Agency Report		lic Docume	3110	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ For Official Use Only
Division, Department, or Region (if applicable)				for official one only
Street Address			-	
1221 OAK STREET, #555, OAKLAND, CA 9	4612			
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishida@	Dacgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou		or's Office		
2. Event For Which Tickets Were Distribution		Bi		
Date(s) of Event: <u>02 / 24 / 11</u> Des	scription of Ever			
// Fac	ce Value of Ticke	et: \$	129.00	
Agency Event 🛛 Yes 🛛 No (Identify	/ source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provide	d to Agency: Go	olden State Wa	arriors	
Number of Tickets Received:2			cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	itional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is In ibe the Public Purpose f	
Т				
4. Individual or Organization Receiving T			t of an agency official.)	
Name of Behesting Agency Official: <u>Supervis</u>	or Wilma Chan	, District 3		
Name of Individual or Organization: <u>Sherry H</u>			Num	per of Tickets: <u>2</u>
Name of Individual of Organization.			Num	
Description of Organization:				······
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public p	urpore for the di	1200	organization )	
The second s			ne orte robal a serve a anno 1991	u rovonuo from coloo
To promote attendance at an event held at a	County facility	in order to max	dimize potential Count	y revenue from sales
5. Verification				O Description 400444
5. Verification I have determined that the distribution of tickets se	et forth above is ir	n accordance wit	th the provisions of FPP	C Regulation 18944.1.
I have determined that the distribution of tickets se				
I have determined that the distribution of tickets se	et forth above is ir L HISHIDA GRA Print Name		In the provisions of PPP ICIPAL ANALYST Title	$\frac{2/24}{\text{(month, day, year)}}$

Tickets Provided by Agency Report		A Public E	ocume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				<ul> <li>Control Process and Second Access Second</li> </ul>	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 e	volain in Part E )
(510) 272-3882	crystal.hishida@a	acgov.org			xplain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator's C	Office		(monin, day, year)
2. Event For Which Tickets	s Were Distribut	ed			
Date(s) of Event: <u>02</u>			rince		
				129.50	
/	/ Face	Value of Ticket: \$ .		120.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of tickets be	low.)		
Name of Outside Source of	Ticket(e) Drevided i	Golden	State Wa	rriors	
Name of Outside Source of	ricket(s) Provided t	to Agency:			
Number of Tickets Received	:	Ticket(s) Provided	to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation she	et for addi	tional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provided at	the hehes	t of an agency official )	
Name of Behesting Agency	Official: Keith Cars	on, Supervisor Fift	n District		
Name of Individual or Organ					4
Name of Individual or Organ	ization:			Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
				8 6 0	Shirt Elp Store
Purpose for Distribution: (De	지하지 아니는 요즘가 걱정없어요. 가지가?	and a second a second of the second second		(1977),	
To promote attendance at a	County facility in o	rder to maximize p	otential C	ounty revenue from pa	arking and concession
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in acco	rdance with	h the provisions of EPPC	Regulation 18944 1
					, Nogulation 10944.1.
At mot		HISHIDA GRAFF	PRIN	CIPAL ANALYST	2/23/1
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or ar	altachment for any add	ditional information inclu	iding amend	lment explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802	
Street Address 1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number (510) 272-3882 Agency Contact (name and tille	Phone Number         E-mail           3882         crystal.hishida@acgov.org		Amendment (Must ex	an surress and that a surress and an	
Crystal Hishida Graff, Princ 2. Event For Which Ticket Date(s) of Event:/ Agency EventYes Name of Outside Source of Number of Tickets Received	s Were Distribute	ed ription of Ever Value of Ticke ource of ticke o Agency: <u>Go</u>	nt: <u>Prince conc</u> et: \$ ts below.) olden State Wa	129.00	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)	Se a continuation sheet for additional names)         Number       State Whether the Distribution is Income to the Offi         of Tickets       Describe the Public Purpose for the Distribution				
<ol> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organ</li> <li>Description of Organization:</li> </ol>	Official: Supervisor	Wilma Chan,			er of Tickets:2
Address of Organization: Purpose for Distribution: (D To promote attendance at a	escribe the public pur				State Zip Code
5. Verification I have determined that the distribution John March March Signature of Agency Head or Design Signature of Agency Head or Design	CRYSTAL H	orth above is in HSHIDA GRA Print Name		h the provisions of FPPC CIPAL ANALYST Title	Regulation 18944.1.

Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name				Date Stamp	California 002
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 e	volain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			explain in Part 5.)
Agency Contact (name and title	and the second se			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	or's Office		(monut, day, year)
2. Event For Which Tickets	-				
Date(s) of Event:02_/_2				cert	
Date(s) of Event:/				129.50	
/	/ Face	Value of Ticke	et: \$	123.50	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
KANDARD CONTRACT BUILDER	ALCONTRACTORIZED			rrirors	
Name of Outside Source of	Ticket(s) Provided t	o Agency:	Siden Olale Wa	molo	
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	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 Office	cial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
Bazar, Chri		2	To reward a County employee for outstanding service		
			to the public		
4. Individual or Organization				77.4 K M	
Name of Behesting Agency	Official: <u>Alameda C</u>	County Superv	isor Nate Miley	/, District 4	
Name of Individual or Organ	ization:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the c	organization.)	
5. Verification					
NUMBER OF THE REPORT OF THE RE		orth above is in	accordance with	h the provisions of FPP	C Regulation 18944 1
I have determined that the distr	ibution of tickets set f		accordance ma		e negalation ree nitt
I have determined that the distr		HISHIDA GRA		CIPAL ANALYST	2/23/11

Tickets Provided by					
Agency Report	A Public Docume		ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				-	
OAKLAND, CA 94612					
	E-mail				
(510) 272-3882	crystal.hishida@a	acqov.org		Amendment (Must exp	blain 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 Administral	tor's Office		(monin, day, year)
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event: <u>03</u>	3 / 11 Desc	ription of Eve	nt: Disney On	Ice	
				29.25	
	Face	value of TICK	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of T	Ticket(s) Provided (	Adency. G	olden State Wa	arrirors	
		to Agency			
Number of Tickets Received:	5	Ticket(s) Pro	wided to Agenc	sy: 🔲 Gratuitously	Pursuant to Contract
2 Anonou Official(a) Passi	vine Ticket(c) (			(	
3. Agency Official(s) Receiv			Z		
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
- fanoi, i noi)		of fickets	Descri	be the Public Pulpose for	
The second states and					
4. Individual or Organization	on Receiving Tic	ket(s) (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency (	Official. Alameda C	County Super	visor Nate Mile	y, District 4	
Name of Individual or Organ	ization: Robert, Kr	istine, Tyler, /	Austin, & Caleb	Coffelt Numbe	er of Tickets: <u>5</u>
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
		mana far tha di	stribution to the	organization )	
Purpose for Distribution: (De					
To promote an event held at	a County facility in	n order to ma	ximize potentia	I County revenue from	parking and
F. Marification					
5. Verification	1	fault at an in t		In the event-laters of CDDO	Deculation (90.4.4.4
I have determined that the distri	bution of tickets set f	iorth above is li	n accordance wil	in the provisions of FPPC	Regulation 18944.1.
Hand	CRYSTAL H	HISHIDA GR/	AFF PRIN	ICIPAL ANALYST	2/23/11
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informati	on including amen	dment explanation.)	
concession sales					

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Res	Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802	
Area Code/Phone Number (510) 272-3882 Agency Contact (name and titl Crystal Hishida Graff, Prin			or's Office	☐ Amendment <i>(Must</i> Date of Original Filing	
2. Event For Which Ticket Date(s) of Event:/ Agency Event/ Name of Outside Source of Number of Tickets Receive	27 <u>, 11</u> Desc / Face ⊠ No (Identify s Ticket(s) Provided t	ription of Even Value of Ticke ource of ticke to Agency: <u>G</u>	et: \$ ets below.) blden State Wa	95.00	⊠ Pursuant to Contract
3. Agency Official(s) Rece Name of Off (Last, First)	icial	se a continuation	State Whet	CARLON ALL CARLS 18 9	ncome to the Official or for the Distribution
<ul> <li>Individual or Organizat</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Orga</li> <li>Description of Organization</li> <li>Address of Organization: N</li> <li>Purpose for Distribution: (I</li> <li>To promote attendance at</li> </ul>	Official: <u>Alameda C</u> nization: <u>Camps In</u> : <u>462 Elwood Avenu</u> umber and Street	County Super Common ue, Suite 2 - C	visor Nate Mile Dakland, CA 94 City stribution to the o	y, District 4 Num 610 organization.)	ber of Tickets:4 
5. Verification I have determined that the dis Signature of Agency Head or Desig Comment: (Use this space or County revenue from parki	an attachment for any ad	HISHIDA GRA Print Name ditional informati	AFF PRIM	ICIPAL ANALYST	PC Regulation 18944.1.

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> )		Date Stamp	California Form 802	
Street Address 1221 OAK STREET, #555, OAKLAND, CA 946	12			
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office			☐ Amendment <i>(Must</i> ex Date of Original Filing: _	
2. Event For Which Tickets Were Distribute Date(s) of Event: <u>02</u> , <u>07</u> , <u>11</u> Descr / Face	iption of Eve	nt:Golden Sta et: \$	te Warriors 95.00	
Agency Event  Yes  No (Identify so Name of Outside Source of Ticket(s) Provided to Number of Tickets Received: 4	o Agency: <u>G</u>	olden State Wa		⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	e a continuatio		tional names) her the Distribution is Inc	nome to the Official or
Name of Official (Last, First)	of Tickets		be the Public Purpose fo	
Briones, Ruben	4	To reward a	county employee for h	is exemplary service
4. Individual or Organization Receiving Tick Name of Behesting Agency Official: Supervisor Name of Individual or Organization: Description of Organization:	Nadia Locky	ver, District 2	Numbe	er of Tickets:
Address of Organization: Number and Street Purpose for Distribution: (Describe the public purp To reward a County employee for his exemplar				State Zip Code
	IISHIDA GRA		ICIPAL ANALYST	C Regulation 18944.1.

Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA Division, Department, or Re	aion (if applicable)				For Official Use Only
Division, Department, of Re	gion (il applicable)				
Street Address					
1221 OAK STREET, #555	, OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and tit	le)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Prin			or's Office		
2. Event For Which Ticke					
Date(s) of Event: <u>03</u> /_	<u>27 / 11</u> Desc	ription of Ever	nt: Golden Sta	te Warriors	
/	/ Face	Value of Ticke	et: \$	95.00	
Agency Event 🛛 Yes	⊠ No (Identify s	source of ticke	ts below)		
(1) (2010) (2				rriors	
Name of Outside Source o	f Ticket(s) Provided	to Agency:			
Number of Tickets Receive	d:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Of		Number	Contraction allocated	her the Distribution is Ind	
(Last, First	)	of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizat		그는 소비가 있는 것이 있는 것을 가 없다.		t of an agency official.)	
Name of Behesting Agency	Official: Superviso	r Nadia Locky	er, District 2		
Name of Individual or Orga	nization:	pies		Numb	er of Tickets:4
Description of Organizatior	Ľ				
Address of Organization:	umber and Street		City		State Zip Code
Purpose for Distribution: (I		mose for the dis	tribution to the c	organization )	
To promote attendance at		A REAL TRACK 2000 TO CARL THE REAL			revenue from sales
	an event held at a o	Journey racinty r	IT OIGET to max	inize potential county	revenue nom sales
5. Verification					
I have determined that the dis	tribution of tickets set i	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
1.49.11-	CRYSTAL H	-IISHIDA GRA	FF PRIN	CIPAL ANALYST	
Signature of Agency Head or Desig	2003 PM 2240 3 AV6 7	Print Name		Title	(month, day, year)
Comment: (Use this space or			n including amend		

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA			80. 	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 94	4612			
Area Code/Phone Number E-mail			Amendment (Must ex	volain in Part 5.)
(510) 272-3882 crystal.hishida@	acgov.org			plant in Part 6.)
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Coun	nty Administrato	or's Office		(monun, oby, your)
2. Event For Which Tickets Were Distribut				
Date(s) of Event: <u>02 / 24 / 11</u> Des	cription of Even	nt: <u>Prince</u>		
//Face	e Value of Ticke	et: \$	129.00	
Agency Event 🛛 Yes 🛛 No (Identify	source of ticket	ts below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Go	lden State Wa	rriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	use 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 fo	
<u>,</u>				
4. Individual or Organization Receiving Ti	cket(s) (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency Official: Supervise	or Nadia Lockye	er, District 2		
Name of Individual or Organization: <u>Jim Tolan</u>			Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu	irpose for the dis	tribution to the o	organization.)	
To promote attendance at an event held at a 0	County facility in	n 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 EPPC	Regulation 18044 1
111 12				1.09ulation 10944.1.
Signature of Agency-Heed or Designee CRYSTAL	HISHIDA GRAI	FF PRIN	CIPAL ANALYST	(month, day, year)

Tickets Provided by	A Pub	lic Docume	ant	TICKETS PROVIDED BY	
Agency Report	ATUD	ne bocume		AGENCY REPORT	
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA					
Division, Department, or Region (if applicable)			1	For Official Use Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail					
(510) 272-3882 crystal.hishida	@acgov org		Amendment (Must ex	(plain in Part 5.)	
Agency Contact (name and title)	l@dogov.org		Date of Original Filing: .		
Crystal Hishida Graff, Principal Analyst, Co	unty Administrat	or's Office		(month, day, year)	
		or s once			
2. Event For Which Tickets Were Distrik		Monotor Io	-		
Date(s) of Event: <u>02 / 26 / 11</u> D	escription of Eve	nt:			
/ Fa	ace Value of Tick	et: \$	27.50		
Agency Event 🔲 Yes 🗵 No (Identi	fy source of ticke	ts below)			
	1		verirore		
Name of Outside Source of Ticket(s) Provid	ed to Agency:	Siden State Wa	1111015		
Number of Tickets Received:2			:y: 🔲 Gratuitously	☑ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s	) (use a continuation	on sheet for addi	itional names)		
Name of Official (Last, First)	Number of Tickets	^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^			
Stewart, Darryl	1	To promote attendance at an event held at a County			
		facility in ord	er to maximize potenti	al county revenue from	
		parking and	concession sales		
4. Individual or Organization Receiving	Ticket(s) (Provi	ded at the behes	t of an agency official.)		
-					
Name of Behesting Agency Official: Alame	a County Super	visor ivate ivine	y, District 4		
Name of Individual or Organization: <u>Tyler S</u>	tewart		Numb	er of Tickets: <u>1</u>	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public	nurnoes for the di	stribution to the	organization )		
1. · · · · · · · · · · · · · · · · · · ·				<b>6</b>	
To promote attendance at an event held at	a County facility	in order to may	kimize potential county	revenue from	
Non-contract the					
5. Verification					
I have determined that the distribution of tickets	set forth above is i	n accordance wil	th the provisions of FPP0	CRegulation 18944.1.	
LIKA I CRYST	AL HISHIDA GR		NCIPAL ANALYST	2/20 /11	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for an		on including amon		Groenser 993703/9937/	
parking and concession sales	y seems narmannan	- manang anan			

Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				i onini
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 94	612			
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org			
Agency Contact (name and title)		us permit	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Count		or's Office		
2. Event For Which Tickets Were Distribut			(1990)((((((((((((((((((((((((((((((((((	
Date(s) of Event: <u>03 / 22 / 11</u> Desc	ription of Eve			
// Face	Value of Tick	et: \$\$	183.75	
Agency Event 🛛 Yes 🛛 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	IX Pursuant to Contract
<ol><li>Agency Official(s) Receiving Ticket(s) (u</li></ol>	se a continuatio	on sheet for addi	tional names)	
Name of Official	Number	109 2520 X 24 200 A 102 A 102	her the Distribution is In	
(Last, First)	of Tickets	Descri	be the Public Purpose f	or the Distribution
4. Individual or Organization Receiving Tic	SECTOR CONTRACTOR AND ADDRESS		t of an agency official.)	
Name of Behesting Agency Official: Supervisor	r Wilma Chan	, District 3		
			270 0	4
Name of Individual or Organization: <u>Christine V</u>	Volig		Numt	per of Tickets:4
Description of Organization:				N
Address of Organization:		0.1		Clata Zia Cada
		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the c	organization.)	
To promote attendance at an event held at a C	ounty facility i	in order to max	imize potential Count	y revenue from sales
5. Verification				
I have determined that the distribution of tickets set	orth above is ir	accordance with	h the provisions of FPP	C Regulation 18944.1.
- COLI VINEY	HISHIDA GRA	FF PRIN	CIPAL ANALYST	2/24/11
	PR 2 2 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2		Title	(month days some
Signature of Agency Head or Designee Comment: (Use this space or an attachment for any ad	Print Name			(monin, day, year)

