Tickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555		Date Stamp	California Form 802 For Official Use Only
Street Address OAKLAND, CA 94612			
(510) 272-3882 contact (name and title)	- mail crystal.hishida@acgov.org al Analyst, County Administrate	Date of Original Filing	
2. Event For Which Tickets		of s Office	
Date(s) of Event: <u>01 / 15</u> / Agency Event □ Yes Name of Outside Source of Tic	_/ Face Value of Ticke ⊠ No (Identify source of ticke	et: \$33.00 ts below.)	
Number of Tickets Received: _		vided to Agency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (use a continuatio	n sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
Name of Behesting Agency Of	ficial: Alameda County Superv)
Name of Individual or Organiza		nd & Alameda County Nun	nber of Tickets:4
Description of Organization: <u>S</u>	enior Advocacy		
Address of Crualization) Bancroft Ave, Ste 178-Oaklar er and Street	nd, CA 94605 City	State Zip Code
Purpose for Distribution: (Dese contribution to commu		tribution to the organization.)	
5. Verification			
CHAN	CRYSTAL HISHIDA GRA		1113/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Public	Docume	nt	TICKETS PROVIDED BY
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	E-mail crystal.hishida@a	acgov.org		Amendment (Must ex	
Crystal Hishida Graff, Princ 2. Event For Which Tickets	ipal Analyst, Count		Office	bate of original rinig.	(month, day, year)
Date(s) of Event:01 /_1 / Agency Event □ Yes	<u>6 / 11</u> Descr / Face ⊠ No (Identify s	ription of Event: - Value of Ticket: \$ ource of tickets b	\$	33.00	
Name of Outside Source of Number of Tickets Received				y: ☐ Gratuitously	☑ Pursuant to Contract
Name of Offic (Last, First)		Number of Tickets	20 Faile 16 Files 4	her the Distribution is Inco	
Address of Ordanization:	Official: Alameda C ization: United Ser	County Superviso	r Nate Miley & Alameda (, District 4	er of Tickets:4
Purpose for Distribution: (De contribution to com		pose for the distrib	ution to the o	rganization.)	
5. Verification					Regulation 18944.1.
Signature of Agency Head or Design Comment: (Use this space or a	ee	HISHIDA GRAFF Print Name ditional information in		CIPAL ANALYST Title	(month, day, year)

Tickets Provided by		A Dubl	ic Docume	and	TICKETS PROVIDED BY
Agency Report		APubi	ic Docume	m	AGENCY REPORT
1. Agency Name			5	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			—	11.0 2 . 0
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title		3		Date of Original Filing: _	
Crystal Hishida Graff, Princ	ipal Analyst. Coun	tv Administrato	or's Office	 Construction (Construction) (Construction) (Construction) 	(month, day, year)
2. Event For Which Tickets					
			Basketball (Game	
Date(s) of Event: <u>02</u> / <u>0</u>	<u> </u>	ription of Even	t:		
/	Face	Value of Ticke	et: \$	95.00	
Agency Event	区 No (Identify s	ource of ticket	to bolow)		
: 2019년 1월 18일 전 19일 - 19일 전 19일 - 19일 전 19일	And the second reads		References Second		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Go	iden State Wa	rrirors	
Number of Tickets Received	. 1	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Rursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic		Number		her the Distribution is Inco	ome to the Official or
(Last, First)	лат	of Tickets		be the Public Purpose for	
		A. 107122435			
					ž.
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Alameda C	County Superv	isor Nate Milev	v. District 4	
Name of Benesting Agency	Official:				
Name of Individual or Organ	ization. Milton Ma			Numbe	r of Tickets:1
Name of Individual of Organ	12ation.			Numbe	
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	tribution to the c	organization.)	
To reward a community volu	unteer for their serv	ice to the publ	lic		
E Marifiastian					
5. Verification			ويوردون ومرود ومراجع والرواح والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع		
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
atthick	CRYSTAL H	ISHIDA GRA	FF PRIN	ICIPAL ANALYST	1/27/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: // ise this space or a	n allachment for any ad	ditional informatio	n including among	Iment evolution)	

Tickets Provided by	A Dublia I	Decument	TICKETS PROVIDED BY
Agency Report	A Public I	Document	AGENCY REPORT
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			
Division, Department, or Region (ïf applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-n	nail	Amendment (Must e	vnlain in Part 5.)
(510) 272-3882 cry	/stal.hishida@acgov.org		desire of a set set
Agency Contact (name and title)		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrator's	Office	(monin, day, year)
2. Event For Which Tickets W	ere Distributed		
Date(s) of Event: 02 / 03 /	Description of Event: B	asketball Game	
		05.00	
//	Face Value of Ticket: \$		
Construction de la const	☑ No (Identify source of tickets be	respondent south	
Name of Outside Source of Ticke	et(s) Provided to Agency: Golder	State Warrirors	
Number of Tickets Received:	1 Ticket(s) Provided	d to Agency: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	g Ticket(s) (use a continuation sh	eet for additional names)	
Name of Official	Number	State Whether the Distribution is Inc	
(Last, First)	of Tickets	Describe the Public Purpose for	or the Distribution
·			
A Individual on Opponiation I	Penning Ticket(c) (Penning a		
4. Individual or Organization F	이 집에 가지 않는 것이 집에 집에 있는 것이 아프레이지 않는 것이 가지 않는 것이 같이 많이		
Name of Behesting Agency Offic	ial: Alameda County Supervisor	Nate Miley, District 4	
			5
Name of Individual or Organizati	ion: Binh Vu	Numb	er of Tickets:1
Description of Organization:			
Address of Organization			
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Descri	be the public purpose for the distribu	tion to the organization.)	
To reward a community volunte	er for their service to the public		
5. Verification		annesses sanns mas ganaansa assaa maaraa	
I have determined that the distribution	on of tickets set forth above is in acco	ordance with the provisions of FPPC	Fregulation 18944.1.
Stan	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/27/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report	AI	Public Docume	ent	TICKETS PROVIDED B
1. Agency Name			Date Stamp	o la la
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region	(if applicable)		-	For Official Use Only
1221 OAK STREET, #555				
Street Address			-	
OAKLAND, CA 94612				
	mail			
dents for state an annual	N YOR A WOR A NEED-	2	Amendment (Must ex	plain in Part 5.)
(510) 272-3882 cr Agency Contact (name and title)	ystal.hishida@acgov.or	g	Date of Original Filing: _	
	Analyst County Admir	aletrator's Office		(month, day, year)
Crystal Hishida Graff, Principal		listrator s Office		
2. Event For Which Tickets W		WARDIOD	IS CAME	
Date(s) of Event: <u>20</u> / 09	/ <u>11</u> Description o	f Event: WARRIOR	5 GAIVIE	
/	/ Face Value of	f Ticket: \$	95.00	
Agency Event	⊠ No (Identify source o	f tickets below.)		
Name of Outside Source of Tick			E WARRIORS	
	Vali	.y.		
Number of Tickets Received:	Ticket(s	s) Provided to Agend	cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivin	ig Ticket(s) (use a cont	inuation sheet for add	itional names)	
Name of Official	Num		ther the Distribution is Inc	ome to the Official or
(Last, First)	of Ticl		ibe the Public Purpose fo	r the Distribution
4. Individual or Organization	Receiving Ticket(s)	Provided at the behav	et of an agency official.)	
_			이 것 같은 것 같	Landard Via
Name of Behesting Agency Offi	cial: ALAMEDA COUN	TY SUPERVISOR S	SCOTT HAGGERTY- D	IST. 1
				12
Name of Individual or Organiza	tion:		Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:	and Street	City		State Zip Code
Purpose for Distribution: (Desc		the distribution to the	organization)	
	CASH MURRENDE AURIEREN AND		19 - 1 00 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	00000
To promote the Coliseum Com	plex for use by the gen	eral public and busi	nesses to maximize rev	enues
5. Verification				
I have determined that the distribut	ion of tickets set forth abo	ve is in accordance wi	th the provisions of FPPC	Regulation 18944.1.
(1mn	CRYSTAL HISHIDA		NCIPAL ANALYST	1/27/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment. (Use this space or an att	1.4574.5534.855.855		dment explanation.)	THE REPORT OF
	and a second	en en en la contra encon de la contra de la Contra de Contra de Contra de Contra de Contra de Contra de Contra	an an an ann an Arthreachan an an Anna an Anna Anna Anna Anna An	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
I. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	AGENCY REPOR California Form 802 For Official Use Only	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	nlein in Part 51
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing: _	
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office	-	
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event:/_1	5 / 11 Desc	ription of Even	t: Basketball	Game	
		Value of Ticke		95.00	
Agency Event Yes	⊠ No (Identify s	ource of ticket	s below.)	arrirors	
Number of Tickets Received				cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	n sheet for add	itional names)	
Name of Offic (Last, First)	sial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
1					
4. Individual or Organization					
Name of Behesting Agency	Official: Alameda C	County Superv	isor Nate Mile	ey, District 4	
Name of Individual or Organ					er of Tickets:2
Description of Organization:					
Address of Urganization	2561 Main Street, H	layward, CA 9	4541 City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	nose for the dis	tribution to the	organization.)	
To reward a non profit organ					
5. Verification	ay ya synanian ora		1111000000000		Deside Versite de la de
I have determined that the distr	CRYSTAL H	HISHIDA GRA		NCIPAL ANALYST	1/27/11
Signature of Agency Head or Design	lee	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Public Doc	ument	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	. 4.		Date Stamp	California
COUNTY OF ALAMEDA			Â	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			
	A DAMA IN A VEN SERVICE		Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov	.org	Data of Oxfolia of Dillow	
Agency Contact (name and title			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	the second se	ministrator's Offic	e	
2. Event For Which Tickets				
Date(s) of Event:03 /_2	5 / 11 Description	n of Event: <u>WAR</u>	RIOR'S GAME	
		e of Ticket: \$	05.00	
				,
Agency Event 🛛 Yes	🗵 No (Identify source			
Name of Outside Source of	Ticket(s) Provided to Age	ency: GOLDEN S	STATE WARRIORS	
Number of Tickets Received	: <u>4</u> Ticke	et(s) Provided to	Agency: 🛛 Gratuitously	☑ Pursuant to Contract
. Agency Official(s) Rece	ving Ticket(s) (use a c	continuation sheet f	or additional names)	
Name of Office	24-20-7 P-22-2	CONTRACTOR CONTRACTOR	e Whether the Distribution is Ir	
(Last, First)	of	Tickets	Describe the Public Purpose f	or the Distribution
. Individual or Organization	an Beeslying Ticket/			
지 기가가 그 가까? 영문 방송가지 않는 것이 가지 않는 것이 나가 나라.	가 없는 것 같아요. 아무 것 같아요. 아무 것 같아요. 아무 것 같아요. 아무 것 같아요.	The Alt Area and the second state of the	그는 것 같은 것은 것 같아요. 이야지 않는 것 같아요. 가지 않는 것 같아요. 아니는 것이 같아요. 아니는 아니는 것이 같아요. 아니는 아니는 것이 ? 아니는 아니는 것이 ? 아니는 아니는 ? 아니는 아니는 ? 아니는 아니는 ? 아니는 ? 아니는 아니는 ?	
Name of Behesting Agency	Official: ALAMEDA COL	JNTY SUPERVIS	OR SCOTT HAGGERTY-	DIST. 1
Name of Individual or Organ	ization: Rudy Coronado)	Numb	per of Tickets:4
Description of Organization:				
Description of Organization.				
Address of Organization:	nber and Street		City	State Zip Code
Purpose for Distribution: (D		for the distribution	to the organization)	
			ann a bhailtean Alainn an tha ann an Anna an Sta	
To promote the Coliseum C	complex for use by the g	eneral public and	businesses to maximize re	evenues
. Verification				
I have determined that the distr	ibution of tickets set forth a	above is in accorda	nce with the provisions of FPP	C Regulation 18944 1
			 State of the state of the state	
Mann	CRYSTAL HISHI	ana angantana a	PRINCIPAL ANALYST	1/27/11
Signature of Agency Aead or Design	ee Print N	ame	Title	(month, day, year)

