tal into inda (g a	logo nong		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	ty Administrat	tor's Office		(monin, day, year)
2. Event For Which Tickets					
Date(s) of Event: <u>11</u> / <u>12</u>			nt. Usher Cond	cert	
Date(s) of Event.				156.00	
/	_/ Face	Value of Tick	et: \$	100.00	
Agency Event D Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Tie	cket/c) Provided t	Ganny, G	olden State Wa	arrirors	
Number of Tickets Received:	4	Ticket(s) Pro	wided to Agenc	sy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuati	on sheet for addi	tional names)	
Name of Officia (Last, First)	1	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
	-				
<u>.</u>					
4. Individual or Organization	7755			NR 8 8	
Name of Behesting Agency O	fficial: <u>Alameda C</u>	County Super	visor Nate Mile	y, District 4	
Name of Individual or Organiz	ation: United Ser	niors of Oakla	nd & Alameda	County Numbe	er of Tickets:4
Description of Organization:	Senior Advocacy				
Address of Ordanization.	0 Bancroft Ave, S er and Street	ite 178 - Oak	land, CA 94600 _{City}	05	State Zip Code
Purpose for Distribution: (Des	cribe the public pur	nose for the di	stribution to the	organization)	
1 B 200 B 10 B	more Same a State			o Brenn - mar barn som under	rovenue from porking
To promote attendance at an	event held at a C	ounty facility	In order to may	amize potential County	revenue from parking
5. Verification					
I have determined that the distrib	ution of tickets set f	forth above is i	n accordance wil	th the provisions of FPPC	Regulation 18944.1.
6HAM		HISHIDA GR/		ICIPAL ANALYST	11/1/10
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	attachment for any add	ditional informati	on including amen	dment explanation.)	
and concession sales					

Tickets Provided by Agency Report	A	Public Docum	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form 802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, County Adm		Date of Original Filing: .	NE COLTO ALCONOCIONES CONTROL
2. Event For Which Ticket Date(s) of Event:	05 11 Description 13 11 Face Value IX No (Identify source)	of Ticket: \$ of tickets below.)	05 00	
Number of Tickets Received		t(s) Provided to Agene		Pursuant to Contract
Name of Offi (Last, First)	1338307/ 4123479		ther the Distribution is Ind ibe the Public Purpose fo	
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Alameda County</u> nization: <u>Dennis Fay</u>	Supervisor Scott Hag	ggerty, District 1 Numb	er of Tickets:8
Address of Organization: Purpose for Distribution: (D to reward an community vo	escribe the public purpose fo			State Zip Code
5. Verification I have determined that the dist Signature of Agency Head of Design Comment: (Use this space or a	CRYSTAL HISHIE Print Nar	DA GRAFF PRIM	NCIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by Agency Report	A Pul	olic 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
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, County Administr	Date of Original Film	909 40 40 10 40 40 50 50 40 40 10 40 50 50 50 50 50 50 50 50 50 50 50 50 50
01_/_2 Agency Event	 <u>10</u> Description of Ev <u>1</u> / <u>11</u> Face Value of Ticket(s) Provided to Agency: <u>1</u> 	ket: \$95.00 kets below.)	⊠ Pursuant to Contract
3. Agency Official(s) Recei Name of Offic (Last, First)		tion sheet for additional names) State Whether the Distribution is Describe the Public Purpos	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: _{Nur} Purpose for Distribution: (D	Official: <u>Alameda County Supe</u> ization: <u>Dennis Fay</u>	City distribution to the organization.)	.) mber of Tickets: <u>8</u> State Zip Code
Signature of Agency Head or Design	ee CRYSTAL HISHIDA GF	in accordance with the provisions of FF RAFF PRINCIPAL ANALYST Title tion including amendment explanation.)	PPC Regulation 18944.1.

Agency Report		A Public Docu		AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region	Division, Department, or Region (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-	mail		Amendment (Must e	xolain in Part 5.)
(510) 272-3882 c	rystal.hishida@acgo	v.org		Assess and set
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principa	l Analyst, County A	dministrator's Office		
2. Event For Which Tickets V	Vere Distributed			
Date(s) of Event: <u>02</u> / <u>13</u>	<u>11</u> Description	on of Event: Basketb	all Game	
		ue of Ticket: \$	05 00	
		ie 01 Ποκει. φ		
Agency Event 🛛 Yes	No (Identify sour	ce of tickets below.)		
Name of Outside Source of Tic	ket(s) Provided to A	gency: Golden State	Warrirors	
Number of Tickets Received: _		<et(s) ag<="" provided="" td="" to=""><td>ency: 🔲 Gratuitously</td><td>Pursuant to Contrac</td></et(s)>	ency: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	ng Ticket(s) (use a	continuation sheet for	additional names)	
Name of Official		A HOUSE AND A COMPANY OF THE ADDRESS OF THE ADDRESS OF THE	Vhether the Distribution is In	come to the Official or
(Last, First)			escribe the Public Purpose for	
3				
4. Individual or Organization	Peoplying Ticket	(c) (Dravidad at the h		
		S S S		
Name of Behesting Agency Of	ficial: <u>Alameda Cou</u>	ty Supervisor Nate N	Miley, District 4	
				2
Name of Individual or Organiza	ation: St. Rose Hosp	ital Foundation	Numb	er of Tickets: <u>2</u>
Description of Organization: P				
Description of Organization:				
Address of Organization:	0 Calaroga Avenue	Hayward, CA 94545	5	
Numbe	r and Street		City	State Zip Code
Purpose for Distribution: (Desc	ribe the public purpos	a for the distribution to	the organization.)	
To reward a nonprofit organiza	and the second second second second			
			,	
5. Verification				
I have determined that the distribu	ition of tickets set forth	above is in accordance	e with the provisions of FPP	C Regulation 18944.1.
111-B D				
1 SULINAX	CRYSTAL HIS	11DA GRAFF P	RINCIPAL ANALYST	11/2/10
Signature of Agency Head or Designee	Drint	Name —	Title	(month day year)

Tickets Provided by Agency Report	Ťe:	A Public	c Docume	nt	TICKETS PROVIDED B AGENCY REPOR
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	ion (n appnoants)				
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	IE mail				
e concentra de casa e en la ser ana en el concentra e en en el concentra e el concentra en el concentra e el co	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		Data of Oxisinal Fillings	
Agency Contact (name and title	 Constraints (Alternative) Address (Constraints Alternative) 			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator	's Office		
2. Event For Which Ticket					
Date(s) of Event:04_/_0	02 <u>/ 11</u> Desc	ription of Event:	Basketball C	Game	
		Value of Ticket:		95.00	
	Face	value of ficket.	Φ	However, and the second s	
Agency Event D Yes	🗙 No (Identify s	source of tickets	below.)		
Name of Outside Source of	Ticket/a) Provided (Gold	den State Wa	rrirors	
Name of Outside Source of	ficket(s) Provided i	to Agency.			
Number of Tickets Received	l:	Ticket(s) Provid	ded to Agency	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation			
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is In be the Public Purpose for	
(100), 1100		OTTICKEts	Deschi	be the Fublic Fulpose in	
 Individual or Organizati Name of Behesting Agency 	25 million 1975ml	C C R			
Name of Individual or Organ					er of Tickets:2
in an and a significant of organ					
Description of Organization	·				
			20 27222		
Address of Organization: $\frac{1}{N_{U}}$	5942 Cambrian Driv	ve, San Leandro	o, CA 94578 City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the distr	ribution to the c	rganization.)	
To reward a a community v	olunteer for their se	ervice to the pub	olic.		
5. Verification					
I have determined that the dist	ribution of tickets set	forth above is in a	accordance with	h the provisions of FPP	C Regulation 18944.1.
Thave determined that the dist				C. CONACTION AND A CARD STORES	2014년 2017년 2017년 2017년 2017년 - 11월 2017년 201
	ODVOTAL			CIDAL ANALVOT	1121.2
Signature of Agency Head or Desig		HISHIDA GRAF	F PRIN	CIPAL ANALYST	11/2/10 (month day year)

Tickets Provided by Agency Report		A Public	c Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Î	Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	8. 213 D				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
	crystal.hishida@a	00000000		Amendment (Must	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title		icgov.org		Date of Original Filing	ı:
		tu Administratov	r'a Office		(month, day, year)
Crystal Hishida Graff, Princ	and the second se		r's Onice		
2. Event For Which Tickets			Deskethell (lama	
Date(s) of Event: <u>03</u> / <u>1</u>	6 <u>11</u> Desc	ription of Event	Basketball C	same	
	/ Face	Value of Ticket	:: \$	95.00	
Agency Event 🛛 🗋 Yes	🗵 No (Identify s	ource of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Gold	den State Wa	rrirors	
Number of Tickets Received	:	Ticket(s) Provi	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	i ving Ticket(s) (u:	se a continuation	n sheet for addit	ional names)	
Name of Offic	cial	Number			Income to the Official or
(Last, First)		of Tickets	Descril	be the Public Purpose	for the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ad at the behast	of an agency official	Ϋ́
	075)	21 IN 17 27 I			
Name of Behesting Agency	Official: Alameda C	County Supervis	sor Nate Miley	/, District 4	
Name of Individual or Orgar					nber of Tickets:1
Description of Organization:					-
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		rpose for the dist	ribution to the c	roanization.)	
To reward a a community v	and a share a share a	9 a a an a		gamzatorny	
	Sumeer for their se	arvice to the put	biic.		
5. Verification					
I have determined that the dist	ribution of tickets set (forth above is in a	accordance wit	h the provisions of FP	PC Regulation 18944.1.
11LA M				n seren her som en som en som	11/2 10
Signature of Agency Head or Design	- JUNCA T 10 1011	HISHIDA GRAF		CIPAL ANALYST	(month, day, year)
Comment: (Use this space or a			including among		(month, day, year)
Comment. (Use this space of a	n adachment for any ad	unional mormation	r including amend	ment explanation.)	