Tickets Provided by					
Agency Report		A Public	Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or 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	alain in Part 5 )
(510) 272-3882	crystal.hishida@a	cgov.org	,i		plain in Part 5.)
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator	s Office		(menn, ee), yeery
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:03 /0			Disney On I	ce	
Date(s) of Event.				29.25	
/	/ Face	Value of Ticket:	\$	20,20	
Agency Event D Yes	🗵 No (Identify s	ource of tickets	below.)		
Name of Outside Source of	THE PERSON AND ADDRESS ADDRESS ADDRESS			rrirors	
	10-5 B	o Agency:			
Number of Tickets Received	5	Ticket(s) Provid	ed to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
			1 12 11 11		
3. Agency Official(s) Recei	ving licket(s) (us	se a continuation s		contraction of the second	
Name of Offic (Last, First)	lai	Number of Tickets		her the Distribution is Inc be the Public Purpose for	지수가 있는 것이다. 이는 것이 아프네트 그는 것 같은 것이 가지? 한 것 같은 것이다.
(mod ) nov		OFFICKETS	Descri	be the Public Pulpose for	
¥					;
and the second					
4. Individual or Organization	on Receiving Tic	ket(s) (Provided	at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Alameda C	County Supervise	or Nate Mile	y, District 4	
Name of Individual or Organ	ization: Robert, Kri	istine, Tyler, Aus	tin, & Caleb	Coffelt Numbe	er of Tickets:5
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
					ouentingo. Sector converses
Purpose for Distribution: (D					
To promote an event held a	t a County facility ir	n order to maxim	ize potentia	County revenue from	parking and
5. Verification	an a	LANDERSKI AND			D
I have determined that the distr	ibution of tickets set f	onh abové is in ac	ccordance wit	n the provisions of FPPC	Regulation 18944.1.
Signature of Agency Please or Design	and the second s	HISHIDA GRAFF	PRIN	ICIPAL ANALYST	2/24/11 (month, day, year)
Comment: (Use this space or a			ncluding amend		
			0.5	A 8	

concession

Agency Report       A Public Document       Agency Report         1. Agency Name       Date Stamp       California       802         COUNTY OF ALAMEDA       Division, Department, or Region (if applicable)       For Official Use Only         1221 OAK STREET, #555       Street Address       For Official Use Only         OAKLAND, CA 94612       Image: Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org       Image: Amendment (Must explain in Part 5.)         Agency Contact (name and title)       crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         2       2       Image: Amendment (Must explain in Part 5.)       Date of Original Filing:(month, day, year)         Agency Contact (name and title)       County Administrator's Office       Date of Original Filing:(month, day, year)         2       Event For Which Tickets Were Distributed       Date(s) of Event:	Tickets Provided by			Desime		TICKETS PROVIDED BY
COUNTY OF ALAMEDA       Form       CUX         Division, peartment, or Region (/ applicable)       1221 OAK STREET, #555       For Official Use Only         Street Address       OAKLAND, CA 94612       Amendment (Must explain in Part 5)         Area Code/Phone Number       E-mail       Implication       Amendment (Must explain in Part 5)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:       Imposite filing         Zrystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:       Imposite filing         Zevent For Which Tickets Were Distributed       Date(s) of Event:       02 / 26 / 11       Description of Event:       Monster Jam         Agency Event       Ves       EN (Identify source of ticket's source)       27.50       Agency Event       Ves       Number of Ticket's)         Number of Ticket's Received:       2       Ticket(s) Provided to Agency:       Galatitously       El Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (verouded at the behest of an agency official.)       Name of Official or Ticket's (Provided at the behest of an agency official.)         Name of Individual or Organization:       Danny & Jordan Chu       Number of Ticket's:       2         Description of Organization:       Monter and Street       Ory       State       Zep Code <td>Agency Report</td> <td></td> <td>A Public</td> <td>c Docume</td> <td>ent</td> <td>AGENCY REPORT</td>	Agency Report		A Public	c Docume	ent	AGENCY REPORT
CUDINT OF ALANEDA       Par Official Use Only         Division, Department, or Region (f applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Codd/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and fib)       crystal.hishida@acgov.org         Agency Contact (name and fib)       crystal.hishida@acgov.org	1. Agency Name				Date Stamp	California QOO
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area CodPhone Number         Finali         (510) 272-3882         crystal.hishida@acgov.org         Agency Contact (name and title)         crystal.hishida Graff, Frincipal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (s) of Event:       02 / 26 / 11         Dete (S) of Event:       02 / 26 / 11         Dete (S) of Event:       02 / 26 / 11         Dete (S) of Event:       02 / 26 / 11         Dete (S) of Event:       02 / 26 / 11         Dete (S) of Event:       02 / 26 / 11         Dete (S) of Event:       02 / 26 / 11         Number of Tickets Received:       2         Ticket(s) Provided to Agency:       Gratuitously         Number of Tickets	COUNTY OF ALAMEDA				й.	, orm
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and tille)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date (of Original Filing:(month, day, year)         Agency Event       02 / 26 / 11       Description of Event: Monster Jam	Division, Department, or Reg	ion (if applicable)				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 tille)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date (of Original Filing:(month, day, year)         Agency Event       02 / 26 / 11       Description of Event: Monster Jam	1221 OAK STREET, #555					
Area Code/Phone Number (510) 272-3882       E-mail crystall-hishida@acgov.org       Amendment ( <i>Must explain in Pert 5</i> )         Agency Contact ( <i>mane and life</i> )       Date of Original Filing:						
Area Code/Phone Number (510) 272-3882       E-mail crystall-hishida@acgov.org       Amendment ( <i>Must explain in Pert 5</i> )         Agency Contact ( <i>mane and life</i> )       Date of Original Filing:	OAKLAND, CA 94612					
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and tile)       Date of Original Filing:		E-mail				
Agency Contact (name and title)       Date of Original Filing:		1 0 0 1 1 0 0 0 0 1	ectov ord		Amendment (Must	explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office  2. Event For Which Tickets Were Distributed Date(s) of Event: 02 / 26 / 11 Description of Event: Monster Jam	11. 2011년 11월 전자 등학 - 12일 전쟁 11일 전쟁 (11)		acgov.org		Date of Original Filing:	
2. Event For Which Tickets Were Distributed         Date(s) of Event:       02 / 26 / 11 Description of Event:       Monster Jam			tu Administrator	'n Office		(month, day, year)
Date(s) of Event:       02 / 26 / 11 / Picket in the distribution of Event:       Monster Jam	Construction of the second	A REAL PROPERTY AND A REAL		sonce		
				Monotor Io	-	
Agency Event       □Yes       ☑ No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden State Warrirors</u> 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)       ☑       ☑       ☑         Number of Official       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         (Last, First)       of Tickets       Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       Danny & Jordan Chu       Number of Tickets:       2         Description of Organization:       Danny & Jordan Chu       Number of Tickets:       2         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         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Magendure of plency/h	Date(s) of Event:	<u>6 11</u> Desc	ription of Event:	wonster Ja		
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Contract of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: Contract of Contract of Tickets       Number of Tickets       Describe the Public Purpose for the Distribution         Image: Contract of Contract of Tickets       Image: Contract of Contrecon of Contract of Contract of Contract of Co	/	/ Face	Value of Ticket:	\$	27.50	
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Contract of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: Contract of Contract of Tickets       Number of Tickets       Describe the Public Purpose for the Distribution         Image: Contract of Contract of Tickets       Image: Contract of Contrecon of Contract of Contract of Contract of Co	Agency Event	No (Identify s	ource of tickets	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	CONTRACTOR CONTRA	DATAS CONTRACTORS STRATEGY.		- 564 CT 4754 10 (2009)	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 & Jordan Chu       Number of Tickets:         Address of Organization:       Danny & Jordan Chu       Number of Tickets:         Address of Organization:       Mumber and Street       City       State         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         5. Verification       Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mame of Agency/Flead or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Yint Name       Title       County for day, yearj			to Agency.			
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       Danny & Jordan Chu       Number of Tickets:       2         Description of Organization:       Danny & Jordan Chu       Number of Tickets:       2         Address of Organization:       Description of Organization:       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         5. Verification       I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Mathematication 2000 (month, day, year)         Signature of Agency/Flead or Designee       Print Name       PRINCIPAL ANALYST       Mathematication 2000 (month, day, year)	Number of Tickets Received	: <u> </u>	Ticket(s) Provid	ded to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         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:         Description of Organization:         Address of Organization:         Number and Street         City       State         Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)         To promote attendance at an event held at a County facility in order to maximize potential county revenue from         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mathematication:         CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Signature of Agency Head or Designee       Print Name	3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addi	lional names)	
A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)      A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)      Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Miley, District 4</u> Name of Individual or Organization: <u>Danny &amp; Jordan Chu</u> Number of Tickets: <u>2</u> Description of Organization: <u>Number and Street</u> Address of Organization: <u>Number and Street</u> Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)      To promote attendance at an event held at a County facility in order to maximize potential county revenue from <b>5. Verification</b> I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>Mammune</u> <u>CRYSTAL HISHIDA GRAFF</u> <u>PRINCIPAL ANALYST</u> <u>Crystal HISHIDA GRAFF</u> <u>Print Name</u> <u>Title</u> <u>Crystal HISHIDA GRAFF</u> <u>Print Name</u> <u>Title</u> <u>Crystal HISHIDA GRAFF</u> <u>Title</u> <u>Crystal HISHIDA GRAFF</u> <u>Title</u> <u>Crystal HISHIDA Grafe</u> <u>Crystal HISHIDA Grafe</u> <u>Title</u> <u>Crystal HISHIDA Grafe</u> <u>Title</u> <u>Crystal HISHIDA Graf</u>		cial	Number			A 17 27 2 18 19 27 - 17 27 27 27 27 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       Danny & Jordan Chu       Number of Tickets:       2         Description of Organization:	(Last, First)		of Tickets	Descri	be the Public Purpose f	or the Distribution
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       Danny & 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 & 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 & 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 & 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 & Jordan Chu       Number of Tickets:       2         Description of Organization:						
Name of Individual or Organization:       Danny & Jordan Chu       Number of Tickets:       2         Description of Organization:	· 이번 것 - ' 방법에는 방법에 가지 않는 것 같은 것이 있는 것 같은 것이 있는 것이 가지 않는 것 같은 것이 있는 것 같은 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 있	이야 같이 아이는 것 같은 것이 같이 집에 집에 집에 들어야 한다.				
Name of Individual or Organization:       Danny & Jordan Chu       Number of Tickets:       2         Description of Organization:	Name of Behesting Agency	Official: Alameda C	County Supervis	or Nate Mile	y, District 4	
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         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Jumper of Agency Flead or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Fint Name       Title       Jumper Address of the day, year)	Name of Individual or Organ	lization:	ordarr orla		Numi	ber of Tickets:
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         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Image: Signature of Agency/Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Itel       Itel       Itel	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         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Image: Signature of Agency/Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Itel       Itel       Itel	Address of Organization:	mber and Street		City		State Zin Code
To promote attendance at an event held at a County facility in order to maximize potential county revenue from         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>Magency</u> Regulation of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>Signature of Agency</u> Regulation of Designee         Print Name         Title						
5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         I have determined that the distribution of tickets set forth above is in accordance with the provisions of the provision of the provisi		and the second				
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.          Image: state of Agency/Read or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       2/24/11         Signature of Agency/Read or Designee       Print Name       Title       (month, day, year)	To promote attendance at a	in event held at a C	County facility in	order to max	imize potential count	y revenue from
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.          Image: state of Agency/Read or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       2/24/11         Signature of Agency/Read or Designee       Print Name       Title       (month, day, year)	5. Verification					
Signature of Agency/flead or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST (month, day, year)		ribution of tickets set i	forth above is in a	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency/Read or Designee Print Name Title (month, day, year)	1112/2 11					100 1
	Signature of Agency Aead or Design				againer and a supply and a month	(month. day. year)
				including amend		

parking and concession sales

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA			555	ronni
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 9	4612			
Area Code/Phone Number E-mail			Amendment (Must ex	(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, Cou	nty Administrate	or's Office		
2. Event For Which Tickets Were Distribution				
Date(s) of Event: <u>03 / 13 / 11</u> Des	scription of Eve	nt: Golden Sta	te Warriors	
// Fac	e Value of Tick	et: \$	95.00	
Agency Event 🔲 Yes 🗵 No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: G	olden State Wa	nriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
		jā		
4. Individual or Organization Receiving T	icket(s) (Provid	I ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: <u>Supervis</u>	or Nadia Locky	er, District 2		
Name of Individual or Organization: <u></u>	nion City Youth	and Family Se		er of Tickets:4
Description of Organization: Encouraging at-	risk youth to be	tter their comm	unity and participate ir	n after school programs
Address of Organization: 33948 10th Street, Number and Street	Union City CA	94587 City		State Zip Code
Purpose for Distribution: (Describe the public p	urpose for the di	stribution to the o	organization.)	
To motivate and provide opportunities to vuln				privileged youth
F. Varification				
5. Verification	t forth above to t		h the provisions of FORC	Deculation 400444
I have determined that the distribution of tickets se			in the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee	. HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)

Agency report       Are build bounded.       Active report         I. Agency Name       CoUNTY OF ALANEDA       Date Stamp       California       80.22         Street Address       1221 OAK STREET, #555, OAKLAND, CA 94612       Image: Country of Participation in Part 5.1       Date of Original Filing:       For Official Use Original Filing:       For Official Use Original Filing:       For Official Use Original Filing:       For Official (Mate explain in Part 5.1)         Agency Contact (name and oth)       Crystal Hishida @acgov.org       Date of Original Filing:       ment 6.9, year)         Zystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:       ment 6.9, year)         Zystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:       ment 6.9, year)         Zystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:       ment 6.9, year)         Agency Event       Q's       Z's       I       Description of Event:       Golden State Warriors         Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors       Ment of Ticket Secource of Ticket(s) (use a continuation sheet for additional names)         Mame of Inclusion Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Inclusic Purpose for the Distribution         Address of Organization:       Ment of Ticket	Tickets Provided by		A Publ	ic Docume	ant	TICKETS PROVIDED BY
COUNTY OF ALAMEDA       Form         Division, Department, or Region (# applicable)         Street Address         1221 OAK STREET, #555, OAKLAND, CA 94612         Area CodePhone Number       E-mail         (510) 277-3882       crystal.hishida@acgov.org         Agency Contact (name and 8th)       crystal.hishida@acgov.org         Agency Contact (name and 8th)       crystal.hishida@acgov.org         Crystal.Hishida Craft, Principal Analyst, County Administrator's Office       Date of Original Filing:         Crystal.Hishida Craft, Principal Analyst, County Administrator's Office       Date of Original Filing:         Agency Contact (name and 8th)       Face Value of Ticket: \$ 95.00         Agency Event       Q2 _ 25 _ 11       Description of Event: Golden State Warriors         Mumber of Tickets Received:       4       Ticket(s) Provided to Agency:       Gladen State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to adgency:       Gratuitously       © Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (sea a continuation sheet for additional names)       State Warriors       Mame of mickets:       4         Anne of Official(s) Supervisor Wilma Chan, District 3       Name of Individual or Organization:       Number and Street       City       State       Za Code         Name of Individual or Organization	Agency Report		ATUM	ie boedine	m	AGENCY REPORT
COUNTY OF ALAMEDA       Part Official Use Only         Division, Department, or Region (# applicable)       Part Official Use Only         Street Address       1221 OAK STREET, #555, OAKLAND, CA 94612         Areas Code/Phone Number       E-mail         (510) 272-3882       crystal hishida@acgov.org         Agency Contact (name and file)       crystal hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:					Date Stamp	
Street Address         1221 OAK STREET, #555, OAKLAND, CA 94612         Area Code/Phone Number         (510) 272-3882         Area Code/Phone Number         Crystal.hishida@acgov.org         Agency Contact (nume and title)         Crystal.hishida@acgov.org         Agency Contact (nume and title)         Crystal.hishida@acgov.org         Agency Contact (nume and title)         Crystal.Hishida@acgov.org         Agency Event	The second se					
1221 OAK STREET, #555, OAKLAND, CA 94612         Areas Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and tite)       crystal.hishida@acgov.org         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:	Division, Department, or Region (if applicable)			For Official Use Only		
Area Code/Phone Number       E-mail	Street Address					
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (inare and tife)       Date of Original Filling:	1221 OAK STREET, #555,	OAKLAND, CA 946	612		· · · · · · · · · · · · · · · · · · ·	
(610) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and difd)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed       Golden State Warriors Game	Area Code/Phone Number	E-mail				volain in Part 5.)
Agency Contact (name and title)       Date of Original Filing:	(510) 272-3882	crystal.hishida@a	icgov.org			(pair ir r arco)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office  2. Event For Which Tickets Were Distributed Date(s) of Event: 02 / 25 / 11 Description of Event: Golden State Warriors Game	Agency Contact (name and title				Date of Original Filing: .	(month day year)
2. Event For Which Tickets Were Distributed         Date(s) of Event:       02 / 25 / 11       Description of Event:       Golden State Warriors Game	Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		(monin, oby, your)
Date(s) of Event:       02 / 25 / 11 / Face Value of Ticket:       Description of Event:       95.00         Agency Event       Yes       No (Identify source of tickets below.)       Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       State Whether the Distribution is Income to the Official or I.ast, First)       Of Tickets       Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko       Number of Tickets:       4         Description of Organization:       Gene Havrilenko       Number of Tickets:       4         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 sales         5. Verification       Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.						
				nt. Golden Sta	te Warriors Game	
Agency Event       Yes       No (identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       El 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         (Last, First)       of Tickets       Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Address of Organization:       Gene Havrilenko         Number and Street       City       State         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 sales         5. Verification       Ihave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Signafund of highlyfe, Headford Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Mimonth, day, year)					95.00	
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Contract of Tickets       State Whether the Distribution is Income to the Official or Of Tickets       Describe the Public Purpose for the Distribution         Image: Contract of Ticket (s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko       Number of Tickets:       4         Description of Organization:       Gene Havrilenko       Number of Tickets:       4         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 sales         5. Verification       Inverter to maximize potential County revenue from sales         5. Verification       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: March Cay, year)				Statute and		1 - La (a. 29
Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: Class of the public Purpose for the Distribution       Image: Class of the public Purpose for the Distribution         A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Matter of Organization:       Gene Havrilenko         Address of Organization:       Number and Street         Address of Organization:       Number and Street         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)         To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.         Image: Standards of Appley Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: Crystal Hishida Grafes	55) A See Contraction (1997)	97-11 (A		s a man li vanco	unio ro	
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:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Name of Individual or Organization:       Gene Havrilenko         Number of Organization:       State         Address of Organization:       Number and Street         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)         To promote attendance at an event held at a County facility in order to maximize potential County revenue from 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.         Mathematication of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mathematication of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mathematication of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Mathematication of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State wa	irriors	
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.)       Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Name of Individual or Organization:       Gene Havrilenko         Address of Organization:       Mumber and Street         Address of Organization:       City         Number and Street       City         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 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.         Mamma       City STAL HISHIDA GRAFF       PRINCIPAL ANALYST       2 14 1.	Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
Image: construction of the distribution       Of Tickets       Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Address of Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Address of Organization:       Gene Havrilenko         Address of Organization:       Mumber and Street         City       State         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 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.         Mathematical County of State       City State         Signaluar of Approx Pleador Designee       Print Name         Title       (month, day, year)	3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Name of Individual or Organization:       Gene Havrilenko         Address of Organization:       Mumber of Tickets:         Address of Organization:       Mumber and Street         City       State         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 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.         Margued Area Crystal HISHIDA GRAFF       PRINCIPAL ANALYST         Signature of Agency by Head of Designee       CRYSTAL HISHIDA GRAFF         Print Name       Title	Name of Offic	cial	Number	State Whet	ther the Distribution is Inc	come to the Official or
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:	(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:			_			
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:						
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:						
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:						- Arm
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:						
Name of Behesting Agency Official:       Supervisor Wilma Chan, District 3         Name of Individual or Organization:       Gene Havrilenko         Description of Organization:       Number of Tickets:         Address of Organization:	4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Individual or Organization:       Gene Havrilenko       Number of Tickets:       4         Description of Organization:		Guining, Supervisor	Wilma Chan,	District 3		
Description of Organization:						
Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a County facility in order to maximize potential County revenue 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.         Image: Signature of Agency Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: Cmonth, day, year)	Name of Individual or Organ	ization: Gene Hav	rilenko		Numb	er of Tickets:4
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 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.         Image: Signature of Agericy Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: Crystal Hishida Graft	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 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.         Image: Signature of Agericy Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: Crystal Hishida Graft						
To promote attendance at an event held at a County facility in order to maximize potential County revenue 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. <u>Signature of Agency Head of Designee</u> Print Name         Title	Address of Organization:	nber 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: Signature of Agericy Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       2       14       14         Signature of Agericy Head of Designee       Print Name       Title       2       14       14	Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the o	organization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.          Image: standard of Agents Head of Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: standard of Designee         Signature of Agents Head of Designee       Print Name       Title       Image: standard of Designee	To promote attendance at a	n event held at a C	ounty facility i	n order to max	imize potential County	revenue from sales
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.          Image: standard of Agents of Agen	F. Mauldiantiau					
Signature of Agency Head of Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 2/14/11 Print Name Title (month, day, year)		1	and and a second second		h the manufatore of CDDd	Developing dood d
Signature of Agency Head of Designee Print Name Title (month, day, year)	I have determined that the distr	ibution of tickets set f	onn above is in	accordance wit	n the provisions of FPPC	regulation 18944.1.
	left mp			FF PRIN		2/14/11
						(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED B
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA			Due oramp	Form 802
Division, Department, or Regio	on (if applicable)			For Official Use Only
1221 OAK STREET, #555	S. 11 N			
Street Address				
OAKLAND, CA 94612				
	E-mail			
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must exp	plain in Part 5.)
Agency Contact (name and title)	or your morning googoviorg	Da	ate of Original Filing: _	
	al Analyst, County Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets	Were Distributed			
Date(s) of Event. 02 / 26	<u>11</u> Description of Ever	nt. Monster Jam		
, parents of Events		27	.50	
	/ Face Value of Tick	et: \$		
Agency Event 🛛 Yes	☑ No (Identify source of ticket)	ets below.)		
Name of Outside Source of T	icket(s) Provided to Agency:			
Number of Tickets Received:	4 Ticket(s) Pro	vided to Agency:	Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ring Ticket(s) (use a continuation	on sheet for additiona	al names)	
Name of Offici			the Distribution is Inc	
(Last, First)	of Tickets	Describe t	he Public Purpose for	the Distribution
<i>k</i>		·		
4. Individual or Organizatio	n Receiving Ticket(s) (Provid	ded at the behest of a	an agency official.)	
Name of Behesting Agency C	fficial: Alameda County Superv	visor Scott Haggerl	y, District 1	
Name of Individual or Organiz	ration: <u>Hand in Hand Childcare</u>		Numbe	r of Tickets:4
Description of Organization:	Childcare			
Address of Organization:	er and Street	City		State Zip Code
	scribe the public purpose for the dis	2004 	nization )	
	county sponsored event at a Co			atu saucau a
To promote attendance at a t	ounty sponsored event at a co	unty facility to max	amize potential cou	nty revenue
5. Verification				
	ution of tickets set forth above is in	accordance with the	a provisions of FPPC	Regulation 18944 1
11100			orangenetic and a second second	
Signature of Agency Head of Designed	CRYSTAL HISHIDA GRA	PRINCIP	AL ANALYST	(month, day, year)