 Signature of Agency/lead or Designee
 Print Name
 Title

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

Tickets Provided by		A Dubl	la Deguma		TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA		λ			
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Street Address				-	
1221 OAK STREET, #555,	OAKLAND, CA 946	512			
Area Code/Phone Number	E-mail			Amendment (Must e)	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			quality are only
Agency Contact (name and title	9)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst, Count	y Administrate	or's Office		(month, obj. joby
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:01_/_	07 <u>, 11</u> Desc	ription of Ever	nt: Golden Sta	te Warriors Game	
		Value of Ticke		95.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below)		
Name of Outside Source of				arriors	
Name of Outside Source of	Ticket(s) Provided t	o Agency:			
Number of Tickets Received	d:4	Ticket(s) Pro	vided to Agend	:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuatio	on sheet for addi	itional names)	
Name of Off		Number		ther the Distribution is Inc	
(Last, First)	-	of Tickets	Descr	ibe the Public Purpose fo	or the Distribution
<u>.</u>					
		hatta Via			
4. Individual or Organizati				t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	[•] Nadia Locky	er, District 2		
Name of Individual or Orga	nization: Dante Diar	nda		Numb	er of Tickets:4
Description of Organization	:				
Address of Organization:			i		
NL	umber and Street		City		State Zip Code
Purpose for Distribution: (D	Describe the public pur	pose for the di	stribution to the	organization.)	
To promote attendance at a	an event held at a C	ounty facility	in order to ma>	kimize potential County	/ revenue from sales
5. Verification					
I have determined that the dist	ribution of lickets set	forth above is in	accordance wi	th the provisions of EPP(Regulation 18944 1
				a na sense da se se su de la contra de La contra de la contr	riogulation 10044.1.
asan	도망 다양 구성을 받는다.	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	1/7/11
Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)

and the state of the second state of the secon		A Public Docu	iment	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				I OIIII
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	velole in Port 5)
(510) 272-3882	crystal.hishida@a	icgov.org		ixplain in Part 5.)
Agency Contact (name and title	and a second the second s	0 0	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 se			
Date(s) of Event:03 /			State Warrior's game	
Date(s) of Event:/			05.00	
/	/ Face	Value of Ticket: \$	95.00	
Agency Event 🛛 Yes	X No (Identify s	ource of tickets below.)		in the
2013년 1월 1일 - 1	기능과 이상수는 경기는 것이라고 관객이 있다.	사용에서 가지 않는 것이 것이 잘 알았다. 그가 잘 알았다.	Warriors	
Name of Outside Source of	Ticket(s) Provided t	o Agency:	Walliois	
Number of Tickets Received	d: <u>4</u>	Ticket(s) Provided to Ag	gency: 🔲 Gratuitously	⊠ Pursuant to Contra
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sheet for	additional names)	
Name of Offi	cial		Whether the Distribution is In	
(Last, First)		of Tickets D	escribe the Public Purpose f	or the Distribution
· · · · · · · · · · · · · · · · · · ·				
Individual or Organizati	on Receiving Tic	ket(s) (Provided at the be	ehest of an agency official.)	
	on Recourding the	non of the state of the state of		
	1000 Aliante de la companya de la company			
	Official: Alameda C	County Supervisor Scott	Haggerty District One	
Name of Behesting Agency				
Name of Behesting Agency				per of Tickets:4
Name of Behesting Agency Name of Individual or Organ	nization: Clark Lunt			per of Tickets:4
Name of Behesting Agency	nization: Clark Lunt			per of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization	nization: Clark Lunt			per of Tickets:4
Name of Behesting Agency Name of Individual or Organ Description of Organization	nization: Clark Lunt			
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	nization: <u>Clark Lunt</u>	у	Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: _{Nu} Purpose for Distribution: (D	nization: <u>Clark Lunt</u>	y pose for the distribution to	Numb	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	nization: <u>Clark Lunt</u>	y pose for the distribution to	Numb	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D to promote attendance at a	nization: <u>Clark Lunt</u>	y pose for the distribution to	Numb	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D to promote attendance at a	nization: <u>Clark Lunt</u>	y pose for the distribution to event to maximize pote	City the organization.) ntial County revenue from	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization: _{Nu} Purpose for Distribution: (D	nization: <u>Clark Lunt</u> mber and Street escribe the public pur County sponsored	y pose for the distribution to event to maximize pote forth above is in accordance	City City the organization.) ntial County revenue from e with the provisions of FPP	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D to promote attendance at a	nization: Clark Lunt mber and Street escribe the public pur County sponsored ribution of tickets set f	y pose for the distribution to event to maximize pote forth above is in accordance	City the organization.) ntial County revenue from	State Zip Code

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Partie State		Date Stamp	
COUNTY OF ALAMEDA				Date Stamp	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			1/ <u></u>	
(510) 272-3882	crystal.hishida@a	caou ora		Amendment (Mustex	(plain in Part 5.)
Agency Contact (name and title		icgov.org		Date of Original Filing: .	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			(month, day, year)		
		in the second se	or s office		
2. Event For Which Tickets			WARRIOR	SGAME	
Date(s) of Event:/_1	Z 11 Desc	ription of Ever	nt: MARRIOR		
/	/ Face	Value of Ticke	et: \$	95.00	
	No (Identify a	auroa afitaka	to below)		
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: G	JLDEN STATE	WARRIORS	
Number of Tickets Received				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		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
·					
8					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official)	
en e manue activa da parte da canto de la companya da da canto de la companya da canto de la companya da canto	1000 11 0 - 163 2 - 167 3 5 1 1 1 1 1 1 20 - 167 5 1 1			성 그 의견 그 많은 것을 갖춰야 할 것이야 했는 것이 제기가 집안 먹었어?	ICT I
Name of Behesting Agency	Official: ALAMEDA	COUNTY SU	JPERVISOR S	COTT HAGGERTY-D	IST.1
Name of Individual or Orgar	ization:	arbor		Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
					and a set
Purpose for Distribution: (D				organization.)	
TO REWARD A community	volunteer for his se	ervice to the p	ublic.		
5. Verification					
	dhullon of Keleta c-14	auth abava la h		h the provisions of FDDC	Desulation 400.44.4
I have determined that the distr	ibution of tickets set f	orth above is in	accordance with	n the provisions of FPPC	regulation 18944.1.
ittan	and the second s	ISHIDA GRA	FF PRIN	ICIPAL ANALYST	1/11/11
Signature of Agency Head or Design	100	Print Name		Title	(month, day, year)

Agency Report A	Public Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA	E.	Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must	evolain in Part 5 \
(510) 272-3882 crystal.hishida@acgov.or		explain in Part 5.7
Agency Contact (name and title)	Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Admi	nistrator's Office	1
2. Event For Which Tickets Were Distributed		
Date(s) of Event: <u>01 / 12 / 11</u> Description of	f Event:	
	Ticket: \$95.00	
	Пскет. э	
Agency Event 🛛 Yes 🛛 No (Identify source o	f tickets below.)	
Name of Outside Source of Ticket(s) Provided to Agen	y: GSW	
) Provided to Agency:	☑ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a con	inuation sheet for additional names)	
Name of Official Num		
(Last, First) of Tic	Kets Describe the Public Purpose	or the Distribution
4. Individual or Organization Receiving Ticket(s)	가는 아님이 가지 않아요. 그 아님이 가지 않는 것이 가지 않아야 한 것이 없이 가 집에서 다 가지 않는 것을 가지 않는 것이다.	
Name of Behesting Agency Official: <u>Alameda County S</u>	upervisor Scott Haggerty, District 1	
		201
Name of Individual or Organization: Vic Argula	Numl	per of Tickets:1
Description of Organization:		
Address of Organizations		
Address of Organization:	City	State Zip Code
Purpose for Distribution: (Describe the public purpose for	the distribution to the organization.)	
To reward a community volunteer for their service to the		
To reward a commanity volunteer for their service to the		
5. Verification		
I have determined that the distribution of tickets set forth abo	e is in accordance with the provisions of FPP	C Regulation 18944.1.
CIAM M CRYSTAL HISHID		
	THE PERING PAL ANALYS	
Signature of Agency Head or Designee Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Reg	ion (if applicable)				For Onicial Ose Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	10.00				
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	i:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		17 Xi 31 - 12
2. Event For Which Tickets			110P132 80		
Date(s) of Event: <u>03</u>	27 <u>11</u> Desc	ription of Eve	nt: Warriors ga	ime	
	/ Eaco	Value of Tick	et: \$	95.00	
	Face	value of fick	ει. φ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received	l:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	tional names)	
Name of Offic (Last, First)	bial	Number of Tickets	Cherner and The Present	ther the Distribution is I be the Public Purpose	ncome to the Official or for the Distribution
				·	
4. Individual or Organizati					
Name of Behesting Agency				gerty, District	
Name of Individual or Organ			HOOL	Num	ber of Tickets:4
Description of Organization:	PUBLIC HIGH SC	HOOL			
Address of Organization:	00 MAPLE STREE	LIVERMOR	E CA 94550 City		State Zip Code
Purpose for Distribution: (D		pose for the di	5. 	organization.)	
To reward a school or nonp	an 2 a 1	104 KAR ()		- 64	
To reward a school of holip	ion organization ic			internity	
5. Verification					PC Regulation 18944.1.

abon	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/8/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		547 MAY 117 - 2015 - 5414		Date Stamp	
COUNTY OF ALAMEDA				Date Gramp	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			Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title	the second se	logov.org		Date of Original Filing:	
Crystal Hishida Graff, Princ		tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets					
			WARRIOR	S GAME	
Date(s) of Event: <u>02</u> / <u>1</u>	Desc	ription of Ever	nt:		
/	/ Face	Value of Tick	et: \$	95.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below)		
2 - 47 · 5 / 207 · 5 / 2 / 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 2	1		26일 전에 가슴을 걸었다. 아파는 아파는	WARRIORS	
Name of Outside Source of	Ticket(s) Provided I	o Agency:	OLDEN STATE		
Number of Tickets Received	l: <u> </u>	Ticket(s) Pro	vided to Agenc	cy: 🔲 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		ther the Distribution is In	and the stat store and store and
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	or the Distribution
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
		SC (- G (-) -) - (AR R M	NET 4
Name of Behesting Agency	Official: ALAMEDA	COUNTES	JPERVISOR S	COTT HAGGERTT-L	
	Renee Ric	e		K To State The	4
Name of Individual or Organ	ization:	π.		Numb	er of Tickets:4
Description of Organization:					
Address of Organization: Nur			01		
Nu	nder and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the o	organization.)	
To promote the Coliseum C	Complex for use by	the general p	ublic and busir	nesses to maximize re	venues
5. Verification					
I have determined that the distr	ibution of tickets est	forth shous is in	a accordance wil	h the provisions of EDD	C Regulation 19044 1
				na se	
ann		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	1/27/11
Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)

Tickets Provided by		A Publ	ic Docume	ent	TICKETS PROVIDED BY
Agency Report		711 0001	io Doounie		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA				-	For Official Use Only
Division, Department, or Regior	ı (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	-mail			Amendment (Must ex	(plain in Part 5.)
	crystal.hishida@a	acgov.org		5 0 5 4 6 M 10 6 6 M	
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, Count	ty Administrate	or's Office		
2. Event For Which Tickets V	Nere Distribute	ed			
Date(s) of Event:/_12	_/_11 Desc	ription of Ever	nt: WARRIOR'	S GAME	
/		Value of Ticke		95.00	
Agency Event 🛛 Yes	⊠ No (Identify s		Same and the second		
Name of Outside Source of Tic	ket(s) Provided t	o Agency: GC	DLDEN STATE	WARRIORS	
Number of Tickets Received: _	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (u:	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number	State Whet	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
·					
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official)	
Name of Behesting Agency Of	ficial: <u>ALAMEDA</u>	COUNTYSU	IPERVISOR S	COTT HAGGERTY-D	151.1
Name of Individual or Organiza	ation. Laverne H	arbor		Numbe	er of Tickets:4
Name of manuadar of organiza					ST OF TICKELS.
Description of Organization:					
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc		noon for the dia	tribution to the r	and the last last last last last last last last	andrata - star availa
이는 이야한 방법을 받은 것은 것이 아파가 가지 않는 것이 가지?	dana nandanidi nan	ग्रद्धयुवयः वयसः स्थ्रीहरू स्थानः		organization.)	
TO REWARD A community vo	olunteer for his se	ervice to the pi	ublic.		
5. Verification					
		hadh alana in i			Demulation (00.11.1
I have determined that the distribu	nion of lickets set f	onn above is in	accordance with	n the provisions of PPC	Regulation 18944.1.
UTAN	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	
Signature of Agence Head or Designee		Print Name		Title	(month, day, year)

Tickets Provided by		A D			TICKETS PROVIDED BY
Agency Report		A Publ	ic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regi	on (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mustex	valain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			plan in Part 5,)
Agency Contact (name and title,		<u> </u>		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	ipal Analyst, Coun	ty Administrate	or's Office		(monal, day, year)
2. Event For Which Tickets					
			, WARRIOR'	S GAME	
Date(s) of Event: <u>01</u> / <u>2</u>					
/	/ Face	Value of Ticke	ət: \$	95.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticket	ts below)		
Name of Outside Source of	Ficket(s) Provided 1	to Agency:	JEDEN STATE	WARNIORS	<u>_</u>
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic	ial	Number	State Whet	her the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
					15
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
					NOT 4
Name of Behesting Agency	Official: <u>ALAMEDA</u>	COUNTY SU	IPERVISOR S	COTT HAGGERTT-D	131.1
Name of Individual or Organ	Sentinels of	of Freedom		NI	an of Ticketon 4
					er of Tickets: <u>4</u>
Description of Organization:	for Men and Wom	nen to overcon	ne their disabil	ities through programs	3
Address of Oscillation, PC	D Box 1316 San Ra	amon, CA 945	83		
Address of Organization.	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the dis	tribution to the d	organization.)	
TO REWARD A SCHOOL C					HE COMMUNITY
TO REWARD A SOLOOP C		NOANIZATIO			
5. Verification					
I have determined that the distr	ibution of tickets set i	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1,
appl	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	1/8/11
Signature of Agency Head or Design	80	Print Name		Title	(month, day, year)
Comment: (Use this space or an	1 attachment for any ad	lditional informatio	n including amend	dment explanation.)	