Tickets Provided by	A Dubl	lic Docume	nt	TICKETS PROVIDED BY
Agency Report	AFUD	ne Docume		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishid	a@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	County Administrat	or's Office		dian islation fillen offi-
2. Event For Which Tickets Were Distri	buted	terret and the second		
Date(s) of Event: <u>03 / 16 / 11</u>	Description of Ever	nt: Basketball	Game	
	Face Value of Tick		95.00	
Agency Event 🔲 Yes 🗵 No (Iden	tify source of ticke	te below)		
	statuer - Provincian de la contraction	신경 방법에서 고망에서 감독이 가려면서.	and the second second	
Name of Outside Source of Ticket(s) Provi	ded to Agency: G	olden State vva	rrirors	
Number of Tickets Received:1				☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuatio	on sheet for addi	tional names)	
Name of Official	Number		her the Distribution is In	
(Last, First)	of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organization Receiving				
Name of Behesting Agency Official: Alame	eda County Super	visor Nate Mile	y, District 4	
Name of Individual or Organization: Marga	aret Glyer		Numb	per of Tickets:1
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the publ	ic purpose for the di	stribution to the o	organization.)	
To reward a a community volunteer for the	eir service to the p	ublic.		
5. Verification				
I have determined that the distribution of tickets	s set forth above is in	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
21120 12			5	in la cha
Signature of Agency Head or Designee	FAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)
		on including omen		(month, day, year)
Comment: (Use this space or an attachment for a	ny additional informati	on including amend	апенсехріанацоп.)	
·				

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		Date Stamp	California Form 802 For Official Use Only		
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			Date of Original Filing:(month, day, year)		
2. Event For Which Tickets Date(s) of Event:/	9 <u>/ 10</u> Descriptio / Face Valu ⊠ No (Identify source	ue of Ticke ce of ticke	et: \$ ts below.)	95.00	
Number of Tickets Received 3. Agency Official(s) Recei Name of Offic (Last, First)	: <u>4</u> Tick ving Ticket(s) (use a ial N	ket(s) Prov	vided to Agenc n sheet for addi State Whet	y: Gratuitously tional names)	Pursuant to Contract
4. Individual or Organizatio	an Bosoliving Tickot	(c) (Dravid	led at the behavior		
Name of Behesting Agency	Official: <u>Alameda Coun</u>	ty Superv		y, District 4	ber of Tickets:4
Description of Organization:	Education and program	ms to redu			
Address of Organization.	nber and Street escribe the public purpose	e for the dis	City tribution to the c	organization.)	State Zip Code
5. Verification I have determined that the distr				h the provisions of FPP	PC Regulation 18944.1.

lett mm	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	11/2/10
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

Tickets Provided by		A Dubl	ic Docume		TICKETS PROVIDED BY
Agency Report		A Publ	ic Docume	int	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			prent net of
Agency Contact (name and title	Ĵ			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		(
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>12</u>			. Basketball	Game	
Date(s) of Event.				95.00	
/	/ Face	Value of Ticke	et: \$	00.00	
Agency Event Ses	🗵 No (Identify s	source of ticket	ts below.)		
				rrirors	
Name of Outside Source of	Ticket(s) Provided t	to Agency:	adir otato rra		
Number of Tickets Received	l: <u> </u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	come to the Official or
(Last, First)	2001	of Tickets		be the Public Purpose fo	
					34) (14)
N					
4. Individual or Organizati	CONTRACTOR STORE STORE SHOW AND ADDRESS AND ADDRESS ADDR				
Name of Behesting Agency	Official. Alameda C	County Superv	isor Nate Mile	y, District 4	
Name of Individual or Organ	vization: Women or	n the Way to R	ecovery	Numbe	er of Tickets:4
Description of Organization:	Re-entry program	for women			
			44		
Address of Organization.	0424 Haviland, Hay	ward, CA 945	4 I City		State Zip Code
			196		51816 219 5566
Purpose for Distribution: (D	escribe the public pur	rpose for the dis	tribution to the o	organization.)	
To reward a nonprofit organ	nization for its contri	ibutions to the	community		
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
11/1/ 11	CRYSTAL I	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	11/2/10
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a		ditional informatio	n including amen	dment explanation.)	
	the second second second second second			NER 2011년 - 전망전 2012년 2012년 2013년 2011년 - 2012년 2011년 - 2012년 2011년 2011년 2011년 2011년 2011년 2011년 2011년 2011년 2	

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PRO AGENCY	VIDED B Y REPOR
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	Missistante =	802
Division, Department, or Reg	on (if applicable)			For Official Use	Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		Amendment (Mustex	plain 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, Princ	ipal Analyst, County Administra	tor's Office			
2. Event For Which Tickets		A second data and the first first			
Date(s) of Event: <u>11 / 2</u>	8 / 10 Description of Eve	ent: Raiders Ga	me		
······································	/ Face Value of Tick		\$150		
Agency Event 🛛 Yes	No (Identify source of tick	THE THE ALL AND			
Name of Outside Source of	Ticket(s) Provided to Agency: <u>G</u>	iolden State Wa	rriors		
Number of Tickets Received				I Pursuant to C	ontrac
3. Agency Official(s) Recei	ving Ticket(s) (use a continuati	ion sheet for addi	tional names)		
Name of Offic (Last, First)	ial Number of Tickets		her the Distribution is Inc be the Public Purpose for		or
4. Individual or Organizatio	on Receiving Ticket(s) (Prov	ided at the behes	t of an agency official.)		
Name of Behesting Agency	Official:				_
Name of Individual or Organ	ization: Larua Pinon		Numbe	er of Tickets:	
Description of Organization:					
Address of Organization:	nber and Street	City		State	Zip Code
a de la companya de l	escribe the public purpose for the d nteer for her sevrice to the publi		organization.)		1
5. Verification	ibution of tickets set forth above is i				

lett and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	11/23/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (f applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				-
Area Code/Phone Number E-m	ail			
(510) 272-3882 cry	stal.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analvst. County Administra	tor's Office		(month, day, year)
2. Event For Which Tickets We	and the second sec			
Date(s) of Event:		, Warriors ga	me	
Date(s) of Event://	Description of Eve	nt:	95.00	
//.	Face Value of Tick	et: \$	95.00	
Agency Event 🗌 Yes 🛛	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticke	et(s) Provided to Agency:			
Number of Tickets Received:	4 Ticket(s) Pro	ovided to Agency	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a continuati	on sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets	2.25.27 Z.35232 - Part 2.25230	her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization R	e de destruit de la construit d			
Name of Behesting Agency Offic	ial: <u>Alameda County Super</u>	visor Scott Hag	gerty, District	
Name of Individual or Organizati	on: Helen Graham		Numbe	er of Tickets: <u>4</u>
Description of Organization:		-		
Address of Organization: Number a	nd Street	City		State Zip Code
Purpose for Distribution: (Descrit	be the public purpose for the di	stribution to the o	rganization.)	
to reward a community voluntee				
5. Verification				
I have determined that the distribution	on of tickets set forth above is i	n accordance witl	the provisions of FPPC	Regulation 18944 1
11/6 1			na para kana sa na kana kana kana sa	van beste maneter anderen e steren. V E - C - S -
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docum	ent		ROVIDED B
Agency Report Allower Docume COUNTY OF ALAMEDA Division, Department, or Region (<i>if applicable</i>) 1221 OAK STREET, #555 Street Address				Date Stamp	California Form For Official U	802
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and tille Crystal Hishida Graff, Princ	Se ann a an sea a		tor's Office	☐ Amendment <i>(Must e</i> Date of Original Filing:	25480880.8520-852	,
2. Event For Which Ticket Date(s) of Event:/ / Agency Event □ Yes Name of Outside Source of Number of Tickets Received	07 <u>, 11</u> Descr / Face ⊠ No (Identify so Ticket(s) Provided to	iption of Eve Value of Tick ource of ticke o Agency:	et: \$	05 00	⊠ Pursuant to	Contrac
3. Agency Official(s) Rece Name of Offi (Last, First)		e a continuatio Number of Tickets	State Whe	itional names) ther the Distribution is In ibe the Public Purpose fo		
 Individual or Organization Name of Behesting Agency Name of Individual or Organization: 	Official: <u>Alameda C</u> nization: <u>Northern C</u>	ounty Supervalifornia Com	visor Scott Hag	ggerty, District	er of Tickets:	4
Address of Organization: _3	259 School Street, (mber and Street		City		State	Zip Code

