Tickets Provided by	A Pub	lic Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name	71146	no boounie	Date Stamp	California
COUNTY OF ALAMEDA			Date of any	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA	94612			
Area Code/Phone Number E-mail	12		Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishida Agency Contact (name and title)	a@acgov.org		Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, Co	ounty Administrat	or's Office	Date of original rining.	(month, day, year)
2. Event For Which Tickets Were Distri		or s Office		
Date(s) of Event:04 /20 /11 D			5	
			43.75	
/ F	ace Value of Tick	et: \$	40.70	
Agency Event 🛛 Yes 🗵 No (Ident	ify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provid	led to Agency: O	akland A's		
Number of Tickets Received:1	Ticket(s) Pro	ovided to Agenc	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	) (use a continuati	on sheet for addi	tional names)	
Name of Official (Last. First)	Number of Tickets	100.10 파이지와에 이미지 ACC 1980	ther the Distribution is In ibe the Public Purpose f	
Miley, Christopher	1	To encourag	e staff development	
<u>}</u>				
·				
4. Individual or Organization Receiving	Ticket(s) (Provi	I ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Super	visor Nadia Locky	/er, District 2		
Name of Individual or Organization:			Numb	per of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public	c purpose for the di	istribution to the d	organization.)	
To encourage staff development	- <b>-</b>			
5. Verification				
I have determined that the distribution of tickets	set forth above is i	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
	AL HISHIDA GR			4/8/1
Signaturé of Agenizy Head of Designee	Print Name	in a localization and	Title	(month, day, year)
Comment: (Use this space or an attachment for an	iy additional informati	ion including amen	ument explanation.)	

Agency Report	A Pub	lic Docume	nt	TICKETS PR AGEN	OVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Regio 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		Date Stamp		802	
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title)	E-mail crystal.hishida@acgov.org al Analyst, County Administra	ator's Office	Amendment (Must exp		
2. Event For Which Tickets Date(s) of Event:	_/ <u>11</u> Description of Eve _/ Face Value of Tick ⊠ No (Identify source of tick cket(s) Provided to Agency: <u>C</u> 	ket: \$ ets below.) Dakland A's ovided to Agenc	43.75 y: □ Gratuitously	⊠ Pursuant to	Contrac
<ol><li>Agency Official(s) Receiv</li></ol>	Ind LICKEUSI (Use a continuat		(anal namon)		
Name of Officia (Last, First)		State Whet	tional names) her the Distribution is Inc be the Public Purpose for		al or
	n Receiving Ticket(s) (Prov fficial: Keith Carson, Supervis	State Whet Descri ided at the behes	her the Distribution is Inc be the Public Purpose for t of an agency official.)		al or

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

<u> (month, day, year)</u>

Title

Tickets Provided by Agency Report		A Publ	lic Docume	nt	TICKETS PROVIDED BY
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					5
Area Code/Phone Number	E-mail			Amendment (Must e	xolain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			spannin an oly
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Count	ty Administrate	or's Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:04_/_06	6 <u>/ 11</u> Desc	ription of Ever	nt: Basketball (	Game	
		Value of Ticke		95.00	
18		value of ficke	σι. φ		
Agency Event 🛛 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	icket(s) Provided t	o Agency: <u>Go</u>	olden State Wa	rrirors	
Number of Tickets Received:	2	Ticket(s) Prov	vided to Agency	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)	
Name of Offici (Last, First)	al	Number of Tickets	1071000000 - AUX 0024A	her the Distribution is Inc be the Public Purpose fo	
Miley, Nate		2	255 Z		or a local sports team to
- Miley, Hule		<u> </u>			
			attract busine	ess and contribute to t	he local economy
4. Individual or Organizatio		Detectory and substitution of the second		a na sana na sana ka ka na ka na ka sa ka sa ka	
Name of Behesting Agency C	Official: Alameda C	Jounty Superv	Asor Nate Miley	, District 4	
Name of Individual or Organi	zation:			Numb	er of Tickets:
Description of Organization: .					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De		pose for the dis	stribution to the o	rganization.)	
5. Verification					
I have determined that the distri	bution of tickets set f	forth above is in	n accordance witi	h the provisions of FPP0	C Regulation 18944.1.
IIVA A					
Signature of Agency Head or Designe		HISHIDA GRA	FF PRIN	CIPAL ANALYST	(month, day, year)

		711 0101	lic Docume	211C	AGENCY REPORT
Agency Report 1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA				N	Form OUZ
Division, Department, or Reg	on (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,		612			
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			
Agency Contact (name and title,				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	the second se		or's Office		
2. Event For Which Tickets				L	
Date(s) of Event:04 /2	0 <u>/11</u> Desci	ription of Eve	nt: Oakland A		
/	/ Face	Value of Tick	et: \$	43.75	
Agency Event	🗵 No (Identify s	ource of ticke	ts below )		
			1.1W 1. 1. 1. 1.		
Name of Outside Source of	Ticket(s) Provided t	o Agency: 0	ananu As		
Number of Tickets Received	:1	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Offic (Last, First)	sial	Number of Tickets	270.23.200.231.521.851.252	ther the Distribution is In ibe the Public Purpose for	
Briones, Ruben		1	To encouraç	je staff development	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provi	ded at the behe	st of an agency official.)	
		N 0 0		,	
Name of Behesting Agency	Official: Supervisor	Пада соску	er, District 2		
Name of Individual or Organ	ization:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the di	stribution to the	organization.)	
To encourage staff develop	ment				
5. Verification					
				NA 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I have determined that the dist	ibution of tickets set f	forth above is i	n accordance w	th the provisions of FPP	C Regulation 18944.1.

Tickets Provided by Agency Report	A Pub	lic Docume	nt	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, OAKLAND, CA	94612			
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida         Agency Contact (name and title)	@acgov.org		Amendment (Must ex     Date of Original Filing: _	50 (35) (35)
Crystal Hishida Graff, Principal Analyst, Co 2. Event For Which Tickets Were Distrik	outed	an ana tanan		
Date(s) of Event: <u>04 / 20 / 11</u> De // Fa	escription of Eve ace Value of Tick		43.75	
Agency Event ☐ Yes ⊠ No (Identi Name of Outside Source of Ticket(s) Provid	fy source of ticke ed to Agency: <u>O</u>			
Number of Tickets Received:1			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s	) (use a continuation	on sheet for addi	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
Lockyer, Nadia	1	To encourag	e staff development	
4. Individual or Organization Receiving Name of Behesting Agency Official: Superv			t of an agency official.)	
Name of Individual or Organization:				er of Tickets:
				State Zip Code
Purpose for Distribution: (Describe the public To encourage staff development	purpose for the di	istribution to the o	organization.)	
5. Verification I have determined that the distribution of tickets				C Regulation 18944.1.
Signature of Agency Head or Designee Comment. (Use this space or an attachment for an	AL HISHIDA GR/ Print Name by additional information		ICIPAL ANALYST Title dment explanation.)	(month, day, year)

Tickets Provided by					TICKETS PROVIDED BY
Agency Report		A Publ	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Olicial Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail	-		Amendment (Must ex	(alain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			plan n'i ar o.y
Agency Contact (name and title,	)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	or's Office		A
2. Event For Which Tickets	s Were Distribute	ed		•	
Date(s) of Event:04_/_1	<u>5 / 11</u> Desc	ription of Ever	nt: Oakland A's	S	
/	/ Face	Value of Ticke	et: \$	38.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of			an and		
	120				
Number of Tickets Received	:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	cial	Number	<ul> <li>A straight stands and straight stra</li></ul>	ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency	Official. Supervisor	r Nadia Locky	er, District 2	22, 65, 14	
					2
Name of Individual or Organ	ization: George Di	anda		Numbe	er of Tickets: <u>2</u>
Description of Organization:					4
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the o	organization.)	
To promote attendance at a	n event held at a C	ounty facility i	in order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distr	ibution of tickets set (	forth above is ir	1 accordance wit	h the provisions of FPPC	Regulation 18944 1
1160 0				2	24
Signature of Agenoy Head or Design		HISHIDA GRA		ICIPAL ANALYST	(month, day, year)
	12/24	A. 1997		1.1.1.27	(

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg Street Address	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
1221 OAK STREET, #555, Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			or's Office	Date of Original Filing:	(month, day, year)
2. Event For Which Tickets Date(s) of Event:/_2	20 <u>/ 11</u> Desc / Face ⊠ No (Identify s	ription of Ever Value of Ticke source of ticke	et: \$ ts below.)	s 43.75	
Number of Tickets Received				sy: 🔲 Gratuitously	⊠ Pursuant to Contract
Name of Offic (Last, First)	cial	Number of Tickets	지원 양 전 일 것이 없는 것을 알 수 있는 것이 없다.	ther the Distribution is In ibe the Public Purpose fo	
4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Superviso</u> nization: <u>Sharon Sa</u>	r Nadia Locky age	er, District 2		er of Tickets:4
Purpose for Distribution: (D To reward a community volu	141 ADMANA COMPANY ING INA MANGGANA	nas societado nicital com		organization.)	State Zip Code
5. Verification I have determined that the distribution Signature of Agency Head or Design Comment: (Use this space or a	CRYSTAL I	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	C Regulation 18944.1.

Tickets Provided by				
Agency Report	A Pub	lic Documer	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if a	applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-ma			Amendment (Must exp	plain in Part 5.)
	tal.hishida@acgov.org			9797 TANA - ALAN SANS
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal A		ator's Office		
2. Event For Which Tickets Wer				
Date(s) of Event: <u>04</u> / <u>20</u> /	11 Description of Eve	ent: Baseball Gar	ne	
///_/	Face Value of Tick	(et: \$	38.00	
	No (Identify powers of tigh	ata halami		
2 - AND	No (Identify source of tick	1990-1997 - 1990-1990-1999 (1998) 1990-1997 - 1990-1990 (1998)		
Name of Outside Source of Ticket	(s) Provided to Agency: <u>O</u>	Pakland Athletics		
Number of Tickets Received:	2 Ticket(s) Pro	ovided to Agency:	Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuat	ion sheet for additio	onal names)	
Name of Official	Number		er the Distribution is Inco	ome to the Official or
(Last, First)	of Tickets		e the Public Purpose for	
<u> </u>				
4. Individual or Organization Re	ceiving Ticket(s) (Prov	ided at the behest o	of an agency official.)	
에는 그 아무 가슴에서 이미가의 관계가 많이 있는 ~~ A 아무 <del>다</del> 감기에서 가슴가 가슴다 사람이 ~~ A 바람	27		50 M 161 CARACTERS AND 1875 CONTRACTOR	
Name of Behesting Agency Officia	: Alameda County Super	visor wate wiley,	District 4	
Name of Individual or Organizatior	United Seniors of Oakla	and & Alameda C	ounty Number	r of Tickets: <u>2</u>
				or rickets.
Description of Organization: <u>Senic</u>	or Advocacy			
Address of Organization: 7200 Ba	incroft Ave, Ste 251 - Oak	City		State Zip Code
				State Zip Code
Purpose for Distribution: (Describe				
To motivate and provide expande	d opportunities to vulneral	ble populations in	the County such as s	seniors.
5. Verification				
I have determined that the distribution	of tickets set forth above is i	in accordance with	the provisions of FPPC	Regulation 18944.1.
-attonty	CRYSTAL HISHIDA GR	AFF PRINC	IPAL ANALYST	4/8/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attach	ment for any additional informat	ion including amendm	ent explanation.)	
PLAZA SEATS				