Tickets Provided by		A Dub	lie Deeuwa		TICKETS PROVIDED BY
Agency Report		A Pub	lic Docum	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA	1				
Division, Department, or Regi	on (if applicable)			7	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			—	1112.13
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)		- age		Date of Original Filing: _	
Crystal Hishida Graff, Princi		tv Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets					
Date(s) of Event:01 /_2			, Basketball	Game	
				05.00	
/	/ Face	Value of Tick	et: \$	95.00	
Agency Event 🛛 🛛 Yes	⊠ No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of 1	licket(s) Provided f	o Agency. G	olden State Wa	arrirors	
Number of Tickets Received:					Pursuant to Contract
Number of fickets Received.		ficket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	M Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio	on sheet for add	litional names)	9 Martin - Paris Constant (* 18
Name of Offic	ial	Number	State Whe	ther the Distribution is Inc	ome to the Official or
(Last, First)	547.5 	of Tickets		ribe the Public Purpose for	
Miley, Christopher		1	To promote	attendance at an event	held in a County
			facility		
			lacinty		
		_			
4. Individual or Organizatio		and the burn of the		A) 6 8	
Name of Behesting Agency 0	Official: Alameda C	County Super	visor Nate Mile	ey, District 4	
Name of Individual or Organi					er of Tickets: <u>1</u>
Name of Individual of Organi	zailon.				51 OT HCKets.
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the di	stribution to the	organization.)	
To promote attendance at ar					
To promote attendance at an	revent noid at a o	ounty racinty			
5. Verification			_		
I have determined that the distri	bution of tickets set f	orth above is i	n accordance wi	ith the provisions of FPPC	Regulation 18944 1
Clar Ad					
Mark	2010/07/2010/2010/2017/07/2017/07/2017/201	ISHIDA GRA	AFF PRIM	NCIPAL ANALYST	1/20/11
Signature of Agency Head or Designe	e	Print Name		Title	(month, day, year)

Tickets Provided by					
Agency Report	A Pul	blic Docume	ent		PROVIDED B
1. Agency Name			Date Stamp	California	009
COUNTY OF ALAMEDA				Form	002
Division, Department, or Regi	on (if applicable)			For Official	Use Only
Street Address					
1221 OAK STREET, #555, 0	DAKLAND CA 94612				
	E-mail				
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)	
Agency Contact (name and title)	orystallinishinda@dogov.org		Date of Original Filing: _		
Crystal Hishida Graff, Princip	oal Analyst, County Administra	tor's Office		(month, day, yea	ar)
2. Event For Which Tickets	Were Distributed				
Date(s) of Event:01 /29		ent: Monster En	ergy		
	Face Value of Tic		27.50		
		00 #0 080 (m			
Agency Event 🛛 Yes	No (Identify source of tick	NETTING CONTRACTOR AND A CONTRACTOR	LT MELLER		
Name of Outside Source of T	icket(s) Provided to Agency:	Golden State Wa	rriors		<u></u>
Number of Tickets Received:				Pursuant to	o Contract
Number of Hereis Nederved.	Nekek(0/11)	orneed to Agene		C ruisuant t	0 Contract
3. Agency Official(s) Receiv	ring Ticket(s) (use a continuat	ion sheet for addi	tional names)		
Name of Officia		State Whet	her the Distribution is Inco	ome to the Offic	cial or
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution	n
la contra de la co					
4. Individual or Organization	n Receiving Ticket(s) (Prov	ided at the behest	of an agency official.)		
Name of Behesting Agency O	fficial, Supervisor Wilma Char	n, District 3			
Name of Individual or Organiz	ation: Brian Cravalho		Number	r of Tickets:	3
Description of Organization: _					
Address of Organization:	ar and Street				
		City		State	Zip Code
Purpose for Distribution: (Des	-dependent approximation and and the				
To promote attendance at an	event held at a County facility	in order to maxi	mize potential County r	evenue from	sales

5. Verification

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

1/13/11 (month, day, year) CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signalure of Agency Head or Designee Print Name Title

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED
1. Agency Name		711 015	no boounie		AGENCY REPOR
COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
	1025012423441			Amendment (Must	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing:	
		tu Administrat	toria Office	bate of original rinig.	(month, day, year)
Crystal Hishida Graff, Princ		-	tor s Office		
. Event For Which Ticket			Raskethall (Game	1
Date(s) of Event:/	14 / 11 Desc	ription of Eve	nt: Basketball	Game	
/	/ Face	Value of Tick	et: \$	95.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: G	olden State Wa	rrirors	
Number of Tickets Received	d:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contra-
Agency Official(s) Rece	iving Tickot(s) (u	so a continuati	on cheat far addi	tional names)	
			and reconcisioned and records		1. // - Official
Name of Offic (Last, First)		Number of Tickets		her the Distribution is Ir be the Public Purpose f	
	1	OTTICKEts	Descri	be the rabie rapose r	
Individual or Organizati	on Receiving Tic	ket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Alameda (County Super	visor Nate Mile	y, District 4	
Name of Individual or Orgar	vization: Sean Sear	phan and Ste	fanie Harding	Num	per of Tickets:4
rame of manuau of organ					
Description of Organization:	í <u> </u>				
Address of Organization:	mber and Street		City		State Zip Code
			ana. No kara ang ang		
Purpose for Distribution: (D	escribe the public pur	rpose for the di	stribution to the o	organization.)	
To reward a community vol	unteer for their serv	vice to the put	blic		
. Verification					
I have determined that the dist	ribution of tickets set l	forth above is il	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Can N	CRYSTAL I	HISHIDA GR/	AFF PRIN	ICIPAL ANALYST	(1,3/1)
Signature of Agency Head of Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a		ditional informati	on including amend	dment explanation.)	
\Box	0 35.00		anana i anananana kasaran taran kara kara kara kara kara kara kara	na en se a la composition de la constitución de la CONSTRUCTION	
Yantig TASX	00.00				
0					FPPC Form 802 (F

Tickets Provided by		A Publ	ic Docume	ent	TICKETS PROVIDED BY
Agency Report A Public Docume 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802	
Street Address					
1221 OAK STREET, #555, OA	KLAND, CA 946	612			
Area Code/Phone Number E-r	mail			Amendment (Must ex	plain in Part 5.)
	ystal.hishida@a	logov.org			nan anna a' chailte anna a' chailte an An
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County	y Administrato	r's Office		S. 00 1969 0
2. Event For Which Tickets W	lere Distribute	əd		·	
Date(s) of Event:	/ <u>11</u> Desc	ription of Even	nt: Golden Sta	te Warriors Game	
				95.00	
	Face	Value of Ticke	я. ф. <u></u>		
Agency Event 🛛 Yes 🛛 [⊠ No (Identify s	ource of ticket	ts below.)		
Name of Outside Source of Tick	et(s) Provided t	Arena, Go	lden State Wa	nniors	
Number of Tickets Received:		Ticket(s) Prov	/ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Official		Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
4. Individual or Organization				t of an agency official.)	
Name of Behesting Agency Offic	cial: Supervisor	Nadia Lockye	er, District 2		
Name of Individual or Organizat	ion: Angeina P	kounguez		Numbe	er of Tickets: <u>4</u>
Description of Organization:					
Address of Organization:					
Address of Organization: Number	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public pur	pose for the dis	tribution to the c	organization.)	
To promote attendance at an e	vent held at a C	ounty facility in	n order to max	imize potential County	revenue from sales
5. Verification	್ಷ ಅಭ್ಯಾಟನ ಜಾ	I W G N N	101 J	172 a a arteanada	
I have determined that the distributi	on of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
(Ann)	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	1/13/11
Signature of Agency Head of Designee	÷	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent		ROVIDED B
1. Agency Name				Date Stamp	California	(24) 2502-5
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	on (if applicable)				For Official U	lse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@a	caov.ora		Amendment (Muster	xplain in Part 5.)	
Agency Contact (name and title,		3		Date of Original Filing: .	(month, day, year	
Crystal Hishida Graff, Princ	pal Analyst, Count	ty Administrate	or's Office	an land that an the "solution of the "solution of the "soliton of the	(monin, day, year)
2. Event For Which Tickets	Were Distribute	ed		and a s		
Date(s) of Event: <u>03</u> / <u>1</u>	3 <u>10</u> Desc	ription of Ever	nt: Golden Sta	te Warrior's game		
		Value of Ticke		95.00		
Agency Event 🛛 Yes	🗵 No (Identify s					
Name of Outside Source of	Ficket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	rriors		-
Number of Tickets Received	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to	Contrac
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)		
Name of Offic		Number		ther the Distribution is Ind	come to the Offic	ial or
(Last, First)		of Tickets		be the Public Purpose for		
						,
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official)		
570	575	NG1 256 N		NT2 8 8		
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	gerty District One		
Name of Individual or Organ	ization: <u>Tri-Cities L</u>	eague of Volu	unteers	Numb	er of Tickets:	4
Description of Organization:				vices for the needy in	the Tri-City are	a
36	120 Ruschin Drive	Newark, CA 9	94560			
Address of Organization.	nber and Street		City		State	Zip Code
	scribe the public pur	pose for the dis	stribution to the d	organization.)		
Purpose for Distribution: (De	source the public put					
Purpose for Distribution: (De to be used as a fundraiser it		Seconden and Antheory and a		a neterative and a second		

 Signature of Agency Head or Designee
 Print Name
 Title

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

(month, day, year)

Tickets Provided by Agency Report	A Public Doc	cument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Torrin Com
Division, Department, or Region	(if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-r	nail	Amendment (Must e	(nlain in Part 5.)
(510) 272-3882 cr	ystal.hishida@acgov.org		discuss and only
Agency Contact (name and title)	Standard (1997) - Standard (1997)	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrator's Offic	ce	1000000000, CONT. 100000
2. Event For Which Tickets W	ere Distributed		
Date(s) of Event: 01 / 16	/ Description of Event: Harle	m Globetrotters	
	/ Face Value of Ticket: \$	22.00	
/	Face value of ficket. \$		
Agency Event 🛛 Yes	☑ No (Identify source of tickets below	.)	
Name of Outside Source of Tick	ket(s) Provided to Agency: Golden Sta	ate Warriors	
Number of Tickets Received:	4 Ticket(s) Provided to	Agency: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivin	ig Ticket(s) (use a continuation sheet f	or additional names)	
Name of Official (Last, First)		e Whether the Distribution is Inc Describe the Public Purpose for	
(Lost, Fray	of Tickets	Describe the Public Purpose ic	r the Distribution
			12
<u></u>			2
4. Individual or Organization	Receiving Ticket(s) (Provided at the	behest of an agency official.)	
Name of Behesting Agency Offi	cial: Keith Carson, Supervisor Fifth D	istrict	
Name of Individual or Organiza	tion: Karin Nelson	Numb	er of Tickets: <u>4</u>
Description of Organization:			
Address of Organization:	and Street	City	State Zip Code
	ibe the public purpose for the distribution	to the organization.)	
 An INDEXAGORAL TRADED AND AN AND AN AN	eer for his or her service to the public.		
To reward a community volume			
5. Verification			
	ion of tickets set forth above is in accorda	nce with the provisions of FPPC	Regulation 18944.1.
CIE 1		•Contraction (Contraction)	. In La
Signature of Agency High or Designee	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		5, 1999, 19939 	Net and the state of	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			Amendment (Mustex	olain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			pront in the start sty
Agency Contact (name and title	;			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office		here and an stated as the
2. Event For Which Tickets			NUMBER OF THE PARTY	n an ann an an an an an an	
Date(s) of Event: <u>01</u> / <u>3</u>	0 <u>11</u> Desc	ription of Ever	nt: Golden Sta	te Warriors vs. Utah Ja	IZZ
			et: \$	95.00	
		value of flok	σι. φ		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>G</u>	olden State Wa	arriors	
Number of Tickets Received	:	Ticket(s) Pro	vided to Agend	;y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	ibe the Public Purpose fo	r the Distribution
Greene, Hannah		1	to encourage	e staff development	
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·					
4. Individual or Organization		82.6 0			
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ	ization: <u>Jennifer N</u>	ice		Numbe	er of Tickets: <u>1</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)	
To promote attendance at a	County facility in o	rder to maxin	nize potential C	County revenue from pa	arking and concession
5. Verification					
I have determined that the distr	ribution of tickets set	forth above is i	n accordance wi	th the provisions of FPPC	Regulation 18944.1
dura -1					1122/
Signature of Agency Head or Design		HISHIDA GRA		Title	(month, day, year)
Signature of Agency Higad of Design	186	r nint Marrie		THE	(month, day, year)