deft anto	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	11/19/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by		A Publ	ic Docume	ant	TICKETS PROVIDED B
Agency Report			is boound		AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	alaia in Dad 5)
(510) 272-3882	crystal.hishida@a	caov.ora			siam m Part 5.j
Agency Contact (name and title		3		Date of Original Filing: _	for and the start of the
Crystal Hishida Graff, Princ		v Administrat	or's Office	20 IR	(month, day, year)
2. Event For Which Tickets					
			Radio City	Christmas Spectacular	
Date(s) of Event: <u>12</u> / <u>1</u>	<u>/_/</u> Descr	ription of Ever	nt:		
/	/ Face	Value of Ticke	ət: \$	71.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided to	o Agency: <u>Go</u>	lden State Wa	rriors	
Number of Tickets Received	4				☑ Pursuant to Contract
3. Agency Official(s) Rece	ving Ticket(s) (us	e a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
Carson, Keith		2			
·					
	Pag. 1. 1. April				
4. Individual or Organization				t of an agency official.)	
Name of Behesting Agency	Official: <u>Keith Carso</u>	on, Superviso	r Fifth District		
Name of Individual or Organ	ization: Carol Musi	с		Numbe	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De		anno for the die	tribution to the	vragpization)	
a annan san anan ann ann ann ann ann ann	1942-012-01-01-01-01-02-04-04-04-08-08-08-08-08-08-08-08-08-08-08-08-08-			10 11 11 11 11 10 11 10 11 10 11 11	
To promote attendance at a	County facility in or	der to maxim	ize potential C	ounty revenue from pa	rking and concession
5. Verification					
I have determined that the distr	ibution of tickets set fo	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
14hn	CRYSTAL H	IISHIDA GRA		CIPAL ANALYST	11-1100 /-
Signature of Agéncy Head or Design		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Public	Docume	ent		S PROVIDED E
1. Agency Name			Date Stamp	California	
COUNTY OF ALAMEDA		Form	and the second second		
Division, Department, or Region (if applicable)		For Officia	il Use Only		
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must ex	volain in Part E)	
(510) 272-3882 crystal.hishida(@acgov.org			piani in Part 5.)	
Agency Contact (name and title)			Date of Original Filing: .	(month, day, ye	arl
Crystal Hishida Graff, Principal Analyst, Co	unty Administrator's	s Office	11111	(monini, day, ye	, ary
2. Event For Which Tickets Were Distrib					
Date(s) of Event: <u>12 / 16 / 10</u> De	scription of Event:	Radio City	Christmas Spectacular		
	ce Value of Ticket:		74 00		
	y source of tickets				
Name of Outside Source of Ticket(s) Provide	ed to Agency: Golde	en State Wa	arriors		
Number of Tickets Received:4					to Contrac
Number of fickets Received:	ficket(s) Provid	ed to Agend	sy: 🔲 Gratuitously	🗵 Pursuant	to Contrac
3. Agency Official(s) Receiving Ticket(s)	(use a continuation s	beet for addi	tional names)		
Name of Official		1000	ther the Distribution is Inc	omo to the Off	ficial or
(Last, First)	Number of Tickets		ibe the Public Purpose fo		
		11: 14: 34: 34: 1			
4. Individual or Organization Receiving 7	Ficket(s) (Provided	at the behes	t of an agency official.)		
Name of Behesting Agency Official: Keith Ca	arson, Supervisor F	ifth District			
Name of Individual or Organization: <u>Ian Hun</u>	ter - CEID		Numbe	er of Tickets: .	4
Description of Organization: Provides a wide	e range of services	& supports t	for families to maximiz	e communica	ition.
		Parkalay		CA	04740
1025 Crowson St		Berkeley		CA	94710 Zip Code
Address of Organization: 1035 Grayson St.		Other			
Address of Organization. Number and Street	5 / N N	City	8 8 20	State	210 0008
Address of Organization:	5 / N N		organization.)	State	20 0008
Address of Organization. Number and Street	purpose for the distrib	oution to the c	organization.)	State	20000

6HmM	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	11/18/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
Street Address				-	
1221 OAK STREET, #555,		612			
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Princ	0	v Administrate	or's Office	bate of original rining.	(month, day, year)
2. Event For Which Ticket					
Date(s) of Event: <u>12</u>			Rodger Wa	ters	
Date(s) of Event:/				131.75	
/	/ Face	Value of Ticke	ət: \$		
Agency Event 🛛 🗌 Yes	区 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received	li	ficket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
		· · · · · · · · · · · · · · · · · · ·			
4. Individual or Organization				t of an agency official.)	
Name of Behesting Agency	Official: <u>Supervisor</u>	· Alice Lai-Bitk	er, District 3		
				.	4
Name of Individual or Organ	ization:			Numb	er of Tickets:4
Description of Organization:		×.			
)	
Address of Organization:	nber and Street		City		State Zip Code
		need for the die	1.500 C	vention)	
Purpose for Distribution: (D		an sa shekara na kana sa masa		1. 19 12 - 1917 - 19 - 1917 -	from concession color
To promote attendance at a	n event neid at a C	ounty facility i	n order to max	imize County revenue	From concession sales
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	accordance with	h the provisions of FPP0	C Regulation 18944.1.
11km m		HISHIDA GRA		CIPAL ANALYST	11/10/10
Signature of Agency Head or Design		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	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only	
1221 OAK STREET, #555, OAKI		612			
Area Code/Phone NumberE-ma(510) 272-3882crysAgency Contact (name and title)	ail stal.hishida@a	acgov.org		Amendment (Must of Date of Original Filing:	
Crystal Hishida Graff, Principal A			or's Office		
2. Event For Which Tickets We			Calden Ote		
Date(s) of Event: <u>04</u> / <u>02</u> /_	11 Desc	ription of Eve	nt: Golden Sta		
//	Face	Value of Tick	et: \$	95.00	
	No (Identify s				
Name of Outside Source of Ticket	t(s) Provided t	to Agency: <u>G</u>	olden State Wa	rriors	
Number of Tickets Received:					I Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (ur	se 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 f	
4. Individual or Organization Re	eceiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Officia	al: Supervisor	r Alice Lai-Bitl	ker, District 3		
Name of Individual or Organizatio				Numb	per of Tickets:4
Description of Organization:					
Address of Organization:	d Street		City		State Zip Code
Purpose for Distribution: (Describe	e the public pur	pose for the di	stribution to the c	organization.)	
To reward a community volunteer	en ava er etterner var en terterer.	10000000000000000000000000000000000000		· · · · · ·	
5. Verification					0.0
I have determined that the distribution					C Regulation 18944.1.
Signature of Agency Head of Designee		HISHIDA GRA	AFF PRIN	Title	11/18/10
Comment: (Use this space or an attack			on including ameng		(month, day, year)
South the fose the share of an attack		anonar monnau	an monoring among	anon orphanatority	
					EPBC Form 202 (Eab/00)

Tickets Provided by		A Public	Docume	nt	TICKETS PROVIDED BY
Agency Report A Public Docume 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			Date Stamp	California Form 802	
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princip	E-mail crystal.hishida@acgo al Analyst, County Ad		Office	Amendment (Must)	and the set of the transfer of the transfer of the set of the transfer of the set
2. Event For Which Tickets 1 Date(s) of Event: <u>12</u> , <u>11</u> / Agency Event □ Yes Name of Outside Source of Ti Number of Tickets Received: .	_/10 Descriptio _/ Face Valu 区 No (Identify source cket(s) Provided to Ag	e of Ticket: \$ e of tickets b ency: <u>Golde</u>	elow.) n State Wa	96.35 rriors y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv Name of Officia (Last, First)	I N	lumber Tickets	State Whet	her the Distribution is Ir be the Public Purpose f	
 Individual or Organization Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des To promote attendance at an 	fficial: Supervisor Alic ation: Kevin Kopjak er and Street cribe the public purpose	e Lai-Bitker,	District 3 City ution to the o	Numt	per of Tickets:2
5. Verification I have determined that the distrib Signature of Agéncy Héad or Designee Comment: (Use this space or an a	CRYSTAL HISH	IDA GRAFF ^{Jame}	PRIN	CIPAL ANALYST	C Regulation 18944.1. (month, day, year)