Tickets Provided by Agency Report		A Public I	Docume	ent	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California 002
COUNTY OF ALAMEDA				· · · · · · · · · · · · · · · · · · ·	Form $\delta 0 2$
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	1 6 6 6				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			25-2	
	17. 19. 19. 19. 19. 1			Amendment (Must e	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing:	
		h. Administrator's	Office		(month, day, year)
Crystal Hishida Graff, Princ	And a reason of the second		Office		
2. Event For Which Tickets			ad Stowe	et & Stavia Nicks Con	oort
Date(s) of Event:	0 <u>11</u> Desc	ription of Event: 💾			Jent
/	/ Face	Value of Ticket: \$		173.85	
Agency Event 🛛 🗌 Yes	No (Identify s	ource of tickets be	elow.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency:			
Number of Tickets Received	l: <u>4</u>	Ticket(s) Provide	d to Agenc	y: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Recei	ivina Ticket(s) (ur	se a continuation sh	eet for addi	tional names)	
Name of Offic		Number		ther the Distribution is Ir	come to the Official or
(Last, First)	Jai	of Tickets		be the Public Purpose f	
		κ			
h					
4. Individual or Organization		NAMES AND A STREET AND A DATE OF A D			
Name of Behesting Agency	Official: Alameda C	County Supervisor	Scott Hag	gerty, District 1	
Name of Individual or Orgar	ization: Denise La	Grand		Numt	per of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
				3 99 A	
Purpose for Distribution: (D	escribe the public pur	pose for the distribu	ition to the o	organization.)	
To reward a volunteer for h	er services to the c	community			
5. Verification					
I have determined that the dist	ribution of tickets set i	forth above is in acc	ordance wil	h the provisions of FPP	C Regulation 18944 1
attan	101 804 11 12 20 10 1	HISHIDA GRAFF	PRIN	ICIPAL ANALYST	4/12/11
Signature of Agency Head or Design	27 V (A15)	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional information inc	luding amen	dment explanation.)	

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					1 chill
Division, Department, or Region (	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	nail			Amendment (Must ex	olain in Part 51
(510) 272-3882 cry	ystal.hishida@ac	aov.ora			blain in Fan 5.7
Agency Contact (name and title)	Jordininoining Geo	3=3		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County	Administrato	or's Office		
2. Event For Which Tickets W					
Date(s) of Event:	11 Deced		, Oakland A'	s vs. Arizona Diamond	backs
Date(s) of Event:	/ Descrip	ption of Even	G <u> </u>	43.75	
/	/ Face V	alue of Ticke	t: \$	45.75	
Agency Event 🔲 Yes [	🗙 No (Identify so	urce of ticket	s below.)		
	TASK PERMIT AND ADDRESS AND ADDRES				
Name of Outside Source of Tick	et(s) Provided to	Agency:	Kidrid / S		
Number of Tickets Received:	<u>    4                                </u>	Ticket(s) Prov	ided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	i <b>g Ticket(s)</b> (use	e a continuatio			
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
4. Individual or Organization					
Name of Behesting Agency Offi	cial: Keith Carso	on, Superviso	r Fifth District		
Name of Individual or Organiza					er of Tickets:4
Description of Organization:					
Address of Organization:			City		State Zip Code
			5. 		State 210 5566
Purpose for Distribution: (Desci					
To promote attendance at a Co	ounty facility in or	der to maxim	ize potential (	County revenue from page	arking and concession
5. Verification					
I have determined that the distribut	tion of tickets set fo	orth above is in	accordance w	ith the provisions of FPPC	CRegulation 18944.1.
1th n		IISHIDA GRA		NCIPAL ANALYST	11/20/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an att			n including amo	N 2 20 20 M	<ul> <li>A second sec second second sec</li></ul>
Comment. Use this space or an au	aonment for any add	aona monnaio	and and		

Tickets Provided by Agency Report		A Public Do	ocumer	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regio	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail				
				Amendment (Must exp	olain in Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@acgo	5v.org		Date of Original Filing:	
	al Analyst County A	dministrator's Of	1 M		(month, day, year)
Crystal Hishida Graff, Princi		aministrators On	lice		
2. Event For Which Tickets		Oal	kland A's	VS	
Date(s) of Event: <u>03</u> / <u>28</u>	<u> </u>	on of Event:	Manu A S	və.	
/	/ Face Val	ue of Ticket: \$	· · · · · · · · · · · · · · · · · · ·	43.75	
Agency Event 🛛 Yes	🗵 No (Identify sour	ce of tickets belo	ow.)		
Name of Outside Source of T	icket(s) Provided to A	.gency:			
Number of Tickets Received:	4 Tio	ket(s) Provided to	o Agency:	: Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (use a				
Name of Offic (Last, First)		Number Sta of Tickets		er the Distribution is Inco e the Public Purpose for	
		1			1997-1997-1997-1997-1997-1997-1997-1997
/ <u></u>					
4. Individual or Organizatio	n Receiving Ticke	t(s) (Provided at th	he behest	of an agency official.)	
Name of Behesting Agency 0	Official: Keith Carson,	Supervisor Fifth	District		
Name of Individual or Organi				Numbe	er of Tickets:4
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De	scribe the public purpos	e for the distributio	on to the or	ganization.)	
To promote attendance at a					rking and concession
5. Verification					
I have determined that the distri	bution of tickets set forth	n above is in accord	dance with	the provisions of FPPC	Regulation 18944.1.
1 A a n	CRYSTAL HIS			CIPAL ANALYST	n 1 / -
Signature of Agency Head or Design		t Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED AGENCY REPO
1. Agency Name				Date Stamp	A DATE OF THE OWNER
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muste	undele le Deut 5 )
(510) 272-3882	crystal.hishida@a	acgov.org			xpiain in Part 5.)
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrator	s Office		(monut, day, year)
2. Event For Which Tickets					
Date(s) of Event:05_/_1			Oakland A's	s Skybox	
Date(s) of Event.				\$1,700	
//	/ Face	Value of Ticket:	\$		
Agency Event Ses	🛛 No (Identify s	source of tickets	below.)		
Name of Outside Source of T	Ficket(s) Provided	to Agency:			
Number of Tickets Received:	20	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuation	sheet for addi	tional names)	
Name of Offic	ial	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
12 					
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provided	l at the behes	t of an agency official.)	
		1 A S			
Name of Behesting Agency (	Official: Alameda C	Jounty Supervise	or Scott Hag	gerty, District 1	
Name of Individual or Organi	ization: Livermore	Valley Winegrov	wers Founda	tion Numb	per of Tickets: 20
Description of Organization:	partnership of loca	al vintners/growe	ers promoting	g the Livermore Valley	/ winegrowing region
Address of Organization.	85 Greenville Road	d, Suite 4, Liverr	nore, CA 94 <sub>City</sub>	550	State Zip Code
		anananyana mana manga			
Purpose for Distribution: (De	a ma y San San	ê ne ne wa		organization.)	
To reward a nonprofit organi	ization for its contri	ibutions to the co	ommunity		
5. Verification					
I have determined that the distri	bution of tickets set i	forth above is in a	ccordance wit	h the provisions of FPP	C Regulation 18944.1.
etta n		HISHIDA GRAFI		ICIPAL ANALYST	4/12/14
- al on on		IOTIDA ORAFI	ET SILV		IN LEAD
Signature of Agency Head or Designe	90	Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94	612			
Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@ Agency Contact (name and title)	acgov.org		Amendment (Must ex     Date of Original Filing: _	
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrate	or's Office		(monin, day, year)
2. Event For Which Tickets Were Distribut Date(s) of Event:	cription of Eve		s 43.75	1
Agency Event  Yes  No (Identify  Name of Outside Source of Ticket(s) Provided Number of Tickets Received: 1	source of ticke to Agency: <u>O</u>	ets below.) akland A's	y: □ Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (				
Name of Official (Last, First)	Number of Tickets	State Whet	ther the Distribution is Inc be the Public Purpose fo	
Ahad, Rozan	1	To encourag	e staff development	
4. Individual or Organization Receiving Ti	cket(s) (Provi	I ded at the behes	t of an agency official.)	
Name of Behesting Agency Official: Supervise	or Nadia Locky	ver, District 2		
Name of Individual or Organization:				er of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu	urpose for the di	stribution to the	organization.)	
To encourage staff development				
5. Verification I have determined that the distribution of tickets set	forth above is i	n accordance wit	th the provisions of FPPC	C Regulation 18944.1.
Signature of Agency Head or Designee	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an attachment for any a		ion including amen		

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	antes de CRUIS (10 - 46				
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
n in state in the state of the	7790008 1	ordov ord		Amendment (Must e	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing: .	
Construction and the second second second structure of the second s Second second s Second second s Second second s Second second se		h. Administrat	or's Office	In the second	(month, day, year)
Crystal Hishida Graff, Princ			or s Office		
2. Event For Which Ticket			A's soat tic	kote	
Date(s) of Event:	29 <u>/ 11</u> Desc	ription of Ever	nt:	NOI3	
063	<u>30 / 11</u> Face	Value of Ticke	ət: \$	\$38.00	
Agency Event 🛛 Yes	🗙 No (Identify s				
Name of Outside Source of	Ticket(s) Provided f	to Agency: <u>Oa</u>	akland Athletic	S	
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 (Last, First)	cial	Number of Tickets		ther the Distribution is In ibe the Public Purpose for	
(Lusi, 1131)		Of fickets	Desci	ibe the rubile rubber t	
4. Individual or Organizati					
Name of Behesting Agency	Official: Alameda (	County Superv	visor Scott Hag	ggerty, District 1	
Name of Individual or Orga					per of Tickets:4
Description of Organization					
Address of Organization:	imber and Street		City	,	State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the di	stribution to the	organization.)	
To reward a school organiz				jaka 🖕	
5. Verification		forth shares is "	n accordance	ith the provisions of EDD	C Regulation 18044 1
I have determined that the dist					C Regulation room, n.
Set Only		HISHIDA GRA	AFF PRI	NCIPAL ANALYST	(month, day, year)
Signature of Agency Head or Desig Comment: (Use this space or a			on including arrea		Constraint and August
Comment: (Use this space or a	an attachment for any ac	uulonai mormati	on monuting after	numori oxplanation.)	