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name		/28_28883244.0	1	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 (Must e	volain in Part 5 1
(510) 272-3882	crystal.hishida@a	acgov.org			Apron in Fait 0.7
Agency Contact (name and title	j	175		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>02</u>	2 / 11 Desc	ription of Ever	nt: Basketball	Game	
				95.00	
	/ Face	Value of Ticke	et: ֆ		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Go	olden State Wa	rrirors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei		se a continuatio		an an ann an the second s	
Name of Offic (Last, First)	bial	Number of Tickets		her the Distribution is Inc be the Public Purpose for	
(2001, 1 10)		OF LICKETS	Desch	be the Public Purpose to	or the Distribution
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official, Alameda C	County Superv	isor Nate Milev	v. District 4	
Name of Individual or Organ	ization: Alan Done	s and John Gu	uillory	Numb	er of Tickets: <u>2</u>
· · · · · · · · · · · · · · · · · · ·					
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
		5 N 25	1899.0 94 0 45 120		oldie Elpoodo
Purpose for Distribution: (D	anaannaa fin salkadana araa	basaan nadi mana ana		organization.)	
To reward a community volu	inteer for their serv	ice to the com	imunity		
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	accordance with	h the provisions of FPPC	CRegulation 18944.1.
lika m				o nationationation de la calence de la companya de Reference de la calence de la companya de la company	0 1.1. 1.1
Signature of Agency Head or Design		HISHIDA GRA		CIPAL ANALYST	(month, day, year)
Comment: (Use this space or al			n including ameno		(month, day, year)

1. Agency Name		
	Date Stamp	California 802
COUNTY OF ALAMEDA		Tomin Com
Division, Department, or Region (if applicable)	1	For Official Use Only
1221 OAK STREET, #555		
Street Address	1	
OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must exp	Jain in Part 5 )
(510) 272-3882 crystal.hishida@acgov.org		annin art o.y
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>02 / 26 / 11</u> Description of Event: <u>Monster Jan</u>	m	
	27.50	
// Face Value of Ticket: \$		
Agency Event Yes No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Wa	rriors	
Number of Tickets Received: <u>2</u> Ticket(s) Provided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional stress of the str	tional names)	
	her the Distribution is Inco	
(Last, First) of Tickets Descri	be the Public Purpose for	the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the behesi	t of an agency official.)	
Keith Carson, Supervisor Fifth District		
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District		
Name of Individual or Organization: Chris Leung	Numbe	r of Tickets: 2
Description of Organization:		
Address of Organization:		
Number and Street City		State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the o	organization)	
To promote attendance at a County facility in order to maximize potential C	a antidat na antida antida anti-	king and concession
To promote alteridance at a county facility in order to maximize potential o	ounty revenue nom par	king and concession
5. Verification		
I have determined that the distribution of tickets set forth above is in accordance with	h the provisions of FPPC	Regulation 18944.1.
maye determined that the distribution of tickets set forth above is in accordance with		1. Source and a subscription of the state
	CIPAL ANALVET	7 1.0 1.
	CIPAL ANALYST	

Tickets Provided by Agency Report		A Pub	lic Docum	ənt	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address				Date Stamp	California Form 802 For Official Use Only
Street Address					-
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acdov ord		Amendment (Must ex	(plain in Part 5.)
Agency Contact (name and title		logov.org		Date of Original Filing: .	Amountly downwood
Crystal Hishida Graff, Princ	pipal Analyst, Coun	ty Administrat	or's Office	1 s - 1 /99 - 7 s	(month, day, year)
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:	23 <u>/ 11</u> Desc	ription of Ever	nt: PRINCE C	ONCERT	
			et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s		120		
Name of Outside Source of	Ticket(s) Provided	to Agency: G	OLDEN STATE	EWARRIORS	
Number of Tickets Received				cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Offi	cial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descr	ibe the Public Purpose fo	r the Distribution
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	isor Scott Hag	gerty, District 1	
Name of Individual or Orgar	nization: Bob Garcia	а		Numb	er of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)	
To promote attendance at a	anggang merupakan mér	enter fan hine he		and a state of the second s	unty revenue
			nas do <b>z.</b> The definition stay.		
5. Verification					
I have determined that the dist	ribution of tickets set l	forth above is ir	n accordance wil	th the provisions of FPPC	Regulation 18944.1.
lift And	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	2/22/11
Signature of Agency Head of Design	nee	Print Name		Title	(month, day, year)

Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA			the star for the second annual is a second	Form <b>OU</b>
Division, Department, or Region (if appli	cable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAN	D, CA 94612			
Area Code/Phone Number E-mail			Amendment (Muste	xplain in Part 5.)
	ishida@acgov.org			8
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analy	st, County Administrate	or's Office		
2. Event For Which Tickets Were D		100 A A - 900 1	1. (24)(2) - 2	
Date(s) of Event: <u>02 / 03 / 11</u>	_ Description of Eve	nt: <u>Golden Sta</u>	te Warriors	
	- Face Value of Tick			
	(Identify source of ticke	State - States & Longer		1 1221
Name of Outside Source of Ticket(s)	Provided to Agency: G	olden State Wa	irriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Tic	ket(s) (use a continuation	on sheet for addi	tional names)	
Name of Official	Number		ther the Distribution is In	
(Last, First)	of Tickets	Descri	be the Public Purpose for	or the Distribution
1				
		N. W. Maller, D M.		
4. Individual or Organization Rece	S 11 I I I I I I I I I I I I I I I I I I		t of an agency official.)	
Name of Behesting Agency Official: _	Supervisor Nadia Locky	er, District 2		
Name of Individual or Organization: _	ngela Rodriguez		Numb	er of Tickets:4
Description of Organization:				
Address of Organization:				
Address of Organization:	et	City		State Zip Code
Purpose for Distribution: (Describe the	public purpose for the di	stribution to the d	organization.)	
To promote attendance at an event h	a desta a tra estas. Nasa esta Aza desta esta esta esta a sua da esta carte		20 <del>2</del> 202 2000 - 21 200 - 21	revenue from sales
· · · · · · · · · · · · · · · · · · ·			nines beternet esenti	
5. Verification				
I have determined that the distribution of t	ickets set forth above is ir	n accordance wit	h the provisions of FPPC	C Regulation 18944.1.
11126 1 1			nan an	/
Signature of Agency Head or Designee	RYSTAL HISHIDA GRA		ICIPAL ANALYST	(month, day, year)
and the state of a solution	A COMPANY OF A COMPANY		dment explanation.)	(norm, ady, your)

Tickets Provided by Agency Report	A Pu	ıblic Docume	ent		ROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp		802
Street Address 1221 OAK STREET, #555,	OAKLAND, CA 94612				
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Princ	Amendment (Must ex	<del>)</del>			
Agency Event	5 / 11 Description of E / Face Value of Ti ⊠ No (Identify source of tig Ticket(s) Provided to Agency:	cket: \$ ckets below.) Golden State Wa	95.00	⊠ Pursuant to	Contract
3. Agency Official(s) Recei					
Name of Offic (Last, First)	ial Number of Ticket		her the Distribution is Inc be the Public Purpose fo		
4. Individual or Organization	on Receiving Ticket(s) (Pro Official: Supervisor Nadia Loc		t of an agency official.)		
Name of Individual or Organ	ization: Bay Area Youth EMT	Program		er of Tickets:	4
	Program allows education an			inner-city youth	<u> </u>
Address of Organization.	00 San Leandro Blvd, 2nd flo nber and Street escribe the public purpose for the	City		State	Zip Code
10 N 200 N 1	ization for its contributions to		- <u> </u>		
5. Verification I have determined that the distri	ibution of tickets set forth above i	s in accordance wit	h the provisions of FPPC	Regulation 1894	44.1.

attant	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/14/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report		2.5.5 .2546		2222	AUL	ENCY REPO
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA				2	Form	a service and a
Division, Department, or Reg	ion (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612	1					
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)	
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing	•	
PARTO REPORT OF CONSIGNATION AND A CONSIGNATION OF		u Administrat	taria Office	Date of Original Pling	(month, day, yea	<i>ir)</i>
Crystal Hishida Graff, Princ	Contraction of the state of the second state	<ul> <li>The table is a second state and</li> </ul>	tor's Office			
. Event For Which Ticket			Disney on I	ce: Let's Celebratel		
Date(s) of Event:				10 M ( 10 M		
/	/ Face	Value of Tick	et: \$	29.25		
Agency Event	⊠ No (Identify s	ource of ticke	ets below.)			
			S.	arriors		
Name of Outside Source of	Licket(s) Provided t	o Agency:	orabin oraro me	intere		
		17 I.				
Number of Tickets Received				ey: 🔲 Gratuitously	⊠ Pursuant t	o Contra
Number of Tickets Received	:	Ticket(s) Pro	ovided to Agenc	sy: 🔲 Gratuitously	⊠ Pursuant t	o Contra
Number of Tickets Received Agency Official(s) Received Name of Offic	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro	ovided to Agence on sheet for addi State Whet	tional names)	ncome to the Offic	cial or
Number of Tickets Received	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro	ovided to Agence on sheet for addi State Whet	:y: □ Gratuitously tional names)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro se a continuatio Number	ovided to Agence on sheet for addi State Whet	tional names)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro se a continuatio Number	ovided to Agence on sheet for addi State Whet	tional names)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro se a continuatio Number	ovided to Agence on sheet for addi State Whet	tional names)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro se a continuatio Number	ovided to Agence on sheet for addi State Whet	tional names)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic	: <u>4</u> ving Ticket(s) (us	Ticket(s) Pro se a continuatio Number	ovided to Agence on sheet for addi State Whet	tional names)	ncome to the Offic	cial or
Number of Tickets Received . Agency Official(s) Received Name of Offic (Last, First)	: <u>4</u> ving Ticket(s) (us <sup>sial</sup>	Ticket(s) Pro se a continuatio Number of Tickets	ovided to Agence on sheet for addi State Whet Descri	ey: ☐ Gratuitously tional names) ther the Distribution is Ir be the Public Purpose t	ncome to the Offic	cial or
Number of Tickets Received	:4 ving Ticket(s) (us bial	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provid	ovided to Agence on sheet for addi State Whet Descri	ey: ☐ Gratuitously tional names) ther the Distribution is Ir be the Public Purpose t	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First) Individual or Organization Name of Behesting Agency	: <u>4</u> ving Ticket(s) (us bial on Receiving Tic Official: <u>Keith Cars</u>	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provision, Superviso	ovided to Agence on sheet for addi State Whet Descri	tional names) ther the Distribution is Ir be the Public Purpose t t of an agency official.)	ncome to the Offic	cial or
Number of Tickets Received	: <u>4</u> ving Ticket(s) (us bial on Receiving Tic Official: <u>Keith Cars</u>	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provision, Superviso	ovided to Agence on sheet for addi State Whet Descri	tional names) ther the Distribution is Ir be the Public Purpose t t of an agency official.)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Individual or Organization Name of Behesting Agency Name of Individual or Organization	: <u>4</u> ving Ticket(s) (us bial on Receiving Tic Official: <u>Keith Carse</u> ization: <u>Dee Johns</u>	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provision, Superviso	ovided to Agence on sheet for addi State Whet Descri	tional names) ther the Distribution is Ir be the Public Purpose t t of an agency official.)	ncome to the Offic	cial or
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First) Individual or Organizatio Name of Behesting Agency Name of Individual or Organ Description of Organization:	: <u>4</u> ving Ticket(s) (us sial on Receiving Tic Official: <u>Keith Cars</u> ization: <u>Dee Johns</u>	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provision, Superviso	on sheet for addi State Whet Descri	ry: □ Gratuitously tional names) ther the Distribution is Ir be the Public Purpose to t of an agency official.)	ncome to the Offic for the Distribution	cial or n
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First) Individual or Organizatio Name of Behesting Agency Name of Individual or Organ Description of Organization:	: <u>4</u> ving Ticket(s) (us sial on Receiving Tic Official: <u>Keith Cars</u> ization: <u>Dee Johns</u>	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provision, Superviso	ovided to Agence on sheet for addi State Whet Descri ded at the behes or Fifth District and Foundation Oakland	ry: □ Gratuitously tional names) ther the Distribution is Ir be the Public Purpose to t of an agency official.)	ncome to the Offic for the Distribution ber of Tickets: CA	2011 or n 4 94621
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First) (La	:4 ving Ticket(s) (us sial on Receiving Tic Official: Keith Carse ization: Dee Johns ization: Dee Johns 05 Capwell Drive nber and Street	Ticket(s) Pro se a continuation Number of Tickets <b>ket(s)</b> (Provision, Supervison on Lend-a-Ha	on sheet for addi State Whet Descri ded at the behes or Fifth District and Foundation Oakland City	ry: □ Gratuitously tional names) ther the Distribution is Ir be the Public Purpose to t of an agency official.)	ncome to the Offic for the Distribution	2011 or n 4 94621
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Name of Behesting Agency Name of Behesting Agency Name of Individual or Organ Description of Organization:	:4 ving Ticket(s) (us bial on Receiving Tic Official: Keith Carso Official: Dee Johns ization: Dee Johns 05 Capwell Drive nber and Street escribe the public purp	Ticket(s) Pro se a continuation Number of Tickets ket(s) (Provide on, Supervised on Lend-a-Ha	ovided to Agence on sheet for addi State Whet Descri ded at the behes or Fifth District and Foundation Oakland City stribution to the o	ey: □ Gratuitously tional names) ther the Distribution is Ir be the Public Purpose to t of an agency official.) 1 Numt d, organization.)	ncome to the Offic for the Distribution ber of Tickets: CA	cial or

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

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

Tickets Provided by Agency Report		A Publi	ic Docume	ent	TICKETS PROVIDED BY
			o Doodiii	9.40	AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
	12-1-1-2-2022 State			Amendment (Must e	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@a	acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Princi		ty Administrato	or's Office		(month, day, year)
2. Event For Which Tickets	Were Distribut	ed			
Date(s) of Event: <u>03</u> / <u>0</u>			t: Disney on I	ce: Let's Celebrate	
		Value of Ticke		29.25	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of	Ficket(s) Provided	to Agency: <u>Gol</u>	den State Wa	rriors	
Number of Tickets Received	:4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatior	n sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		her the Distribution is In- be the Public Purpose fo	
	a)				
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provide	ed at the behes	l of an agency official.)	
Name of Behesting Agency 0	Official: Keith Cars	on, Supervisor	Fifth District		
Name of Individual or Organi	zation: <u>Art Scott</u>			Numb	er 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 dist	ribution to the o	rganization.)	
To reward a community volu					
5. Verification					
I have determined that the distri	hution of tickets set t	orth above is in	accordance will	the provisions of EDDC	Population 190444
11/2 1					
Signature of Agency Head of Designe		ISHIDA GRAF	F PRIN	CIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				and the second second	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail			1	R R R M = = N
(510) 272-3882	crystal.hishida@a	acdov ord		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title		logonorg		Date of Original Filing:	
Crystal Hishida Graff, Princ	ipal Analyst. Count	v Administrato	or's Office		(month, day, year)
2. Event For Which Ticket					
Date(s) of Event:/			nt: Golden Sta	te Warriors	
	Face			95.00	
Agency Event	⊠ No (Identify s				
Name of Outside Source of	The State of the State of State of the State of States and States		전에 가지 아파 전 것은 아랍	irriors	
	141	o Agency.			
Number of Tickets Received	l: <u>4</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	1
Name of Offic (Last, First)	cial	Number	and the second for the second	her the Distribution is In	
(Ldsi, Filsi)		of Tickets	Descri	be the Public Purpose fo	or the Distribution
4. Individual or Organizati	on Receiving Tic	kot(c) (Provid	led at the behav	t of an agonov official )	
		S 6 10		t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	паца соскуе	er, District Z		
Name of Individual or Orgar	ization: David Villa	rreal		Numb	er of Tickets:4
Description of Organization:					
Address 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 o	organization.)	
To reward a community volu	unteer for his or her	service to the	e public		
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	C Regulation 18944.1.
stanto	CRYSTAL H	HISHIDA GRA		CIPAL ANALYST	2/1/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional informatio	n including amend	iment explanation.)	