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Stamp California 802 Form 802
OAKLAND, CA 94612			
Area Code/Phone Number E-mail	2 0 MG 9 - 65	Amen	Iment (Must explain in Part 5.)
(510) 272-3882 crystal Agency Contact (name and title)	.hishida@acgov.org	Date of Or	iginal Filing:
Crystal Hishida Graff, Principal Ana	lyst, County Administrato	5 (5-70) R	(month, day, year)
2. Event For Which Tickets Were			
Date(s) of Event: <u>03</u> / 03 / 1	Description of Event	WARRIOR'S GAME	
/////////////////////_/	— Face Value of Ticket	05.00	
Agency Event ☐ Yes ⊠ No Name of Outside Source of Ticket(s	o (Identify source of tickets	 R04-0300008 	RS
Number of Tickets Received: 4		ded to Agency: 🛛 Gra	
3. Agency Official(s) Receiving T	cket(s) (use a continuation	sheet for additional name	s)
Name of Official (Last, First)	Number of Tickets		ribution is Income to the Official or ic Purpose for the Distribution
4. Individual or Organization Rec	eiving Ticket(s) (Provide	d at the behest of an ager	cy official.)
Name of Behesting Agency Official:			
Name of Individual or Organization:	American High School, Fi	remont	Number of Tickets:4
Description of Organization: High S			
Address of Organization: 36300 Fre	mont, CA 94536 reet	City	State Zip Code
Purpose for Distribution: (Describe the second seco	e public purpose for the dist	ribution to the organization	.)
TO REWARD A SCHOOL OR NON	PROFIT ORGANIZATION	I FOR ITS CONTRIBUT	IONS TO THE COMMUNITY
r Marthand			
5. Verification I have determined that the distribution o	f tickets set forth above is in a	en antes se accesso e contra serio a contra accesso e contra a contra a contra a contra a contra a contra a con 1911	
Signature of Agency Head of Designee	Print Name	A. 1990 March 2012 (Control of Control of	ille (month, day, year)

Tickets Provided by		A Publ	lic Docume	ent	TICKETS PROVIDED BY
Agency Report		ЛТИМ	no Boodine		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA	lan (// // k la k				For Official Use Only
Division, Department, or Reg	ion (if applicable)				
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	1.00				· · · · · · · · · · · · · · · · · · ·
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org		Data of Ostaland Filler	
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Tickets			2 87 24		
Date(s) of Event: <u>01</u> / <u>2</u>	<u>.6 / 11</u> Descr	ription of Ever	nt: Golden Sta	te Warriors vs. Hornets	\$
/			et: \$	00.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below)		
- 조산			The second second second second	rriors	
Name of Outside Source of	Ticket(s) Provided t	o Agency:	Siden State Wa		
Number of Tickets Received	:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	sial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
8					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
		MC 951 8		t or all agency on one in	
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ				Nitimala	er of Tickets:4
Name of Individual of Organ	ization				If OF TICKETS.
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D		pose for the dis	stribution to the o	organization.)	
To promote attendance at a	energi ne este de la comparis de na				arking and concession
	County lacinty in o		ize potential o	ounty revenue from pa	inting and concession
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
Cale 10				na sebelahan kanang pendakatan ing seb Kanang kanang sebelah kanang kanang kan	
Signature of and a Darian		HISHIDA GRA		ICIPAL ANALYST	(month, day, year)
Signature of Agerics Head or Design	60	in thank		ine	(monun, 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 Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrat	or's Office	☐ Amendment <i>(Must ex</i> Date of Original Filing: _	
2. Event For Which Tickets Date(s) of Event:/ / Agency Event Yes Name of Outside Source of Number of Tickets Received	12 <u>, 11</u> Descr / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Ever Value of Ticke ource of ticke o Agency: <u>GC</u>	et: \$ ts below.) DLDEN STATE	95.00 WARRIORS	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)		se a continuatio	State Whet	tional names) her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>ALAMEDA</u> nization: <u>AJ Canaria</u>	COUNTY SL	JPERVISOR S	COTT HAGGERTY- D	IST. 1 er of Tickets:2
Address of Organization: Purpose for Distribution: (D To reward a community vol	escribe the public pur	이가 있다는 글 가 그 네이가 물었는		organization.)	State Zip Code
5. Verification I have determined that the dist. Signature of Agency Head or Design	CRYSTAL H	forth above is in HSHIDA GRA Print Name		h the provisions of FPPC ICIPAL ANALYST ^{Title}	Regulation 18944.1.

Tickets Provided by Agency Report		A Public	Docume	nt	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp	California Form 802
(510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princip		y Administrator's	Office	☐ Amendment <i>(Must</i> Date of Original Filing	
2. Event For Which Tickets Date(s) of Event:/ Agency Event □ Yes Name of Outside Source of T Number of Tickets Received: 3. Agency Official(s) Receive	3_ <u>/_11</u> Descr / Face ⊠ No (Identify s icket(s) Provided t 1	ription of Event: . Value of Ticket: \$ ource of tickets b o Agency: <u>Golde</u> Ticket(s) Provide	below.) en State War ed to Agency	95.00 rirors r: Gratuitously	⊠ Pursuant to Contract
Name of Offici. (Last, First)	NG 6.0	Number of Tickets	State Wheth		ncome to the Official or for the Distribution
 4. Individual or Organizatio Name of Behesting Agency C Name of Individual or Organiz Description of Organization: _ Address of Organization: _ Purpose for Distribution: (Description of community volume) 	Official: <u>Alameda C</u> zation: <u>Amish Pate</u> per and Street scribe the public pur	County Superviso	r Nate Miley	, District 4 Num	ber of Tickets:1
5. Verification I have determined that the distrib Signature of Agency Head or Designe Comment: (Use this space or an	e CRYSTAL H	HSHIDA GRAFF Print Name	PRIN	CIPAL ANALYST	PC Regulation 18944.1.

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY	
Agency Report 1. Agency Name			no Dootanta	Date Stamp	AGENCY REPORT	
COUNTY OF ALAMEDA				Lance and the	California Form 802	
Division, Department, or Regi	on (if applicable)			-	For Official Use Only	
Street Address						
1221 OAK STREET, #555,	OAKLAND, CA 946	612				
Area Code/Phone Number	E-mail			Amendment (Muster	volain in Part 5.)	
(510) 272-3882 Agency Contact (name and title,	crystal.hishida@a	acgov.org		Date of Original Filing: .		
Crystal Hishida Graff, Princ		v Administrate	or's Office		(month, day, year)	
2. Event For Which Tickets						
Date(s) of Event:1			nt. Harlem Glo	betrotters		
				33.00		
/	/ Face	Value of Tick	et: \$			
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>G</u>	olden State Wa	arriors		
Number of Tickets Received	4	Ticket(s) Pro	wided to Agenc	sy: 🔲 Gratuitously	I Pursuant to Contract	
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	itional names)		
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo		
Lockyer, Nadia		4	To oversee e	events that have received county support		
3						
4. Individual or Organizatio	on Receiving Tic	:ket(s) (Provid	ded at the behes	t of an agency official.)		
Name of Behesting Agency	Official: Supervisor	r Nadia Locky	ver, District 2			
Name of Individual or Organ				Numb	er of Tickets:	
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	organization.)		
To obtain oversight of faciliti	REPRESENTATION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACT	 A second control of control of the second control of		AND THE CONTRACT OF A DATA CALLS AND A DATA		
5. Verification						
I have determined that the distr	ibution of tickets set t	forth above is in	n accordance wil	th the provisions of FPP(C Regulation 18944 1	
(AAA)		HISHIDA GRA		ICIPAL ANALYST	111/11	
Signature of Agency Mead or Design	and the second se	Print Name	<u></u>	Title	(month, day, year)	

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	O HE IS
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	1221 OAK STREET, #555				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	olain in Part 5 \
(510) 272-3882	crystal.hishida@a	acgov.org			Jain in Parco.)
Agency Contact (name and title	;			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		· · · · · · · · · · · · · · · · · · ·
2. Event For Which Tickets	s Were Distribut	ed			
Date(s) of Event:01_/_2	<u>9 / 11</u> Desc	ription of Even	t: SuperCross	3	
	/ Face				
Agency Event	⊠ No (Identify s			1	
	PROTOCOLOGICAL MARKAGE DE CONCENTRA			rrirors	
Name of Outside Source of	Ticket(s) Provided	to Agency:	iden otale wa		
Number of Tickets Received	:2	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number		her the Distribution is Inc be the Public Purpose for	영화에 가장 가장 이 것이 안 봐. 말 집에서 한 것이 같아요. 영화 것이 있다.
		of Tickets	Descri		
4. Individual or Organizatio	2017년 1월 2017년 1월 2017년 1월 2018년 1월 2017년 1월 20	1969-1993 (1978) — 76 - 1977 - 1977 (1978)			
Name of Behesting Agency	Official: Alameda C	County Supervi	isor Nate Mile	y, District 4	
Name of Individual or Organ	ization: <u>Nick and F</u>	Paul Nappo		Numbe	er of Tickets: 2
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dist	tribution to the o	organization.)	
To promote attendance at a					revenue from parking
5. Verification					
I have determined that the distr	ibution of tickets set i	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Design	A A A A A A A A A A A A A A A A A A A	HISHIDA GRAI	FF PRIN	ICIPAL ANALYST	(month day year)
Commence		all the set the family at		des and accolors after A	(

and concession sales

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
		1000 0000		Date Stamp	California
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion /if applicable)				For Official Use Only
and a second constraint crosses of a second	ion (il applicable)				
1221 OAK STREET, #555 Street Address					
WERE THE TOO SHOP SHIPS NOT					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
an and an		1111111		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	cgov.org		Date of Original Filing: _	
			orla Office	bute of original range	(month, day, year)
Crystal Hishida Graff, Princ		-	ors Office		
2. Event For Which Tickets			Calden Ste	te Merriere ve Liteb le	. ma ma
Date(s) of Event:01_/_3	<u>0 / 11</u> Descr	ription of Ever	nt: Golden Sta	te warnors vs. Otan Ja	122
<u> </u>	/ Face	Value of Tick	et: \$	95.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State Wa	rriors	
Number of Tickets Received				y: 🔲 Gratuitously	IX Pursuant to Contract
Number of Tickets Received	le	HCKet(S) FIO	vided to Agenc		M rusuant to contract
3. Agency Official(s) Recei	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
(Edd), i nov		OFFICKEIS	Descri	be the Fublic Fulpose to	
Brooks, Rodney		1	to encourage	e staff development	
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official:				
Name of Individual on Owner	-in-slaw.			Numbe	er of Tickets:
Name of Individual or Organ	lization:				ar of fickets.
Description of Organization:					
Address of Organization: Nur					
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the o	organization.)	
5. Verification					
I have determined that the distr	ribution of tickets set f	orth above is in	n accordance wit	th the provisions of FPPC	Regulation 18944.1.
ritan		HISHIDA GRA		ICIPAL ANALYST	1/27/11
Signature of Agency Head or Design	100	Print Name		Title	(month, day, year)