Agency Report		A Public Doc	ument	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)			For Official Use Only
1221 OAK STREET, #555	60.00 Mil 9 <b>49</b> 000000000			
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number	E-mail			
	5 56 4 9 8 4 5 EX		Amendment (	Must explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@aco	gov.org	Date of Original E	line
oli - palinana serena da mana ana se			Date of Original F	(month, day, year)
Crystal Hishida Graff, Princ	The second secon		8	
2. Event For Which Ticket	한 것 같은 것 주말 그 가지만 맛지 않아? 것 같았다.			
Date(s) of Event:04_/_0	0 <u>6 / 11</u> Descrip	tion of Event: Baske	tball Game	
//////////////_/	/ Face Va	alue of Ticket: \$	95.00	
Agency Event 🛛 Yes		irce of tickets below.)		
Name of Outside Source of	Ticket(s) Provided to	Agency: Golden Stat	te Warrirors	
Number of Tickets Received	: <u>2</u> Ti	cket(s) Provided to A	gency: 🔲 Gratuitous	ly I Pursuant to Contrac
3. Agency Official(s) Rece	ving Ticket(s) (use	a continuation sheet fo	r additional names)	
Name of Offi	cial	Number State	Whether the Distribution	is Income to the Official or
(Last, First)		of Tickets	Describe the Public Purp	ose for the Distribution
<u>1</u>				
4. Individual en Ormanizati	an Decelular Tick			2-1.2
4. Individual or Organizati	a de la contra concerna de la concer	en al la latera de la compañía destructura de la compañía de la compañía de la compañía de la compañía de la c	searched to develop the test of the state of	iai.)
Name of Behesting Agency	Official: Alameda Co	unty Supervisor Nate	Miley, District 4	
				2
	ization: Christine Gra	aham	N	umber of Tickets:2
Name of Individual or Orgar				uniber of fickets.
Name of Individual or Orgar				
Name of Individual or Orgar Description of Organization:				
Description of Organization:				
Description of Organization:			City	
Description of Organization: Address of Organization: <sub>Nu</sub>	nber and Street		City	
Description of Organization: Address of Organization: <sub>Nu</sub> Purpose for Distribution: (D	nber and Street escribe the public purpo	se for the distribution to	City o the organization.)	State Zip Code
Description of Organization: Address of Organization: <sub>Nu</sub>	nber and Street escribe the public purpo	se for the distribution to	City o the organization.)	State Zip Code
Description of Organization: Address of Organization: <sub>Nu</sub> Purpose for Distribution: (D To promote attendance at a	nber and Street escribe the public purpo	se for the distribution to	City o the organization.)	State Zip Code
Description of Organization: Address of Organization: <sub>Nu</sub> Purpose for Distribution: (D	<sup>nber and Street</sup> escribe the public purpo n event held at a cou	se for the distribution to nty facility in order to	<sup>City</sup> o the organization.) maximize potential co	State Zip Code unty revenue from parking
Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a 5. Verification	nber and Street escribe the public purpo n event held at a cou ibution of tickets set for	se for the distribution to nty facility in order to	<sup>City</sup> o the organization.) maximize potential co	State Zip Code unty revenue from parking FPPC Regulation 18944.1.
Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a 5. Verification	nber and Street escribe the public purpo n event held at a cou ibution of tickets set for CRYSTAL HIS	se for the distribution to nty facility in order to th above is in accordan	City o the organization.) maximize potential co ce with the provisions of	State Zip Code unty revenue from parking FPPC Regulation 18944.1.

Tickets Provided by Agency Report	A Pu	blic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg Street Address	ion (if applicable)	Date Stamp	California Form 802 For Official Use Only
	E-mail crystal.hishida@acgov.org ) ipal Analyst, County Administra	Date of Original Fill	
Agency Event	18 / 11 Description of Example / 11 Face Value of Tides and the second seco	cket: \$\$38.00 kets below.)	y 🗵 Pursuant to Contract
3. Agency Official(s) Rece Name of Offi (Last, First)		State Whether the Distribution	
Name of Behesting Agency Name of Individual or Organ	Official: <u>Supervisor Wilma Cha</u> nization: <u>Michelle Batz</u>	N	al.) umber of Tickets:2 
Purpose for Distribution: (D To promote attendance at a 5. Verification	escribe the public purpose for the an event held at a County facili	distribution to the organization.) ty in order to maximize potential Co s in accordance with the provisions of I	FPPC Regulation 18944.1.

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVI AGENCY R	
1. Agency Name	2 - 5002 - 500 (SA		Date Stamp	California	
COUNTY OF ALAMEDA				Form 8	02
Division, Department, or Region (	if applicable)			For Official Use On	nly
Street Address					
1221 OAK STREET, #555, OAI	KLAND, CA 94612				
Area Code/Phone Number E-m	nail		C Amondmont (Musi	avalaia la Dart E l	
(510) 272-3882 cry	/stal.hishida@acgov.org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal	Analyst, County Administrato	r's Office		(month, day, year)	
2. Event For Which Tickets W	ere Distributed				
Date(s) of Event: <u>07</u> <u>02</u>	11 Description of Even	t. Oakland A's	3		
			43.75		
]	——— Face Value of Ticke	τ. φ			
Agency Event 🛛 Yes 🛛	No (Identify source of ticket	s below.)			
Name of Outside Source of Tick	et(s) Provided to Agency: Oa	kland A's			
Number of Tickets Received:	4 Ticket(a) Prov	ided to Agene		⊠ Pursuant to Cor	ntroo
Number of fickets Received.		nueu to Agenc	y: 🔲 Gratuitously	M Fulsuant to Col	nuac
3. Agency Official(s) Receivin	g Ticket(s) (use a continuatio	n sheet for addit	ional names)		
Name of Official	Number	State Whet	her the Distribution is Ir	come to the Official or	r
(Last, First)	of Tickets		be the Public Purpose f		10
1					
4. Individual or Organization F	Receiving Ticket(s) (Provid	ed at the behest	of an agency official.)		
			n na hann an tha an tha ann an tha ann an tha an		
Name of Behesting Agency Offic	cial:	a, District Z			
Name of Individual or Organizati	en. Eric Emerson		Num	per of Tickets:4	ł
Name of Individual of Organizati	011.		Num		
Description of Organization:					_
Address of Organization:	and Street	City		State Zip	o Code
		202		State Zip	/ 0006
Purpose for Distribution: (Descri			rganization.)		
To reward a community volunte	er for his service to the public				_
5. Verification					
	on of Koloba and fault a large to t			O Demotive constant	
I have determined that the distribution				C Regulation 18944.1.	
the min	CRYSTAL HISHIDA GRA	FF PRIN	CIPAL ANALYST	4/8/	11
Signature of Agency Head or Designee	Print Name		Title	(month, day,	vear)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				Statis Alatesta	Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must	evolain in Part 51
(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, Count	y Administrato	r's Office		
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:	<u>3 / 11</u> Desc	ription of Even	t: <u>Oakland A'</u>	S	
/	/ Face	Value of Ticke	et: \$	43.75	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	s below.)		
Name of Outside Source of T	icket(s) Provided t	to Agency: <u>Oa</u>	kland A's		
Number of Tickets Received:				y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)	
Name of Offic	al	Number		her the Distribution is Ir	
(Last, First)		of Tickets	Descri	be the Public Purpose t	or the Distribution
4. Individual or Organizatio	177	0. 0 G		t of an agency official.)	
Name of Behesting Agency (	Official: Supervisor	<sup>•</sup> Nadia Lockye	er, District 2		
Name of Individual or Organi	zation: Kristine Me	əlzner		Numl	per of Tickets:4
Description of Organization: .					
Address of Organization:	her and Street		City		State Zip Code
Purpose for Distribution: (De		pose for the dis	0.4.8.10. <b>8</b> .0	rganization)	
To promote attendance at ar					ue from sales
5. Verification					
I have determined that the distri	bution of tickets set f	orth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Besigne		HISHIDA GRA	FF PRIN	CIPAL ANALYST	40/11
DIGUALUTE OF AGENEV REACTOF PESIONE		EFFORT DIG DOG		Title	(month, day, year)

Tickets Provided by				TICKETS PROVIDED BY
Agency Report	A Pub	lic Docume	nt	AGENCY REPORT
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if ap	plicable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLA	AND, CA 94612			
Area Code/Phone Number E-mail			Amendment (Must ex	islais is Dart E )
(510) 272-3882 crysta	al.hishida@acgov.org			plain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal An	alyst, County Administrate	or's Office		(monn, day, year)
2. Event For Which Tickets Were	Distributed			
Date(s) of Event:04 _/16 _/1		nt. Oakland A's	(	
			43.75	
//	— Face Value of Ticket	et: \$		
Agency Event 🗌 Yes 🛛 🛛	lo (Identify source of ticke	ets below.)		
Name of Outside Source of Tisket/		akland A's		
Name of Outside Source of Ticket(s	a) Provided to Agency:			
Number of Tickets Received:4	Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving T	icket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official	Number	· · · · · · · · · · · · · · · · · · ·	ner the Distribution is Inc	
(Last, First)	of Tickets	Descrit	be the Public Purpose fo	r the Distribution
4. Individual or Organization Red	ceiving Ticket(s) (Provid	ded at the behest	of an agency official.)	
			and and the state of the second	
Name of Behesting Agency Official:	Supervisor Naula Locky	er, District 2		
	Jan Vincent		NT STORES	4
Name of Individual or Organization:				er of Tickets:4
Description of Organization:				
Address of Organization:				
Number and S	Street	City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the dis	stribution to the o	rganization.)	
To reward a community volunteer f	or her service to the publi	ic		
5. Verification				
I have determined that the distribution o	of tickets set forth above is ir	n accordance with	n the provisions of FPPC	Regulation 18944.1.
1100			(7.)	
Signature of Agency Head or Designee	CRYSTAL HISHIDA GRA		CIPAL ANALYST	Marth day years
Comment: (Use this space or an attachn		on includies omend	100000	(month, day, year)
Comment. (Use this space of an attachn	ient for any additional informatio	on including amend	ment explanation.)	
I PARKING PASS				