Tickets Provided by		740-1-001748-0		5 (194 - 1 4	
Agency Report	A Public Docume			ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					T OIL
Division, Department, or Regio	on (if applicable)			1	For Official Use Only
Street Address					
1221 OAK STREET, #555, 0	DAKLAND, CA 946	612			
	E-mail				
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	.,	- <u>j</u> j		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	pal Analyst, Count	y Administrate	or's Office		(month, day, year)
2. Event For Which Tickets	Were Distribute	ed		A	
Date(s) of Event: <u>11</u> / <u>2</u> 2	2 / 10 Desc	ription of Eve	nt: Golden Sta	te Warriors Game	
			et: \$	05.00	
	_/ Face	value of fick	eι. φ		
Agency Event 🛛 Yes	🔀 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of T	icket(s) Provided t	o Agency: G	olden State Wa	nriors	
Number of Tickets Received:		Ticket(s) Pro	wided to Agenc	sy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (ur	se a continuatio	on sheet for addi	tional names)	
Name of Offici		Number		ther the Distribution is Inc	ome to the Official or
(Last, First)	51	of Tickets	1	be the Public Purpose for	
Laws, Jerl		4	To promote a	attendance at County fa	acility to max sales
				Ŷ	
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
- 신금 17.17억 MWH 2017년 17:7억 전 등 전철 전 기억 개가 55:2012년 ~ 1 중요이가요.	사람은 방법에 생각할 수 있는 것을 가지 않는 것을 가지 않는 것을 하는 것을 수 있다. 이렇게 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있다. 이렇게 가지 않는 것을 하는 것을 하는 것을 수 있다. 이렇게 가지 않는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있다. 이렇게 귀에서 이렇게 가지 않는 것을 수 있다. 이렇게 제공에서 이렇게 하는 것을 수 있다. 이렇게 제공에서 이렇게 하는 것을 수 있다. 이렇게 제공에서 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 하는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 가지 않는 것을 수 있다. 이렇게 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 가지 않는 것을 수 있다. 이렇게 귀에서 가지 않는 것을 수 있다. 이렇게 하는 것을 수 있다. 이 가지 않는 것을 수 있다. 이 가지 않는 것이 같이 있다. 이 가지 않는 것이 같이 않는 것이 않는 것이 않는 것이 같이 않는 것이 않는 것이 같이 않는 것이 않 것이 같이 않는 것이 않 않는 것이 않는 것이 않이 않는 것이 않	1999-000 000 000 000 000 000 000 000 000		torun agonoy oniolally	
Name of Behesting Agency C	official: Supervisor	Alice Lai-Biti	ker, District 3		
Name of Individual or Organi:				Numbe	er of Tickets:
Name of Individual of Organia	zalion:				9 OF HCKets.
Description of Organization: _					
Address of Organization:	ber and Street		City		State Zip Code
			1989 - 5		
Purpose for Distribution: (De					
To promote attendance at ev	ent held at a Cour	nty facility in c	order to maximi	ze revenue from conce	ssion sales
5. Verification					
	hullon of tiskstered	both chours in t	a a a a a a data a d	h the provisions of CDDO	Population 190414
I have determined that the distrib					regulation 18944.1.
1.Hann	55 V 30 57 0 0 0 0	ISHIDA GRA	AFF PRIN	ICIPAL ANALYST	11/18/10
Signature of Agency Head or Designer		Print Name		Title	(month, day, year)
Comment: <i>(Use this space or an</i>	attachment for any add	ditional informatio	on including amend	dment explanation.)	

Tickets Provided by					
Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-r	mail			Amendment (Must e	unjela in Dad E)
(510) 272-3882 cr	ystal.hishida@a	cgov.org			kplain in Part 5.)
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrat	or's Office		(month), ddy, yodry
2. Event For Which Tickets W	/ere Distribute	ed		0	
Date(s) of Event:11_/_27			ht. Andre Ward	l vs. Sakio Bika WBA	Super Middleweight
Date(s) of Event.				95.60	
/	/ Face	Value of Ticke	ət: \$		
Agency Event 🛛 Yes	🗵 No (Identify se	ource of ticke	ts below.)		
Name of Outside Source of Tick	(ot(c) Provided t	Gannay Ga	olden State Wa	rriors	
		o Agency.			
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	X Pursuant to Contract
			e le victoritier e voya		
3. Agency Official(s) Receivin	ig Ticket(s) (us	se a continuatio	on sheet for addit	lional names)	
Name of Official (Last, First)		Number		her the Distribution is Inc	
(Last, Filst)		of Tickets	Descri	be the Public Purpose fo	
Carson, Keith		2	To evaluate t	he ability of a facility t	o attract business.
4. Individual or Organization I	Receiving Tic	ket(s) (Provid	led at the behest	of an agency official.)	
Name of Behesting Agency Offic	Keith Carso	on. Superviso	r Fifth District		
Name of Benesting Agency Office					
Name of Individual or Organizat	tion. Carol Musi	с		Numb	er of Tickets:2
				Hamp	
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
			1200/87		ciato Elp'obdo
Purpose for Distribution: (Descri					
To promote attendance at a Co	unty facility in or	rder to maxim	ize potential C	ounty revenue from pa	arking and concession
5. Verification					
I have determined that the distributi	ion of tickets set fo	orth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
latt m. M	CRYSTAL H	IISHIDA GRA	FF PRIN	CIPAL ANALYST	11/17/0
Signature of Agency Head of Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an atta	achment for any add	litional informatio	n including amend	lment explanation.)	

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if app	licable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLA	ND, CA 94612			
Area Code/Phone Number E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org				
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Ana	lyst, County Administrate	or's Office		
2. Event For Which Tickets Were	-			
Date(s) of Event: <u>03 / 11 / 1</u> 1	Description of Ever	nt: <u>Golden Sta</u>	te Warriors Game	
	Face Value of Ticke			
	o (Identify source of ticke			
Name of Outside Source of Ticket(s)	Provided to Agency: Go	olden State Wa	arriors	
Number of Tickets Received:4			:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation	on sheet for addi	tional names)	
Name of Official	Number	State Whet	ther the Distribution is I	ncome to the Official or
(Last, First)	of Tickets	Descri	ibe the Public Purpose	for the Distribution
A Individual or Organization Pag	niving Ticket(e)		t of an anamay official)	an maaray laadan maraka maraka gogaga uu cayaa aha ^a kada tawah dada in daga sayaa sa
4. Individual or Organization Rec			t of an agency official.)	
Name of Behesting Agency Official:	Supervisor Alice Lai-Bit	ker, District 3		
Name of Individual or Organization:	Robert Pace		Num	ber of Tickets:4
Description of Organization:				
Address of Organization:	reet	City		State Zip Code
Purpose for Distribution: (Describe the second seco	ne public purpose for the dis	stribution to the	organization.)	
To promote attendance at an event	held at a County facility	in order to max	kimize potential Coun	ty revenue from sales
		en get 100 ken en e		
5. Verification	f tickets out forth choice is it	a anoardanaa wi	th the provisions of EDE	PC Regulation 1804/ 1
I have determined that the distribution o				
-64 mm	CRYSTAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	

-68	no	
Signature of	Agency Had or De	esignee

Print Name

. L/11 Title

(month, dat), year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY	
1. Agency Name		no bootine	Date Stamp	AGENCY REPORT	
COUNTY OF ALAMEDA				Form 802	
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1221 OAK STREET, #555, OAKLAND, CA 94	612				
Area Code/Phone Number E-mail			Amendment (Must e	xplain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov.org					
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Count		or's Office			
2. Event For Which Tickets Were Distribute	51730				
Date(s) of Event: <u>11 / 28 / 10</u> Desc	ription of Eve	nt: Oakland Ra	aiders Game		
/ Face	Value of Tick	et: \$	150.00		
Agency Event 🛛 Yes 🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Ticket(s) Provided	to Agency: O	akland Raiders			
Number of Tickets Received: 3	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (u	se a continuati	on sheet for addi	tional names)		
Name of Official (Last, First)	Number of Tickets	- ACC C	her the Distribution is In be the Public Purpose fo		
Briones, Ruben	3	To promote a	attendance at County	event to max sales	
4. Individual or Organization Receiving Tic			t of an agency official.)		
Name of Behesting Agency Official: Supervisor	Alice Lai-Bit	ker, District 3	-		
Name of Individual or Organization:			Numb	er of Tickets:	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public pur	nose for the di		vicianization)		
To promote attendance at event held at a Cour	Maximum and an and an		224	om concession sales	
5. Verification					
I have determined that the distribution of tickets set t	forth ahove is i	n accordance wit	h the provisions of EPP(Regulation 18944 1	
111-					
	HISHIDA GRA	AFF PRIN	Title	(month, day, year)	

			c Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA	alon //f annliant/a)				For Official Use Only
Division, Department, or Re					
1221 OAK STREET, #555 Street Address	>				
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
	Contract and a second second second second			Amendment (Must e	(plain in Part 5.)
(510) 272-3882 Agency Contact (name and lit	crystal.hishida@a	acgov.org		Date of Original Filing: .	
Crystal Hishida Graff, Prin		ty Administrato	r's Office		(month, day, year)
2. Event For Which Ticke			I S Office		
			. Golden Stat	e Warriors vs. Detroit	Pistons
Date(s) of Event: <u>11</u>	<u>15 / 10</u> Desc	ription of Event	t:	05.00	
)	/ Face	Value of Ticket	t: \$	95.00	
Agency Event	🗵 No (Identify s	source of ticket	s below.)		
				rriors	3
Name of Outside Source o	f Ticket(s) Provided	to Agency:	den etate ma		
Number of Tickets Receive	ed:4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rec	eiving Ticket(s) (u	ise a continuatior	n sheet for addi	ional names)	
Name of Of		Number		her the Distribution is In	
(Last, Firs	0	of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizat	tion Receiving Tie	cket(s) (Provide	ed at the behes	of an agency official.)	
Name of Behesting Agency	v Official. Keith Cars	son, Supervisor	r Fifth District		
Name of Individual or Orga	anization: Matthew S	Smith		Numb	er of Tickets:4
Description of Organization	n:				
Address of Organization:					
Address of Organization:	lumber and Street		City		State Zip Code
Purpose for Distribution: (Describe the public pu	rpose for the dis	tribution to the o	organization.)	
To promote attendance at		NUMBER OF THE ADDRESS OF THE PROPERTY OF THE P		1011220	arking and concession
To promoto anonadino di	a county hacking in a				
5. Verification					10
		forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
	stribution of tickets set	Iorth above is in	000070007000		o regenerer ree ree
I have determined that the dis					inter la
	CRYSTAL	HISHIDA GRA			(nfonth, day/year)

÷.