	Tickets Provided by				
COUNTY OF ALAMEDA Image: Count of Region (I applicable) Division, Department, or Region (I applicable) For Official Use Only 1221 OAK STREET, #555 For Official Use Only Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal hishida@acgov.org Agency Contact (name and tite) crystal hishida@acgov.org Agency Contact (name and tite) County Administrator's Offical Date (5) of Event: 01 / 29 / 11 Description of Event: SuperCross	Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Coontribution Per official Use Only Division, Beyrment, or Region (f applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (S10) 272-3882 crystal.hishida@acgov.org Agency Contact (name and the) crystal.hishida@acgov.org Agency Event Ves Elso (Identify source of tickets below.) Name of Ottisid Source of Ticket(s) Provided to Agency: Colden State Warriors Number of Ticket Receiving Ticket(s) (use a continuation sheet for additional names) Name of Distribution Mame of Individual or Organization: Cory State Whether the Distribution is Inco	1. Agency Name			Date Stamp	California 000
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area CodePhone Number Crystal.hishida@acgov.org Agency Contact (name and fillio) Crystal.hishida@argov.org Date(s) of Event: O1 / 29 / 11 Description of Event: Super Contact (name and fillio) Crystal.hishida Craft, Principal Analyst, County Administrator's Office Date(s) of Event: 01 / 29 / 11 Description of Event: Super Cross	COUNTY OF ALAMEDA				
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.his/hida@acgov.org Agency Contact (name and illie) crystal.his/hida@acgov.org Agency Contact (name and illie) crystal.his/hida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day; year) 2. Event For Which Tickets Were Distributed Date(s) of Event:	Division, Department, or Region	(if applicable)			For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (S10) 272-3882 crystal.hishida@acgov.org Agency Contact (name and file) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date (s) of Event: 01 / 29 / 11 Description of Event: Super Cross	1221 OAK STREET, #555				
Area Code/Phone Number (S10) 272-3882 E-mail crystal hishida@acgov.org Amendment (Mude explain in Part 8) Agency Contact (name and tifle) Crystal hishida@acgov.org Date of Orginal Filling:	Street Address				
(510) 272-3882 crystal.hishida@acgov.org Immediate and title) Argency Contact (mane and title) crystal.hishida@acgov.org Date of Original Filing:	OAKLAND, CA 94612				
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tilling) Date of Original Filing:	Area Code/Phone Number E-	nail			(plain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office	(510) 272-3882 cr	ystal.hishida@acgov.org			pian n Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 01 / 29 / 11 Description of Event: SuperCross	Agency Contact (name and title)			Date of Original Filing: .	(month day year)
Date(s) of Event: 01 / 29 / 11 Description of Event: SuperCross	Crystal Hishida Graff, Principal	Analyst, County Administral	tor's Office		(monin, ooy, your)
	2. Event For Which Tickets W	ere Distributed			
	Date(s) of Event: 01 / 29	, 11 Description of Eve	nt. SuperCross		
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors Number of Tickets Received: 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 Contract State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Contract Content Contrecont Content Contract Contract Contrecont Contract Cont					
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warrirors 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: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official or Of Tickets Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official or Of Tickets Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official or Official: Number of Tickets Describe the Public Purpose for the Distribution Image: State of Individual or Organization: Denny and Jordan Chu Number of Tickets: 2 Description of Organization: Description of Organization: Number and Street City State 2p 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 Ihave determined that the distribution of tickets set forth above is	/	/ Face Value of Tick	et: \$,0	
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 Contrent of Contrent of Contreat of Contract of Contract of Contract of	Agency Event 🛛 Yes	☑ No (Identify source of ticke	ets 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 Contrent of Contrent of Contreat of Contract of Contract of Contract of	Name of Outside Source of Tiel	(at/a) Dravidad ta Asasay G	olden State Wa	rrirors	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: Address of Organization: Danny and Jordan Chu Number of Tickets: Address of Organization: Mumber 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. Signature of Kodricy Helid or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (// 1 < // 1)		1221			
Name of Official (Lest, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization: Danny and Jordan Chu Number of Tickets: 2 Address of Organization: Danny and Jordan Chu Number of Tickets: 2 Address of Organization: Description of Organization: Description of 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 Kydney Head or Designee Print Name PRINCIPAL ANALYST (month, day, year) Signature of Kydney Head or Designee Print Name PRINCIPAL ANALYST (month, day, year)	Number of Tickets Received:	Ticket(s) Pro	vided to Agency	/: 🔲 Gratuitously	Pursuant to Contract
(Lest, First) of Tickets Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Number of Tickets: 2 Description of Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization: Description of Organization: 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 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 Kighney/Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (// north, day, year) Signature of Kighney/Head or Designee Print Name PRINCIPAL ANALYST (// north, day, year) Comment: (Use this space or an attachment for any additional information including amendment explenation.) (// north, day, year)	3. Agency Official(s) Receivin	g Ticket(s) (use a continuation	on sheet for addit	ional names)	
		and the second se			
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:	(Last, First)	of Tickets	Descrit	be the Public Purpose to	r the Distribution
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:					
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:					
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:					
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:					
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4 Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:					
Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:	4. Individual or Organization	Receiving Ticket(s) (Provid	ded at the behest	of an agency official.)	
Name of Individual or Organization: Danny and Jordan Chu Number of Tickets: 2 Description of Organization:		Alameda County Super	visor Nate Milev	District 4	
Description of Organization:	Name of Behesting Agency Offi	cial:	Noor Hate Miley	, District 4	
Description of Organization:	Name of Individual or Organizat	ion. Danny and Jordan Chu		Numb	ar 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 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 Kgency Flead or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (// / / / / / / / / / / / / / / / / / /	Name of individual of Organizat	.011.			er of fickets
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. Image: Signature of Kgency Flead or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (// / / / / / / / / / / / / / / / / / /	Description of Organization:				
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Optimized for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Optimized for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Optimized for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Optimized for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Optimized for the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Optimized for the distribution of tickets set forth above is in accordance with the provisions of the distribution of tickets set forth above is in accordance with the provisions of the distribution of tickets according to the distribution of the distribution of tickets according to the distribution of tickets according to the distribution of	10				
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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: CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (/)v //)v Signature of Kgency Head or Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) Designee Designee	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. Image: Crystal Hishida GRAFF Signature of Kgency Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Purpose for Distribution: (Descr	ibe the public purpose for the dis	stribution to the o	rganization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of the provisi	To promote attendance at an e	vent held at a County facility	in order to maxi	mize potential County	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: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Comparison of the provision of the					
Characteristic CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (/) / /// Signature of Kgency Head or Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.) (month, day, year)	5. Verification				
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)	I have determined that the distribut	ion of tickets set forth above is ir	n accordance with	the provisions of FPPC	Regulation 18944.1.
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)	CAM	CRYSTAL HISHIDA CR		CIPAL ANALVST	Un /n
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Signature of Agency Head or Designee				(month, day, year)
	and the second		on including amend		
	a 7 2 a ⁰	1			

Tickets Provided by	A Publi	c Docume	ent	TICKETS PROVIDED B
Agency Report				AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region (if applicable)				
Street Address				
1221 OAK STREET, #555, OAKLAND, CA	94612			
Area Code/Phone Number E-mail			Amendment (Must ex	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, Principal Analyst, Co	unty Administrator	's Office		
2. Event For Which Tickets Were Distrik		8024 - 100 - 10 0 - 1		
Date(s) of Event: <u>01 / 29 / 11</u> D	escription of Event	Monster En	ergy	
// Fa			27.50	
Agency Event 🛛 Yes 🛛 No (Identi	fy source of tickets	s below.)		
Name of Outside Source of Ticket(s) Provid	ed to Agency: <u>Gol</u>	den State Wa	rriors	
Number of Tickets Received:3				Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation	n sheet for addi	tional names)	
Name of Official	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Descri	be the Public Purpose fo	r the Distribution
	_			
4. Individual or Organization Receiving	Ticket(s) (Provide	ed at the behes	t of an agency official.)	
Name of Behesting Agency Official: Superv	isor Nadia Lockye	r, District 2		
	th Briance			2
Name of Individual or Organization: Elizabe	an bhones		Numbe	er of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public	purpose for the dist	ribution to the o	organization.)	
To promote attendance at an event held at	a County facility in	order to max	imize potential County	revenue from sales
5. Verification				
I have determined that the distribution of tickets	set forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
a	AL HISHIDA GRAF		ICIPAL ANALYST	1/25/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for an	y additional information	including amend	dment explanation.)	

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region	n (if applicable)			Date Stamp	California Form 802
1221 OAK STREET, #555	ana tan' - Nationa di Kabupatén d				
Street Address					
OAKLAND, CA 94612					
	-mail				
(510) 272-3882	crystal.hishida@ad	caov.ora		Amendment (Must exp	olain in Part 5.)
Agency Contact (name and title)	,	0 0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, County	Administrate	or's Office		(month, day, year)
2. Event For Which Tickets V		·/			
Date(s) of Event:/_12			t: WARRIOR		
/	_/ Face \	/alue of Ticke	et: \$	95.00	
Agency Event	⊠ No (Identify so	ource of ticket	ts below.)		
Name of Outside Source of Tic	ket(s) Provided to	Agency: GC	DLDEN STATE	WARRIORS	·
Number of Tickets Received: _	622				I Pursuant to Contrac
3. Agency Official(s) Receivi	ng Ticket(s) (us	e a continuatio	n sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose for	
1					
4. Individual or Organization		그렇는 것은 물질에 앉아 있는 것은 말을 했다.		지 장님 엄마지 집구야지? 알랐는 것은 것 방법이었다.	
Name of Behesting Agency Of	ficial: <u>ALAMEDA</u>	COUNTY SU	PERVISOR S	COTT HAGGERTY- DI	IST. 1
Name of Individual or Organiza	ation: <u>John Wong</u>			Numbe	r of Tickets: 2
Description of Organization:					
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	cribe the public purp	ose for the dis	tribution to the d	organization.)	
To reward a community volunt	eer for his service	to the public		a e rre and a substantine	
5. Verification					
I have determined that the distribut	illion of tickote act f	uth above is in	accordance wit	h the provisions of EPDO	Population 19044 4
venn		ISHIDA GRA	FF PRIN	ICIPAL ANALYST	<u></u>
Signature of Agency Head or Designee	P	rint Name		Title	(month, day, year)

Agency Report			c Docume		AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Muste	
(510) 272-3882	crystal.hishida@	acgov.org			kpiain in Part 5.)
Agency Contact (name and litle)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator	's Office		(monin, day, year)
. Event For Which Tickets	s Were Distribut	ed			
Date(s) of Event:	5 / 11 Desc	ription of Event:	Harlem Glot	petrotters	
	a	Value of Ticket		33.00	
///	Face	value of ficket;	ф ———		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Gold	len State War	riors	
Number of Tickets Received	0				Pursuant to Contract
Agency Official(s) Recei	ving Ticket(s) (u	se a continuation	sheet for additi	onal names)	
Name of Offic	the second second second second	Number		er the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Describ	e the Public Purpose for	the Distribution
			(
Individual or Organizatio				of an agency official.)	
Name of Behesting Agency C	Official: Supervisor	Wilma Chan, D	istrict 3		
Name of Individual or Organi	zation: Brian Crav	alho		Numbe	r of Tickets:8
Description of Organization:					
Address of Organization:	per and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public purr	oose for the distrit	oution to the or	nanization)	
To promote attendance at an			이는 아이는 아이는 아이에게 가지?	Chi wa wana a kao kuto	revenue from sales
					-
Verification					
I have determined that the distrib	ution of tickets set fo	orth above is in ac	cordance with	the provisions of FPPC I	Regulation 18944.1.
Dura h	CRYSTAL H	ISHIDA GRAFF	PRINC	IPAL ANALYST	1/12/1
Signature of Agency Head or Designed		rint Name		Title	

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

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				na sana na karana karana karana karana karana	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-ma	ail				WE KINS THEN
(510) 272-3882 crys	tal.hishida@a	caoy ora		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title)	and a second sec			Date of Original Filing:	6 H. F.
Crystal Hishida Graff, Principal A	nalvst. Coun	tv Administrat	or's Office	ALFORM ROLFARMONING CONTRACTOR	(month, day, year)
2. Event For Which Tickets We			010 01100		
Date(s) of Event:/_12 /			WARRIOR'	S GAME	
Date(s) of Event://_				95.00	
//	Face	Value of Ticke	et: \$	33.00	
- 15 160	No (Identify s		the second of the second second		
Name of Outside Source of Ticke	t(s) Provided t	o Agency: <u>G</u>	OLDEN STATE	EWARRIORS	
Number of Tickets Received:	5. State 7.			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		ther the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organization Re	eceiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Officia	(5)				DIST 1
Name of Behesting Agency Officia	al: <u></u>		Littleoitte	oorrin coerrir e	
Name of Individual or Organizatio	n: <u>AJ Canaria</u>	3		Numb	er of Tickets: 2
Description of Organization:					
Address of Organization:	d Street		City		State Zip Code
Purpose for Distribution: (Describ	e the public pur	nose for the dis	stribution to the c	organization)	
		nesanan asan an seria a		Jigamzadon.)	
To reward a community voluntee	for his servic	e to the public	J		
5. Verification					
	af liaketa act l	auth abarra la la		h the event delates of FOD	2 Desculation doold d
I have determined that the distribution					
Usan		IISHIDA GRA	FF PRIN	ICIPAL ANALYST	1/11/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Public Docu	ment	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp	AGENCY REPORT California Form 802 For Official Use Only	
OAKLAND, CA 94612			
Agency Contact (name and title)	a@acgov.org	Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, C			
2. Event For Which Tickets Were Distri Date(s) of Event: 02 / 03 / 11 0 / F		05.00	
Agency Event	tify source of tickets below.)	Warrirors	
Number of Tickets Received:1			☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	(use a continuation sheet for a	additional names)	
Name of Official (Last, First)		Whether the Distribution is Inc escribe the Public Purpose fo	
4. Individual or Organization Receiving	Ticket(s) (Provided at the be	hest of an agency official.)	
Name of Behesting Agency Official: Alame	2 6 9		
Name of Individual or Organization: Chris			er of Tickets:1
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe the publi To reward a community volunteer for their	성의 상태의 가격 가격을 받아도 다 위험을 가지 않는 것 때 가격을 가지 않는 것을 것 같아.	he organization.)	
5. Verification			
I have determined that the distribution of tickets I have determined that the distribution of tickets Signature of Aggr/cy Head of Designee		e with the provisions of FPPC RINCIPAL ANALYST Title	Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY	
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form 802 For Official Use Only		
OAKLAND, CA 94612						
Area Code/Phone Number E-mail					1 1 2 12 121	
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)				Date of Original Filing:		
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			or's Office			
2. Event For Which Tickets Date(s) of Event: 02 / 0702 / 09	7 <u>,11</u> Desci			te Warriors vs. Suns 8 95.00	Nuggets	
Agency Event ☐ Yes Name of Outside Source of T	⊠ No (Identify s	ource of ticke	ts below.)	rriors		
Number of Tickets Received:				y: 🔲 Gratuitously	⊠ Pursuant to Contract	
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Income to the Official or ibe the Public Purpose for the Distribution		
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
Name of Behesting Agency C	Official: Keith Cars	on, Superviso	r Fifth District	X 0 H		
Name of Individual or Organization: <u>Joe Blum</u>				Numb	er of Tickets: <u>8</u>	
Description of Organization:						
Address of Organization:	ber and Street		City		State Zip Code	
Purpose for Distribution: (De To promote attendance at a	an a				arking and concession	
5. Verification I have determined that the distri	hution of tickets set t	forth above is in	accordance wit	h the provisions of FPP(C Regulation 18944 1	
Signature of Agentor Bead or Designe	CRYSTAL H	HISHIDA GRA		ICIPAL ANALYST Title	(<i>////////////////////////////////</i>	
Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
--	--	---	--	--	---	-----------------------
1. Agency Name COUNTY OF ALAMEDA	ency Name			Date Stamp	California Form For Official U	802
Street Address 1221 OAK STREET, #555,	OAKLAND, CA 946	312				
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			or's Office	Amendment <i>(Must e</i> Date of Original Filing:		<i>r</i>)
2. Event For Which Tickets Date(s) of Event:	3 / 11 Descr / Face ¹ ⊠ No (Identify so Ticket(s) Provided to	ription of Even Value of Ticke ource of ticket o Agency: <u>Go</u>	et: \$ ts below.) Iden State Wa	95.00	⊠ Pursuant to	o Contract
3. Agency Official(s) Rece Name of Offic (Last, First)		se a continuatio Number of Tickets	State Whe	tional names) ther the Distribution is In- ibe the Public Purpose fo		
Address of Organization.	Official: Supervisor ization: Alameda C Provides programs '14 Everett Street A nber and Street	Wilma Chan, council, Boy S s for youth re: lameda, CA 9	District 3 couts of Amer cultivating cha 04501 ^{City}	ica Numb aracter, citizenship, an	er of Tickets: _ d personal fitne State	4 ess. Zip Code
To reward a non-profit orga	ibution of tickets set fo		accordance wit	h the provisions of FPPC	C Regulation 189	44.1.