Tickets Provided by Agency Report	A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	Provide Land Street description and the	Date Stamp	
COUNTY OF ALAMEDA		i.	Form 802
Division, Department, or Region (if applicable)		1	For Official Use Only
1221 OAK STREET, #555			2
Street Address		1	12
OAKLAND, CA 94612			
Area Code/Phone Number E-mail			where in Dard E.)
(510) 272-3882 crystal.hishida@	acgov.org	Amendment (Must ex	piain in Part 5.)
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	nty Administrator's Office		(monin, day, year)
2. Event For Which Tickets Were Distribut			
Date(s) of Event: <u>07 / 27 / 11</u> Des	cription of Event: Oakland A	's Skybox	
	e Value of Ticket: \$	\$1,500	
	source of tickets below.)		
	-		
Name of Outside Source of Ticket(s) Provided	to Agency:		
Number of Tickets Received:20	Ticket(s) Provided to Agen	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	use a continuation sheet for add	litional names)	
Name of Official (Last, First)		ther the Distribution is Inc ribe the Public Purpose fo	
4. Individual or Organization Receiving Ti	<b>cket(s)</b> (Provided at the behe	st of an agency official.)	
Name of Behesting Agency Official:	County Supervisor Scott Hag	ggerty, District 1	
Name of Individual or Organization: <u>Alameda</u>			er of Tickets: <u>20</u>
Description of Organization: Free food deliver			
Address of Organization: PO Box 14002, Oak	land, CA 94614		State Zip Code
Purpose for Distribution: (Describe the public pu	urpose for the distribution to the	organization)	
To reward a nonprofit organization for its cont		organizationty	
To reward a horipront organization for its cont	notions to the community		
5. Verification			
I have determined that the distribution of tickets set	forth above is in accordance wi	ith the provisions of FPPC	Regulation 18944.1.
11151		NCIPAL ANALYST	N1.5.7.
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if a 1221 OAK STREET, #555 Street Address	ıpplicablø)	Date Star	mp California 802 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	tal.hishida@acgov.org	Date of Origina	nt (Must explain in Part 5.) al Filing:(month, day, year)
2. Event For Which Tickets Wer Date(s) of Event:0424	11       Description of Even         Face Value of Ticke         No (Identify source of ticket         (s) Provided to Agency: Go	t: \$ 142.95 s below.)	ously I Pursuant to Contract
3. Agency Official(s) Receiving Name of Official (Last, First)	Ticket(s) (use a continuation Number of Tickets	State Whether the Distribut	tion is Income to the Official or urpose for the Distribution
4. Individual or Organization Re Name of Behesting Agency Officia Name of Individual or Organization Description of Organization:	al: <u>Keith Carson, Superviso</u> n: <mark>James Brown</mark>	r Fifth District	official.) Number of Tickets:2
Address of Organization: <u></u>	e the public purpose for the dis		State Zip Code
5. Verification I have determined that the distribution Signaturé of Agency Head of Designee Comment: (Use this space or an attac	CRYSTAL HISHIDA GRA	FF PRINCIPAL ANAL	YST U 1207M (month, day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)	COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			California Form 802 For Official Use Only
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94	612			
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@a         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, Count		or's Office	Amendment (Must     Date of Original Filing	
2. Event For Which Tickets Were Distribut Date(s) of Event: <u>04 / 13 / 11</u> Desc	ed cription of Ever Value of Ticke	nt: <u>Golden Sta</u> et: \$	te Warriors 95.00	000001411 1. 707-4598 1. 707-4598
Name of Outside Source of Ticket(s) Provided Number of Tickets Received:4	Ticket(s) Pro	vided to Agend	y: 🛛 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (u Name of Official (Last, First)	USE a continuation	State Whe		ncome to the Official or for the Distribution
4. Individual or Organization Receiving Ti Name of Behesting Agency Official: Supervise			t of an agency official.)	
Name of Individual or Organization: <u>Neal Hick</u> Description of Organization:			Num	ber of Tickets:4
Address of Organization: Number and Street Purpose for Distribution: (Describe the public put To promote attendance at an event held at a b				State Zip Code
5. Verification I have determined that the distribution of tickets set Signature of Agency Head or Designee CRYSTAL CRYSTAL CRYSTAL	HISHIDA GRA	AFF PRI	NCIPAL ANALYST	PC Regulation 18944.1. <u>4/13/11</u> (month, day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address	72.07.2			
1221 OAK STREET, #555, OAKLAND, CA 94	612			
Area Code/Phone Number E-mail			Amendment (Muste	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, Principal Analyst, Count	y Administrato	r's Office		(
2. Event For Which Tickets Were Distribute	ed			
Date(s) of Event: <u>07 / 04 / 11</u> Desc	ription of Even	t: Oakland A's	s	
	Value of Ticke	1	500.00	
// Face	value of ficke	st. φ		
Agency Event 🛛 Yes 🛛 No (Identify s	source of ticket	ts below.)		
Name of Outside Source of Ticket(s) Provided	to Agency, Oa	kland A's		
	to Agency			
Number of Tickets Received: 20	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 (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
4. Individual or Organization Receiving Tic			t of an agency official.)	
Name of Behesting Agency Official: Supervisor	r Nadia Lockye	er, District 2		
Name of Individual or Organization: <u>Nancy The</u>	omas		Numb	er of Tickets: <u>20</u>
Description of Organization: Tri-Cities League	of Volunteers			
Address of Organization: 36120 Ruschin Drive	e, Newark CA 9	04560 City		State Zip Code
Purpose for Distribution: (Describe the public pur	mose for the dis	tribution to the c	rganization )	
To reward a nonprofit organization for its contri			-gamzaloni)	
5. Verification				
			6 the second states of memory	
I have determined that the distribution of tickets set i	ionn above is in	accordance wit	n the provisions of FPPC	regulation 18944.1.
	HISHIDA GRA	FF PRIN	CIPAL ANALYST Title	(month, day, year)

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

Agency Report	A Publ	ic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form CC
Division, Department, or Regio	n (if applicable)		For Official Use Only
Street Address			
1221 OAK STREET, #555, O	AKLAND, CA 94612		
	-mail		und annuale in David 5.)
(510) 272-3882	crystal.hishida@acgov.org	Amendment (Mu	ist explain in Part 5.)
Agency Contact (name and title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date of Original Filir	ng:(month, day, year)
	al Analyst, County Administrate	r's Office	(monin, day, year)
2. Event For Which Tickets	and the second se		
	_/ <u>11</u> Description of Ever	, Oakland A's game	
		00.000	
/	_/ Face Value of Ticke	t: \$	
Agency Event 🛛 🗌 Yes	No (Identify source of ticke		
Name of Outside Source of Ti	cket(s) Provided to Agency: <u>Oa</u>	kland Athletics	
Number of Tickets Received:		ided to Agency: 🛛 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (use a continuation	n sheet for additional names)	
Name of Officia		State Whether the Distribution is	
(Last, First)	of Tickets	Describe the Public Purpos	e for the Distribution
4			
		ed at the behest of an agency officia	1.)
Name of Bebesting Agency O	fficial: Supervisor Wilma Chan	District 3	
Name of Individual or Organiz	ation: Cathy Pauley	Nu	mber of Tickets: <u>2</u>
Description of Organization: _			
Address of Organization:	es and Cleant	City	State Zip Code
Numb	er and Street	City	State Zip Gode
Purpose for Distribution: (Des	cribe the public purpose for the dis	tribution to the organization.)	
To promote attendance at an	event held at a County facility	n order to maximize potential Cou	unty revenue from sales
5. Verification			
I have determined that the distrib	ution of tickets set forth above is ir	accordance with the provisions of Fi	PPC Regulation 18944.1.
1146 4	CRYSTAL HISHIDA GRA		4/22/11
			The first for the second

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. 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 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed		Amendment (Must		
Date(s) of Event: <u>06 / 14 / 11</u> D // Fa	escription of Ever ace Value of Ticke ify source of ticke led to Agency: <u>Oa</u>	et: \$1 ts below.) akland A's	500.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s Name of Official (Last, First)	(use a continuation Number of Tickets	State Whet		ncome to the Official or for the Distribution
<ul> <li>Individual or Organization Receiving         Name of Behesting Agency Official: Supervision         Supervision         Name of Individual or Organization: Fred V         Description of Organization: Hayward Educe         Address of Organization: P.O. Box 56444 I         Number and Street         Purpose for Distribution: (Describe the public To reward a nonprofit organization for its c     </li> </ul>	visor Nadia Locky /inciguerra cation Foundation Hayward, CA 945 c purpose for the di	er, District 2 45 City stribution to the	Num	ber of Tickets:20 
5. Verification I have determined that the distribution of tickets Signature of Agéncy Héad or Designee Comment: (Use this space or an attachment for an 4 PARKING PASSES	AL HISHIDA GRA		ICIPAL ANALYST	PC Regulation 18944.1.

Tickets Provided by				
Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			2	Form 802
Division, Department, or Region (if a	plicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must exp	lain in Part 5.)
	I.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal An	alyst, County Administrat	or's Office		
2. Event For Which Tickets Were	Distributed			
Date(s) of Event: <u>04 / 19 / 1</u>	1 Description of Ever	nt: Baseball Ga	ame	
	Face Value of Ticke		38.00	
		σι, φ		
Agency Event 🗌 Yes 🖾 N	o (Identify source of ticke	ts below.)		
Name of Outside Source of Ticket(s	) Provided to Agency: Or	akland Athletics		
Number of Tickets Received:2				
Number of fickets Received:	licket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving T	icket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official	Number		her the Distribution is Inco	me to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
4. Individual or Organization Red	oiving Tickot(s) (Brovid	l	of an agonov official )	
24 - 2424 252 2022 2022 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 2022 - 202 	아이는 것은 같이야 했다. 그는 것은 것은 것은 것을 가지 않는 것이 같이 많이			
Name of Behesting Agency Official	Alameda County Superv	visor Nate Miley	/, District 4	
				of Ticketo, 2
Name of Individual or Organization:	Ramika Dumap & Amy i	lizgerald	Numbe	r of Tickets:2
Description of Organization:				
Description of Organization.				
Address of Organization:				
Number and S	treet	City		State Zip Code
Purpose for Distribution: (Describe	he public purpose for the dis	stribution to the c	organization.)	
To promote attendance at an even	held at a County facility	in order to max	imize potential county r	evenue from parking
5. Verification				
I have determined that the distribution of	of tickets set forth above is ir	n accordance witi	h the provisions of FPPC	Regulation 18944.1.
1.1 0 11	CRYSTAL HISHIDA GRA		CIPAL ANALYST	1 19 14
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachn		on including amend		• • • • • • • • • • • • • • • • • • •

and concession sales - Field Tickets

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
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 94612			
Area Code/Phone Number E-	mail rystal.hishida@acgov.org		Amendment (Muster)	
Crystal Hishida Graff, Principa	Analyst, County Administrate	or's Office		
2. Event For Which Tickets V     Date(s) of Event:0430    / Agency Event □ Yes     Name of Outside Source of Tic     Number of Tickets Received:	<u>_/ 11</u> Description of Ever _/ Face Value of Ticke ⊠ No (Identify source of ticke ket(s) Provided to Agency: <u>Oa</u>	et: \$; ts below.) akland Athletics	\$38.00	⊠ Pursuant to Contract
3. Agency Official(s) Receiving	ng Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
·		×		
4. Individual or Organization Name of Behesting Agency Off			t of an agency official.)	
Name of Individual or Organiza			Numb	er of Tickets:2
Description of Organization:				
Address of Organization:	r and Street	City		State Zip Code
Purpose for Distribution: (Desc To promote attendance at an e				y revenue from sales
5. Verification I have determined that the distribution	ition of tickets set forth above is i	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head of Designee Comment: (Use this space or an a	CRYSTAL HISHIDA GR	AFF PRIN	ICIPAL ANALYST	14/20/11 (month, day, yoar)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					÷
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	icaov.ora		Amendment (Must	explain in Part 5.)
Agency Contact (name and title				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	tv Administrat	or's Office		(month, day, year)
2. Event For Which Tickets					
Date(s) of Event:05 /1			A's seat tick	kets	
				\$38.00	
2	<u>8 / 11</u> Face	Value of Ticke	et: \$	\$30.00	
Agency Event 🛛 🗌 Yes	区 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland Athletics	3	
Number of Tickets Received	12				☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic	n na manager ann an	Number	terre and the contract of the second	STICHTERS IN THE SHOP	ncome to the Official or
(Last, First)	in an	of Tickets	1	be the Public Purpose	
4. Individual or Organization	on Receiving Tic	ket(s) (Provid	l ied 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 Organ	ization: Assistance	League		Num	ber of Tickets:4
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De		pose for the dis	stribution to the c	organization.)	
To reward a nonprofit organ	ization for its contri	butions to the	community		
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is in	accordance wit	h the provisions of FPF	PC Regulation 18944.1.
lot my			FF PRIN	CIPAL ANALYST	4/8/41
Signature of Agercy Head of Design Comment: (Use this space or al		Print Name	n including among	Title	(month, day, year)