Agency Report		A Pub	lic Docume	ent		PROVIDED E
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	ouplain in Dart E)	
510-272-3882	crystal.hishida@a	cgov.org			explain in Part 5.)	
Agency Contact (name and title	Date of Original Filing	: (month, day, yea	ar)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office					(monini, day, yea	
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event: <u>11</u> /_2	2 / 10 Descr	ription of Eve	nt: Warriors v.	Nuggets		
			et: \$	05		
Agency Event	⊠ No (Identify s					
.aa.	C=22 & 54		and see a second			
Name of Outside Source of	Ticket(s) Provided to	o Agency: G	olden State wa	irriors		
Number of Tickets Received	:	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant t	o Contrac
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)		
Name of Offic	cial	Munahan	Chata Mara		in the second	
() out Eimt)		Number			ncome to the Offic	
(Last, First)		of Tickets		be the Public Purpose		
(Last, First)						
(Last, First)						
(Last, First)						
(Last, First)						
	an Possiving Tid	of Tickets	Descri	be the Public Purpose	for the Distribution	
4. Individual or Organizatio	1 0 0 0 0 0 0 0	of Tickets ket(s) (Provid	Descri	be the Public Purpose	for the Distribution	
4. Individual or Organizatio	1 0 0 0 0 0 0 0	of Tickets ket(s) (Provid	Descri	be the Public Purpose	for the Distribution	
 Individual or Organization Name of Behesting Agency 	Official: Supervisor	of Tickets ket(s) (Provid Gail Steele	Descri	be the Public Purpose	for the Distribution	
4. Individual or Organizatio Name of Behesting Agency Name of Individual or Organ	Official: <u>Supervisor</u> ization: <u>Alameda C</u>	of Tickets ket(s) (Provid Gail Steele county Health	Descri ded at the behes Care Foundat	t of an agency official.)	for the Distribution	
 Individual or Organization Name of Behesting Agency 	Official: <u>Supervisor</u> ization: <u>Alameda C</u>	of Tickets ket(s) (Provid Gail Steele county Health	Descri ded at the behes Care Foundat	t of an agency official.)	for the Distribution	
 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: 	Official: <u>Supervisor</u> ization: <u>Alameda C</u> Raises funds in su 01 Broadway, Ste.	of Tickets ket(s) (Provid Gail Steele county Health pport of Alam	Descri ded at the behes Care Foundat	t of an agency official.)	for the Distribution	
 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: 	Official: <u>Supervisor</u> ization: <u>Alameda C</u> Raises funds in su	of Tickets ket(s) (Provid Gail Steele county Health pport of Alam	Descri ded at the behes Care Foundat neda County M	t of an agency official.)	for the Distribution	4 94612
 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: 	Official: <u>Supervisor</u> ization: <u>Alameda C</u> Raises funds in sup 01 Broadway, Ste. nber and Street	of Tickets ket(s) (Provid Gail Steele county Health pport of Alam M	Descri ded at the behes Care Foundat neda County M Oakl. City	t of an agency official.) ion Num edical Center	for the Distribution	4 94612
 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: 	Official: <u>Supervisor</u> ization: <u>Alameda C</u> Raises funds in sup 01 Broadway, Ste. nber and Street escribe the public purp	of Tickets ket(s) (Provid Gail Steele county Health pport of Alam M	Descri ded at the behes Care Foundat neda County M Oakl City stribution to the o	t of an agency official.) ion Num edical Center	for the Distribution	n

lettan to	
Signature of Agency Head or Designee	1

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST Title

(month, day, year)

		ALGONO	: Docume	inc .	AGENCY F
1. Agency Name				Date Stamp	California 👩
COUNTY OF ALAMEDA					Form O
Division, Department, or Reg	ion (if applicable)				For Official Use Or
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	caov.ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		-33		Date of Original Filing: .	
Crystal Hishida Graff, Princ	ipal Analyst, Count	v Administrator	's Office		(month, day, year)
2. Event For Which Ticket	the second s				
Date(s) of Event: <u>11</u> /		ription of Event:	Warrior's Ga	ame	i.
/		Value of Ticket:		95.00	
Agency Event 🛛 Yes	🗵 No (Identify s		and the second		
Name of Outside Source of	Ticket(s) Provided t	o Agency: GSW	V		
Number of Tickets Received	I: <u>4</u>	Ticket(s) Provid	led to Agency	/: 🔲 Gratuitously	⊠ Pursuant to Co
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation	sheet for addit	ional names)	
Name of Offi	cial	Number		ner the Distribution is Ind	
(Last, First)		of Tickets	Descrit	e the Public Purpose fo	r the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	d at the behest	of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Supervise	or Scott Hag	gerty, District 1	
Name of Individual or Orgar	lization:	initiality Logino		Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	mber and Street		City		State Zij
Purpose for Distribution: (D		pose for the distri	bution to the o	rganization.)	
To reward a nonprofit for it	s contributions to th	e community.		1 1	
F. Maulfientien					
5. Verification	ribution of tickets ect (orth above is in a	coordance with	the provisions of EDDC	Regulation 18044 1
		orar above is in a	coordance will	i ne provisions or FPFC	
I have determined that the dist					11
Signature of Agency, Head or Design	CRYSTAL H	IISHIDA GRAFI Print Name		CIPAL ANALYST	

Tickets Provided by Agency Report		A Pub	lic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA				CONTRACTOR CONTRACTOR AND	Form	802
Division, Department, or Reg	ion (if applicable)				For Official L	Jse Only
1221 OAK STREET, #555						
Street Address				1		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)	
510-272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title	<i>j</i>			Date of Original Filing:	(month, day, year	r)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		A & 502	
2. Event For Which Tickets	s Were Distribute	ed				
Date(s) of Event: <u>12</u> /_2	27 / 10 Desc	ription of Ever	nt: Warriors v.	76ers		
/			et: \$	05		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>G</u>	olden State Wa	nrriors		
Number of Tickets Received	l: <u>4</u>	Ticket(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic (Last, First)	cial	Number		ther the Distribution is In		
(Lasi, Fiisi)		of Tickets	Descri	be the Public Purpose for	or the Distribution	
			· · · ·			
A						
4. Individual or Organization	on Pocolving Tic	kat(c) (Provid	ad at the holice	t of an agonau official)		
Name of Behesting Agency		8 8 8		t of all agency official.)		
Name of Individual or Organ				Numb	er of Tickets: _	4
Description of Organization:	promotes civic inv	volvement in t	he electoral pro	ocess and educates a	bout ballot box	issues
Address of Organization: <u>P</u> .	.O. Box 2234		Castro \	/alley,	CA	94546
Nur	mber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the o	organization.)		
to reward a local non-profit	which is helping the	e community				
5. Verification						_
I have determined that the distr	ibution of tickets set f	forth above is in	n accordance wit	h the provisions of FPP	C Regulation 189	44.1.
let an	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST	11/1	7/10
Signature of Agency Head or Design	ee	Print Name		Title	(month	ı, day, year)

11/17/10 (month, day, year)
Tickets Provided by Agency Report		A Publi	ic Docume	ent		S PROVIDED B
1. Agency Name				Date Stamp	California	GENCY REPOR
COUNTY OF ALAMEDA				Date Stamp	Form	* 802
Division, Department, or Regi	on (if applicable)				For Officia	al Use Only
1221 OAK STREET, #555	,					
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
a man shakan anatin sayan sa				Amendment (Must ex	plain in Part 5.)	
510-272-3882 Agency Contact (name and title)	crystal.hishida@a	acgov.org		Date of Original Filing: _	0	
a series de la superior de la superi		. Administrato	r'a Office		(month, day, ye	9ar)
Crystal Hishida Graff, Princi			rs Office			
2. Event For Which Tickets			Poidore y	Jolphine		
Date(s) of Event: <u>11</u> / <u>2</u>	<u>8 / 10</u> Desc	ription of Even	t: <u>Raiders v. i</u>	Joiphins		
/	/ Face	Value of Ticke	t: \$	150		
Agency Event 🛛 Yes	🗙 No (Identify s	source of ticket	s below.)			
	The second s					
Name of Outside Source of	licket(s) Provided	to Agency:				
Number of Tickets Received	:	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant	to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)		
Name of Offic (Last, First)	ial	Number		her the Distribution is Inc		
(Lasi, Filsi)		of Tickets	Descri	be the Public Purpose for	r the Distributi	on
•						
4. Individual or Organizatio	on Receiving Tic	cket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency (Official. Superviso	r Gail Steele, E	District 2			
Name of Individual or Organ	ization: <u>Alameda (</u>	County Urban N	Male Health In	itiative Numbe	er of Tickets:	4
Description of Organization:					h of males a	t high risk
Description of Organization.	N					
Address of Organization:	00 Broadway		Oakland	,	CA	94612
Address of Organization.	ber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pu	rpose for the dis	tribution to the c	organization.)		
provide opportunities to thos		sta serversenen intera javas		가장 아파 이 것이 가지 않는 것이 가지 않는 것이 같아.	e Services/F	ub Health
		19 001 1003 1101	in obtainty agei	losonnon riodur odi	0.0011100011	- aon routin
5. Verification						
I have determined that the distri	bution of tickets set	forth above is in	accordance wit	h the provisions of FPPC	Regulation 1	8944.1.
116				•		2.0.11.02.01
Signature of Agency Head of Designe		HISHIDA GRA		Title		nth, day, year)