Tickets Provided by Agency Report		A Pub	lic Docume	ənt	TICKETS PROVIDED B
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				CONTRACTORIZ TRANSLAMANON IN	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 1
(510) 272-3882	crystal.hishida@a	acgov.org			pian in Fait 0.y
Agency Contact (name and title	)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		(moning add) young
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:2	26 / 11 Desc	ription of Eve	nt. Monster Ja	m	
				27.50	
/	/ Face	Value of Tick	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: G	olden State Wa	arriors	
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 Office	cial	Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
Shrago, Amy		1	To promote a	attendance at a County	/ facility.
4. Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (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 Orgar	ization: Ethan Shra	ago		Numbe	er of Tickets:1
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		pose for the dis	563) 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 -	organization.)	
To promote attendance at a	County facility in o	rder to maxin	nize potential C	ounty revenue from pa	arking and concession
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
6H MA		ISHIDA GRA		ICIPAL ANALYST	2/10/11
Signature of Agency Head or Design Comment: (Use this space or a		Print Name	on lackedlaw	Title	(month, day, year)
CONTINENT. (Use this space of a	n auachment for any add	uuonai informatii	on including amend	iment explanation.)	

Tickets Provided by Agency Report	A Public Docu	ument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 802 For Official Use Only	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst,		Date of Original Filing: -	
	Description of Event: <u>Concer</u> Face Value of Ticket: \$ ntify source of tickets below.) ided to Agency: <u>GSW</u>	rt: Lady Gaga 183.75 gency: □ Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket	Number State	additional names) Whether the Distribution is Inc escribe the Public Purpose fo	
4. Individual or Organization Receivin Name of Behesting Agency Official: <u>Alam</u> Name of Individual or Organization: <u>Chris</u> Description of Organization: <u>Address of Organization</u> :	eda County Supervisor Scott	Haggerty, District 1	er of Tickets:4
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the pub To reward a school or nonprofit organizat	ne ne fan Salenare, ordinaris and an serie an	THE COMPANY AND A 14	State Zip Code
5. Verification I have determined that the distribution of ticket Signature of Agency Head or Designee CRYS		e with the provisions of FPPC PRINCIPAL ANALYST Title	Regulation 18944.1.

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				עריים, איז	Form 802
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #555					- 5
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
	<ul> <li>March 1997 (1997) 201</li> </ul>			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		Date of Original Filling	
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ			s Office		
2. Event For Which Ticket					
Date(s) of Event:03_/	05 <u>/ 11</u> Desc	ription of Event: .	CONCERT	- Disney on Ice	
		Value of Ticket:		29.25	
/	Face	value of ficket.	φ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of tickets I	below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: <u>GSW</u>			
Number of Tickets Received	d:4	Ticket(s) Provid	ed to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contra
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation s	heet for addi	tional names)	
Name of Offi	cial	Number		her the Distribution is Inc	and the second second second second
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
<u>.</u>					
·					
4. Individual or Organizati		YEAT 12:00 YEA			
Name of Behesting Agency	Official. Alameda C	County Supervise	or Scott Hag	gerty, District 1	
Name of Individual or Organ	nization: Geraldine	Harrison		Numbe	er of Tickets:4
Description of Organization					
Address of Organization:	mber and Street		City		State Zip Cod
Purpose for Distribution: (D	lescribe the public pur	nose for the distrik	ution to the r	ragnization )	
		Menopalation and the second of		na service a service a constraint.	
To promote attendance at a	a county sponsored	event at a Coun	ty facility to	maximize potential cou	inty revenue
P. Maultine Marc					
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is in ac	cordance wit	h the provisions of FPPC	Regulation 18944.1.
At Mat	CRYSTAL H	HISHIDA GRAFF	PRIN	CIPAL ANALYST	2/25/51
Signature of Agency Head or Design		Print Name	<u>X 0.001</u>	Title	(month, day, year)

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED B
Agency Report		71 45	no bocume		AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA	ion Streetleshiel			-	For Official Use Only
Division, Department, or Reg	ion (ir applicable)				
Street Address				-	
1221 OAK STREET, #555,	OAKLAND, CA 94	612		-	
Area Code/Phone Number	E-mail			Amendment (Must ex	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			9 2
Agency Contact (name and title	)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		(1997) - 1997) - 1997) - 1997) - 1997) 1997 - 1997) - 1997) - 1997) - 1997) 1997 - 1997) - 1997) - 1997) - 1997) - 1997)
2. Event For Which Tickets	s Were Distribut	ed	1642 The 18	1e	
Date(s) of Event: <u>03</u>	14 <u>/ 11</u> Desc	ription of Eve	nt: Disney On	lce	
/		Value of Tick		29.25	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	nen etter horsenternen s		성격, 업무 지않는 밖에서 다.	arriors	
					· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received	¢	Ticket(s) Pro	vided to Agenc	sy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	ise a continuatio	on sheet for addi	itional names)	
Name of Offic (Last, First)	pial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
2					
3					
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	-550	10 SAL A			
Name of Individual or Organ	ization: <u>Kathy Mar</u>	tins		Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the dis	stribution to the c	organization.)	
To promote attendance at a	n event held at a C	County facility	in order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distri	ibution of tickets set i	forth above is ir	accordance wit	h the provisions of FPPC	Regulation 18944 1
14 th the		HISHIDA GRA		ICIPAL ANALYST	2/25/11
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
Comment: <i>Use this space or ar</i>	attachment for any ad	ditional informatio	on including amend	dment explanation.)	

Tickets Provided by		A Pub	lic Docume	ont	TICKETS PROVIDED BY
Agency Report		APub	ne Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form
Division, Department, or Regio	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	untain in Part E 1
(510) 272-3882	crystal.hishida@a	icaov.org			(plain in Part 5.)
Agency Contact (name and title)	,	0 0		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Coun	tv Administrat	tor's Office		(monin, day, year)
2. Event For Which Tickets					
			Basketball	Game	
Date(s) of Event:02_/_22	_/ Desci	ription of Eve	nt:		
//	_/ Face	Value of Tick	et: \$	95.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of T		G	olden State Wa	rrirors	
Name of Outside Source of T	icket(s) Provided t	o Agency:			
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ring Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia (Last, First)	al	Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
4. Individual or Organizatio		S (0) 2		전 경 (*	
Name of Behesting Agency O	official: <u>Alameda C</u>	County Super	visor Nate Mile	y, District 4	
Name of Individual or Organiz	zation: Christine G	Graham		Numbe	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the di	stribution to the c	organization.)	
To promote attendance at an	event held at a C	ounty facility	in order to max	imize potential County	revenue from parking
5. Verification	05 202 6 2 2	- 3 - 3 - 2 - 20			
I have determined that the distrib	ution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
loff and		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	2/16/11
Signature of Agency Head or Designed		Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any add	ditional information	on including amend	dment explanation.)	
and concession sales					

Tickets Provided by Agency Report		A Pub	lic Docume	ent		PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form For Official U	802	
Street Address 1221 OAK STREET, #555,	OAKLAND, CA 946	612				
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office			Amendment (Must of Date of Original Filing:	<i>n</i>		
2. Event For Which Tickets Date(s) of Event:/	2_, <u>11</u> Desci /Face ⊠ No (Identify s	ription of Eve Value of Tick ource of ticke	et: \$ ts below.)	95.00		
Number of Tickets Received		negroti etterik (v. 1886	an an bhainn ann an A <del>s</del> tra Ann an	y: 🔲 Gratuitously	⊠ Pursuant to	o Contract
3. Agency Official(s) Recei		se a continuation	State Whet	tional names) ther the Distribution is Ir be the Public Purpose f		
4. Individual or Organization		A (5) 3		t of an agency official.)		
Name of Individual or Organ	ization: <u>Safety</u> Sea	it Solutions, li	nc.		per of Tickets:	4
Description of Organization:	Trains people on h			ats for children		
Address of Ordanization:	nber and Street	pose for the di	City stribution to the o	organization.)	State	Zip Code
5. Verification I have determined that the distr	ibution of tickets set fi	orth above is ir	accordance wit	h the provisions of FPP	C Regulation 189	44.1.

At mpt	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/25/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regi Street Address			Docume	Date Stamp	California 802
COUNTY OF ALAMEDA Division, Department, or Regi				Date Stamp	
Division, Department, or Regi Street Address					
Street Address					Form OUZ For Official Use Only
	OAKLAND, CA 946				For Official Ose Only
	OAKLAND, CA 946				
1221 OAK STREET, #555,		612			
Area Code/Phone Number	E-mail			Amendment (Must ex	inlain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			plainin r art o.y
Agency Contact (name and title)		-5		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, County	Administrator's	Office	044 - 14614	(monin, day, year)
2. Event For Which Tickets		<ul> <li>A second parameters were presented as a second s second second se</li></ul>			
Date(s) of Event:2			Prince conc	ert	
		Value of Ticket:		129.00	
Agency Event	🗵 No (Identify s	ource of tickets	below.)		
Name of Outside Source of	Ficket(s) Provided t	o Agency: Gold	en State Wa	rriors	
Number of Tickets Received					Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuation s	sheet for addit	ional names)	
Name of Offic	ial	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
					1000
4. Individual or Organizatio				of an agency official.)	
Name of Behesting Agency (	Official: Supervisor	Wilma Chan, D	istrict 3		
Name of Individual or Organ				Numbe	er of Tickets: <u>2</u>
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the distril	oution to the o	rganization.)	
To promote attendance at a	n event held at a C	ounty facility in o	order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distri	bution of tickets set f	orth above is in ar	ccordance with	the provisions of FPPC	Regulation 18944 1
lika w					
Signature of Agency Head or Designe		ISHIDA GRAFF		CIPAL ANALYST	<u>2/2U/11</u>
Comment: (Use this space or an			ncluding among		prisitin, day, year)

Tickets Provided by Agency Report	A Publi	ic Docume	nt	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name COUNTY OF ALAMEDA	e Dest LA		Date Stamp	California Form 802
Division, Department, or Region (if a	pplicable)			Tor onlider one only
Street Address				
1221 OAK STREET, #555, OAKL				
Area Code/Phone Number E-mai			Amendment (Must ex	plain in Part 5.)
	al.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal An		r's Office		
2. Event For Which Tickets Were				
Date(s) of Event: <u>03</u> / 27 /	11 Description of Even	t: Golden Stat	e Warriors Game	
//_//_///_////	Face Value of Ticke	t: \$	95.00	
Agency Event 🗌 Yes 🖂 🕅	No (Identify source of ticket	s below.)		
Name of Outside Source of Ticket(	s) Provided to Agency: Gol	lden State Wa	rriors	
Number of Tickets Received:	2			⊠ Pursuant to Contract
3. Agency Official(s) Receiving	Ficket(s) (use a continuation	n sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		ner the Distribution is Inc be the Public Purpose for	
:				
4. Individual or Organization Re			of an agency official.)	
Name of Behesting Agency Official	Supervisor Wilma Chan,	District 3		
Name of Individual or Organization	Lotus Bloom			er of Tickets:4
Description of Organization: <u>Nonpr</u>	ofit that offers playgroups,	parenting worl	kshops, wellness class	ses, & book giveaways
Address of Organization: 2008 Part Number and	rk Blvd. Oakland, CA 94606 <sub>Street</sub>	5 City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the dist	ribution to the o	rganization.)	
To promote attendance at an even				revenue 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.
Lipa 11	CRYSTAL HISHIDA GRAF		CIPAL ANALYST	2/9/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Agency Report			Data Otama	1 551 (Mag) M	NCY REPOR
1. Agency Name			Date Stamp	California Form	802
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				For Official U	se Only
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612	E mail				
Area Code/Phone Number	E-mail		Amendment (Must ex	plain in Part 5.)	
(510) 272-3882	crystal.hishida@acgov.org		Date of Original Filing: .		
Agency Contact (name and title)			Date of Original Filling.	(month, day, year	)
	ipal Analyst, County Administrate	or's Office			
2. Event For Which Tickets					
Date(s) of Event: <u>03</u> / <u>0</u>	4 / 11 Description of Even	t: Disney on Id	ce: Let's Celebrate!		
/	/ Face Value of Ticke		29.29		
Agency Event 🛛 Yes	⊠ No (Identify source of ticket	s below )			
			rriors		
Name of Outside Source of	Ticket(s) Provided to Agency: <u>Go</u>				
Number of Tickets Received	:4 Ticket(s) Prov	ided to Agency	y: 🔲 Gratuitously	⊠ Pursuant to	Contrac
3. Agency Official(s) Recei	ving Ticket(s) (use a continuation	n sheet for addit	ional names)		
		이야기로 가슴이 안 이네. 걱정이	her the Distribution is Inc be the Public Purpose fo		
n de l'en de la seu de la seu de la secteur de la secte	on Receiving Ticket(s) (Provid Official: <u>Keith Carson, Superviso</u>		of an agency official.)		
Name of Individual or Organ	ization: <u>Eva Chou - BANANAS</u>		Numb	er of Tickets: _	4
Description of Organization:	child care resource and referral	service			
Address of Organization:	32 Claremont Avenue	Oakland,		CA	94618
Address of Organization.	nber and Street	City		State	Zip Code
	escribe the public purpose for the dis	tribution to the o	rganization.)		
Purpose for Distribution: (De					
	rofit organization for its contribution	ons to the com	munity		

attan	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/18/11	
Signature of Agency Head or Designee.	Print Name	Title	(month, day, year)	
	5 110 3495 AL 5 22 2 5 24	V 7 12 12n V		

5

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED B
1. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA			7.	Form	802	
Division, Department, or Region	(if applicable)			-	For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-mail			Amendment (Must ex	valain in Part 6 \		
(510) 272-3882 crystal.hishida@acgov.org				kpiain in Part 5.j		
Agency Contact (name and title)			Date of Original Filing: .	(month, day, yea	ar)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				(	(	
2. Event For Which Tickets W						
Date(s) of Event: <u>03</u> / 03	/ <u>11</u> Desc	ription of Ever	nt: Disney on I	ce: Let's Celebrate!		
/			et: \$	00.05		
	⊠ No (Identify s		603 00 711 511 70 PON			
Name of Outside Source of Tick	et(s) Provided	to Agency: <u>Go</u>	olden State Wa	arriors		
Number of Tickets Received:	14			:y: 🔲 Gratuitously	⊠ Pursuant t	o Contrac
3. Agency Official(s) Receivin	g Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Official Number (Last, First) of Tickets				te Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution		
4. Individual or Organization		-0				
Name of Behesting Agency Offi	cial: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Organizat	ion: <u>Nhi Chau</u> ·	- OASES		Numbe	er of Tickets: _	4
Description of Organization: En	npower students	s with limited r	esources throu	ugh education, mentor	ship and servi	ce
Address of Urganization	Oth Street, and Street		Oakland <sub>City</sub>	,	CA	94607 Zip Code
Purpose for Distribution: (Descr	ihe the public our	nose for the die	tribution to the r	vrganization )		• 10 <sup>-1</sup> Prove - 10 <sup>-1</sup>
To promote attendance at a Co		•••••••••••••••••••••••••••••••••••••••			arking and cor	icession
5. Verification						
	on oflickate and	forth above in in	nonordenes wit	h the provisions of EDDC	Deculation do	0444
I have determined that the distributi				in the provisions of FPPC	Regulation 18	144.1.
Signature of Agency blead or Designee	A STATE OF A STATE OF A STATE OF A STATE	HISHIDA GRA	FF PRIN	ICIPAL ANALYST		18/11
orginatore or egency cread or presignee		rint Hame		inte	(mont	h, 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		A Pub	lic Docume	ent		PROVIDED BY
1. Agency Name					California	ENCY REPORT
2017년 - 전망양 영상 영상 영상, 영상 영상 영상 영상, - 1945 - 1946 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 194				Date Stamp	Form	802
COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)				For Official	Use Only
	on (il applicable)					
1221 OAK STREET, #555 Street Address						
ंतन्त्र विद्यालय व विश्वविद्यान व तत्र प्रात्मे						
OAKLAND, CA 94612	E man II					
	Area Code/Phone Number E-mail			Amendment (Must explain in Part 5.)		
(510) 272-3882 crystal.hishida@acgov.org			Date of Original Filing:			
Agency Contact (name and title)			1.00	(month, day, year)		
Crystal Hishida Graff, Princi	the second s		or's Office			
2. Event For Which Tickets			D			
Date(s) of Event: <u>03</u>	2_/_11 Desc	ription of Ever	nt: Disney on I	ce: Let's Celebrate!		
//	/ Face	Value of Ticke	et: \$	\$29.25		
Agency Event 🛛 Yes	🗵 No (Identify s					
Name of Outside Source of T	Ficket(s) Provided	to Agency: <u>Go</u>	olden State Wa	nriors		
Number of Tickets Received:	GU			y: 🔲 Gratuitously	🗵 Pursuant t	o Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Offic	ial	Number		her the Distribution is		
(Last, First)		of Tickets	Descri	be the Public Purpose	e for the Distributio	n
Ĥ		· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	i ded at the behes	t of an agency official	0	
AND DEPENDENT OF DEPENDENT OF DEPENDENT OF DEPENDENT OF					· · · · · · · · · · · · · · · · · · ·	
Name of Behesting Agency (	Official: Keith Cars	on, Superviso	or Fifth District			
				507	N (2020) U N	4
Name of Individual or Organi	zation:	marris		Nur	mber of Tickets: _	
Description of Organization:						
Description of Organization.						
Address of Organization:	ber and Street		City		State	Zip Code
Purpose for Distribution: (De		mana for the div	stribution to the	version )		
And the second comparison of the second second second	and an	CONTRACTOR AND INCOME.		a de la companya de l		a co-sec
To promote attendance at a	County facility in o	order to maxim	nize potential C	ounty revenue from	1 parking and con	icession
5. Verification						
I have determined that the distri	bution of tickets set f	forth above is ir	accordance wit	h the provisions of FF	PC Regulation 189	944.1.
SHAMA!	CRYSTAL H	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	21	18/11
Signature of Agency Head or Designe	96	Print Name		Title	(mont	th, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informatio	on including amend	dment explanation.)		