Tickets Provided by	A Pub	lic Docume	ant	TICKETS PROVIDED BY
Agency Report	AFUD	ne Docume		AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail				
(510) 272-3882 crystal.hishida@	acdov ord		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	Juogoviorg		Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, Cou	ntv Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets Were Distribu				
		Oakland A's	s Skybox	
Date(s) of Event: <u>07 / 03 / 11</u> Des	cription of Eve			
// Fac	e Value of Tick	et: \$	\$1,500	
Agency Event 🛛 Yes 🛛 No (Identify	source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Oa	akland Athletics	5	
Number of Tickets Received:20				
Number of Tickets Received:	licket(s) Pro	vided to Agenc	cy: 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	거 지갑 않아요 한 것을 많은 것이 하지 않았다.	ther the Distribution is In-	
(and) i holy	of Tickets	Desch	be the Public Purpose fo	
4. Individual or Organization Receiving Ti	cket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Official:	County Supen	visor Scott Had	gerty District 1	
Name of Behesting Agency Official:	obuilty Superi	nsor ocold mag	gerty, District 1	
Name of Individual or Organization: Washingt	on Hospital		NUMBER	or of Tickets: 20
Name of Individual of Organization.	Testicity in the second statements		Numb	er of Tickets: 20
Description of Organization: Hospital				
Address of Organization:		City		State Zip Code
	2 01 07	95430 	3 3 4	State Zip Code
Purpose for Distribution: (Describe the public pu			organization.)	
To reward a nonprofit organization for its cont	ributions to the	community		
5. Verification				
	forth a barre to t		h the providence of page	
I have determined that the distribution of tickets set	Torth above is in	accordance with	n the provisions of EPPC	Regulation 18944.1.
	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	4/6/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for any a	dditional informatio	on including amend	dment explanation.)	
4 PARKING PASSES				

Tickets Provided by Agency Report		A Publi	c Docume	ent	AGEN	ROVIDED BY
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official Us	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Division, Department, or Regio	n (if applicable)				For Official O	se only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	xplain in Part 5.)	
	crystal.hishida@a	cgov.org		D. t C. C. Labort Fillings		
Agency Contact (name and title)			12 12/22	Date of Original Filing: -	(month, day, year)	( <u> </u>
Crystal Hishida Graff, Princip			or's Office			
2. Event For Which Tickets	Were Distribute	ed	O-H			
Date(s) of Event:06 /28	<u>i_/_11</u> Descr	ription of Even	t: Oakland As	s vs. Florida Mariins		
/		Value of Ticke		43.75		
Agency Event 🛛 Yes	🗵 No (Identify se					
Name of Outside Source of T	icket(s) Provided te	o Agency: Oa	kland A's			
Number of Tickets Received:	4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	X Pursuant to	Contract
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio				
Name of Officia (Last, First)	al	Number of Tickets		her the Distribution is Inc be the Public Purpose for		
·		OF HOROLO				
2						
4. Individual or Organizatio	n Receiving Tic	kot(c) (Provid	ed at the behas	t of an agency official )		
				a of all agoney emplainy		
Name of Behesting Agency C	Official: Keith Carso	on, Superviso	r Fifth District			
Name of Individual or Organia	zation: First Place	for Youth			er of Tickets:	4
Description of Organization:	Building a foundat	ion for a life af	ter foster care	)		
Address of Organization:			Oakla		CA	94612 Zip Code
Purpose for Distribution: (De				organization.)		
To reward a school or nonpro						
		al - Maanta te Meri (* 2003a).				
5. Verification						
I have determined that the distri	bution of tickets set f	forth above is in	accordance wi	th the provisions of FPP	C Regulation 189	44.1.
J-Hann	CRYSTAL H	HISHIDA GRA		NCIPAL ANALYST	4/20	11
Signature of Agency Head or Designe		Print Name	2 A 02	Title	(month	n, day, year)
Comment: (Use this space or an	attachment for any ad	ditional informatio	n including amen	dment explanation.)		

Tickets Provided by		A Publi	ic Docume	unt.	TICKETS PROVIDED BY
Agency Report		APUDI	ic Docume		AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	i <b>ion</b> (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	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	9)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	pipal Analyst, Count	y Administrato	r's Office		fine and a style and
2. Event For Which Ticket				,	
Date(s) of Event:04_/			t: Oakland A's	5	
,		Value of Ticke		43.75	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	s below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Oa	kland A's		
Number of Tickets Received	J:	Ticket(s) Prov	rided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Offi		Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
-					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the hehes	t of an agency official )	
		.ñ .ñ:		tor an agency officially	
Name of Behesting Agency			, District L		
Name of Individual or Orgai	nization: <u>Arnulfo Ce</u>	dillo		Numb	per of Tickets: <u>5</u>
Description of Organization	I		1 		
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D		pose for the dis	tribution to the c	organization.)	
To promote attendance at a	an event held at a C	ounty facility ir	n order to max	imize potential Count	y revenue from sales
5. Verification					
I have determined that the dist	ribution of tickets set (	forth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
Litta M		HISHIDA GRA		ICIPAL ANALYST	4/15- /u
Signature of Agency Head of Desig		Print Name		Title	(month, day, year)
Comment: (Use this space or a	an attachment for any ad-	ditional information	n including amend	dment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name	Estensi - Access		Date Stamp	California
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address			•	
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must exp	olain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org			
Agency Contact (name and tille)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Coun		tor's Office		
2. Event For Which Tickets Were Distribute				
Date(s) of Event: <u>04 / 06 / 11</u> Desc	ription of Eve	nt: Basketball	Game	
// Face	Value of Tick	et: \$	95.00	
Agency Event 🔲 Yes 🗵 No (Identify s	ource of ticks	te below)		
		NAC SCREED LINE		
Name of Outside Source of Ticket(s) Provided t	to Agency: G	olden State wa	irrirors	
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio			
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inco be the Public Purpose for	
Kaplan, Seth	1	To promote a	attendance at an event	held at a County
Briscoe, Alex	1	facility in orde	er to maximize potentia	I revenue from
		parking and	concession sales	
4. Individual or Organization 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	visor Nate Mile	y, District 4	
Name of benesting Agency Official.				
Name of Individual or Organization:			Numbe	r of Tickets:
Description of Organization:				· · · · · · · · · · · · · · · · · · ·
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pur	pose for the di	stribution to the o	organization.)	
5. Verification				
I have determined that the distribution of tickets set i	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
and unit	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an attachment for any ad		on including amend		. NUMBER OF STREET
parking pass				

	A Pub			AGENCY REPOR
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				For Official Use Only
Division, Department, or Reg	ion (ir applicable)			
Street Address				
1221 OAK STREET, #555,	OAKLAND, CA 94612			
Area Code/Phone Number	E-mail		Amendment (Must ex	nlain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org		Current Lines 20	ener course and
Agency Contact (name and title	j	Da	te of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County Administrat	or's Office		
2. Event For Which Tickets	s Were Distributed			
Date(s) of Event:04_/_3	0 / 11 Description of Eve	nt: Oakland A's		
/	/ Face Value of Tick	et: \$ 22	.00	
Agency Event 🛛 Yes	No (Identify source of ticke	ets below.)		
		same of and		
	Ticket(s) Provided to Agency: O			
Number of Tickets Received	:2 Ticket(s) Pro	wided to Agency:	Gratuitously	Pursuant to Contrac
. Agency Official(s) Rece	ving Ticket(s) (use a continuation	on sheet for addition	il names)	
Name of Offic	ial Number	State Whether	the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Describe t	ne Public Purpose fo	r the Distribution
. Individual or Organizati	on Receiving Ticket(s) (Provi	ded at the behest of a	an agency official.)	
		or District 2		
	Official: Supervisor Nadia Locky	ver, District 2		
Name of Behesting Agency	Official: Supervisor Nadia Locky	ver, District 2	Numbe	ar of Ticketov 2
Name of Behesting Agency		ver, District 2	Numbe	er of Tickets:2
Name of Behesting Agency	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	ver, District 2	Numbe	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	ver, District 2	Numbe	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	ver, District 2	Numbe	er of fickets:
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	City		er of fickets:
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <sub>Nur</sub> Purpose for Distribution: (D	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	City stribution to the orga	nization.)	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <sub>Nur</sub> Purpose for Distribution: (D	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	City stribution to the orga	nization.)	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <sub>Nur</sub> Purpose for Distribution: (D To promote attendance at a	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	City stribution to the orga	nization.)	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: Supervisor Nadia Locky ization: Angelina Rodriquez	City stribution to the orga in order to maximiz	nization.) e potential County	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D To promote attendance at a	Official: Supervisor Nadia Locky ization: Angelina Rodriquez nber and Street escribe the public purpose for the di n event held at a County facility	City stribution to the orga in order to maximiz n accordance with the	nization.) e potential County	State Zip Code

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED
					AGENCY REPO
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
Division, Department, or Regi					1
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail			Amendment (M	ust explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			and any and any
Agency Contact (name and title)				Date of Original Fili	ng:
Crystal Hishida Graff, Princi	pal Analyst, Count	y Administrator's	Office		Statistic control and a statistic at
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:04 /2			Rod Stewar	t & Stevie Nicks	
/		Value of Ticket: \$		173.85	
Agency Event 🛛 Yes	X No (Identify s	ource of tickets b	elow)		
Name of Outside Source of T			sam B men	rriors	
		to Agency:			
Number of Tickets Received	4	Ticket(s) Provide	ed to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Receiv	ving Ticket(s) (u	se a continuation sl	heet for addi	tional names)	
Name of Offic	ial	Number			s Income to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpos	se for the Distribution
4. Individual or Organizatio	owner Halfbackers zur Schaltzbarn als <del>mi</del> ttell School-	Press Cardenses, Dar Dumentieur east		t of an agency officia	l.)
Name of Behesting Agency 0	Official: Supervisor	Nadia Lockyer, I	District 2		
Name of Individual or Organi				Nu	mber of Tickets:4
Name of individual of Organi	zation			Nu	mber of fickets.
Description of Organization:					
Address of Organization:					
Address of Organization:	ber and Street		City		State Zip Cod
Purpose for Distribution: (De	scribe the public pur	pose for the distrib	ution to the c	organization.)	
To reward a community volu	nteer for his servic	e to the public			
5. Verification					
I have determined that the distri	bution of tickets set f	orth above is in acc	cordance wit	h the provisions of Fi	PPC Regulation 18944.1.
Setta n		HISHIDA GRAFF		CIPAL ANALYST	111.5 / 11
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any add	ditional information in	cluding amend	lment explanation.)	