 Signature of Agency Fload or Designee
 Print Name
 Tritle

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

(month, day, year)

Tickets Provided by Agency Report	A Pul	olic Docume	ent	TICKETS PROVIDED B
1. Agency Name	200 M (10 M)		Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Regio	n (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
	E-mail		🛏 roo Secondada	No. 12 Carl Action
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	orystannishida@dogov.org		Date of Original Filing: _	
	al Analyst, County Administr	ator's Office		(month, day, year)
2. Event For Which Tickets				
Date(s) of Event:03 /_25		ent. WARRIOR'	S GAME	
			95.00	
/	/ Face Value of Tic	ket: \$		
Agency Event 🛛 🗌 Yes	⊠ No (Identify source of tick	and the second second second		
Name of Outside Source of T	icket(s) Provided to Agency:	GOLDEN STATE	WARRIORS	
Number of Tickets Received:				Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (use a continua	tion sheet for addi	tional names)	
Name of Officia			ther the Distribution is Inc	
(Last, First)	of Tickets	Descri	be the Public Purpose for	the Distribution
-				
4. Individual or Organizatio	n Receiving Ticket(s) (Prov	vided at the behes	t of an agency official.)	
Name of Behesting Agency C	ALAMEDA COUNTY S	SUPERVISOR S	COTT HAGGERTY- D	IST. 1
Name of Benesting Agency C	miciai:			
Name of Individual or Organiz	ation: Rudy Coronado		Numbe	er of Tickets: <u>4</u>
Description of Organization: _				
Address of Organization:	er and Street	City		State Zip Code
		. 47015.		ciato Ep code
Purpose for Distribution: (Des	en de la secono de la construcción de la secono de secono de la construcción de la construcción de la construcc		te d <u>es</u> ta este de la constante	
To promote the Coliseum Co	omplex for use by the general	public and busin	lesses to maximize rev	enues
5. Verification				
I have determined that the distrib	ution of tickets set forth shows in	in accordance wit	h the provisions of EDDO	Population 190444
			en ander sonderten der sinder eine die der der einen der einen der einen die einen der einen die einen die eine Nachte die eine die einen die die die die die die einen die einen die einen die einen die einen die einen die ei	
CHANK	CRYSTAL HISHIDA GR	RAFF PRIN	ICIPAL ANALYST	(127/ (
Signature of Agency Head or Designed	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
					AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region	(if applicable)			-	For Official Use Only
	(if applicable)				
1221 OAK STREET, #555				-	
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-	mail			Amendment (Must ex	plain in Part 5.)
	rystal.hishida@a	cgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, Count	y Administrat	or's Office		
2. Event For Which Tickets W	Vere Distribute	ed			
Date(s) of Event:01_/_30	<u>/ 11</u> Descr	ription of Ever	nt: Golden Sta	te Warriors vs. Utah Ja	IZZ
· · · · · · · · · · · · · · · · · · ·			et: \$	95.00	
///	- race	value of fick	ει. φ		
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tic	ket(s) Provided t	o Agency. Go	olden State Wa	nriors	
Number of Tickets Received: _	2	Ticket(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
		OF HEREIS	Desci	be the rublic rupose to	
Brown, Aisha		1	to encourage	e staff development	
4. Individual or Organization	Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Off	ficial: Keith Carso	on, Superviso	or Fifth District	1-27 1-25 10	
					4
Name of Individual or Organiza	tion:			Numbe	er of Tickets:1
Description of Organization:					
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc		pose for the dis	stribution to the d	organization.)	
To promote attendance at a Co					arking and concession
	ouncy racinty in or		inzo potorniai o	ounty revenue nom pe	inting and concession
5. Verification					
I have determined that the distribu	tion of tickets set fi	orth above is ir	accordance wit	h the provisions of EPPC	Regulation 18944 1
				nanonen en	Togulation Toota. I.
Signature of Agency Head or Designee	SPACE AND PRESERVED AND PRESERVED	HSHIDA GRA Print Name		ICIPAL ANALYST	(month, day, year)

Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDE AGENCY REF
1. Agency Name				Date Stamp	California 80
COUNTY OF ALAMEDA	COUNTY OF ALAMEDA				Form OU
Division, Department, or Reg	g ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555	, OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail			Amendment (Must e	valais in Part 5.1
(510) 272-3882	crystal.hishida@a	logov.org			xplain in mart 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Count	y Administrato	or's Office		(
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event://///////	24 <u>/ 11</u> Desc	ription of Even	nt: Golden Stat	e Warriors Game	
/		Value of Ticke		95.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticket	ts below.)		
Name of Outside Source of			ana inan Siraana	rriors	
	4				
Number of Tickets Receive	d:	Ticket(s) Prov	vided to Agency	/: 🔲 Gratuitously	Pursuant to Contr
3. Agency Official(s) Rece	viving Ticket(s) (us	se a continuatio	n sheet for addit	ional names)	
Name of Off		Number	the second second second second	ner the Distribution is Inc	a a contra da la contra a contra a contra da contra
(Last, First)		of Tickets	Descrit	be the Public Purpose for	or the Distribution
4. Individual or Organizat	ion Receiving Tic	ket(s) (Provid	ed at the behest	of an agency official.)	
Name of Behesting Agency	Official. Supervisor	·Nadia Lockye	er, District 2		
Name of Individual or Orga	nization: Fred Sims			Numb	er of Tickets:4
Description of Organization	:				
Address of Organization:	umber and Street		City		State Zip Co
Purpose for Distribution: (D		nose for the dis	tribution to the o	rganization)	
rupose for examplifient. (L		MURIPHO BAIN MURIPHODO			· · · · · · · · · · · · · · · · · · ·
To proporte attandance at		ounty facility if	n order to maxi	mize potential County	y revenue from sales
To promote attendance at					
		orth above is in	accordance with	the provisions of FPPC	C Regulation 18944.1.
5. Verification	ribulion of tickets set f	orth above is in		the provisions of FPPC	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA				SP 4 P 4 Sublish Carl Control (1998) 13	
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 (Mustex	
(510) 272-3882 cr	rystal.hishida@a	icgov.org			plain in Part 5.)
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	l Analyst, Count	ty Administrat	or's Office		(month, day, year)
2. Event For Which Tickets W	Vere Distribute	ed			
Date(s) of Event: <u>03</u> / <u>16</u>	/ 11 Desci	ription of Ever	nt. Golden Sta	te Warriors vs. Dallas I	Mavericks
/	Face	Value of Licke	ət: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticl	ket(s) Provided t	o Agency: Go	olden State Wa	arriors	
Number of Tickets Received:	2				Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	r the Distribution
·					
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Offi	icial:		a i nui bistrict		
Name of Individual or Organiza	tion: <u>Ana Jacks</u>	on		Numbe	er of Tickets:4
Description of Organization:					
Description of organization.					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Desci	ribe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a community volunte					
		<u>, 1997</u> , 19977, 1997, 1997, 1997, 1997, 1997, 1997, 19977, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997,	- P		
5. Verification					
I have determined that the distribut	tion of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944 1
Catho 11				•	
Signature of Agency Head or Designee		HSHIDA GRA		ICIPAL ANALYST	1/8/11 (month day youd)
Signature of Agency Head of Designee		Finit Name		Title	(month, day, year)

Tickets Provided by				2014 T u t	
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					101111
Division, Department, or Region (if appli	cable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number E-mail				Amendment (Must e	volain in Part 51
(510) 272-3882 crystal.h	ishida@a	cgov.org			xpiain in Part 5.)
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analy	st, Count	y Administrat	tor's Office		(monin, day, year)
2. Event For Which Tickets Were D	istribute	d			
Date(s) of Event:				Game	
Date(s) of Event://				95.00	· · · · · · · · · · · · · · · · · · ·
//	- Face	Value of Tick	et: \$	33.00	
Agency Event DYes No	(Identify s	ource of ticke	ts below.)		
	0-11-11-12-12-1-1-			prrirors	
Name of Outside Source of Ticket(s) F	Provided to	o Agency:	Siden olate we	initions	
Number of Tickets Received:4	_	Ticket(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Tic	ket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official		Number	State Whet	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose fo	or the Distribution
Milou Christopher		1	To promoto	attendance at a Count	v apopeared event or
Miley, Christopher		2	TO promote a	allendance al a Count	y sponsored event of
			event held at	t a County facility in or	der to maximize poten-
			tial County re	evenue from parking a	nd concession sales
4. Individual or Organization Recei	iving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: _	lameda C	County Superv	visor Nate Mile	v. District 4	
Name of Individual or Organization: _	ngelina R	odrigues, Eile	een Ng, Neal H	lickey Numb	er of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	et		City		State Zip Code
Purpose for Distribution: (Describe the	public pur	pose for the dis	stribution to the o	organization.)	
To promote attendance at a County s					maximize notential
To promote attendance at a county s	ponsored	event of eve	nt field at a CO	unty facility in order to	maximize potential
5. Verification					
I have determined that the distribution of t	ickets set f	orth above is ir	n accordance wil	th the provisions of FPPC	C Regulation 18944.1.
upp n	RYSTAL -	ISHIDA GRA		ICIPAL ANALYST	1/12/11
Signature of Agency Hirad or Designee	CHIEFT SALLAR COMPA	Print Name	<u> </u>	Title	(month, day, year)
Comment: (Use this space or an attachmen	t for any add	ditional informatio	on including amen	dment explanation.)	

County revenue from parking and concession sales

Tickets Provided by	A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report	Arub	ne bocume		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA			-	For Official Use Only
Division, Department, or Region (if applicable	2			r or oniour occ only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Muste	xplain in Part 5.)
	da@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst,		tor's Office		
2. Event For Which Tickets Were Distr			e ver a le realitation	
Date(s) of Event:01 _/_30 _/_11	Description of Eve	nt: Golden Sta	te Warriors vs. Utah J	azz
	Face Value of Tick			
	ntify source of ticke	the second second		
Name of Outside Source of Ticket(s) Prov	ided to Agency: <u>G</u>	olden State Wa	arriors	
Number of Tickets Received:4	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	Number		ther the Distribution is Inc	come to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
Sanchez, Mina	1	to encourage	e staff development	
4. Individual or Organization Receivin	g Ticket(s) (Provid	ded at the behes	t of an agency official.)	1
Name of Behesting Agency Official: <u>Keith</u>	Carson, Superviso	or Fifth District		
Name of Individual or Organization: <u>Napo</u>	leon Sanchez		Numb	er of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the pub	lic purpose for the dis	stribution to the c	organization.)	
To promote attendance at a County facilit			CONTRACTOR AND A STATE OF STREET	arking and concession
	,			
5. Verification				
I have determined that the distribution of ticket	s set forth above is ir	1 accordance wit	h the provisions of FPPC	Regulation 18944 1
0	TAL HISHIDA GRA		ICIPAL ANALYST	1/27/1

 Signature of Age/cy flead or Designee
 Print Name
 Title

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

(month, day, year)

Tickets Provided by Agency Report	A Public Document		TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name	Dates	Stamp	California Form	002
COUNTY OF ALAMEDA	10 10/12/9		Form	002
Division, Department, or Region (if applicable)			For Official	Use Only

billioning bepartment, of region (in applicable)		in section of the line	
1221 OAK STREET, #555			
Street Address	-		
OAKLAND, CA 94612			
Area Code/Phone Number E-mail	Amendment (Must expl	ain in Pad 51	
(510) 272-3882 crystal.hishida@acgov.org		an in Fan 5,)	
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			
2. Event For Which Tickets Were Distributed			
Date(s) of Event: <u>01 / 19 / 11</u> Description of Event: <u>Golden S</u>	tate Warriors vs. Indiana I	Pacers	
/ Face Value of Ticket: \$	05.00		
Agency Event 🔲 Yes 🗵 No (Identify source of tickets below.)			
Name of Outside Source of Ticket(s) Provided to Agency: Golden State V	Varriors		
Number of Tickets Received:4 Ticket(s) Provided to Age	ncy: 🔲 Gratuitously 🛛	Pursuant to	Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for ac	ditional names)		
	ether the Distribution is Inco		al or
(Last, First) of Tickets Des	cribe the Public Purpose for	the Distribution	
4. Individual or Organization Receiving Ticket(s) (Provided at the behavior	est of an agency official.)		
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth Distric	t		
Name of Benesting Agency Official:			
Name of Individual or Organization: Marlene Hurd	Number	of Tickets:	4
Description of Organization:			
Address of Organization:			7. 0. 1
Number and Street Ci	ty .	State	Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	e organization.)		
To reward a community volunteer for his or her service to the public.			
5. Verification			
I have determined that the distribution of tickets set forth above is in accordance v	vith the provisions of FPPC I	Regulation 1894	14.1.