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802 For Official Use Only	
Street Address 1221 OAK STREET, #555, OA	KLAND, CA 946	612			
Area Code/Phone Number E-mail			Amendment (Must ex	nain 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, County Administrator's Office				(	
2. Event For Which Tickets W	ere Distribute	ed			
Date(s) of Event: <u>02</u> <u>26</u>	/ 11 Desc	ription of Ever	nt: Monster En	ergy	
		Value of Ticke		27.50	
/	/ Face	value of Ticke	ег. ф	5457 (1972) 5477	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tick	(et(s) Provided t	Agency. Go	olden State Wa	rriors	
Number of Tickets Received:		Ticket(s) Pro	vided to Agenc	sy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	a Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Official	3	Number	ana ana ang ang ang ang ang ang ang ang	ther the Distribution is Inc	come to the Official or
		전 전 전 전 전 것 것 것 같은 것 같 것 같	ribe the Public Purpose for the Distribution		
·					
4. Individual or Organization	Receivina Tic	ket(s) (Provid	l ded at the behes	t of an agency official.)	
Name of Behesting Agency Offi	cial: <u>Supervisor</u>	Nadia Locky	er, District 2		
Name of Individual or Organiza	tion: <u>Joel Brion</u> e	es		Numbe	er of Tickets: <u>3</u>
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	organization.)	
To promote attendance at an e	a se dan e se Sund				revenue from sales
	rom nord and o	carry records			
5. Verification					
I have determined that the distribut	ion of tickets set i	forth above is ir	n accordance wil	h the provisions of FPPC	Regulation 18944.1.
LIPA 11		HISHIDA GRA		ICIPAL ANALYST	122 /
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Agency Report A Public Docume				ent	TICKETS PROVIDED AGENCY REPO
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1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Region (if applicable)					For Official Use Only
Street Address				-	
1221 OAK STREET, #555,	OAKLAND, CA 946	12			
Area Code/Phone Number	E-mail			Amendment (Must	uniole le Deut E l
(510) 272-3882	crystal.hishida@a	cqov.org			explain in Part 5.)
Agency Contact (name and title		<u> </u>		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	Administrate	or's Office		(monin, day, year)
2. Event For Which Ticket			1001		
Date(s) of Event: <u>03</u> / <u>(</u>	06 <u>/ 11</u> Descr	iption of Eve	nt: <u>Disney on</u>	Ice	
	/ Face \			100 M 100 M	
Agency Event 🛛 Yes	🗵 No (Identify so		- an Simu		
Name of Outside Source of	Ticket(s) Provided to	Agency: <u>G</u>	olden State W	arriors	
Number of Tickets Received					☑ Pursuant to Contract
. Agency Official(s) Rece	iving Ticket(s) (us	e a continuatio	on sheet for add	ditional names)	
Name of Offi	cial	Number	State Whe	ether the Distribution is In	come to the Official or
(Last, First)		of Tickets	Desc	ribe the Public Purpose f	or the Distribution
Lockyer, Nadia		4	To ovaluato	ability of facility to attr	act husinees
		4	To evaluate	ability of facility to attr	act business
. Individual or Organizati	on Receiving Ticl		ded at the bahe	st of an aganov official )	
a marriadar or organizati	on Recenting the		act at the bene	st of an agency official.)	
Name of Behesting Agency	Official:				
Name of Individual or Orgar	ization			Niccost	and the first states
Name of Individual of Organ	iization				er of Tickets:
Description of Organization:					
Address of Organization:		-			
			City		State Zip Code
Purpose for Distribution: (D	escribe the public purp	ose for the dis	stribution to the	organization.)	
To evaluate the ability of a f	acility to attract busi	ness and cor	ntribute to the	local economy	
Vaulfientien					
5. Verification		a			
I have determined that the distr	ibution of tickets set fo	orth above is ir	n accordance w	ith the provisions of FPP	C Regulation 18944.1.
Atmas	CRYSTAL H	ISHIDA GRA	FF PRI	NCIPAL ANALYST	2/22/11
Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)

 Signature of Agency Heed or Designee
 Print Name
 Title

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

Tickets Provided by Agency Report	A Public	Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	California 000
COUNTY OF ALAMEDA	8	Form 802	
Division, Department, or Region (if appli	cable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			
(510) 272-3882 crystal.h	ishida@acgov.org	Amendment	(Must explain in Part 5.)
Agency Contact (name and title)		Date of Original F	iling:
Crystal Hishida Graff, Principal Analy	st, County Administrator	s Office	(month, day, year)
2. Event For Which Tickets Were			
Date(s) of Event:02 /_24 /_11	Description of Event	PRINCE CONCERT	
//	<ul> <li>Face value of licket:</li> </ul>	\$	
Agency Event 🗌 Yes 🖾 No	(Identify source of tickets	below.)	
Name of Outside Source of Ticket(s) I	Provided to Agency: GOL	DEN STATE WARRIORS	
Number of Tickets Received:4		ed to Agency: 🛛 Gratuitous	sly 🛛 🛛 Pursuant to Contract
3. Agency Official(s) Receiving Tic	ket(s) (use a continuation s	sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution Describe the Public Purp	
4. Individual or Organization Recei	그는 것 방법이 집 같아요. 그는 것 아님께서야 한다. 한 것 안 없어야 한다.	그 가지 않는 것이 같은 모양에서 제가 집에 들었다. 한 것 같은 것을 하는 것을 수가 없다.	ial.)
Name of Behesting Agency Official: _	ameda county Superviso	of Scott Haggerty, District 1	
Name of Individual or Organization: <u>J</u>	udie Silva	N	lumber of Tickets:4
Description of Organization:			
Address of Organization:	et	Cily	State Zip Code
			ender trakti i da ete adalerta fala
Purpose for Distribution: (Describe the To promote attendance at a county sp			al county revenue
To promoto anona and obarry of		ty radiity to maximize potenti	ar county for ondo
5. Verification			
I have determined that the distribution of the	ickets set forth above is in ac	cordance with the provisions of	FPPC Regulation 18944.1.
121 6 12	RYSTAL HISHIDA GRAFF	north College and Anna and Anna and Anna an Ann	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by		A Pub	lic Docume	nt	TICKETS PROVIDED BY
Agency Report		ATUS	ne Docume		AGENCY REPOR
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	Hereiter with the Report of the Contemport				1 01 011000 000 0111
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		<del></del> (1991)-999 (1994) - 700 (1997)	
Agency Contact (name and titl	e)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Coun	ity Administra	tor's Office		
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event: <u>02</u> /	22 / 11 Desc	ription of Eve	nt. Basketball C	Game	
				95.00	
	/ Face	Value of Tick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
1. A Provide State Comparison Contract Contract State Contract State Contract State Contract State Stat State State S				rrirors	
Name of Outside Source of	Ticket(s) Provided	to Agency:	oldon oldio ma	inioio	
Number of Tickets Receive	d:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	•iving Ticket(s) (u	se a continuati	on sheet for addit	ional names)	
Name of Off		Number	-221231022 2.4745743	her the Distribution is Inc	이 가지 않고 한 것은 것이 아파가 한 것이 같이 같이 같이 같이 같이?
(Last, First)		of Tickets	Descrit	be the Public Purpose fo	r the Distribution
·					
4. Individual or Organizat	ion Receiving Tic	ket(s) (Provi	I ded at the behast	of an agency official )	
In the second	2.7024.05 - 2007927.0502007.000204046 <u>6</u> 01 - 16003	1940 - Charles Martin Barris Constantin		a de transferiation de la constante.	
Name of Behesting Agency	Official: Alameda C	County Super	visor Nate Miley	/, District 4	
					0
Name of Individual or Orga	nization: Geonrey P	Pete		Numbe	er of Tickets:2
Description of Organization	·				
Address of Organization:	umber and Street		City		State Zip Code
		mana far tha di	atchuition to the e	manipolicy \	
Purpose for Distribution: (E		•			
To promote attendance at	an event held at a C	county facility	in order to max	imize potential County	revenue from parking
5. Verification					
I have determined that the dis	ribution of tickets set	forth above is ii	n accordance with	h the provisions of FPPC	Regulation 18944.1.
loft On the	CRYSTAL I	HISHIDA GRA	FF PRIN	CIPAL ANALYST	2/22/
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
Comment: (Use this space or a		ditional informati	on including amend	Iment explanation.)	
and concession sales			Q		

Tickets Provided by Agency Report	A Pu	blic Docume	ent	TICKETS PROVIDED B
1. Agency Name	N_V. P. 14		Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region	(if applicable)		-	For Official Use Only
1221 OAK STREET, #555				
Street Address			-	
OAKLAND, CA 94612				
Area Code/Phone Number E-n	nail		Amendment (Must ex,	nlain in Part 5 )
(510) 272-3882 cry	ystal.hishida@acgov.org			addin in trant day
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administ	rator's Office		
2. Event For Which Tickets W	ere Distributed			
Date(s) of Event: <u>03</u>	11 Description of E	vent: WARRIOR	'S GAME	
	Face Value of Ti		95.00	
Agency Event 🛛 Yes 🛛	⊠ No (Identify source of tic	kets below)		
1.44m,~100,050,		전철 것같은 그는 것 모습이 하지 않았는다		
Name of Outside Source of Tick	et(s) Provided to Agency: .	GOLDEN STAT		
Number of Tickets Received:	Ticket(s) F	Provided to Agence	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (use a continu	ation sheet for add	itional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
	4			
4. Individual or Organization F			동안 이는 것이다. 이상 것은 것 같아요. 이는 것 같아요.	
Name of Behesting Agency Offic	al: ALAMEDA COUNTY	SUPERVISOR S	COTT HAGGERTY- D	IST. 1
Name of Individual or Organizati	on. Jonathan Berg		Numbe	er of Tickets:4
Hume of mandual of organizati	un		Numbe	
Description of Organization:				
Address of Organization:	ind Street	City		State Zip Code
Purpose for Distribution: (Descri		distribution to the	organization.)	
to promote the coliseum comple				
	a for use by the general p			
5. Verification				
I have determined that the distribution	on of tickets set forth above i	s in accordance wil	h the provisions of FPPC	Regulation 18944 1
1110 11			THERE AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	
Signature of Agency Head or Designee	CRYSTAL HISHIDA GI	KAFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an atta	chment for any additional inform	ation including amend	dment explanation.)	

Tickets Provided by Agency Report	A Public	c Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if applicable	)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, C	A 94612			
Area Code/Phone Number E-mail			mendment (Mustex)	plain in Part 5.)
	da@acgov.org		menene (meeres)	plant are sty
Agency Contact (name and title)		Date	of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	County Administrator	s Office		(
2. Event For Which Tickets Were Distr				
Date(s) of Event: <u>02 / 09 / 11</u>	Description of Event:	Golden State Wa	rriors Game	
	Face Value of Ticket:	05.0		
	ntify source of tickets			
Name of Outside Source of Ticket(s) Prov	ided to Agency: Gold	ien State Warriors		
Number of Tickets Received:4	Ticket(s) Provid	ded to Agency: 🛛	Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket	<b>s)</b> (use a continuation	sheet for additional r	iames)	
Name of Official (Last, First)	Number			ome to the Official or
(Foot's not	of Tickets	Describe the	Public Purpose for	the Distribution
N				
4. Individual or Organization Receiving	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		agency official.)	
Name of Behesting Agency Official: Supe	rvisor Wilma Chan, E	District 3		
Name of Individual or Organization: <u>Alber</u>			Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the pub	lic purpose for the distri	ibution to the organiz	ation.)	
To promote attendance at an event held a				revenue from sales
E Varification				
5. Verification		a service a		
I have determined that the distribution of ticket	s set forth above is in a	ccordance with the p	rovisions of FPPC	Regulation 18944.1.
	TAL HISHIDA GRAF	F PRINCIPAL	ANALYST	2/3/11
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name	0.01.0000		Date Stamp	California
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Dure oranjo	Form 802
				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, C	A 94612			
Area Code/Phone Number E-mail			Amendment (Must ex	olain in Part 5.)
A STATE AND A STATE AN	da@acgov.org			9490033007-38000905
Agency Contact (name and title)	en an an an an an an an an		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C		or's Office		A N 251.5 A
2. Event For Which Tickets Were Distr		dela dalla "I Diatrica		
Date(s) of Event: <u>02 / 25 / 11</u>	Description of Ever	nt: Golden Stat	te Warriors	
/	Face Value of Ticke	et: \$	95.00	
Agency Event 🗌 Yes 🛛 No (Iden	ntify source of tickel	ts below.)		
Name of Outside Source of Ticket(s) Prov	ided to Agency: <u>Go</u>	lden State Wa	rriors	
Number of Tickets Received:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket	(s) (use a continuatio	n sheet for addit	tional names)	
Name of Official (Last, First)	Number		her the Distribution is Inc	
, (each, r nor)	of Tickets	Descri	be the Public Purpose for	
4. Individual or Organization Receiving			t of an agency official.)	
Name of Behesting Agency Official:	rvisor Nadia Lockye	er, District 2		
Name of Individual or Organization: <u>Georg</u>	ge Dianda		Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the publ	lic purpose for the dis	04.05	rganization.)	outo zip code
To promote attendance at an event held a			a service and the second second for	revenue from sales
5. Verification				
I have determined that the distribution of tickets	s set forth above is in	accordance with	the provisions of FPPC	Regulation 18944 1
littant CRYS	TAL HISHIDA GRAI		CIPAL ANALYST	2/2/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Tickets Provided by	A Publi	c Document	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (# 1221 OAK STREET, #555 Street Address	Date Stamp	California Form 802 For Official Use Only	
OAKLAND, CA 94612 Area Code/Phone Number E-ma (510) 272-3882 crys Agency Contact (name and title) Crystal Hishida Graff, Principal A 2. Event For Which Tickets Wei	al.hishida@acgov.org nalyst, County Administrato	Date of Original Filing	
Date(s) of Event: <u>02</u> <u>25</u> //_	11       Description of Even          Face Value of Ticke         No (Identify source of ticket         (s) Provided to Agency: Gol	t: \$95.00 s below.)	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuation Number of Tickets	n sheet for additional names) State Whether the Distribution is Describe the Public Purpose	
<ul> <li>4. Individual or Organization Revealed Name of Behesting Agency Official Name of Individual or Organization Description of Organization: 462</li> <li>Address of Organization: Number and Purpose for Distribution: (Described To promote attendance at a Courted Science Science)</li> </ul>	II: <u>Alameda County Supervi</u> n: <u>Camps In Common</u> Elwood Avenue, Suite 2 - O I Street a the public purpose for the dis	sor Nate Miley, District 4 Nun akland, CA 94610 <sup>City</sup> tribution to the organization.)	nber of Tickets:4 State Zip Code
5. Verification I have determined that the distribution Signature of Agency Head or Designee Comment: (Use this space or an attack County revenue from parking and	CRYSTAL HISHIDA GRA Print Name ament for any additional information	FF PRINCIPAL ANALYST Title	PPC Regulation 18944.1.