Tickets Provided by Agency Report	A Public Document			ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	jion (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	cipal Analyst, Count	y Administrat	or's Office	☐ Amendment (Must	
2. Event For Which Ticket Date(s) of Event: <u>11</u> / <u></u> Agency Event Name of Outside Source of Number of Tickets Received	27 <u>/ 10</u> Descr / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>G</u>	et: \$ ts below.) SW	d Boxing 95.60 y: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)	cial	se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is Ir be the Public Purpose f	
 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: <i>Nu</i> Purpose for Distribution: (E To promote attendance at a 	Official: <u>Alameda C</u> nization: <u>Jay Nelsor</u> 	pose for the dis	visor Scott Hag City	gerty, District 1 Numl	per of Tickets:4
5. Verification I have determined that the dist Signature of Agency Head of Desig Comment: (Use this space or a	CRYSTAL H	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	PC Regulation 18944.1.

Agency Network Application Application <th>Tickets Provided by</th> <th>Я́</th> <th></th> <th></th> <th></th>	Tickets Provided by	Я́			
COUNTY OF ALAMEDA Form COUNTY OF ALAMEDA Division, Department, or Region (/ applicable) Tere to Address For Official Use Colv 1221 OAK STREET, #555 For Official Use Colv For Official Use Colv Area Code/Phone Number E-mail Amendment (Meat explain in Part 5.) (510) 272-3882 Crystal Hishida@acgov.org Date of Original Filing:	Agency Report		A Public Doci	ument	TICKETS PROVIDED BY AGENCY REPORT
COUNT OF ALANEDA Per Official Use Cely Division, Department, or Region (// applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code(Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (rame and Bite) Date of Original Filing:	1. Agency Name			Date Stamp	California 802
Description (or Region (in sequence) 1221 OAK STREET, #\$55 Street Address OAKLAND, CA 94612 Area Code/Phone Number Crystal Hishida (many context) Agency Event [12] 03 _ 10 Description of Event: [2] _ 131.75 Agency Event [Yes El No (Identify source of tickets below.) Number of Tickets Received:	Concorrection and all all angles. In the second second in				
Street Address OAKLAND, CA 94612 Area Code/Rhone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (arms and tille) crystal.hishida@acgov.org Crystal Hishida Graff, Frincipal Analyst, County Administrator's Office Date of Original Filing:	Division, Department, or Regio	on (if applicable)			For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 crystal hishida@acgov.org Agency Contact (name and Ho) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:					
Area Code/Phone Number (510) 272-3882 E-mail crystal Hishida @acgov.org Amendment (Must explain in Part 5.) Agency Contact (name and life) Crystal Hishida @raff, Principal Analyst, County Administrator's Office Date of Original Filing:	Street Address				
(510) 272-3882 crystal.hishida@acgov.org Immediate (Mett explain in Parl 5.) Agency Contact (mane and tille) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filling:					
Agency Contact (name and tille) Date of Original Filing:	100000000000000000000000000000000000000			Amendment (Must	explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 12 / 03 / 10 Description of Event: Roger Waters Concert		crystal.hishida@acgov	.org	Data of Onicinal Filling	
2. Event For Which Tickets Were Distributed Date(s) of Event: 12 _ 03 _ 10 _ Description of Event: Roger Waters Concert	all a fina sea ann fam ann an fa				(month, day, year)
Date(s) of Event: 12 0 Description of Event: Roger Waters Concert	En la constanti de la constanti	A CONTRACT OF A	ministrator's Office)	
			Derer	Waters Concert	
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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: Patricia Brooks and Taeg Murdock Number of Tickets: Description of Organization: Patricia Brooks and Taeg Murdock Number of Tickets: Address of Organization: City State Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signalure of Agency Head of Designee Print Name PRINCIPAL ANALYST Model Accordance Signalure of Agency Head of Designee Print Name PRINCIPAL ANALYST Model Accordance Si	Name of Outside Source of T	icket(s) Provided to Age	ency: Golden Stat	e wannois	
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Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Patricia Brooks and Taeg Murdock Number of Tickets: 2 Description of Organization:		963			
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Name of Individual or Organization: Patricia Brooks and Taeg Murdock Number of Tickets: 2 Description of Organization:	Name of Behesting Agency C	Official: Alameda Count	y Supervisor Nate	Miley, District 4	
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Number and Street City State Zip Code 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 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Head of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/50/10 Signature of Agency Head of Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Description of Organization:				
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To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Head of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/30/10 Signature of Agency Head of Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) Designation	Purpose for Distribution. (De	scribe the public purpose	for the distribution to	the organization.)	
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/30/10 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.) Designee (month, day, year)					ty revenue from parking
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signalure of Agency Head of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/30/10 Signalure of Agency Head of Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) Image: space of the	To promote attendance at an	revent heid at a County	nacility in order to	maximize potential coul	ity revenue nom parking
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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.) Item (month, day, year)					C Hogunatori 10044.1.
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	12 mp				11/30/10
					(monin, day, year)
	and concession sales	auachment for any additiona	mornation including	amenument explanation.)	

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				21	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Muste:	(plain in Part 5.)
Agency Contact (name and tille		00		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrato	or's Office		(monin, day, year)
2. Event For Which Ticket					
Date(s) of Event: <u>12</u> /			. The Judd's	Concert	
Date(s) of Event:/				96.35	
/	/ Face	Value of Tickel	t: \$	90.33	
Agency Event	🔀 No (Identify s	source of tickets	s below.)		
				urrirors	
Name of Outside Source of	Ticket(s) Provided 1	to Agency:	den oldie we		
Number of Tickets Received	I: <u>4</u>	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatior	n sheet for addi	tional names)	
Name of Offi	cial	Number		ther the Distribution is Ind	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
		<u> </u>			
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)	
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Name of Behesting Agency	Official: Alameda C	Sounty Supervi	SOI Male Mile	y, District 4	
Name of Individual or Organ	United Ser	niors of Oaklan	d & Alameda	County	er of Tickets:4
					er of fickets.
Description of Organization	Senior Advocacy				
			1 56 53 69		
Address of Organization:	200 Bancroft Ave, S	Ste 178 - Oakla		5	
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the dist	ribution to the o	organization.)	
To promote attendance at a	an event held at a C	County facility in	order to max	imize potential County	revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is in	accordance wil	th the provisions of FPP0	C Regulation 18944.1.
					11/20/-
100 mil		HISHIDA GRA	-F PRIN	ICIPAL ANALYST	11/00/10
Signature of Agency Head or Design		Print Name		Title	(monin, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional information	n including amen	dment explanation.)	

and concession sales

Tickets Provided by	A Dubl	ie Deeuwee		TICKETS PROVIDED BY
Agency Report	A Publ	ic Docume	m	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region	(if applicable)		2	For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
	mail		9-21	
Realized Media and Constraint Strengthered and H			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 cr Agency Contact (name and title)	ystal.hishida@acgov.org		Date of Original Filing:	
The second second from the second of the		office	bate of original range	(month, day, year)
Crystal Hishida Graff, Principal		or's Office		
2. Event For Which Tickets W				
Date(s) of Event: <u>12</u> / 03	/ 10 Description of Ever	nt: Roger Wate	rs Concert	
	./ Face Value of Ticke	-	131.75	
/	Face value of ficke	эι. φ		
Agency Event	X No (Identify source of ticke	ts below.)		
	G	olden State Wa	rrirors	
Name of Outside Source of Tick	cet(s) Provided to Agency:			
Number of Tickets Received:	2 Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Receivin	ig Ticket(s) (use a continuation			
Name of Official	Number		her the Distribution is In	
(Last, First)	of Tickets	Descrit	be the Public Purpose f	or the Distribution
4. Individual or Organization				
Name of Behesting Agency Offi	icial. Alameda County Super	visor Nate Miley	y, District 4	
Name of Individual or Organiza	tion. Peter Marcotte and Clar	rice Readus	Numt	ber of Tickets: 2
Name of manual of organiza				
Description of Organization:				
Address of Organization:				
Number	and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di	stribution to the c	organization.)	
To promote attendance at an e				ty revenue from parking
To promote attendance at an e	went held at a county facility	in order to max	anize potential oban	g to to had non parking
Caracteristic Control of Control				
5. Verification				
I have determined that the distribu	tion of tickets set forth above is i	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Lith IN	CRYSTAL HISHIDA GR/	AFF PRIN	ICIPAL ANALYST	11/30/10
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an at		ion including ameni	dment explanation.)	1999 - 1999 - 1996 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
************************************	assument to any adamond mornidi	and a second		
and concession sales				