app	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/8/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by	A D	lia Deeuwa		TICKETS PROVIDED B
Agency Report	A Pub	lic Docum	ent	AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				101111
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must ex	(plain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org			i i
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Count	ty Administrat	tor's Office		
2. Event For Which Tickets Were Distribute	ed			
Date(s) of Event:01 / 24 / 11 Desc	ription of Eve	nt: Basketball	Game	
	Value of Tick		95.00	
	value of fick	ει. φ		
Agency Event 🛛 Yes 🛛 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided t	Garancy. Go	olden State Wa	arrirors	
	o Ageney			
Number of Tickets Received:4	Ticket(s) Pro	ovided to Agend	sy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for add	tional names)	
Name of Official	Number	State Whe	ther the Distribution is Inc	come to the Official or
(Last, First)	of Tickets	Descr	ibe the Public Purpose fo	r the Distribution
Garcia, Al	1	To promote a	attendance at a County	/ sponsored event or
		event held at	t a County facility in or	der to maximize poten-
		tial County re	evenue from parking a	nd concession sales
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Alameda C	County Super	visor Nate Mile	v District 4	
Name of Behesting Agency Official:	Journy Super	visor rule mile	y, District 4	
Name of Individual or Organization: <u>Avelina Lu</u>	mba, Ashley	& Al (Jr) Garcia	a Numbe	er of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:		City	1	State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the di	stribution to the	organization.)	
To promote attendance at a County sponsored	Post of the second second second			maximize notential
To promote attendance at a county sponsored	event of eve	int field at a CO	anty facility in order to	maximize potential
5. Verification				
I have determined that the distribution of tickets set f	orth above is ir	n accordance wil	h the provisions of FPPC	Regulation 18944 1
0-1- 10				and a state of the second s
	HISHIDA GRA	AFF PRIN		1/13/11
	Print Name		Title	(monin, day, year)
Comment: (Use this space or an attachment for any add	aitional informatio	on including amen	ament explanation.)	

County revenue from parking and concession sales

Tickets Provided by Agency Report	A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form	Charles Charles and
Division, Department, or Region (if applicable)		n	For Official U	Jse Only
Street Address			-		
1221 OAK STREET, #555, OAKLAND, C	A 94612				
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5)	
(510) 272-3882 crystal.hishi	da@acgov.org			aprant in that buy	
Agency Contact (name and title)			Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Principal Analyst, C	County Administrate	or's Office		• · · · · · · · · · · · · · · · · · · ·	×
2. Event For Which Tickets Were Distr			1. m 1. 14		
Date(s) of Event: <u>04 / 13 / 11</u>	Description of Ever	nt: Golden Sta	te Warriors Game		
	Face Value of Ticke		95.00		
Agency Event 🔲 Yes 🗵 No (Ider	ntify source of ticke	ts below.)			
Name of Outside Source of Ticket(s) Prov	ided to Agency: Go	olden State Wa	arriors		
Number of Tickets Received:4			cy: 🔲 Gratuitously	I Pursuant to	Contract
		vided to Agent		En alstant a	
3. Agency Official(s) Receiving Ticket	(S) (use a continuatio	on sheet for add	itional names)		
Name of Official (Last, First)	Number of Tickets		ther the Distribution is In ibe the Public Purpose for		
· · · · · · · · · · · · · · · · · · ·	Of Heketa		be the rubic rubbose it		
4. Individual or Organization Receivin	표. 이 2012		t of an agency official.)		
Name of Behesting Agency Official: <u>Supe</u>	rvisor Wilma Chan,	District 3			
Name of Individual or Organization: <u>Alam</u>			ica Numb	er of Tickets: _	4
Description of Organization: Provides pro				d personal fitne	ess.
1714 Evorott St	reet Alameda, CA 9				
Address of Organization: Number and Street		City		State	Zip Code
Purpose for Distribution: (Describe the pub	lic purpose for the dis	stribution to the	organization.)		
To reward a non-profit organization for its	contributions to the	e community.			
F. Mavifiantian					
5. Verification	a ant forth above in in	. accordance wi	th the provisions of EDD	C Desulation 190	
I have determined that the distribution of ticket	S SEL TOTTI ADOVE IS IN		ICIPAL ANALYST	- Regulation 189	

Signature of Agency Flead or Designee	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/27/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report A Public Docume	ent	TICKETS PROVIDED B
Agency Report		AGENCY REPORT
1. Agency Name	Date Stamp	California Form 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 ex	kplain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org	Data of Original Fillings	
Agency Contact (name and title)	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		
2. Event For Which Tickets Were Distributed	W CORE	
Date(s) of Event:/ 12 / 11 Description of Event: WARRIOR	'S GAME	
// Face Value of Ticket: \$	05.00	
Agency Event 🛛 Yes 🛛 No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: GOLDEN STAT	E WARRIORS	
Number of Tickets Received:1 Ticket(s) Provided to Agene	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	litional names)	
Name of Official Number State Whe	ther the Distribution is Inc	come to the Official or
	ribe the Public Purpose fo	
	7 10 20 20 20	
4. Individual or Organization Receiving Ticket(s) (Provided at the behavior		
Name of Behesting Agency Official: <u>ALAMEDA COUNTY SUPERVISOR S</u>	SCOTT HAGGERTY- D	NST. 1
		······································
Name of Individual or Organization: <u>Terry Kirchner</u>	Numbe	er of Tickets:1
Description of Organization:		
Address of Organization:		State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the	organization.)	
TO REWARD A community volunteer for his service to the public.		
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance wi	ith the provisions of FPPC	Regulation 18944.1.
CHAMAN CRYSTAL HISHIDA GRAFF PRI	NCIPAL ANALYST	1/1/10
Signature of Agency Headt or Designee Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name		Y 4246 78974		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			—	10 I I I I I I I I I I I I I I I I I I I
(510) 272-3882	crystal.hishida@a	icaov ora		Amendment (Muste	kplain in Part 5.)
Agency Contact (name and title		logo nong		Date of Original Filing:	to anthe stars want
Crystal Hishida Graff, Princ		ty Administrat	tor's Office		(month, day, year)
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:	30 / 11 Desc	ription of Eve	nt: Golden Sta	te Warriors vs. Utah J	azz
			et: \$	95.00	
an an anna an A					
Agency Event 🛛 🗌 Yes	🛛 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>G</u>	olden State Wa	arriors	
Number of Tickets Received	l: <u>4</u>	Ticket(s) Pro	ovided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuati	on sheet for add	itional names)	
Name of Offi (Last, First)	cial	Number of Tickets		ther the Distribution is In ibe the Public Purpose fo	
Carson, Keith		2	To evaluate	the ability of a local sp	oorts team to attract bus
4. Individual or Organizati	on Receiving Tic	ket(s) (Provi	ded at the behes	st of an agency official.)	
_				5 V	
Name of Behesting Agency	Official:	on, oupervise	or r nur Bisulot		
Name of Individual or Orgar	nization: <u>Carol Musi</u>	ic		Numb	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	istribution to the	organization.)	
To promote attendance at a	senteens a constitue deplotation est	na franciska se na se tak		State and a strategy of the state of the strategy of the strat	arking and concession
		10 T			
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is i	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
detter 12	CRYSTAL	HISHIDA GR	AFF PRIM	NCIPAL ANALYST	127/1
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

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

Tickets	Provided	by
Agency	Report	

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA Division, Department, or Region (if ap	anlicable)			For Official Use Only
Division, Department, or Region (# 4	ipicable)			i si cinata sec ciny
Street Address				
1221 OAK STREET, #555, OAKLA	ND. CA 94612			
Area Code/Phone Number [E-mail				
(510) 272-3882 crysta	Il.hishida@acgov.org		Amendment (Must	explain in Part 5.)
Agency Contact (name and title)	er ger ger ger ger ger ger ger ger ger g		Date of Original Filing:	
Crystal Hishida Graff, Principal Ana	alyst, County Administrat	or's Office		(month, day, year)
2. Event For Which Tickets Were	Distributed			
Date(s) of Event: 02 / 26 / 1	1 Description of Eve	nt. Monster Jan	n	
			27.50	
//	— Face Value of Tick	et: \$		
Agency Event 🗌 Yes 🛛 🕅 N	o (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(s	Provided to Agency: Go	olden State War	riors	
Number of Tickets Received: 3	Ticket(s) Pro	vided to Agency	r: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Receiving T	ickot(c) (une e esetieueti	en ekset fer eddit		
Name of Official (Last, First)	Number of Tickets	State Wheth Describ	er the Distribution is In the Public Purpose for	come to the Official or
7.0			e and i dano i dipodo i	
· · · · · · · · · · · · · · · · · · ·				
4 Individual as Oscanization Dec	abdeer Tister(a) (b			
4. Individual or Organization Rec	그 이 그는 방법에 있는 것은 것이 같은 것은 것은 것이 없는 것이 것이 것이 것이 것이 없다.		of an agency official.)	
Name of Behesting Agency Official:	Supervisor Wilma Chan,	District 3		
Name of Individual or Organization:	Brian Cravaino		Numb	er of Tickets: <u>3</u>
Description of Organization:				
Description of Organization.		10.10-0.41-		
Address of Organization:				
Number and St	reel	City		State Zip Code
Purpose for Distribution: (Describe th	e public purpose for the dis	tribution to the org	ganization.)	
To promote attendance at an event	held at a County facility in	n order to maxin	nize potential County	revenue from sales
5. Verification				
I have determined that the distribution of	lickets set forth above is in	accordance with	the provisions of FPPC	Regulation 18944.1.
1.00 10	RYSTAL HISHIDA GRAI		IPAL ANALYST	1/12/11
Signature of Agency Read or Designee	Print Name		Title	(month, day, year)

Tickets	Provided	by
Agency	Report	

Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR	
1. Agency Name				Date Stamp	California 802	
COUNTY OF ALAMEDA					UCAILI SAL	
Division, Department, or Re	gion (if applicable)				For Official Use Only	
Street Address						
1221 OAK STREET, #555	OAKLAND, CA 94	4612				
Area Code/Phone Number	E-mail		· · · · ·	Amendment (Muste	volain in Part 5)	
(510) 272-3882 Agency Contact (name and title	crystal.hishida@)	acgov.org		Date of Original Filing:		
Crystal Hishida Graff, Princ	cipal Analyst, Coun	ty Administrato	or's Office		(monin, day, year)	
2. Event For Which Ticket	s Were Distribut	ted				
Date(s) of Event:01 /	14 <u>/ 11</u> Desc	cription of Even	nt: Golden Stat	e Warriors Game		
	/ Face	Value of Ticke	et: \$	95.00		
Agency Event 🛛 Yes	🗵 No (Identify :	source of ticket	s below)			
Name of Outside Source of				rriors		
	147	to Agency:				
Number of Tickets Received	1:4	Ticket(s) Prov	ided to Agency	/: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Recei	iving Ticket(s) (u	ise a continuation	n sheet for additi	ional names)		
Name of Offic (Last, First)	cial	Number	State Wheth	ner the Distribution is Inc	ome to the Official or	
(Least, 1 aby		of Tickets	Describ	e the Public Purpose fo	r the Distribution	
					1	
. Individual or Organizatio	on Receiving Tic	ket(s) (Provide	ed at the behest	of an agency official)		
Name of Behesting Agency (si en egoiro, omouni,		
Name of Benesting Agency (
Name of Individual or Organi	ization: Daren Cha	in		Numbe	r of Tickets:4	
Description of Organization:						
Address of Organization:	ber and Street		City		State Zip Code	
Purpose for Distribution: (De	scribe the public pur	pose for the distr	ibution to the ord	anization.)		
To promote attendance at ar				5	revenue from sales	
. Verification		an 10 a ^t a				
I have determined that the distrit	bution of tickets set fo	orth above is in a	ccordance with i	the provisions of FPPC I	Regulation 18944.1.	
Abrin	CRYSTAL H	IISHIDA GRAF	F PRINC	IPAL ANALYST	1/11/11	
Signature of Agency Aead or Designed	e P	Print Name		Title	(month, day, year)	

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name			no Docume	Date Stamp	California
COUNTY OF ALAMEDA				But Stamp	Form 802
Division, Department, or Regi	on (if applicable)			-	For Official Use Only
1221 OAK STREET, #555					
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 51
(510) 272-3882	crystal.hishida@a	acgov.org			piani in Far(5.)
Agency Contact (name and title,		R		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	pal Analyst, Count	ty Administrat	tor's Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:01 /_3	0 / 11 Desc	ription of Eve	nt: Golden Sta	te Warriors vs. Utah Ja	IZZ
			et: \$	95.00	
	/ Face	value of Tick	et: ֆ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ficket(s) Provided t	Gancy: Ga	olden State Wa	arriors	
Number of Tickets Received		Ticket(s) Pro	vided to Agend	cy: Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	itional names)	
Name of Offic	ial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	r the Distribution
Shrago, Amy		1	to encourage	e staff development	
·					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ	ization: Ethan Shra	ago		Numbe	er of Tickets:1
Description of Organization:					
Address of Organization:					
Nun	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the d	organization.)	
To promote attendance at a	County facility in o	rder to maxin	nize potential C	County revenue from pa	rking and concession
n 12 12 1					
5. Verification			7 T	1. 1. 1. <i>1</i> . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
I have determined that the distr	bution of tickets set f	forth above is ir	n accordance wit	th the provisions of FPPC	Regulation 18944.1.
Usan		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	1/27/11
Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)