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 602
Division, Department, or Region (if a	oplicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OAKLA	AND, CA 946	512			
Area Code/Phone Number E-mail				Amendment (Must ex	xplain in Part 5.)
	al.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal An	alyst, County	y Administrator's	Office		
2. Event For Which Tickets Were					
Date(s) of Event: <u>02 / 21 / 1</u>	1 Desci	ription of Event:			
///////	Face	Value of Ticket:	\$	129.00	
Agency Event 🗌 Yes 🛛 🕅	lo (Identify s	ource of tickets	below.)		
Name of Outside Source of Ticket(s	s) Provided t	o Agency: Gold	en State Wa	rriors	
Number of Tickets Received:4	e			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving T	icket(s) (us	se a continuation s	sheet for addi	tional names)	
Name of Official	(n)	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
8 <del></del>					X
4. Individual or Organization Red	eiving Tic	ket(s) (Provided	at the behas	t of an agency official )	
그 같은 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 다. 그는 것 것 것 같은 것 같은 것 같은 것 같이 것 같이 것 같이 것 같이		요즘 집에 가지 않는 것이 아무렇게 집에 많이 많다.		tor an agency official.)	
Name of Behesting Agency Official		Nadia Lookyer,	District 2		
Name of Individual or Organization:	Randy Whi	ite		Numbe	er of Tickets:4
Description of Organization:					
Address of Opportunitations					
Address of Organization: Number and S	Street		City		State Zip Code
Purpose for Distribution: (Describe	the public pur	pose for the distrik	oution to the c	organization.)	
To promote attendance at an even	t held at a C	ounty facility in c	order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distribution of	of tickets set f	orth above is in ac	cordance wit	h the provisions of FPPC	Regulation 18944.1.
111.6		ISHIDA GRAFF		CIPAL ANALYST	2/18/11
Signature of Agency Head or Designee	ABER GROUPS A SUBA 33	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachn	nent for any add	ditional information in	ncluding amend	lment explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Reg	ion (if applicable)				To oncia ose only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>02</u> /_2	2 <u>3 / 11</u> Desc	ription of Ever			
	/ Face	Value of Ticke	et: \$	129.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received	402			y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addit	lional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizatio	on Receiving Tic	<b>ket(s)</b> (Provid	led at the behest	of an agency official.)	
Name of Behesting Agency	Official: <u>Supervisor</u>	Nadia Locky	er, District 2		
Name of Individual or Organ				Numb	er of Tickets:4
Description of Organization:	<u>(</u>				`
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D		pose for the dis	stribution to the o	rganization.)	
To promote attendance at a	n event held at a C	ounty facility i	n order to max	imize potential County	/ revenue from sales
- Varification					
5. Verification I have determined that the distr	ibution of tickets act t	arth phous is is	accordance will	the provisions of EDD	Population 190444
Thave determined that the distr	ibution of tickets set f	oran above is in	accordance with	The provisions of FPPC	Regulation 18944.1.
114/2	ODVOTU I	ISHIDA GRA		CIPAL ANALYST	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regi	on (if applicable)				For Onicial Ose Only
Street Address					
1221 OAK STREET, #555, (	OAKLAND, CA 946	512			
Area Code/Phone Number	E-mail			Amendment (Must exp	plain in Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@a	icgov.org		Date of Original Filing: _	
Crystal Hishida Graff, Princi	pal Analyst. Count	v Administrato	or's Office	bate of original rinig	(month, day, year)
2. Event For Which Tickets		<ol> <li>A. DOUDARADAL ADAMS</li> </ol>			
Date(s) of Event:			nt: Golden Sta	te Warriors	
/		Value of Ticke		95.00	
Agency Event 🛛 Yes	⊠ No (Identify s				
Name of Outside Source of T	ficket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	arriors	
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Inc be the Public Purpose for	
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency (	Official: Supervisor	Nadia Locky	er, District 2		
Name of Individual or Organi	zation: <u>Allison Sm</u>	alley		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 dis	stribution to the d	organization.)	
To promote attendance at an	n event held at a C	ounty facility i	n order to max	imize potential County	revenue from sales
5. Verification					·
<ol> <li>Verification</li> <li>I have determined that the distri</li> </ol>	bution of tickate set t	forth above is in	accordance wit	h the provisions of EPPC	Regulation 18044 1
				<i>a</i>	Negulation 10944.1.
Signature of Agency Head or Designe		HISHIDA GRA		ICIPAL ANALYST	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California 802 Form 802 For Official Use Only	
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@a	icgov.org		Amendment (Must	explain in Part 5.)
Agency Contact (name and title Crystal Hishida Graff, Princ	ipal Analyst, Count	Contraction of the second s	r's Office	Date of Original Filing	:(month, day, year)
2. Event For Which Ticket Date(s) of Event:// Agency Event Yes Name of Outside Source of	2 <u>1 / 11</u> Desci / Face ⊠ No (Identify s	ription of Event Value of Ticket ource of tickets	:: \$ s below.)	129.50 rriors	
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to Contract
Name of Offi (Last, First)	bial	Number of Tickets		her the Distribution is I be the Public Purpose	ncome to the Official or for the Distribution
4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Keith Cars</u> nization: <u>Vincent Mi</u>	on, Supervisor	Fifth District	Num	ber of Tickets:2
Address of Organization: Purpose for Distribution: (D To promote attendance at a	escribe the public pur				State Zip Code
5. Verification I have determined that the dist Signature of Agency Head or Design Comment: (Use this space or a	CRYSTAL H	HISHIDA GRAF	F PRIN	CIPAL ANALYST	PC Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA				Destruction - Flooring and	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-m	nail				
(510) 272-3882 cry	stal.hishida@a	icaov.ora		Amendment (Must ex	prain in Part 5.)
Agency Contact (name and title)		-99		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analvst, Count	v Administrate	or's Office		(monin, day, year)
2. Event For Which Tickets W					
			, WARRIOR	S GAME	
Date(s) of Event: <u>01 / 28</u> /	Desci	ription of Even	10	95.00	
/	Face	Value of Ticke	et: \$	95.00	
	☑ No (Identify s				
Name of Outside Source of Tick	et(s) Provided t	o Agency: <u>GC</u>	DLDEN STATE	WARRIORS	
Number of Tickets Received:					Pursuant to Contract
3. Agency Official(s) Receivin	g 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	Descr	be the Public Purpose for	r the Distribution
4. Individual or Organization F	Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Offic	ial: ALAMEDA	COUNTY SU	JPERVISOR S	COTT HAGGERTY- D	IST. 1
Name of Individual or Organizat					er of Tickets:4
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descri	be the public pur	pose for the dis	stribution to the	organization.)	
To promote the Coliseum Com	plex for use by	the general p	ublic and busir	nesses to maximize rev	renues
5. Verification					
I have determined that the distributi	on of tickets set f	forth above is in	accordance wi	th the provisions of FPPC	Regulation 18944.1.
1.1.1.1.1.1.				5	
Signature of Agency Head or Designee		HISHIDA GRA		ICIPAL ANALYST	(month, day, year)

Tickets Provided by	A Pub	lic Docume	ent	TICKETS PROVIDED
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	California Form 802
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@a Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Coun	ty Administrat	or's Office	Date of Original Filing:	a de la companya de l
2. Event For Which Tickets Were Distribut     Date(s) of Event: <u>02 / 23 / 11</u> Desc    // Face     Agency Event □ Yes ⊠ No (Identify s	ription of Even	et: \$	129.50	H)
Name of Outside Source of Ticket(s) Provided Number of Tickets Received:2	to Agency: <u>G</u>	olden State Wa	arriors :y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (u Name of Official (Last, First)	se a continuation Number of Tickets	State Whe	itional names) ther the Distribution is Ir ibe the Public Purpose t	
<ol> <li>Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Keith Cars</u> Name of Individual or Organization: <u>Deborah</u> Description of Organization:</li> </ol>	son, Superviso lames	or Fifth District	Numl	per of Tickets: 2
Address of Organization: Number and Street Purpose for Distribution: (Describe the public pu To promote attendance at a County facility in o	1 m			State Zip Code
5. Verification I have determined that the distribution of tickets set Signature of Agency Head of Designee CRYSTAL CRYSTAL CRYSTAL CRYSTAL	HISHIDA GRA	AFF PRIM	ICIPAL ANALYST	PC Regulation 18944.1.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Tickets Provided by Agency Report		A Public	: Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	lion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	volain in Part 5 )
(510) 272-3882	crystal.hishida@a	cgov.org			ipidin in r dit 0.9
Agency Contact (name and title	a)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrator	's Office		
2. Event For Which Ticket	s Were Distribute	əd			
Date(s) of Event:02_/_2	21 <u>/ 11</u> Desc	ription of Event:	Prince		
/		Value of Ticket:		129.50	
					<ul> <li>E. 105, 103</li> </ul>
Agency Event 🛛 Yes	🗵 No (Identify s			ulara	
Name of Outside Source of	Ticket(s) Provided t	o Agency: Gold	ien State wa	Imors	
Number of Tickets Received	1:2	Ticket(s) Provid	ded to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u:	se a continuation	sheet for addi	tional names)	
Name of Offi		Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	d at the behes	t of an agency official.)	
Name of Behesting Agency	Geraine Keith Cars	on, Supervisor I	Fifth District		
Name of Benesting Agency	Official:				
Name of Individual or Orgar	nization. Anedra Gu	linn		Numb	er of Tickets: <u>2</u>
nume of manadal of orga					
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D					
To promote attendance at a	a County facility in o	rder to maximiz	e potential C	ounty revenue from pa	arking and concession
5. Verification					
I have determined that the dist.	ribution of tickets set f	orth above is in a	ccordance wit	h the provisions of FPPC	C Regulation 18944.1.
LIVA					2/19/11
Signature of Agency Head or Design	Contraction with the second	HISHIDA GRAF		ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or a			including amen	0 97 V 00 70	(

Tickets Provided by		A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report		AT 40	no boounit	1	AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regio	n (if applicable)			-	For Official Use Only
1221 OAK STREET, #555	(i applicable)				22
Street Address				-	
OAKLAND, CA 94612					
	-mail				
	crystal.hishida@a			Amendment (Must	explain in Part 5.)
Agency Contact (name and title)	siystai.misiida@a	icgov.org		Date of Original Filing	·
Crystal Hishida Graff, Princip	al Analyst, Coun	tv Administrat	or's Office	C 2	(month, day, year)
2. Event For Which Tickets					
Date(s) of Event: <u>02</u> / 23			Prince Con	cert	
Date(s) of Event:/				129.50	
/	_/ Face	Value of Tick	et: \$	123.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticke	ets below.)		
Name of Outside Source of Tie				arrirors	
	12 m	to Agency:			
Number of Tickets Received: .		Ticket(s) Pro	vided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		CLEAR STREET, SOUTH AND	10 C2 (1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Name of Officia (Last, First)	d	Number of Tickets		ther the Distribution is In ibe the Public Purpose	
4					
L.					
					- 10 - F
	Deschalter Th	h-t/-) (n - i		and we call the second seco	
4. Individual or Organization	(1) Construction (Construction) (	Salar - Contraction - Contract			
Name of Behesting Agency Of	fficial: <u>Alameda C</u>	County Superv	visor Nate Mile	y, District 4	
Name of Individual or Organiz	ation: Andrea Ara	anua		Numl	ber of Tickets:1
Description of Organization: _					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des		nose for the di	2. 	organization )	<i>"</i>
To promote attendance at an	an the set in the set	i sa a ana		State of the contract	tu munin from marking
To promote attendance at an	event held at a C	ounty facility	in order to max	amize potential Coun	ty revenue from parking
5. Verification					
I have determined that the distribution	ution of lickets set (	forth above is in	accordance wil	h the provisions of EPP	C Pequilation 18044 1
	(i)			17	o nogulation 10544.1.
por and		HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	2/22/11
Signature of Agency Head or Designee		Print Name	n Indudia	Title	(month, day, year)
Comment: (Use this space or an a	machment for any add	udonal informatio	on including amend	ament explanation.)	
and concession sales					

Tickets Provided by Agency Report A Public Docum	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	Amendment (Must explain in Part 5.)
(510) 272-3882crystal.hishida@acgov.orgAgency Contact (name and title)Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Date of Original Filing:(month, day, year)
2. Event For Which Tickets Were Distributed     Date(s) of Event: 02 / 23 / 11 Description of Event: Prince Cor    / Face Value of Ticket: \$ Agency Event □ Yes ⊠ No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Wa Number of Tickets Received: 1 Ticket(s) Provided to Agency	129.50
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	
	ther the Distribution is Income to the Official or ibe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the behavior Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u>	
Name of Individual or Organization: <u>Rajvir Grewal</u> Description of Organization:	Number of Tickets:1
Address of Organization: Number and Street City 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 ma 5. Verification	ximize potential County revenue from parking
I have determined that the distribution of tickets set forth above is in accordance with a specific terms of Agency Head for Designee Comment: (Use this space or an attachment for any additional information including american specific terms of the space of the spac	NCIPAL ANALYST 2/22/, (month, day, year)
and concession sales	

	A Publ	ic Docume	ent	TICKETS PROVIDED B' AGENCY REPOR
Agency Report 1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org			n men of a fact of the one of the men and a series of the ser
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Coun		or's Office		
2. Event For Which Tickets Were Distribute				
Date(s) of Event: <u>02 / 07 / 11</u> Desc	ription of Even	t: WARRIOR	S GAME	
/ Face	Value of Ticke	et: \$	95.00	
Agency Event	ourse of ticket	ta balaw)		5
			MADDIODS	4) y 1000 (20) 1000 - 100 (20)
Name of Outside Source of Ticket(s) Provided	to Agency: GC	JLDEN STATE	WARRIORS	
Number of Tickets Received:4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Official	Number		her the Distribution is In	78 Y C L C - 27 C - 39 C - 39 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C - 5 C -
(Last, First)	of Tickets	Descri	be the Public Purpose fo	or the Distribution
-				
-				
4. Individual or Organization Receiving Tic	<b>ket(s)</b> (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency Official: ALAMEDA	COUNTY SU	PERVISOR S	COTT HAGGERTY- D	DIST. 1
				100
Name of Individual or Organization: Mark Fried	inan		Numb	er of Tickets:4
				() = er.
Description of Organization:				(1997) 
Description of Organization:		City		State Zip Code
Description of Organization:		City		State Zip Code
Description of Organization: Address of Organization: <sub>Number and Street</sub>	pose for the dis	City tribution to the c	rganization.)	
Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur to promote the coliseum compled for use by the	pose for the dis	City tribution to the c	rganization.)	
Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur to promote the coliseum compled for use by the 5. Verification	pose for the dis e general publ	City tribution to the c ic and busines	rganization.) to maximize revenue	S
Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur to promote the coliseum compled for use by the 5. Verification I have determined that the distribution of tickets set f	pose for the dis e general publ forth above is in	City tribution to the c ic and busines accordance with	rganization.) to maximize revenue th the provisions of FPPC	S
Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur to promote the coliseum compled for use by the <b>5. Verification</b> I have determined that the distribution of tickets set for Mathematical CRYSTAL H	pose for the dis e general publ forth above is in HISHIDA GRA	City tribution to the c ic and busines accordance with	organization.) to maximize revenue th the provisions of FPPC CIPAL ANALYST	S
Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur to promote the coliseum compled for use by the <b>5. Verification</b> I have determined that the distribution of tickets set for 	pose for the dis general publ forth above is in HISHIDA GRA Print Name	City tribution to the c ic and busines accordance with FF PRIN	rganization.) to maximize revenue th the provisions of FPPC CIPAL ANALYST Title	S
Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pur to promote the coliseum compled for use by the <b>5. Verification</b> I have determined that the distribution of tickets set for Mathematical CRYSTAL H	pose for the dis general publ forth above is in HISHIDA GRA Print Name	City tribution to the c ic and busines accordance with FF PRIN	rganization.) to maximize revenue th the provisions of FPPC CIPAL ANALYST Title	S

Tickets Provided by A Public Docume	ent TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address	Date Stamp Form 802 For Official Use Only
OAKLAND, CA 94612	
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office	Date of Original Filing:(month, day, year)
2. Event For Which Tickets Were Distributed	
Date(s) of Event: <u>02 / 22 / 11</u> Description of Event: <u>Basketball</u> / Face Value of Ticket: \$ Agency Event [] Yes [X] No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden State Wa</u>	95.00
Number of Tickets Received: 2 Ticket(s) Provided to Agend	cy: Gratuitously I Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for add	litional names)
	ther the Distribution is Income to the Official or ribe the Public Purpose for the Distribution
4. Individual or Organization Receiving Ticket(s) (Provided at the beha	st of an agency official )
Name of Behesting Agency Official: <u>Alameda County Supervisor Nate Mile</u>	
Name of Individual or Organization: <u>Geoffrey Pete</u>	Number of Tickets:2
Address of Organization:	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the To promote attendance at an event held at a County facility in order to ma	
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.
	NCIPAL ANALYST

Tickets Provided by Agency Report		A Publ	ic Docume	ent		PROVIDED BY
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
Division, Department, or Regi	on (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address				1		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5 )	
(510) 272-3882	crystal.hishida@a	acgov.org			explain in Function	
Agency Contact (name and title)	· · · · · · · · · · · · · · · · · · ·			Date of Original Filing	I:(month, day, ye	ar)
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrat	or's Office		1	
2. Event For Which Tickets						
Date(s) of Event:04_/_1	0 <u>/ 11</u> Desc	ription of Ever	nt: Golden Sta	te Warriors vs. Sacra	amento Kings	
			et: \$	05.00		
	1 ace	value of ficke	ει. φ			
Agency Event 🛛 Yes	🗵 No (Identify s		00000141741400008888			
Name of Outside Source of	Ficket(s) Provided	to Agency: Go	olden State Wa	arriors		
Number of Tickets Received				cy: 🔲 Gratuitously	⊠ Pursuant	to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names)		
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is I ibe the Public Purpose		
4. Individual or Organizatio	지하게 물건 이야지 않는 것이 안 하면 다 잘 가득하는 것이 같아.			요즘 것 이렇게 잘 것 같아? 그 것 같아? 것 같아? 감독에 가지 않는 것 같아? 것 같아? 것 같아?		
Name of Behesting Agency (	Official: Keith Cars	on, Superviso	r Fifth District			
Name of Individual or Organi	ization: <u>Neil Ross</u>	- Alameda Co	unty Family Ju	istice Ctr. Num	ber of Tickets: .	4
Description of Organization:						
Address of Ordanization:	37 Blake St.		Berkeley <sub>City</sub>	<i>'</i> ,	CA 94 State	704-2801 Zip Code
					otate	20000
Purpose for Distribution: (De		· · · · · · · · · · · · · · · · · · ·				
To reward a school or nonpr	ofit organization fo	r its contributi	ons to the com	nmunity.		
5. Verification						
I have determined that the distri	bution of tickets set f	forth above is in	accordance wil	th the provisions of FPF	PC Regulation 18	944.1.
LIVA D					and the second secon	1 des
Signature of Agency Head or Designe		HISHIDA GRA		ICIPAL ANALYST	<u>2</u> /	nth, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ənt	TICKETS PROVIDED B
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region (	(if applicable)			-	For Official Use Only
1221 OAK STREET, #555					
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number E-n	nail			Amendment (Must ex	nlain in Part 5
(510) 272-3882 cry	ystal.hishida@a	cgov.org		Amendment (wust ex	a a seu a se a construir a seu a
Agency Contact (name and title)				Date of Original Filing: _	01/27/11 (month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrat	or's Office		(monin, day, year)
2. Event For Which Tickets W	ere Distribute	d			
Date(s) of Event:01 /_ 30 /			nt. Golden Sta	ite Warriors v. Utah Jaz	z
Date(s) of Event.				95.00	
//	Face	Value of Tick	et: \$		
Agency Event 🛛 Yes 🛛	No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Tick		Gorana Go	olden State Wa	arriors	
		o Agency:			
Number of Tickets Received:	1	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receivin	g Ticket(s) (us	en en exemplementen	Annen de Anne Mere		
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for	
Brooks, Rodney		1	to encourage	e staff development	
<b>4. Individual or Organization F</b> Name of Behesting Agency Offic				st of an agency official.)	
Name of Benesting Agency Offic	bial:				
Name of Individual or Organizat	ion:			Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descri	be the public pur	pose for the di	stribution to the	organization.)	
5. Verification					
I have determined that the distributi	on of tickets set f	orth above is ir	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
11 mil -		ISHIDA GRA		CIPAL ANALYST	
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an atta			on including amon		(monity and) four
Behesting official did not appea	a a fin		and a second second		