Tickets Provided by	A Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report 1. Agency Name		no Doodine	Date Stamp	California
COUNTY OF ALAMEDA			Date Stamp	Form 802
Division, Department, or Region (if applic	cable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Muste	volain in Part 51
(510) 272-3882 crystal.h Agency Contact (name and title)	ishida@acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal Analy	st, County Administra	or's Office		(month, day, year)
2. Event For Which Tickets Were D	and the second se			
Date(s) of Event: <u>12 / 03 / 10</u>		nt. Rodger Wa	ters	
Date(s) of Event://			131.75	
//	 Face Value of Tick 	et: \$		
Agency Event 🗌 Yes 🗵 No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) F	Provided to Agency. G	olden State Wa	rriors	
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Tic	ket(s) (use a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number		her the Distribution is In-	
(Loot, First)	of Tickets	Desch	be the Public Purpose it	
		á.		
6				
France				
4. Individual or Organization Recei			2012년 2012년 1월 1961년 1971년	
Name of Behesting Agency Official: _	lameda County Super	visor Scott Hag	gerty, District 1	
Name of Individual or Organization: <u>K</u>	ristin Silva		Numb	er of Tickets: <u>4</u>
Description of Organization:				
Address of Organization:	et	City		State Zip Code
Purpose for Distribution: (Describe the		stribution to the c	organization)	
To reward a community volunteer for			Jiganization.)	
To reward a community volunteer for	her service to the publi	IC		
5. Verification				
I have determined that the distribution of ti	ickets set forth above is it	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
1 1 X 1 X 1 1 1			•	in a second
Signature of Agency Head or Designee	RYSTAL HISHIDA GRA	AFF PRIN	Title	(month day year)
Comment: (Use this space or an attachmen		on including amon	The second se	(nom, day, year)
	Start any saganana marman	and an and a second		

Tickets Provided by Agency Report			
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		Date Star	AGENCY REPORT California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title	E-mail crystal.hishida@acgov.org ^{»)} cipal Analyst, County Administra	Date of Origina	nt (Must explain in Part 5.) al Filing:(month, day, year)
/ Agency Event □ Yes Name of Outside Source of	s Were Distributed 27 <u>/ 10</u> Description of Eve / Face Value of Tick ⊠ No (Identify source of tick Ticket(s) Provided to Agency: <u>G</u> d:1 Ticket(s) Pro-	et: \$95.60 ets below.) olden State Warrirors	ously ⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Off (Last, First)		State Whether the Distribut	tion is Income to the Official or urpose for the Distribution
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: _{Nu} Purpose for Distribution: (E	N	City	official.) Number of Tickets:1
Signature of Agency Headfor Desig	tribution of tickets set forth above is CRYSTAL HISHIDA GR nee Print Name an attachment for any additional informat	AFF PRINCIPAL ANALY	YST (1) /23/13 (month, day, year)

Tickets Provided by Agency Report	A Put	olic Docume	nt	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	2 210 (412		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number E-ma	tal.hishida@acgov.org nalyst, County Administra	ator's Office	☐ Amendment (Must	
Date(s) of Event: <u>11 / 27 /</u> /	10 Description of Eve Face Value of Tic No (Identify source of tick)	ket: \$:ets below.)	95.60	
Number of Tickets Received:				☑ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continual Number of Tickets	State Wheth		ncome to the Official or for the Distribution
4. Individual or Organization Re Name of Behesting Agency Officia Name of Individual or Organizatio Description of Organization:	al: <u>Alameda County Supe</u> n: Lawana Stewart	rvisor Nate Miley	v, District 4	ber of Tickets:1
Address of Organization:	e the public purpose for the c		rganization.)	State Zip Code
5. Verification I have determined that the distribution Signature of Agency Head or Designee Comment: (Use this space or an attack	CRYSTAL HISHIDA GR	RAFF PRIN	CIPAL ANALYST	PC Regulation 18944.1. <u>IV/25710</u> (month, day, year)
	·	1		FPPC Form 802 (Feb/09

Tickets Provided by	A Public	: Docume	int	TICKETS PROVIDED BY
Agency Report 1. Agency Name		, Docame	Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA			Date Stamp	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 (Mustex	olain in Part 5.)
(510) 272-3882 crystal.hishida@	@acgov.org			pan in Part 5.7
Agency Contact (name and tille)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	inty Administrator	s Office		
2. Event For Which Tickets Were Distribut	ited			
Date(s) of Event: <u>11 / 27 / 10</u> Des	scription of Event:	Andre Ward	l vs. Blka	
	e Value of Ticket:		05 60	
Agency Event 🛛 Yes 🗵 No (Identify	source of tickets	below.)		
Name of Outside Source of Ticket(s) Provided	d to Agency. Gold	en State Wa	rrirors	
Number of Tickets Received:1				Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuation	sheet for addi	ional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organization Receiving T	icket(s) (Provided	l at the behes	t of an agency official.)	
Name of Behesting Agency Official: Alameda	County Supervis	or Nate Miley	/, District 4	
Name of Individual or Organization: <u>Sonia La</u>				er of Tickets: <u>1</u>
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public p	ourpose for the distri	bution to the c	organization.)	
To reward a community volunteer for her service				
5. Verification			h the availations of FDDC	Perculation 19044 1
I have determined that the distribution of tickets se	et forth above is in a	ccordance wit	n the provisions of PPPC	Regulation 10944.1.
	- HISHIDA GRAF	F PRIN	CIPAL ANALYST	11/23/10
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any a	additional information	including amend	iment explanation.)	
			FPPC Toll-Free Helpline: 8	FPPC Form 802 (Feb/09) 666/ASK-FPPC (866/275-3772)

Tickets Provided by					TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or 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 6)
(510) 272-3882	crystal.hishida@a	icgov.org			Jam in Part 5.7
Agency Contact (name and tille,	The second s			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administra	tor's Office		(monin, day, year)
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>11</u> /_2	7 / 10 Descr	ription of Eve	nt: Andre Ward	l vs. Blka	
	/ Face			95.60	
		value of fick	ει. φ		
Agency Event 🛛 Yes	X No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: G	olden State Wa	rrirors	(
Number of Tickets Received	·	Ticket(s) Pro	wided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
4. Individual or Organization				(E) S	
Name of Behesting Agency	Official. Alameda C	County Super	visor Nate Mile	y, District 4	
Name of Individual or Organ	ization: Geoffrey P	ete		Numbe	er of Tickets: <u>1</u>
					ă.
Description of Organization:	-				
Address of Organization:					
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the di	stribution to the o	organization.)	
To reward a community volu					
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is i	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
IIVA da					
ph mm		HISHIDA GR/		Title	(month, day, year)
Signature of Agency Flead or Design		Print Name	an tantinda atau		(monin, day, year)
Comment: (Use this space or a	n allachment for any add	unonal mormati	on morading amend	аноп охранацон.)	

Tickets Provided by Agency Report	i.	A Public	: Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amondment (Iduate	
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Muste:	xplain in Part 5.)
Agency Contact (name and title		3 5		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator	's Office		(month, day, year)
2. Event For Which Ticket	The second secon	and the second s			
Date(s) of Event:11_/_	한 것이 아파 것 것 그 친구님에 없을 위하면 것을 가 것		Usher Conc	ert	
Date(s) of Event:/				156.00	
/	/ Face	Value of Ticket:	\$	100.00	
Agency Event 🛛 🗌 Yes	X No (Identify s	ource of tickets	below.)		
Name of Outside Source of	Ticket(c) Provided	Gold	len State Wa	rrirors	
Number of Tickets Received	l:2	Ticket(s) Provid	ded to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation			
Name of Offi (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
		OFFICKEIS	Descri	be the Public Pulpose to	
					1
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	d at the behes	t of an agency official.)	X.
Name of Behesting Agency	Official: Alameda C	County Supervis	or Nate Miley	y, District 4	
Name of Individual or Organ					er of Tickets:2
Description of Organization	Senior Advocacy				
Address of Organization.	200 Bancroft Ave, S	ste 178 - Oaklan	id, CA 94600 _{City}	5	State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distri	ibution to the c	organization.)	
To promote attendance at a	in event held at a C	ounty facility in	order to max	imize potential County	y revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is in a	ccordance wit	h the provisions of FPP0	C Regulation 18944.1.
11/10 11					
Signature of Agency Head of Design		HISHIDA GRAF		CIPAL ANALYST	(month, day, year)
and the second			to all all a superior	iment explanation.)	(