Tickets Provided by	A Public D	ocume	ent	TICKETS PROVIDED BY
Agency Report		oounic	1	AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA	P11-1		-	For Official Use Only
Division, Department, or Region (if app	licable)			
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must exp	olain in Part 5.)
	hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Ana	yst, County Administrator's O	ffice		
2. Event For Which Tickets Were	Distributed			
Date(s) of Event: <u>04 / 24 / 11</u>	Description of Event:	ncert - Li	l Wayne	
·/·	— Face Value of Ticket: \$ _			
Agency Event 🗌 Yes 🗵 No	(Identify source of tickets below	ow.)		
Name of Outside Source of Ticket(s)	43 I I I			
Number of Tickets Received:4	Ticket(s) Provided	to Agenc	:y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ti	<b>cket(s)</b> (use a continuation shee	et for addi	tional names)	
Name of Official (Last, First)	Number S of Tickets		ther the Distribution is Inco ibe the Public Purpose for	
·				
4. Individual or Organization Reco	eiving Ticket(s) (Provided at t	he behes	t of an agency official.)	
Name of Behesting Agency Official: .	Alameda County Supervisor S	cott Hag	gerty, District 1	
Name of Individual or Organization:	Max Ellis		Numbe	r of Tickets: <u>4</u>
Description of Organization:				
Address of Organization:	reet	City		State Zip Code
Purpose for Distribution: (Describe th	e public purpose for the distribution	on to the o	organization.)	
To reward a community volunteer fo	r his service to the public			
5. Verification				
I have determined that the distribution of	tickets set forth above is in accor	dance wit	h the provisions of FPPC	Regulation 18944.1.
attan c	RYSTAL HISHIDA GRAFF		ICIPAL ANALYST	4/11/4
Signature of Agency Head or Designee Comment: (Use this space or an attachme	Print Name Int for any additional information inclu	ding amend	Tille dment explanation.)	(month, day, year)

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				Date stamp	California Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	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			872.47	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ			Office		
2. Event For Which Ticket			O-Hand Al		
Date(s) of Event: <u>04</u> /	15 <u>  11</u> Desc	ription of Event: .			
/	/ Face	Value of Ticket:	\$	\$38.00	
Agency Event	X No (Identify s	source of tickets I	pelow)		
Name of Outside Source of	Ticket(s) Provided t	to Agency:			
Number of Tickets Received	1:2	Ticket(s) Provid	ed to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
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 In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organizati		2 A N		t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Wilma Chan, Di	istrict 3		
					2
Name of Individual or Orgar	ization: <u>for MCCC</u>	JITTICK		Numb	per of Tickets:2
Description of Organization:	(				
Description of organization.					
Address of Organization:			12010		
Nu	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the distrib	oution to the d	organization.)	
To promote attendance at a	in event held at a C	ounty facility in c	order to max	imize potential Count	y revenue from sales
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in ac	cordance wit	h the provisions of FPP(	C Regulation 18944.1.
11 MM		HISHIDA GRAFF		ICIPAL ANALYST	15 1. 1
Signature of Agency Agad or Design		Print Name	PTXIN	Title	(month, day, year)
Comment: (Use this space or a			cluding amend	dment explanation.)	
Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOR	
--	----------------------	---------------------	------------------------------------	------------------------------------	
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA				Form OUZ	
Division, Department, or Region (if applicable)				For Official Use Only	
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Must e	volain in Part 5 \	
(510) 272-3882 crystal.hishida@a	acgov.org			spiant in trant 3.9	
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Cour	ity Administrat	or's Office		(monin, day, year)	
2. Event For Which Tickets Were Distribut					
Date(s) of Event: <u>04 / 01 / 11</u> Desc	ription of Eve	nt: Oakland A's	s vs. Seattle Mariners		
		et: \$	43.75		
Agency Event DYes No (Identify :	source of ticke	ets below.)			
Name of Outside Source of Ticket(s) Provided	to Agency: <u>Oa</u>	akland A's			
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac	
3. Agency Official(s) Receiving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)		
Name of Official	Number		her the Distribution is Ind		
(Last, First)	of Tickets	Descri	be the Public Purpose fo	or the Distribution	
·					
4. Individual or Organization Receiving Tid	ket(s) (Provid	ded at the behes	t of an agency official.)		
Keith Cars	on Superviso	or Fifth District			
Name of Behesting Agency Official: Keith Cars	Son, Ouporvise	or i har bisaide			
Name of Individual or Organization: <u>Benito De</u>	lgado-Olson		Numb	er of Tickets:4	
Name of individual of organization.					
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public pu	roose for the di	stribution to the r	proprietion )		
To reward a school or nonprofit organization for	or its contributi	ions to the com	imunity		
5. Verification					
	forth chour le le	a accordance will	h the provisions of EPDC	Regulation 19044 1	
I have determined that the distribution of tickets set			ening wordstaten in an ar a soon a	2 rxegulation 18944.1.	
	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	4/1/11	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	

Tickets Provided by Agency Report		A Public	: Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	New American Street States and
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	ion (ii opprocesso)				
Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	E-mail				
				Amendment (Mus	t explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org		Deter d'Original Filler	
Agency Contact (name and title	20			Date of Original Filing	g:(month, day, year)
Crystal Hishida Graff, Princ			's Office		
2. Event For Which Tickets					
Date(s) of Event:04_/_0	01 / 11 Desc	ription of Event:	Oakland A's	s vs. Seattle Mariner	'S
		Value of Ticket:		38.00	
	Face	value of ficket.	φ		
Agency Event 🛛 Yes	🗙 No (Identify s	source of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided f	to Agency: Oak	and A's		
Number of Tickets Received	:2	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	Rursuant to Contrac
3. Agency Official(s) Recei	i <b>ving Ticket(s)</b> (u	se a continuation	sheet for addit	ional names)	
Name of Offic	oial -	Number			Income to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose	for the Distribution
4. Individual or Organization				of an agency official.	)
Name of Individual or Organ				Num	nber of Tickets:2
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	rpose for the distri	bution to the o	rganization.)	
To promote attendance at a	County sponsored	event or event	held at a Cou	unty facility in order	to maximize revenue.
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is in a	ccordance with	n the provisions of FPI	PC Regulation 18944.1.
-Grigter HG		HISHIDA GRAF	F PRIN	CIPAL ANALYST	April , 2011
Signature of Agency Head or Design		Print Name		Title	"(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional information	including amend	ment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Document		TICKETS PROVIDED B
1. Agency Name	79-VEX.49-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VEX.69-VE	l p	te Stamp G	AGENCY REPOR
COUNTY OF ALAMEDA			ite Stamp	Form 802
Division, Department, or Regio	on (if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612 Area Code/Phone Number	E-mail			
1965 W 800 TO 960 TO 20 DO 10 TO		Ame	ndment (Must explain i	n Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@acgov.org	Data of (	Driginal Filing:	
CONTRACTOR AND A DESCRIPTION OF A DESCRIPT		AND A TIME OF ANY ADDRESS OF A	/nginai Filing(m	onth, day, year)
	pal Analyst, County Administrat	or's Office		· · · ·
2. Event For Which Tickets				
Date(s) of Event:04_/_15	_/_11_ Description of Ever	nt: <u>Baseball Game</u>		
/	/ Face Value of Ticke	00.00		
Agency Event 🛛 Yes	No (Identify source of ticke	ts below.)		
		20 GE 25 DE 15 GE 2020 (100		
Name of Outside Source of T	icket(s) Provided to Agency: Oa			
Number of Tickets Received:	Ticket(s) Pro	vided to Agency: 🛛 G	atuitously 🛛 🖾 F	Pursuant to Contrac
3. Agency Official(s) Receiv		A 6 969 A 1 6 A 1 6 A 1 6 A 1	5. St.	
Name of Officia (Last, First)	al Number of Tickets	State Whether the Di Describe the Pu	stribution is Income blic Purpose for the	
4. Individual or Organizatio	11 M - 2017년 시간, 2011년 2017년 1967년 - 11 11 11 11 12 12 12 12 12 12 12 12 12	이 바라~ 눈가 좀 다 옷이 지금 때 이는 것을 통하는 것이 다 먹다는 것이 가지 않는 것을 해요.		
Name of Behesting Agency C	fficial: Alameda County Superv	isor Nate Miley, District	4	
Name of Individual or Organiz		·	_ Number of	Tickets:1
Description of Organization: _				
Address of Organization:	per and Street	City		State Zip Code
	scribe the public purpose for the dis	tribution to the organization	) ( n	
1	· · · · · · · · · · · · · · · · · · ·			
To promote attendance at an	event held at a County facility i	n order to maximize pol	ential county reve	nue from parking
5. Verification			The first of the second se	
I have determined that the distrib	oution of tickets set forth above is in	accordance with the prov	isions of FPPC Reg	ulation 18944.1.
left mm	CRYSTAL HISHIDA GRA	FF PRINCIPAL A	NALYST	4/7/11
Signature of Agency Head or Designed			Title	(month, day, year)
	attachment for any additional informatio	on including amendment expla	anation.)	
and concession sales - Field		2 W	(iii),	

Tickets Provided by		A Public	: Docume	ent	TICKETS PROVID	
Agency Report			boounie		AGENCY R	EPOR
1. Agency Name				Date Stamp	California Form 80	02
COUNTY OF ALAMEDA					For Official Use On	2 - A A
Division, Department, or Regi	on (if applicable)				i di cindial oscicili	.,
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title)		1/2		Date of Original Filing	(month, day, year)	
Crystal Hishida Graff, Princi	pal Analyst, Coun	ty Administrator'	s Office			
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:04_/_2			A's seat tick	kets		
				\$38.00		
0	<u>1 / 11</u> Face	Value of Ticket:	\$	\$55.00		
Agency Event	🗵 No (Identify s	ource of tickets	below.)			
· · · · · · · · · · · · · · · · · · ·			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Name of Outside Source of T	ficket(s) Provided t	to Agency:		,		
Number of Tickets Received:	4	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Cor	ntract
3. Agency Official(s) Receiv	ving Ticket(s) (ur	se a continuation	sheet for addi	tional names)		
Name of Offic		Number			ncome to the Official or	-
(Last, First)		of Tickets		be the Public Purpose		
-						
4. Individual or Organization	on Receiving Tic	ket(s) (Provided	at the behes	t of an agency official.)		
Name of Behesting Agency (	Alameda C	County Supervise	or Scott Had	gerty. District 1		
Name of Behesting Agency 0	Official:	sectory experime	or occurring	gorijî piotriot i		
Name of Individual or Organi	stacy Fult	5		Num	ber of Tickets:4	
Name of Individual of Organi	zauon				ber of fickets.	
Description of Organization:						
Print Jennen						
Address of Organization:					P	
Num	iber and Street		City		State Zip	Code
Purpose for Distribution: (De	scribe the public pur	pose for the distri	bution to the c	organization.)		
To reward a community volu						
To reward a community void						
5. Verification						
	button of tickets oct (	forth chours is in a	aardanaa wit	h the provisions of EDI	20 Degulation 19044 1	
I have determined that the distri	buildin di lickets set f	orth above is in al	cordance wit	in the provisions of PPF	C Regulation 18944.1.	
lettonto	284034A 1124759345-10	HISHIDA GRAFF	PRIN	CIPAL ANALYST	4/12/1	(
Signature of Agency Head or Designe		Print Name		Title	(month, day, y	vear)
Comment: (Use this space or an	attachment for any add	ditional information i	ncluding amend	lment explanation.)		