Tickets Provided by Agency Report	A Public	Document	Į.	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region (if	applicable)			For Official Use Only
Street Address 1221 OAK STREET, #555, OAKI	_AND, CA 94612			
	<b>il</b> tal.hishida@acgov.org		] Amendment (Must ex	
Agency Contact (name and title) Crystal Hishida Graff, Principal A	nalyst, County Administrator's	27.6	ate of Original Filing: _	(month, day, year)
2. Event For Which Tickets We Date(s) of Event:////////				
//_/	— Face Value of Ticket:	\$129	9.00	
	No (Identify source of tickets I	CONTRACTOR DATE	10	
Name of Outside Source of Ticket	120	en State Warno	15	
Number of Tickets Received:	Z Ticket(s) Provid	ed to Agency:	Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving				
Name of Official (Last, First)	Number of Tickets		the Distribution is Inc he Public Purpose for	
4. Individual or Organization Re	37		an agency official.)	
Name of Behesting Agency Officia	al: Supervisor Wilma Chan, Di	istrict 3		
Name of Individual or Organizatio	n: <u>Julia Diskin</u>		Numbe	er of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:	1 Street	City		State Zip Code
Purpose for Distribution: (Describe	C. C. COMPERSION AND INCOMENDATION OF CONTRACT OF CONTRACT.	n an <del>an</del> an a		
To promote attendance at an eve	nt held at a County facility in o	order to maximiz	e potential County	revenue from sales
5. Verification I have determined that the distribution	of lickets set forth above is in ac	cordance with th	e provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRAFF		PAL ANALYST	2/18/11 (month, day, year)
Comment: (Use this space or an attack	00 C AV 50 PEOPLE 1201	cluding amendmer	5175750	(manifi and ) (and

Tickets Provided by Agency Report	A Public Docum	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)	COUNTY OF ALAMEDA		
Street Address 1221 OAK STREET, #555, OAKLAND, CA 9	4612	-	
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, Court		Date of Original Filing: .	2010/01/02/01
	scription of Event: <u>Disney on</u> e Value of Ticket: \$ y source of tickets below.) d to Agency: <u>Golden State W</u> Ticket(s) Provided to Agen	29.25 /arriors cy:	⊠ Pursuant to Contract
Name of Official (Last, First)		ether the Distribution is Ind ribe the Public Purpose fo	2014년 2017년 2017년 - 1719년 2017년 2
4. Individual or Organization Receiving T Name of Behesting Agency Official: <u>Supervis</u> Name of Individual or Organization: <u>Fred Sha</u> Description of Organization:	or Nadia Lockyer, District 2		er of Tickets: <u>8</u>
Address of Organization: Number and Street Purpose for Distribution: (Describe the public p To promote attendance at an event held at a		organization.)	State Zip Code
5. Verification I have determined that the distribution of tickets se CRYSTAL Signature of Agency Yead or Designee Comment: (Use this space or an attachment for any a	HISHIDA GRAFF PRI	NCIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by	A Duk	lle Deerma		TICKETS PROVIDED BY
Agency Report	A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (	f applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-m	ail			
SERVICE AGENCE ACCORT AND DURING DE SE			Amendment (Must exp	ilain in Part 5.)
Agency Contact (name and title)	stal.hishida@acgov.org		Date of Original Filing:	
	Appliet County Administral	arla Office	outo of offginar rinig	(month, day, year)
Crystal Hishida Graff, Principal		tor's Office		
2. Event For Which Tickets We			32	
Date(s) of Event: <u>03</u> / <u>04</u> /.	11 Description of Eve	nt: Disney On I	се	
//.	Face Value of Tick	et: \$	29.25	
Agency Event 🗌 Yes 🗵	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticke	et(s) Provided to Agency: Go	olden State Wa	rrirors	
Number of Tickets Received:				☑ Pursuant to Contract
3. Agency Official(s) Receiving	J Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
4. Individual or Organization R				
Name of Behesting Agency Offic	ial: Alameda County Super	visor Nate Miley	/, District 4	
Name of Individual or Organizati				r of Tickets: <u>3</u>
Description of Organization:				
Address of Organization:	nd Street	City		State Zip Code
Purpose for Distribution: (Descril		stribution to the o	rganization.)	
To promote an event held at a C	ounty facility in order to may	ximize potential	County revenue from p	parking and
5. Verification				
I have determined that the distribution	on of tickets set forth above is in	n accordance with	h the provisions of FPPC	Regulation 18944.1.
lattant	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	2/22/11
Signature of Agendy Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attai	chment for any additional information	on including amend	lment explanation.)	
concession				

Tickets Provided by	A Public	: Document	TICKETS PROVIDED BY
Agency Report 1. Agency Name	AFUSIK		AGENCY REPORT
COUNTY OF ALAMEDA		Date Stamp	California 802
Division, Department, or Region (if applicable)			For Official Use Only
1221 OAK STREET, #555			°
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			
	accov ord	Amendment (/	Must explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title)		Date of Original Fi	ling:
Crystal Hishida Graff, Principal Analyst, Count	ty Administrator	L = 100.102287 1.4	(month, day, year)
2. Event For Which Tickets Were Distribute	the second s	s Office	
		Prince Concert	
Date(s) of Event: <u>02 / 23 / 11</u> Desc		100 50	
// Face	Value of Ticket:	\$129.50	
Agency Event 🛛 Yes 🛛 No (Identify s	ource of tickets	below.)	
Name of Outside Source of Ticket(s) Provided t	o Agency: Gold	en State Warrirors	
0		led to Agency: 🛛 Gratuitous	ly IX Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuation	sheet for additional names)	
Name of Official	Number	State Whether the Distribution	is Income to the Official or
(Last, First)	of Tickets	Describe the Public Purpo	ose for the Distribution
4. Individual or Organization Receiving Tic	ket(s) (Provided	I at the behest of an agency offic	ial.)
- 정말 이는 이 것이 같아요. 이 이 것이 있지만 이 아이는 것이 좀 이야지만 하지 않아요. 이 이 가지 않아 있는 것이 아이들이 가지 않아요. 이 아이들이 가지 않아요. 한 것이 같아요. 이 아이들이 아이들이 있는 것이 같아요.	이 같은 것이 집에 집에서 이렇게 잘 많은 것이 가슴이 잘 들었다. 것이 같은 것이 없다.	2 전화 이는 것이 같은 전 12 분석을 알았는 것이 같이 있다. 이번 것은 전 12 가장에 가지 않는 것이 많은 것이다.	
Name of Behesting Agency Official: Alameda C	bounty Supervis	of Nate Miley, District 4	
Name of Individual or Organization: United Ser	niors of Oakland	& Alameda County N	umber of Tickets:2
Description of Organization: <u>Senior Advocacy</u>		¥	
Address of Organization: 7200 Bancroft Avenu Number and Street	e, Suite 536 - O	akland, CA 94605	State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the distri	bution to the organization.)	
To promote attendance at an event held at a C	ounty facility in	order to maximize potential Co	ounty revenue from parking
5. Verification		- NEW YORK, CARLES AND THE REPORT OF A SECTION OF A DAMAGE STATE	
I have determined that the distribution of tickets set f	forth above is in a	ccordance with the provisions of	FPPC Regulation 18944.1.
APRICIPIA	HISHIDA GRAFI	PRINCIPAL ANALYST	(month, day, year)

and concession sales

Tickets Provided by Agency Report	A Publi	ic Document	TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name		Date Stamp	California
COUNTY OF ALAMEDA		÷	Form 802
Division, Department, or Regi	on (if applicable)		For Official Use Only
Street Address			
1221 OAK STREET, #555,			
	E-mail	Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org	Data of Ostaland Filling	
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
	pal Analyst, County Administrato	r's Office	
2. Event For Which Tickets			
Date(s) of Event: <u>02</u> / <u>2</u>	1 / 11 Description of Even	t: Prince concert	
//////////////	/ Face Value of Ticke	t: \$ 129.00	
Agency Event 🛛 Yes	No (Identify source of ticket)	and the second se	
Name of Outside Source of	Ficket(s) Provided to Agency: <u>Go</u>	Iden State Warriors	
Number of Tickets Received		rided to Agency: 🛛 Gratuitously	I Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (use a continuation	n sheet for additional names)	
Name of Offic	ial Number	State Whether the Distribution is Ir	come to the Official or
(Last, First)	of Tickets	Describe the Public Purpose f	or the Distribution
· · · · · · · · · · · · · · · · · · ·			
	그는 이번 것이 같이 많이	ed at the behest of an agency official.)	
Name of Behesting Agency (	Official: Supervisor Wilma Chan,	District 3	
			22
Name of Individual or Organ	zation: Jori Douglas	Numt	per of Tickets: <u>2</u>
Description of Organization:			
Address of Organization:	ber and Street	Сіқу	State Zip Code
	escribe the public purpose for the dist	tribution to the organization.)	
		n order to maximize potential Count	v revenue from sales
	revent held at a county facility in	roider to maximize potential obuit	y revenue nom sales
5. Verification			
	bution of tickets set forth above is in	accordance with the provisions of FPP	C Regulation 18944 1
11/12 10			
Signature of Agency Head or Designe	CRYSTAL HISHIDA GRAI	FF PRINCIPAL ANALYST	(month, day, year)
signature strigeney trege of breating		1110	(inonini, day, year)

	ment	AGENCY REPOR
1. Agency Name	Date Stamp	California 802
COUNTY OF ALAMEDA		Form 002 For Official Use Only
Division, Department, or Region (if applicable)		je or senioral or e jenij
Street Address	-	
1221 OAK STREET, #555, OAKLAND, CA 94612		
Area Code/Phone Number E-mail	Amendment (Must exp	, plain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org		ananna suisteit
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>02 / 23 / 11</u> Description of Event: Prince c	oncert	
/ Face Value of Ticket: \$	129.00	
Agency Event  Ves  No (Identify source of tickets below.)		
Name of Outside Source of Ticket(s) Provided to Agency: Golden State	Warriors	
Number of Tickets Received: Ticket(s) Provided to Age		☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for a	additional names)	
· 가슴에 가슴	hether the Distribution is Inc	
(Last, First) of Tickets De	scribe the Public Purpose for	the Distribution
<ol><li>Individual or Organization Receiving Ticket(s) (Provided at the believed at the believ</li></ol>	hest of an agency official.)	
Name of Behesting Agency Official: Supervisor Wilma Chan, District 3		
Name of Individual or Organization:	Numbe	r of Tickets: <u>2</u>
		51 (1950) (BV
Description of Organization:		
Description of Organization:		
Description of Organization:	City	State Zip Code
Description of Organization: Address of Organization:		State Zip Code
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the	he organization.)	
Description of Organization: Address of Organization:	he organization.)	
Description of Organization:Address of Organization:	he organization.)	
Description of Organization:	he organization.) naximize potential County	revenue from sales
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public purpose for the distribution to the To promote attendance at an event held at a County facility in order to ne 5. Verification I have determined that the distribution of tickets set forth above is in accordance	he organization.) naximize potential County	revenue from sales

Tickets Provided by	A P	ublic Docume	ant	TICKETS PROVIDED BY
Agency Report		ibile Docume		AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Regi	on (if applicable)		-	For Official Use Only
THE STREET STREET, STRE	on (ir applicable)			Lational can be the statement of the st
1221 OAK STREET, #555 Street Address			-	
- 19 19 19 19 19 19 19 19 19 19 19 19 19				
OAKLAND, CA 94612 Area Code/Phone Number	E-mail			
(510) 272-3882	crystal.hishida@acgov.org		Amendment (Must ex)	plain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: _	
and the second many second second	pal Analyst, County Adminis	trator's Office		(month, day, year)
2. Event For Which Tickets	the supervision of the supervisi			
		, Disnev On	Ice	
Date(s) of Event: <u>03</u> /0			29.25	
	/ Face Value of T	icket: \$	29.25	
Agency Event	X No (Identify source of tig	ckets below.)		
		Carlo Contra Contr	arrirors	
Name of Outside Source of 1	icket(s) Provided to Agency:			
Number of Tickets Received:	Ticket(s) F	Provided to Agence	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (use a continu	the state and the second states	ong open ponotorestor	
Name of Offic (Last, First)	ial Number of Ticket		ther the Distribution is Inc ibe the Public Purpose for	
-				
4. Individual or Organizatio	an a			
Name of Behesting Agency 0	Official: <u>Alameda County Sup</u>	pervisor Nate Mile	y, District 4	
Name of Individual or Organi	ization: <u>Mark, Jodi, Mark Jr.,</u>	& Rebecca Dame	eral Numbe	er of Tickets:4
Description of Organization:				
Address of Organization:	nber and Street	City		State Zip Code
	escribe the public purpose for the	e distribution to the	organization.)	
	t a County facility in order to r			parking and
5. Verification				
	ibution of tickets set forth above	ie in accordance wi	th the provisions of EDBC	Regulation 18044 1
nave determined that the distri				
letton	CRYSTAL HISHIDA G	BRAFF PRIN	ICIPAL ANALYST	2/24./1
Signature of Agency Head or Designe		16 A A A	Title	(month, day, year)
	n attachment for any additional inforn	nation including amen	ament explanation.)	
concession sales				

Agency Report	A Publi	c Document		TICKETS PR	OVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		ate Stamp	California Form For Official Us	802 • Only	
Agency Contact (name and title) Crystal Hishida Graff, Principal	vstal.hishida@acgov.org Analyst, County Administrato	Date of	endment <i>(Must</i> exp Original Filing:	olain in Part 5.) (month, day, year)	_
2. Event For Which Tickets We Date(s) of Event:03 /25 /		. Basketball Game			
/ Agency Event  □ Yes   Σ Name of Outside Source of Ticke	☐ Face Value of Ticket On (Identify source of tickets on (Identify source of tickets on (S) Provided to Agency: <u>Gold</u>	: \$95.00 s below.) den State Warrirors			0
Number of Tickets Received:	1. X	ded to Agency: 🔲 G	ă.	⊠ Pursuant to	Contrac
3. Agency Official(s) Receiving Name of Official (Last, First)	Number of Tickets	State Whether the D	D		al or
4. Individual or Organization F Name of Behesting Agency Offic Name of Individual or Organizati Description of Organization: <u>Pul</u>	on: <u>Montclair Elementary Sch</u>	sor Nate Miley, Distric	ot 4	r of Tickets:	4
	Mountain Blvd, Oakland, CA 9	4611			Zip Code

tottoht	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/24/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region ( <i>if applicable</i> ) Street Address			Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #555, OAKLAND, CA S Area Code/Phone Number (510) 272-3882 Crystal.hishida(			Amendment (Must     Date of Original Filing:	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cou		or's Office	Date of original rining.	(month, day, year)
	scription of Eve ce Value of Tick	et: \$	te Warriors 95.00	
Agency Event Yes No (Identif Name of Outside Source of Ticket(s) Provide Number of Tickets Received; <u>4</u>		olden State Wa	arriors sy: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s)	(use a continuation	on sheet for addi	itional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is I ibe the Public Purpose	
Friedman, Mark	4	Promoting at	ttendance to maximiz	e revenue from sales
			t of an agency official.)	
Individual or Organization Receiving     Name of Behesting Agency Official: Supervi     Name of Individual or Organization:      Description of Organization:	sor Nadia Locky	ver, District 2	Num	ber of Tickets:
Name of Behesting Agency Official: <u>Supervi</u>	sor Nadia Locky	ver, District 2	Num	ber of Tickets: State Zip Code
Name of Behesting Agency Official: <u>Supervi</u> Name of Individual or Organization: Description of Organization:	sor Nadia Locky	ver, District 2 City	Num	State Zip Code