Agency Report A Public Docum	ient	AGENCY REPOR
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form OUZ
Division, Department, or Region (if applicable)	-	For Official Use Only
1221 OAK STREET, #555		
Street Address	-	
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Muste)	valain (a Part E)
(510) 272-3882 crystal.hishida@acgov.org		kplain in Fart 5.j
Agency Contact (name and title)	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office		(monin, day, your)
2. Event For Which Tickets Were Distributed		
Date(s) of Event: 01 / 25 / 11 Description of Event: Warriors g	jame	
/ Face Value of Ticket: \$	05.00	
Agency Event I Yes I No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency:		
Number of Tickets Received:4 Ticket(s) Provided to Agen	icy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	ditional names)	
	ether the Distribution is Inc	
(Last, First) of Tickets Desc	ribe the Public Purpose fo	r the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the beha	est of an agency official.)	
Name of Behesting Agency Official: <u>Alameda County Supervisor Scott Ha</u>	agerty. District	
Name of Behesting Agency Official:	330H) Plottion	
Name of Individual or Organization: Sunol Business Guild	Numbe	er of Tickets:4
Description of Organization: To benefit the community help the Emergence	cy Response Team star	t-up in Sunol
Address of Organization: P.O. Box 94 Sunol CA 94586		
Number and Street City	y	State Zip Code
Purpose for Distribution: (Describe 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 w	ith the provisions of FPPC	Regulation 18944.1.
CILL A	NCIPAL ANALYST	1/2/11
CRYSTAL HISHIDA GRAFF PRI		

Title

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	Companyation and second
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 ex	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			pour n'i si
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office		
2. Event For Which Tickets	s Were Distribute	ed		105	
Date(s) of Event: <u>01</u>	29 <u>/ 11</u> Descr	ription of Ever	nt: Monster En	ergy Supercross	
			et: \$	07 50	
Agency Event 🛛 Yes	🗵 No (Identify s		to be and the measure		- A.A.
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>G</u>	olden State Wa	arriors	
Number of Tickets Received	l: <u>4</u>	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	_
Name of Offic	cial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	ibe the Public Purpose fo	r the Distribution
Sanchez, Mina		1	To promote a	attendance at a Count	y facility
·					
4. Individual or Organizati		승규는 것			
Name of Behesting Agency	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Orgar	nization: <u>Napoleon</u>	Sanchez		Numb	er of Tickets: <u>3</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)	
To promote attendance at a	County facility in o	rder to maxin	nize potential C	County revenue from pa	arking and concession
5. Verification			1		
I have determined that the dist	ribution of lickets set (forth above is i	n accordance wi	th the provisions of FPP(Regulation 18944 1
CH Ch Ch		HISHIDA GRA		ICIPAL ANALYST	1 2.7 / W
Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)

Agency Report		A Publ	ic Docume	ent		ROVIDED E
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA					Form	802
Division, Department, or Regi	on (if applicable)				For Official L	Jse Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mustex		
(510) 272-3882	crystal.hishida@a	icaov.ora			plain in Part 5.)	
Agency Contact (name and title)		0 0		Date of Original Filing: _	(month, day, year	-1
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrat	or's Office	10.11 Perfe	(monur, day, year	6
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:01_/_1	7 / 11 Desc	ription of Ever	. Golden Sta	te Warriors vs. New Je	ersey Nets	
Date(s) of Event.				95.00		
	/ Face	Value of Ticke	ət: \$	00.00		
Agency Event D Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of				rriors		
Name of Outside Source of	Ticket(s) Provided t	o Agency.				
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to	o Contrac
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatic	on sheet for addi	tional names)		
Name of Offic (Last, First)	ial	Number of Tickets	100000000000000000000000000000000000000	her the Distribution is Inc be the Public Purpose fo		
	1					
1 Individual or Organizatio	on Receiving Tic	kot(s) (Provid	led at the behas	t of an agency official)		
		27 72 19		t of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District	t of an agency official.)		
Name of Behesting Agency (Name of Individual or Organ	Official: <u>Keith Cars</u> ization: <u>West Berk</u>	on, Superviso eley Senior C	r Fifth District		er of Tickets:	8
Name of Behesting Agency	Official: <u>Keith Cars</u> ization: <u>West Berk</u>	on, Superviso eley Senior C	r Fifth District		er of Tickets:	8
Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: <u>Keith Cars</u> ization: <u>West Berk</u>	on, Superviso eley Senior C	r Fifth District		er of Tickets: CA	8 94710
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: <u>19</u>	Official: <u>Keith Cars</u> ization: <u>West Berk</u> Senior Services C	on, Superviso eley Senior C	r Fifth District enter			94710
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: <u>19</u>	Official: <u>Keith Cars</u> ization: <u>West Berk</u> Senior Services C 00 6th Street nber and Street	on, Superviso eley Senior C enter	r Fifth District enter Berkeley ^{City}	Numbe	СА	94710
Name of Individual or Organ Description of Organization: Address of Organization: 19 Nun	Official: <u>Keith Cars</u> ization: <u>West Berk</u> Senior Services C 00 6th Street nber and Street escribe the public pur	on, Superviso eley Senior C enter pose for the dis	enter Berkeley City	Numbe	СА	

Am	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/8/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by		. ii. R'	1927 4 0	TICKETS PROVIDED B
Agency Report	A Pu	blic Docume	nt	AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA	01-01-0			
Division, Department, or Region	ı (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.)
	crystal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, County Administr	ator's Office		
2. Event For Which Tickets V		- 1 - 1	- 15205 15 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	x 2770
Date(s) of Event:/15_	_/11 Description of Ev	ent: Golden Stat	e Warriors vs. New Or	leans Hornets
	_/ Face Value of Tic		05.00	
Agency Event 🛛 Yes	X No (Identify source of tic	kata balaw)		
	- NEW TO REPORT TO A CONTRACT OF A DESCRIPTION OF A DESCR	ana ang kana ang kanang kan		
Name of Outside Source of Tic	ket(s) Provided to Agency:	Golden State wa	rriors	
Number of Tickets Received: _	Ticket(s) P	rovided to Agency	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (use a continua	tion sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		ner the Distribution is Inc be the Public Purpose for	and the state of the second se
	OF HEREIS	Descin	se the rubic rupose lo	
· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organization	Receiving Ticket(s) (Pro	vided at the behest	of an agency official)	
			or an agonoy omorally	
Name of Behesting Agency Off	ficial:	sor Firm District		
Name of Individual or Organiza	ation: Larry Platt		Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:				
Address of Organization:	r and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the	distribution to the o	rganization.)	
To reward a community volunt	a na managana ka wanta da saka saka maka saka s			
5. Verification				
I have determined that the distribu	ition of tickets set forth above is	in accordance with	the provisions of FPPC	Regulation 18944.1.
CAAN	CRYSTAL HISHIDA GF	RAFF PRIN	CIPAL ANALYST	1/8/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an at	tachment for any additional informa	ation including amend	ment explanation.)	

Tickets Provided by		A Pub	lic Docume	ant	TICKETS PROVIDED BY	
Agency Report		ATUS	ne bocante		AGENCY REPORT	
1. Agency Name			Date Stamp	California 802		
COUNTY OF ALAMEDA				T OILIN		
Division, Department, or Region (if applicable) 1221 OAK STREET, #555				For Official Use Only		
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	그런 사람이 있는 것을 잘 했는 것이 있었다. 같이 있다.			Amendment (Mustex)	alain in Dart EV	
(510) 272-3882	0) 272-3882 crystal.hishida@acgov.org					
Agency Contact (name and title,				Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Princ	ipal Analyst, Coun	tv Administrat	tor's Office	(1) The Construction of the Statistic Construction of the Stati	(monin, day, year)	
2. Event For Which Tickets				N		
			Golden Sta	te Warriors vs. Litab Ja	77	
Date(s) of Event: <u>01</u> / <u>3</u>	<u> </u>	ription of Eve	nt:			
/	/ Face	Value of Tick	et: \$	95.00		
	🖂 Na (lalaatifica		da halanda			
Agency Event 🛛 Yes	⊠ No (Identify s		alle ann Saena - Carra	25		
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>G</u>	olden State Wa	arriors		
Number of Tickets Received					I Pursuant to Contract	
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuati	on sheet for addi	tional names)		
Name of Offic	ial	Number	State Whet	ther the Distribution is Inc	ome to the Official or	
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	the Distribution	
James, Reginald		1	to encourage	e staff development		
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provi	I ded at the behes	t of an agency official.)		
Name of Behesting Agency (Official: Keith Cars	on, Superviso	or Fifth District			
Name of Individual or Organ					r of Tickets:	
Description of Organization:						
2 Z						
Address of Organization:	ber and Street		City		State Zip Code	
Purpose for Distribution: (De	escribe the public pur	pose for the di	stribution to the o	organization.)		
5. Verification						
I have determined that the distri	builon of lickets set f	orth above is li	n accordance wit	n the provisions of FPPC	Regulation 18944.1.	
Signature of Agency Head or Designee CRYSTAL HIS		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	1/27/11 (month, day, year)	
orginature of gency mean of Designi		Cutt rante		1110	(monun, day, year)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA			The BUZZER CAPTURE CONTACT SHOULD BE	Form	802	
Division, Department, or Region (if applicable)			-	For Official U	lse Only	
1221 OAK STREET, #555						
Street Address				-		
OAKLAND, CA 94612						
Area Code/Phone Number E-mail			Amendment (Mus			
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title)	Agency Contact (name and title)			Date of Original Filing		
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrate	or's Office		(month, day, year	
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:01_/_2	9 / 11 Desc	ription of Even	nt. Monster Er	nergy- Supercross		
Date(s) of Events				27.50		
/	/ Face	Value of Ticke	et: \$	1 mm - 1 m - 1 m - 1 m - 1 m		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)			
Name of Outside Source of T	Ficket(s) Provided	Go Agency, Go	olden State Wa	arriors		
		to Agency		······	that an ever	
Number of Tickets Received:	:4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	I Pursuant to	o Contract
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	n sheet for add	itional names)		
Name of Offic		Number	State Whe	ther the Distribution is		
(Last, First)		of Tickets	Descr	ibe the Public Purpose	for the Distribution	
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	st of an agency official.))	
	Alameda (County Superv	isor Scott Har	agerty District 1		
Name of Behesting Agency (Official:	bounty Superv	1301 0001 114	gerty, District i		
Name of Individual or Organi	ization. Jeffrey Va	n de Ven		Nue	ber of Tickets:	4
Name of Individual of Organi				Null	iber of fickets.	
Description of Organization:						
Address of Organization:						
- Num	nber and Street		City		State	Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the	organization.)		
To reward a community volu	inteer for their serv	rice to the pub	lic.			
		nas control a tito a destina.				
5. Verification						
I have determined that the distri	bution of tickets set i	forth above is in	accordance wi	th the provisions of FPI	PC Regulation 189	44.1.
C.11 h				IOIDAL ANALVOT	1 1 20	1

CHAN	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	1/18/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by						
Agency Report A Public Docume		ent	TICKETS PROVIDED BY AGENCY REPORT			
1. Agency Name				Date Stamp	California 802	
COUNTY OF ALAMEDA				Tomin		
Division, Department, or Regi	on (if applicable)				For Official Use Only	
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex)	plain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org				
Agency Contact (name and title)	Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Princi	pal Analyst, Count	ty Administrate	or's Office	E 19 - 473 March 20 493 7999 - 573 - 572 - 573 -		
2. Event For Which Tickets			835 W 2985			
Date(s) of Event: <u>01 / 1</u>	5 / 11 Desc	ription of Ever	nt: Harlem Glo	betrotters		
/			et: \$			
Agency Event 🛛 Yes	🗵 No (Identify s		nuss see Sources			
Name of Outside Source of	Ficket(s) Provided t	o Agency: Go	olden State Wa	rriors		
Number of Tickets Received		licket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Recei	vina Ticket(s) (ur	se a continuatio	on sheet for addi	tional names)		
				her the Distribution is Inc	ome to the Official or	
		1.30	ibe the Public Purpose for the Distribution			
.						
					;	
1						
	Deserved as The					
4. Individual or Organization						
Name of Behesting Agency (Official: Alameda C	County Superv	visor Scott Hag	gerty, District 1		
Name of Individual or Organ	ization: <u>Ronna Kos</u>	ssman		Numbe	er of Tickets: <u>4</u>	
Description of Organization:						
Address of Organization:						
Address of Organization:	ber 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 community volu	nteer for their serv	ice to the pub	lic.			
)	
5. Verification						
I have determined that the distri	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.	
CINAM						
Signature of Agency Head or Design		HISHIDA GRA		Title	(month, day, year)	
orginature wygency riead or Design	5.70	. The Home			(monin, day, year)	