Tickets Provided by Agency Report	A Public Do	cument	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	
COUNTY OF ALAMEDA		8	Form 802
Division, Department, or Region (if applica	ıble)		For Official Use Only
1221 OAK STREET, #555	1221 OAK STREET, #555		
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must ex	volain in Part 5.)
(510) 272-3882 crystal.his	shida@acgov.org		kplain in Part 5.j
Agency Contact (name and title)		Date of Original Filing: -	(month, day, year)
Crystal Hishida Graff, Principal Analys	t, County Administrator's Off	ice	(moning any) youry
2. Event For Which Tickets Were Di	stributed		
Date(s) of Event: <u>07 / 01 / 11</u>	Description of Event: A's a	seat tickets	
	Face Value of Ticket: \$		
	race value of ficket. $\phi$		
Agency Event 🗌 Yes 🗵 No (Ie	dentify source of tickets below	w.)	
Name of Outside Source of Ticket(s) Pr	ovided to Agency: Oakland A	Athletics	
Number of Tickets Received:4	_ Ticket(s) Provided to	Agency: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Tick	et(s) (use a continuation sheet	for additional names)	
Name of Official		te Whether the Distribution is Inc	
(Last, First)	of Tickets	Describe the Public Purpose fo	r the Distribution
4. Individual or Organization Receiv	ing Ticket(s) (Provided at th	e behest of an agency official.)	
Name of Behesting Agency Official: Ala	ameda County Supervisor Sc	ott Haggerty, District 1	
Name of Individual or Organization: <u>Liv</u>	ermore-Granada Boosters	Numbe	er of Tickets:4
Description of Organization: support Liv		and offer scholarships	
Address of Organization: 2117 Fourth	Street, Livermore, CA 94550	City	State Zip Code
			State Zip Gode
Purpose for Distribution: (Describe the p	the second se	. St. 3	
To reward a school organization for its	contributions to the communi	ity	
E Vorification			
5. Verification	landar and familians in standar assessment	and a suffly the second state	D
I have determined that the distribution of tic	kets set forth above is in accorda	ance with the provisions of EPPC	Regulation 18944.1.
Signature of Agency Head of Designee	/STAL HISHIDA GRAFF Print Name	PRINCIPAL ANALYST	(month, day, year)

Agency Report	A Public Do	oument	AGENCY REPOR
1. Agency Name		Date S	California 802
COUNTY OF ALAMEDA			
Division, Department, or Regi	ion (if applicable)		For Official Use Only
Street Address			
1221 OAK STREET, #555,	OAKLAND, CA 94612		
Area Code/Phone Number	E-mail	Amenda	nent (Must explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title,		Date of Orig	inal Filing:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County Administrator's Offi	ce	
2. Event For Which Tickets			
Date(s) of Event: <u>04</u> / <u>3</u>	0 / 11 Description of Event: Oak	land A's game	
/	/ Face Value of Ticket: \$	¢12 75	_
Agency Event 🛛 Yes	X No (Identify source of tickets belo		
	a a nas des nantas resultan na nangari (sera)		
Name of Outside Source of	Ticket(s) Provided to Agency: <u>Oakland</u>	unouoo	
Number of Tickets Received	: Ticket(s) Provided to	o Agency: 🛛 Gratu	itously 🛛 🛛 Pursuant to Contrac
3. Agency Official(s) Recei	ving Ticket(s) (use a continuation sheet	for additional names)	
Name of Offic (Last, First)	ial Number Sta of Tickets		bution is Income to the Official or Purpose for the Distribution
		X	
	on Receiving Ticket(s) (Provided at the		y official.)
Name of Behesting Agency	Official: Supervisor Wilma Chan, Distric	et 3	
Name of Individual or Organ	ization: The Academy of Alameda Midd	lle School	Number of Tickets:20
	Middle school for grades 6-8		
Description of Organization:			
Address of Organization: 40	1 Pacific Avenue Alameda, CA 94501 nber and Street	City	State Zip Code
Address of Organization: 40			State Zip Code
Address of Organization: 40 Num Purpose for Distribution: (De	nber and Street		State Zip Code

leston .	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/19/11
Signature of Agengy/Head or Designee	Print Name	Title	(month, day, year)

 Signature of Ageney/Head or Designee
 Print Name

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

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				ATTACA (ASTA) (ASTA) (ASTA)	Form 802
Division, Department, or Regi	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	velaie la Part 5 l
(510) 272-3882	crystal.hishida@a	acgov.org			xpiairi în Part 5.j
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princi	ipal Analyst, Count	ty Administrat	tor's Office		(moning only) only
2. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:04_/_1	6 / 11 Desci	ription of Eve	nt. Oakland A's	s vs. Detroit Tigers	
Date(s) of Event.				38.00	
/	/ Face	Value of Lick	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)	(†). 101	
Name of Outside Source of	Ticket(s) Provided t	Adency: Of	akland A's		
		.u Agency			
Number of Tickets Received	:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is Ind be the Public Purpose fo	
Brooks, Rodney		1	To promote a	attendance at a Count	y facility
	<u> </u>				
4. Individual or Organizatio	an a			t of an agency official.)	
Name of Behesting Agency (	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ	ization: <u>Adrian Her</u>	nderson		Numb	er of Tickets: <u>1</u>
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the di	stribution to the c	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					
	ibution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
I have determined that the distri		forth above is in		h the provisions of FPPC	C Regulation 18944.1.

Tickets Provided by Agency Report		A Publi	ic Docume	ent		PROVIDED B
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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				(Must explain in Part 5.)	
(510) 272-3882	crystal.hishida@acgc	ov.org			(Must explain in Part 5.)	
Agency Contact (name and title				Date of Original F	iling:(month, day, yea	ar)
Crystal Hishida Graff, Princ	ipal Analyst, County A	dministrate	or's Office		(monun, day, you	
2. Event For Which Ticket	s Were Distributed					
Date(s) of Event:	15 / 11 Descripti	on of Even	t: Oakland A's	s vs. Los Angele	s Angels	
/			t: \$	4 49 19 19 19		
Agency Event 🛛 Yes	🛛 No (Identify sour	ce of ticket	s below.)			
Name of Outside Source of	Ticket(s) Provided to A	gency: <u>Oa</u>	kland A's			
Number of Tickets Received	. 8 Tio	kot(c) Prov	ided to Agong	y: 🔲 Gratuitou	sly 🗵 Pursuant t	o Contraci
Number of fickets Received	n ne	Kel(s) Flov	ded to Agent		Siy A Fuisuant	o contrac
3. Agency Official(s) Rece	iving Ticket(s) (use a	continuatio	n sheet for addi	tional names)		
Name of Offic	cial	Number			n is Income to the Offi	
(Last, First)	0	f Tickets	Descri	be the Public Purp	ose for the Distributio	n
4						
4. Individual or Organizati	on Receiving Ticket	(s) (Provide	ed at the behes	t of an agency offi	cial.)	
Ar 12 F 1 I	ere Keith Carson	Supervisor	Fifth District			
Name of Behesting Agency						
Name of Individual or Orgar				ess h	Number of Tickets: _	8
Description of Organization:	Non-profit school for t	he infant d	eaf.			
Address of Organization:	035 Greyson St.		Berkele	ey,	CA	94710
Nu	mber and Street		City		State	Zip Code
Purpose for Distribution: (D	escribe the public purpose	e for the dist	tribution to the c	organization.)		
To reward a school or nonp	rofit organization for its	contributio	ons to the com	imunity		
5. Verification						

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

1 St Gans	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/20/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an atta	chment for any additional information inclu	ding amendment explanation.)	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				1005-0280289-02406-489	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	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	icgov.org		Date of Original Filing:	
				Date of original rining.	(month, day, year)
Crystal Hishida Graff, Princ	and a state of the state of the state of the	A	tor's Office		
2. Event For Which Tickets					
Date(s) of Event:04_/_0	0 <u>1 / 11</u> Desc	ription of Eve	nt: <u>A's Game</u>		
·/		Value of Tick	et: \$	\$38.00	
Agency Event 🛛 Yes	🔀 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Oa	akland A's		
Number of Tickets Received				sy: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	itional names)	
Name of Offic	tial	Number	State Whet	ther the Distribution is Ir	come to the Official or
(Last, First)		of Tickets	9.00 C R 200 C R 201 R 201 P 20 S 20	ibe the Public Purpose f	
Haggerty, Scott Ala. Co. Su	pervisor, Dist. 1	4	To obtain ov	ersight of events that	have received co. funds
4. Individual or Organizatio	5				
Name of Behesting Agency	Official: Alameda C	County Superv	visor Scott Hag	igerty, District 1	
Name of Individual or Organ	ization:			Numb	per of Tickets:
Description of Organization:					
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the o	organization.)	
5. Verification					
I have determined that the distr	ibution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
bit Briefs	CRYSTAL H	ISHIDA GRA	AFF PRIN	ICIPAL ANALYST	4/1/1
Signature of Agency Head of Design	60	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any add	ditional informatio	on including amen	dment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY
1. Agency Name		100.000		Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region (if a	applicable)				For Official Use Only
Street Address				1	
1221 OAK STREET, #555, OAKL	AND, CA 946	512			
Area Code/Phone Number E-mai				Amendment (Mustex)	plain in Part 5.)
	al.hishida@a	cgov.org			
Agency Contact (name and title)		6 10 1 1 1 1 1 1 1	1 222	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Ar			or's Office		
2. Event For Which Tickets Wer			Ookland Al	aama	
Date(s) of Event: <u>04</u> <u>17</u>	11 Descr	iption of Ever			
///////	Face	Value of Ticke	et: \$	\$38.00	
Agency Event 🛛 Yes 🗵 I	No (Identify s	ource of ticke	ts helow )		
				9	
Name of Outside Source of Ticket(	(s) Provided to	o Agency:			
Number of Tickets Received:	2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (us	e a continuatio	n sheet for addi	tional names)	
Name of Official		Number		ther the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	the Distribution
	0				
J					
	-				
4. Individual or Organization Re		2 C (S)		t of an agency official.)	
Name of Behesting Agency Officia	I: Supervisor	Wilma Chan,	District 3		
					0
Name of Individual or Organizatior	1 om McCo	rmick		Numbe	er of Tickets: 2
Description of Organization:					· · · · · · · · · · · · · · · · · · ·
Address of Organization:					
Number and	Street		City		State Zip Code
Purpose for Distribution: (Describe	the public purp	pose for the dis	tribution to the o	organization.)	
To promote attendance at an ever	nt held at a Co	ounty facility i	n order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distribution	of tickets set fo	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
1stan	CRYSTAL H	IISHIDA GRA	FF PRIN	ICIPAL ANALYST	4/11/11
Signature of Agency Flead or Designee		Print Name		Title	(month, day, year)

Tickets Provided by	5. S.200-000			
Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802
Division, Department, or Region (if a	applicable)			For Official Use Only
Street Address 1221 OAK STREET, #555, OAKL	AND, CA 94612			
Area Code/Phone Number E-ma (510) 272-3882 crys	il tal.hishida@acgov.org		Amendment (Muster	xplain in Part 5.)
Agency Contact (name and title)	annishida@acgov.org		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, County Administrate	or's Office		
2. Event For Which Tickets Wei				
Date(s) of Event: <u>04 / 24 /</u>	11 Description of Eve			
//	Face Value of Tick	et: \$	142.95	
Agency Event 🛛 Yes 🗵	No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket	(s) Provided to Agency: <u>G</u>	olden State Wa	rriors	
Number of Tickets Received:			y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets	1200 C. THERE & MILLION & STATE	her the Distribution is Ind be the Public Purpose fo	
4. Individual or Organization Re	ceiving Ticket(s) (Provi	ded at the behest	of an agency official.)	
Name of Behesting Agency Officia	al: Supervisor Nadia Locky	er, District 2		
Name of Individual or Organization			Numb	er of Tickets:4
Description of Organization:				
Address of Organization:	i Street	City		State Zip Code
Purpose for Distribution: (Describe	e the public purpose for the di			
To promote attendance at an even	nt held at a County facility	in order to maxi	imize potential County	revenue from sales
5. Verification				
I have determined that the distribution	of tickets set forth above is ir	n accordance with	h the provisions of FPPC	Regulation 18944.1.
6HAM	CRYSTAL HISHIDA GRA	AFF PRIN		4/22/11
Signature of Agency Head or Designee Comment: (Use this space or an attach	Print Name Inment for any additional informatio	on including amend	Title Iment explanation.)	(month, day, year)
	9			