and concession sales- G.S. seats

Tickets Provided by Agency Report	A Publ	ic Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if	applicable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAK	LAND, CA 94612			
Area Code/Phone Number E-ma	ail		Amendment (Mustex	colain in Part 5.)
(510) 272-3882 crys	stal.hishida@acgov.org		internet internet in	
Agency Contact (name and title)		Date	of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal A	analyst, County Administrato	r's Office		9 i viti 1
2. Event For Which Tickets We				
Date(s) of Event: <u>12</u> , <u>27</u>	10 Description of Even			
/////////////////////////_/	Face Value of Ticke	et: \$ 95.0	0	
	No (Identify source of ticket			
Name of Outside Source of Ticke	t(s) Provided to Agency: <u>Go</u>	Iden State Warriors		
Number of Tickets Received:		vided to Agency:		Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuatio	n sheet for additional	names)	
Name of Official (Last, First)	Number of Tickets		e Distribution is Inc Public Purpose fo	come to the Official or r the Distribution
4. Individual or Organization R			agency official.)	
Name of Behesting Agency Offici	al: <u>Supervisor Alice Lai-Bitk</u>	er, District 3		
Name of Individual or Organizatio	n: Eden League of Women	Voters		er of Tickets:4
Description of Organization: <u>Non</u>	partisan political organizatio	on encouraging infor	med and active p	participation of citizens
Address of Organization: PO Box	x 2234, Castro Valley, CA 94	1546 City		State Zip Code
Purpose for Distribution: (Describ	a tha public purpose for the dis	tribution to the organiz	zation)	
To reward a school or nonprofit of		- AN - AN - AN - AN		
	anization for its contribution		.y	
5. Verification				
I have determined that the distribution	n of tickets set forth above is in	accordance with the p	provisions of FPPC	Regulation 18944.1.
INA. W	CRYSTAL HISHIDA GRA	5	L ANALYST	11 29/10
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED B
Agency Neport 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
Area Code/Phone NumberE-mail(510) 272-3882crystal.hishida@aAgency Contact (name and title)Crystal Hishida Graff, Principal Analyst, Count	y Administra	tor's Office	Amendment (Must e Date of Original Filing:	
2. Event For Which Tickets Were Distribute Date(s) of Event: <u>11 / 27 / 10</u> Descr / Face Agency Event □ Yes ⊠ No (Identify second	iption of Eve Value of Tick	et: \$	95.60	
Name of Outside Source of Ticket(s) Provided to Number of Tickets Received:4			y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	e a continuation Number of Tickets	State Whet	tional names) her the Distribution is In be the Public Purpose f	
4. Individual or Organization Receiving Tic Name of Behesting Agency Official: <u>Alameda C</u> Name of Individual or Organization: <u>Jay Nelson</u> Description of Organization:	ounty Super	visor Scott Hag	gerty, District 1	per of Tickets:4
Address of Organization: Number and Street Purpose for Distribution: (Describe the public pur To promote attendance at a County facility ind				State Zip Code
All I III IS	IISHIDA GRA Print Name	AFF PRIN	ICIPAL ANALYST	C Regulation 18944.1. <u>\\/2ろ/\O</u> (month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED B
1. Agency Name				Date Stamp	California Form	802
COUNTY OF ALAMEDA					For Official	Use Only
Division, Department, or Region (if	applicable)				1 51 511616	000 011 1
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-ma				Amendment (Must	explain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)			Date of Original Filing:	(month, day, ye	ar)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				,		
2. Event For Which Tickets We	re Distribute	ed				
Date(s) of Event:01 /_24 /_			t: Golden Sta	te Warriors vs. San A	ntonio Spurs	
//_		Value of Ticke		95.00		
	- 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199	ource of ticket	and the set of the set			
Name of Outside Source of Ticke	t(s) Provided I	to Agency: <u>Go</u>	lden State Wa	rriors		_
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	🗵 Pursuant	to Contrac
3. Agency Official(s) Receiving	Ticket(s) (u	se a continuatio	n sheet for addi	tional names)		
Name of Official (Last, First)		Number of Tickets		her the Distribution is Ir be the Public Purpose f		
4. Individual or Organization Re				t of an agency official.)		
Name of Behesting Agency Officia	al: <u>Keith Cars</u>	on, Superviso	r Fifth District			
Name of Individual or Organizatio	n: <u>Terrell Sar</u>	ntiago		Numl	per of Tickets: .	4
Description of Organization:						
Address of Organization: 4171 MacArthur Blvd. Oaklar			d	CA State	94619 Zip Code	
Purpose for Distribution: (Describ	e the public pur	nose for the dis	tribution to the c	rganization)		
To reward a community voluntee				iganization.y		
5. Verification						
	a of liokata act t	farth above is in	ananyalawaa	h the provisions of CDD	C Degulation do	044.4
I have determined that the distribution	i of lickets set f	orth above is in	accordance with	The provisions of PPP	C Regulation 18	944.1.
Job mit	CRYSTAL H	HISHIDA GRA	FF PRIN	CIPAL ANALYST	11/2	3/10
Signature of Agency Head or Designee		Print Name		Title	(mon	th, day, year)

Tickets Provided by	A Pub	lic Docume	enf	TICKETS PROVIDED BY	
Agency Report	ATUS	ne bocume		AGENCY REPORT	
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA	-	For Official Use Only			
Division, Department, or Region (if applicable)					
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must	explain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov.org					
Agency Contact (name and title)			Date of Original Filing: (month, day, year)		
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrat	tor's Office			
2. Event For Which Tickets Were Distribute	ed				
Date(s) of Event: <u>01 / 07 / 10</u> Desc	ription of Eve	nt: Golden Sta	te Warriors vs. Cleve	land Cavaliers	
		et: \$	00 00		
// Face	value of fick	θι. φ			
Agency Event 🛛 Yes 🖾 No (Identify s	source of ticke	ets below.)			
Name of Outside Source of Ticket(s) Provided	Ganney, Ga	olden State Wa	arriors		
6 M	to Agency				
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	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	Number		ether the Distribution is Income to the Official or		
(Last, First)	of Tickets	Descri	ibe the Public Purpose f	or the Distribution	
Sanchez, Mina	1	To promote a	To promote attendance at a County		
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)		
Name of Behesting Agency Official: Keith Cars	on. Superviso	or Fifth District			
Name of Behesting Agency Official:	on, caporno	in that bloater			
Name of Individual or Organization: <u>Napoleon</u>	Sanchez		Num	per of Tickets: <u>3</u>	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Number and Street		City		State Zip Gode	
Purpose for Distribution: (Describe the public put	pose for the dis	stribution to the o	organization.)		
To promote attendance at a County facility in o	order to maxim	nize potential C	County revenue from p	parking and concession	
5. Verification					
I have determined that the distribution of tickets set	forth above is ir	n accordance wit	th the provisions of FPP	C Regulation 18944 1	
1 110 4					
JUT INT	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	11/23/10	
	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any ad	ditional information	on including amend	dment explanation.)		

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name				Date Stamp	California 802	
COUNTY OF ALAMEDA						
Division, Department, or Region (if applicable)			1	For Official Use Only		
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)	
(510) 272-3882						
Agency Contact (name and title	Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Princ	Crystal Hishida Graff, Principal Analyst, County Administrator's Office					
2. Event For Which Tickets						
Date(s) of Event: <u>12</u> / <u>2</u>	<u>.7 / 10</u> Desc	ription of Eve	nt: <u>Golden Sta</u>	te Warriors vs. Philade	lphia 76ers	
/			et: \$			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>G</u>	olden State Wa	arriors		
Number of Tickets Received	8	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	itional names)		
Name of Offic	cial	Number	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ther the Distribution is Inc		
(Last, First)		of Tickets	Descri	ibe the Public Purpose for the Distribution		
Shrago, Amy 2 To promo		To promote a	attendance at a County facility			
4. Individual or Organization				t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ	ization: <u>James Mc</u>	Clay		Numbe	er of Tickets: <u>6</u>	
Description of Organization:						
Address of Organization:	nber and Street		City		State Zip Code	
Purpose for Distribution: (De	escribe the public pur	pose for the di	stribution to the a	organization.)		
To promote attendance at a	the second of the second se			contraction account of the states and	rking and concession	
5. Verification			<i>2</i> 7			
I have determined that the distr	ibution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.	
lattonth	CRYSTAL F	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	11/23/10	
Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)	

Tickets Provided by Agency Report	A Public Docu	iment	TICKETS PROVIDED BY AGENCY REPORT		
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# a 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	pplicable)	Date Stamp	California Form 802 For Official Use Only		
Area Code/Phone NumberE-mail(510) 272-3882crystAgency Contact (name and title)Crystal Hishida Graff, Principal Ar	al.hishida@acgov.org nalyst, County Administrator's Office	Date of Original Filing:	Ner Wich Party Information (Charles Laboratery)		
///////	11 Description of Event: Golden Face Value of Ticket: \$ No (Identify source of tickets below.) (s) Provided to Agency: Golden State	95.00	mento Kings ⊠ Pursuant to Contract		
3. Agency Official(s) Receiving Name of Official (Last, First)	Number State	additional names) Whether the Distribution is In Describe the Public Purpose for			
Name of Individual or Organization	al: <u>Keith Carson, Supervisor Fifth Dis</u> n: <u>Kim Gillette</u>	trict	per of Tickets:4		
Purpose for Distribution: (Describe To reward a community volunteer 5. Verification	e the public purpose for the distribution to r for his or her service to the public n of tickets set forth above is in accordance	o the organization.)			
Signature of Agency, Head or Designee Comment: (Use this space or an attack	Print Name hment for any additional information including	Title amendment explanation.)	(month, day, year)		