Tickets Provided by			lic Docume		TICKETS PROVIDED BY
Agency Report		APub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					NU CONTRACTOR
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrat	or's Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:03_/_20			t. SOCCER N	IEXICO V PARAGUAY	1
Date(s) of Event/	/ Eesc	Value of Tick	et e 148	. 00	
	race	value of fick	οι. φ		1 - 100 E -
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		5-18.5
Name of Outside Source of T	licket(s) Provided (	o Agency:			
		.u Agency			1.00
Number of Tickets Received:	4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	ial	Number	See 16 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
4. Individual or Organizatio	n Receiving Tic	kot(s) (Provid	l ded at the behas	t of an agency official )	
	2.24 CONTRACTOR 24 CONTRACTOR 2010				
Name of Behesting Agency O	Official: <u>Alameda C</u>	County Superv	isor Scott Hag	gerty, District 1	
					A 194
Name of Individual or Organi	zation: ANNA POI	PE .		Numbe	er of Tickets:4
Description of Organization: .					
Address of Opperingtions					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De		nose for the di	stribution to the	arganization )	
To promote attendance at a	county sponsored	event at a Co	ounty facility to	maximize potential cou	inty revenue
P. 17					
5. Verification					
I have determined that the distri	bution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
14mm	CRYSTAL F	-IISHIDA GRA	FF PRIN	ICIPAL ANALYST	2/18/11
Signature of Agency Head or Designe	Jacobi Cascini (1908) Sa Refiziane (17	Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informatio	on including amend	dment explanation.)	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address				-	
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	icgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title		0 0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrat	tor's Office		
2. Event For Which Tickets				1981 J. 1992 J.	£
Date(s) of Event: <u>02</u>	<u>1 / 11</u> Desc	ription of Eve	nt: Prince Con		
/	/ Face	Value of Tick	et: \$	129.50	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: G	olden State Wa	arrirors	
Number of Tickets Received				cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u:	se a continuatio	on sheet for add	itional names)	
Name of Offic (Last, First)	bial	Number of Tickets	1.55.5410.552.500.000	ther the Distribution is Inc ibe the Public Purpose fo	
Stewart, Darryl		2	To reward a	County employee for h	is exemplary service
			to the public	or to encourage staff d	evelopment
			8		
4. Individual or Organizati	na na hana shekara na kata na kata 🖉 🗆 kata na	And CATA PARAMETERS AND AND AND AND AND AND		사람은 승규는 가지는 것을 같아. 여러 지금 수밖에 가지 않는 것이 가지 않는 것이 가지 않는 것이 같아.	
Name of Behesting Agency	Official: <u>Alameda C</u>	County Super	visor Nate Mile	y, District 4	
Name of Individual or Orgar	nization:			Numbe	er of Tickets:
Description of Organization:		11-1		1	
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		rpose for the di	stribution to the	organization.)	
5. Verification					
I have determined that the distribution		forth above is ii HISHIDA GR/		th the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docum	ent	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	California
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				and the second sec
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Must e	explain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		(month, ady, your)
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:02_/_2	21 / 11 Desc	ription of Eve	nt: Prince Con	icert	
				129.50	
	/ Face	Value of Tick	et: ֆ		
Agency Event 🛛 🗌 Yes	区 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	Agency: G	olden State Wa	arrirors	
Number of Tickets Received				cy: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Offic	cial	Number	State Whe	ther the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	or the Distribution
Miley, Christopher		1	To promote	attendance at an ever	t held at a County
			facility in ord	ler to maximize potent	ial County revenune
			from parking	and concession sales	5.
4. Individual or Organizati	행사가 잘 알 때 관계에서 가는 것들을 같은 것을 가지 않는 것이 물었다. 것은 것을 들었다.			성상 방법을 물건한 것은 것을 잘 받았다. 정말 상태에 들을 얻는 것을 못 하는 것을 받았다.	
Name of Behesting Agency	Official: Alameda C	County Super	visor Nate Mile	y, District 4	
Name of Individual or Orgar	ization: <u>Angelina</u> F	Rodrigues		Numb	er of Tickets: <u>1</u>
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		pose for the di	stribution to the	organization.)	
To promote attendance at a	in event held at a C	ounty facility	in order to max	ximize potential Count	y revenue from parking
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is i	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
Atart	CRYSTAL H	HISHIDA GR/		NCIPAL ANALYST	2/18/11
Signature of Agency Head or Design		Print Name	an instrution	Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	altional informati	on including amen	ament explanation.)	

and concession sales

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address	ion (if applicable)	0.001		Date Stamp	California Form 802
The left energy to a use works					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	eccov ord		Amendment (Must	explain in Part 5.)
Agency Contact (name and title		icgov.org		Date of Original Filing	;
Crystal Hishida Graff, Princ		tv Administrat	or's Office	ACREDITATE OF REPORTED ACCOUNTS OF	(month, day, year)
2. Event For Which Tickets					
Date(s) of Event:04_/_1			. Warriors ga	ime	
Date(s) of Event/				95.00	
/	/ Face	Value of Ticke	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided (	to Agency:			
Number of Tickets Received	ALL PLANE AND ALL PROPERTY AND ALL PROPERTY AND A REAL PROPERTY A			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 (Last, First)	cial	Number of Tickets		her the Distribution is I be the Public Purpose	ncome to the Official or for the Distribution
4. Individual or Organization	on Receiving Tic	<b>:ket(s)</b> (Provic	led at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	gerty, District	
Name of Individual or Organ	ization: FREMON	T SENIOR CE	NTER	Num	ber of Tickets:4
Description of Organization:	SENIOR SERVIC	ES			
Address of Ordanization:	00 Paseo Padre Pa mber and Street	rkway P.O. B0	OX 5006 Frem City	ont, CA 94537	State Zip Code
Purpose for Distribution: (D	escribe the public pur	mose for the dis	stribution to the	proanization )	
To reward a school or nonp		ACREMENT DEPENDENCES STREET		- A BARANCE A CARACTERIA	
5. Verification					
I have determined that the distr	ibution of tickets set t	forth above is in	accordance wit	h the provisions of FPF	PC Regulation 18944.1.
LILIA A.		HISHIDA GRA		ICIPAL ANALYST	
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

		ATT dollo De	cument	AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				ronn coo
Division, Department, or Reg	<b>ion</b> (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail		Amendment (/	Must explain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org		
Agency Contact (name and title	<b>N</b> 0		Date of Original Fi	ling:(month, day, year)
Crystal Hishida Graff, Princ			ice	
2. Event For Which Ticket				
Date(s) of Event:02_/_2	22 <u>/ 11</u> Descr	iption of Event: <u>Gol</u>	den State Warrior's game	)
/		value of Ticket: \$	05.00	
Agency Event 🛛 🗌 Yes		ource of tickets below		
Name of Outside Source of	Ticket(s) Provided to	o Agency: Golden S	tate Warriors	
Number of Tickets Received	<u> </u>	Ticket(s) Provided to	Agency: 🔲 Gratuitous	ly I Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (us	e a continuation sheet	for additional names)	
Name of Offi	cial	Number Sta	ate Whether the Distribution	is Income to the Official or
(Last, First)		of Tickets	Describe the Public Purpo	ose for the Distribution
·				
4. Individual or Organizati	on Receiving Ticl	(et(s) (Provided at th	e behest of an agency offici	al )
				5
Name of Behesting Agency	Official: Alameda C	ounty Supervisor Sc	ott Haggerty District One	
Name of Individual or Orgar	nization: LA TINA SM	ИІТН	N	umber of Tickets:
Description of Organization:	,			
Address of Organization:	mber and Street		City	State Zip Code
Purpose for Distribution: (D	escribe the public purp	oose for the distributior	n to the organization.)	
5. Verification				
5. Verification I have determined that the distr	ibution of tickets set fo	orth above is in accord	ance with the provisions of I	FPPC Regulation 18944.1.
5. Verification I have determined that the distr		orth above is in accord	ance with the provisions of I PRINCIPAL ANALYST	

1. Agency Name						Y REPOI
and the many second second second second second second second				Date Stamp	California Form	302
COUNTY OF ALAMEDA					For Official Use	
Division, Department, or Regio	on (if applicable)					
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)	
	crystal.hishida@a	cgov.org				
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)	-
Crystal Hishida Graff, Princip	oal Analyst, Count	y Administrate	or's Office	-		
2. Event For Which Tickets	Were Distribute	d				
Date(s) of Event: <u>02</u> / <u>22</u>	2 / 11 Descr	intion of Even	t. Basketball	Game		
				95.00		
/	/ Face	Value of Licke	t: \$			
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticket	s below.)			
	THE CALL PROVIDENT AND A SECOND POLYMER. UNK			rrirors		
Name of Outside Source of T	icket(s) Provided to	o Agency:				
Number of Tickets Received:	10	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to C	Contrac
		2 R	ē	5 X		
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Officia	al	Number	State Whet	her the Distribution is In	come to the Official	or
(Last, First)				ribe the Public Purpose for the Distribution		
1	10 10 m m m m m m m m m m m m m m m m m					_
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)		
ADVERTIGE AND ADDRESS A	na - an ang pertang ang parta sa parta s	- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20		2011.1011.00119476991192612900000038693		
Name of Behesting Agency C	official: <u>Alameda C</u>	ounty Superv	isor Nate Mile	y, District 4		
Name of Behesting Agency C	official: <u>Alameda C</u>	ounty Superv	isor Nate Mile	y, District 4	er of Tickets	10
Name of Behesting Agency C Name of Individual or Organiz	Official: <u>Alameda C</u> zation: <u>United Sen</u>	ounty Superv	isor Nate Mile	y, District 4	er of Tickets:	10
Name of Behesting Agency C Name of Individual or Organiz	Official: <u>Alameda C</u> zation: <u>United Sen</u>	ounty Superv	isor Nate Mile	y, District 4	er of Tickets:	10
Name of Behesting Agency C Name of Individual or Organiz Description of Organization:	Official: <u>Alameda C</u> zation: <u>United Sen</u> Senior Advocacy	ounty Supervi	isor Nate Mile nd & Alameda	y, District 4 County Numb	er of Tickets:	10
Name of Behesting Agency C Name of Individual or Organiz Description of Organization:	Official: <u>Alameda C</u> zation: <u>United Sen</u> Senior Advocacy 00 Bancroft Avenue	ounty Supervi	isor Nate Mile nd & Alameda akland, CA 94	y, District 4 County Numb		
Name of Behesting Agency C Name of Individual or Organiz Description of Organization:	Official: <u>Alameda C</u> zation: <u>United Sen</u> Senior Advocacy	ounty Supervi	isor Nate Mile nd & Alameda	y, District 4 County Numb		10 Zip Code
Name of Individual or Organiz Description of Organization:	Official: <u>Alameda C</u> zation: <u>United Sen</u> Senior Advocacy 00 Bancroft Avenue ber and Street	ounty Supervi iors of Oaklar e, Ste 180 - O	isor Nate Mile nd & Alameda akland, CA 94 <sup>City</sup>	y, District 4 County Numb 4546		
Name of Behesting Agency C Name of Individual or Organiz Description of Organization: 2 Address of Organization: 720	Official: <u>Alameda C</u> zation: <u>United Sen</u> Senior Advocacy 00 Bancroft Avenue ber and Street scribe the public purp	ounty Supervi iors of Oaklar e, Ste 180 - O pose for the dis	isor Nate Mile nd & Alameda akland, CA 94 City tribution to the c	y, District 4 County Numb 4546		

HUNT	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	2/16/11	
Signature of Agency Heatt or Designee	Print Name	Title	(month, day, year)	
		a		

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Report Artushe boo . Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address			Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #555, OAKLAND, CA 946         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@a         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County         2. Event For Which Tickets Were Distribute	cgov.org / Administrato e <b>d</b>		Amendment <i>(Must ex</i> Date of Original Filing: _	1997 - De Solder Seith
Agency Event ☐ Yes ⊠ No (Identify so Name of Outside Source of Ticket(s) Provided to	Value of Ticke ource of ticke o Agency: <u>G</u>	et: \$ ts below.) blden State Wa	29.25	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us Name of Official (Last, First)	se a continuatio Number of Tickets	State Whet	tional names) her the Distribution is Inc be the Public Purpose fo	
A. Individual or Organization Receiving Tic Name of Behesting Agency Official: <u>Supervisor</u> Name of Individual or Organization: <u>Melody Ma</u> Description of Organization: <u>Melody Ma</u> Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for Distribution: to the compared aschool for its contributions to the compared as contributions to the compared as contributis to the compared as contributis to the compared aschool for the	Nadia Locky yer pose for the dis	er, District 2	Numbe	er of Tickets:4 
	HISHIDA GRA	AFF PRIN	CIPAL ANALYST	Regulation 18944.1. 2./2.5/1 (month, day, year)

Tickets Provided by		A Publ	lic Docume	ent	TICKETS PROVIDED BY
Agency Report		ATUM	ne bocum	1	AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA				For Official Use Only	
Division, Department, or Region (if applicable)				1	
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				Date of Original Filing:	
Agency Contact (name and title)				Date of original filling.	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office					
2. Event For Which Tickets					
Date(s) of Event:02 /13	<u>3_/_11</u> Desc	ription of Ever	nt: <u>Golden Sta</u>	te Warriors vs. Oklaho	ma City Thunder
/			et: \$	05 00	
Agency Event 🛛 Yes	🗵 No (Identify s				
Name of Outside Source of T	icket(s) Provided t	to Agency: Go	olden State Wa	arriors	
Number of Tickets Received:	3.2			cy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
Name of Offici (Last, First)	al	Number of Tickets	121123224010	ther the Distribution is Inc ibe the Public Purpose fo	사람에서 잘 물건을 가려갔는 집 것이 것이 같아? 그렇게
•					
2 <del></del>					
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	l ded at the behes	st of an agency official.)	
Name of Behesting Agency C	Official: Keith Cars	on, Supervisc	or Fifth District		
Name of Individual or Organi	zation: <u>Melanie By</u>	ynes		Numbe	er of Tickets:4
Description of Organization:					
	7 Village Circle Oa ber and Street	kland CA 946	607 City		State Zip Code
Purpose for Distribution: (De	scribe the public pur	pose for the dis	stribution to the	organization.)	
To promote attendance at a	County facility in o	rder to maxim	nize potential C	County revenue from pa	arking and concession
5. Verification					
I have determined that the distril	bution of tickets set f	forth above is ir	n accordance wi	th the provisions of FPPC	Regulation 18944.1.
11/ Mart		HISHIDA GRA		VCIPAL ANALYST	2/1/11
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)

Tickets Provided by		A Pub	lic Docume	nt	TICKETS PROVIDED I
Agency Report 1. Agency Name		711 465	no boounie	Date Stamp	California
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	-mail			Amendment (Must ex	uniain in Part E \
(510) 272-3882	crystal.hishida@a	cgov.org			plain in Part 5.)
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	y Administral	tor's Office		1
2. Event For Which Tickets \	<b>Were Distribute</b>	d			
Date(s) of Event: <u>02</u> / <u>22</u>	/ 11 Descr	iption of Eve	nt: Basketball G	Game	
/		Value of Tick		95.00	
	Face	value of fick	ει. φ		
Agency Event 🛛 Yes	🗵 No (Identify so	ource of ticke	ets below.)		
Name of Outside Source of Tie	cket(s) Provided to	o Agency: G	olden State Wa	rrirors	
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivi	i <b>ng Ticket(s)</b> (us	e a continuati	on sheet for addi	lional names)	
Name of Official (Last, First)         Number         State Whether the Distribution is Income to the Offi           Of Tickets         Describe the Public Purpose for the Distribution					
(183, 113)		of Tickets	Descri	be the Public Purpose to	r the Distribution
4. Individual or Organization	Receiving Tic	kat(s) (Provid	ded at the behavi	of an agency official )	
	In the second				
Name of Behesting Agency Of	fficial: <u>Alameda C</u>	ounty Super	visor Nate Miley	/, District 4	
	Susan and	John Edward	ds		2
Name of Individual or Organiz	ation:	John Editor		Numbe	er of Tickets:2
Description of Organization: _					
Address of Organization:	1721				
Numbe	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public purp	oose for the di	stribution to the o	organization.)	
To promote attendance at an	event held at a Co	ounty facility	in order to max	imize potential County	revenue from parking
)					
5. Verification					
I have determined that the distribution	ution of tickets set fo	orth above is in	n accordance witl	h the provisions of FPPC	Regulation 18944.1.
left the M	CRYSTAL H	IISHIDA GRA	AFF PRIN	CIPAL ANALYST	2/16/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	ttachment for any add	litional informatio	on including ameno	iment explanation.)	
and concession sales					

Tickets Provided by	A Pub	lic Docume	ant	TICKETS PROVIDED BY	
Agency Report	ATUD	ne bocume	T	AGENCY REPORT	
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA				Form 002	
Division, Department, or Region (if appli	cable)			For Official Ose 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.h	nishida@acgov.org				
Agency Contact (name and title)			Date of Original Filing:		
Crystal Hishida Graff, Principal Analy	st, County Administrat	or's Office	(month, day, your)		
2. Event For Which Tickets Were D	istributed				
Date(s) of Event: <u>02 / 22 / 11</u>	_ Description of Ever	nt: Basketball	Game		
////////////////////////_/	_ Face Value of Ticke		95.00		
Agency Event 🔲 Yes 🗵 No	(Identify source of ticke	te below()			
		10.10. 10.10.10.10.10.10.10.10.10.10.10.10.10.1	(10041712-12-12)		
Name of Outside Source of Ticket(s)	Provided to Agency:	biden State vva	rrirors		
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Receiving Tic	ket(s) (use a continuation	on sheet for addi	tional names)		
Name of Official (Last, First)	Number of Tickets	지 김 배 귀엽다 가지는 것을 안 물람이 했다.	her the Distribution is Inc be the Public Purpose for	사람님 가 제 집중한 것, 이 것 것 같은 것이 잘 가 잘 못했다. 이 것	
· · · · · · · · · · · · · · · · · · ·	OF HCKets	Desch	be the Public Pulpose for	the Distribution	
1					
4. Individual or Organization Recei	ving Ticket(s) (Provid	led at the behes	t of an agency official.)		
Name of Behesting Agency Official: _	lameda County Superv	lisor Nate Mile	y, District 4		
				0	
Name of Individual or Organization: _	avid Haubert and Todo	a winer	Numbe	er of Tickets: <u>2</u>	
Description of Organization:					
Address of Organization:					
Number and Street	et	City		State Zip Code	
Purpose for Distribution: (Describe the	public purpose for the dis	stribution to the c	organization.)		
To promote attendance at an event he			- 5	revenue from parking	
	sid at a County facility f	In order to max	imize potential County	revenue from parking	
5. Verification					
I have determined that the distribution of t	ckets set forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.	
Stopath CF	RYSTAL HISHIDA GRA	FF PRIN	ICIPAL ANALYST	2/16/1	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachmen	t for any additional informatic	on including amend	iment explanation.)		
and concession sales					

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					101111
Division, Department, or Regior	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.)
(510) 272-3882 c Agency Contact (name and title)	crystal.hishida@a	acgov.org		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	al Analyst, Count	ty Administrat	or's Office		
2. Event For Which Tickets V					
Date(s) of Event:03 /22	_/_11 Desc	ription of Ever	nt: <u>Concert: La</u>	idy Gaga	
/		Value of Tick		183.75	
Agency Event	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tic	cket(s) Provided t	to Agency:	SW		
Number of Tickets Received: _				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 (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose for	
<u>.</u>					
4. Individual or Organization	n na na anazo na kanaza il ana an	<ul> <li>A. C. S. S. S. S. S. M. B. M. S. S.</li></ul>			
Name of Behesting Agency Of	ficial: Alameda C	County Superv	visor Scott Hag	gerty, District 1	
Name of Individual or Organiza					er of Tickets: <u>4</u>
Description of Organization:					
Address of Organization: Numbe	er and Street	1	City		State Zip Code
		mana fariha di		arganization \	and the second s
Purpose for Distribution: (Des				organization.)	
To reward a community volunt	teer for his servic	ce to the publi	c		
5. Verification					
I have determined that the distribut	ution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
1sth	2	HISHIDA GRA		ICIPAL ANALYST	2/18/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a	ttachment for any add	ditional informatio	on including amend	dment explanation.)	