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	A PROPERTY AND A PROP
COUNTY OF ALAMEDA				17 - 1981 - 18 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 199	Form 802
Division, Department, or Region (if	Division, Department, or Region (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555, OAK	LAND, CA 940	612			
Area Code/Phone Number E-ma	ail			Amendment (Mustex	plain in Part 5.)
(510) 272-3882 crys	stal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, Count	y Administrato	or's Office		
2. Event For Which Tickets We					
Date(s) of Event: <u>04</u> / <u>15</u> /	11 Desc	ription of Ever	nt: <u>Oakland A's</u>	S	
///////////////////////_/	Face	Value of Ticke	et: \$	38.00	
Agency Event 🔲 Yes 🗵	No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ticke	t(s) Provided t	to Agency: Oa	akland A's		
Number of Tickets Received:				y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets	이 이야지 않는 것이 있는 것이 같이 있다.	ther the Distribution is Inc be the Public Purpose fo	
·					
4. Individual or Organization R		1 1 N		t of an agency official.)	
Name of Behesting Agency Offici	al: Supervisor	r Nadia Locky	er, District 2		
Name of Individual or Organizatio	on: <u>Justin Arc</u> ł	nuleta		Numbe	er of Tickets:2
Description of Organization:					
Address of Organization:	d Street		City		State Zip Code
Purpose for Distribution: (Describ	e the public pur	pose for the dis	stribution to the c	organization.)	
To reward a student for outstand	ing scholastic	achievement		ē	
5. Verification					
I have determined that the distribution	n of tickets set t	forth above is ir	accordance wit	h the provisions of FPPC	Regulation 18944 1
116 1					
Signature of Agency Head or Designee	-	HISHIDA GRA	PRIN	Title	
Signature of Agency read of Designee		r nin ivaine		nue	(month, day, year)

gency Report						
Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	AND SO IN
Division, Department, or Region (if applicable)					For Official I	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must e	explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	cgov.org			а с.	
Agency Contact (name and title,	)			Date of Original Filing:	(month, day, yea	r)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office			
<b>Event For Which Tickets</b>						
Date(s) of Event:06 /2	8 / 11 Descr	intion of Ever	nt. Oakland A	s vs. Florida Marlins		
Date(3) of Event/				10 75		
	/ Face	value of TICKE	et: \$			
Agency Event 🛛 Yes	🗵 No (Identify so	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(e) Provided to	Aconou Oa	akland A's			
Name of Outside Source of	fickel(s) Provided la	DADENCV				
	n de la companya da servición de la companya de la companya da servición de la companya de la companya da serv Na	o / igoiloj				
Number of Tickets Received	21			cy: 🔲 Gratuitously	Pursuant to	o Contra
Number of Tickets Received Agency Official(s) Recei	:4	Ticket(s) Prov	vided to Agene		🗵 Pursuant to	o Contra
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Ageno on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	cial or
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov	vided to Ageno on sheet for add State Whe	itional names)	come to the Offic	cial or
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Ageno on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	cial or
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Ageno on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	cial or
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Ageno on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	cial or
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Ageno on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	cial or
Agency Official(s) Recei	:4 ving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Ageno on sheet for add State Whe	itional names) ther the Distribution is In	come to the Offic	cial or
Agency Official(s) Recei Name of Offic (Last, First)	:4 ving Ticket(s) (us <sup>ijal</sup>	Ticket(s) Prov e a continuatio Number of Tickets	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Offic	cial or
Agency Official(s) Recei Name of Offic (Last, First)	:4 ving Ticket(s) (us bial	Ticket(s) Prov e a continuatio Number of Tickets <b>ket(s)</b> (Provid	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Offic	cial or
Agency Official(s) Recei Name of Offic (Last, First)	:4 ving Ticket(s) (us bial	Ticket(s) Prov e a continuatio Number of Tickets <b>ket(s)</b> (Provid	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Offic	cial or
Agency Official(s) Recei Name of Offic (Last, First)	:4 ving Ticket(s) (us ial on Receiving Tic Official: Keith Carso	Ticket(s) Prov e a continuatio Number of Tickets <b>ket(s)</b> (Provid on, Superviso	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose for st of an agency official.)	come to the Offic or the Distribution	cial or
Agency Official(s) Recei Name of Offic (Last, First)	<u>ving Ticket(s)</u> (us ial on Receiving Tick Official: <u>Keith Carso</u> ization: <u>Alameda C</u>	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat	itional names) ther the Distribution is In ibe the Public Purpose fo st of an agency official.)	come to the Offic or the Distribution	cial or
Agency Official(s) Recei Name of Offic (Last, First)	<u>ving Ticket(s)</u> (us ial on Receiving Tick Official: <u>Keith Carso</u> ization: <u>Alameda C</u>	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat	itional names) ther the Distribution is In ibe the Public Purpose fo st of an agency official.)	come to the Offic or the Distribution	cial or
Agency Official(s) Recei Name of Offic (Last, First)	<u>ving Ticket(s)</u> (us ial on Receiving Tick Official: <u>Keith Carso</u> ization: <u>Alameda C</u>	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat	itional names) ther the Distribution is In ibe the Public Purpose fo st of an agency official.)	come to the Offic or the Distribution	cial or
Agency Official(s) Recei Name of Offic (Last, First)	<u>ving Ticket(s)</u> (us ial on Receiving Tick Official: <u>Keith Carso</u> ization: <u>Alameda C</u>	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso county Health e and mission	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat of the Alame Oaklan	itional names) ther the Distribution is In ibe the Public Purpose fo st of an agency official.) ion Numb da County Medical Ce	come to the Offic or the Distribution	2ial or 1 4 9461
Agency Official(s) Recei Name of Offic (Last, First) Individual or Organizatio Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: 20	<u>ying Ticket(s)</u> (us ial on Receiving Tick Official: <u>Keith Carso</u> ization: <u>Alameda C</u> Support the service	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso county Health e and mission	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat	itional names) ther the Distribution is In ibe the Public Purpose fo st of an agency official.) ion Numb da County Medical Ce	come to the Offic or the Distribution er of Tickets: nter	2ial or 1 4 9461
Agency Official(s) Recei Name of Offic (Last, First) Individual or Organizatio Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: 20	ying Ticket(s) (us ving Ticket(s) (us vial on Receiving Tick Official: Keith Carso Visite Carso Keith Carso Visite Carso Not Carso Visite Carso V	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso county Health e and mission	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat of the Alame Oaklan City	itional names) ther the Distribution is In ibe the Public Purpose for st of an agency official.) tion Numb da County Medical Ce d,	come to the Offic or the Distribution eer of Tickets: nter CA	2ial or 1 4 9461
Agency Official(s) Receit         Name of Official(s) Receit         Name of Official(s) Receit         Individual or Organization         Name of Behesting Agency of         Name of Individual or Organization         Description of Organization:         Address of Organization:         Nume	4 ving Ticket(s) (us ial on Receiving Tick Official: Keith Carso ization: Alameda C Support the service 101 Broadway, Suite nber and Street escribe the public purp	Ticket(s) Prov e a continuatio Number of Tickets ket(s) (Provid on, Superviso county Health e and mission a M	vided to Agend on sheet for add State Whe Descr led at the behes or Fifth District Care Foundat n of the Alame Oaklan City	itional names) ther the Distribution is In ibe the Public Purpose for st of an agency official.) tion Numb da County Medical Ce d,	come to the Offic or the Distribution eer of Tickets: nter CA	cial or

Jost MM	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/20/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Public	Docume	nt	TICKETS PROVIDED BY
Name of Street or other Designment of the Owner of the Ow		n dan daaraa a			AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
NUMBER OF THE OWNER	ion (ir applicable)				2
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Muster	(plain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrator's	Office		Bore atto contra Bore ora Bore Bore Bore attack
2. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:04_/	19 / 11 Desc	ription of Event:	Dakland A's	vs. Boston Red Sox	
Date(s) of Event:/_				43.75	
/	/ Face	Value of Ticket: \$		40.70	
Agency Event 🛛 Yes	No (Identify s	source of tickets b	elow.)		
250 E 25-2			a and		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oakiar	IUAS		
Number of Tickets Received	i: <u>4</u>	Ticket(s) Provide	d to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation sh	eet for addi	ional names)	
Name of Offi	and the second	Number	a entre en ante en ante en ante	her the Distribution is Inc	come to the Official or
(Last, First)	Jai	of Tickets		be the Public Purpose fo	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided a	t the behes	of an agency official.)	
	Keith Care	on Supervisor Fif	th District		
Name of Behesting Agency	Official:	ion, oupervisor r ii			
	Chris Leur	na			4
Name of Individual or Orga	lization:	ig		Numbe	er of Tickets: <u>4</u>
Description of Organization	í				
Address of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pur	rpose for the distribu	ition to the c	rganization.)	
To promote attendance at a	County facility in c	order to maximize	potential C	ounty revenue from pa	arking and concession
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in acc	ordance witi	h the provisions of FPPC	Regulation 18944.1.
lottang		HISHIDA GRAFF	PRIN	CIPAL ANALYST	4/10/11
Signature of Agency Head of Design	100	Print Name		Title	(month, day, year)
Comment: (Use this space or a	n attachment for any ad	ditional information inc	luding amend	lment explanation.)	

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Adency Report	Tickets Provided by Agency Report A Public Docume					PROVIDED E
1. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA				1969/1916 - Abdatharts	Form	802
Division, Department, or Re	gion (if applicable)				For Official	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must	explain in Part 5.)	
(510) 272-3882	crystal.hishida@	acgov.org			n an	
Agency Contact (name and titl	Sector to the		/II)	Date of Original Filing	:(month, day, yea	r)
Crystal Hishida Graff, Prin	cipal Analyst, Cour	nty Administrato	r's Office		26 - Altera	~
2. Event For Which Ticket						
Date(s) of Event: <u>05</u> /	01_/_11 Desc	cription of Even	: Oakland A'	s vs. Texas Rangers		
/		Value of Ticket		43.75		
Agency Event 🛛 Yes	🗵 No (Identify	source of tickets	s below.)			
Name of Outside Source of	Ticket(s) Provided	to Agency: Oal	kland A's			
						a distanta (200
Number of Tickets Receive	d:	Ticket(s) Prov	ided to Agend	:y: 🔲 Gratuitously	🗵 Pursuant te	o Contrac
3. Agency Official(s) Rece	eiving Ticket(s) (	use a continuatior	n sheet for add	tional names)		
Name of Off		Number		ther the Distribution is Ir		
(Last, First)		of Tickets	Descr	ibe the Public Purpose t	for the Distribution	1
		1 1				
		1 1				
<u>}</u>						
	ine Descision Ti					
	Ξ.			t of an agency official.)		
<b>4. Individual or Organizat</b> Name of Behesting Agency	Ξ.			t of an agency official.)		
	Official: Keith Car	son, Supervisor	Fifth District		ber of Tickets: _	10
Name of Behesting Agency	Official: <u>Keith Car</u>	son, Supervisor keley Senior Ce	Fifth District			10
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Keith Car</u>	son, Supervisor keley Senior Ce	Fifth District	Numl		10 94710
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	Official: Keith Cars	son, Supervisor keley Senior Ce	Fifth District	Numl	ber of Tickets: _	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>1</u>	Official: Keith Cars nization: West Berl Senior Service Co 900 6th Street	son, Supervisor keley Senior Ce enter	Fifth District nter Berkeley <sup>City</sup>	Numł	ber of Tickets: _ CA	94710
Name of Individual or Orga Description of Organization Address of Organization: <mark>1</mark>	Official: Keith Cars nization: West Berl Senior Service Co 900 6th Street mber and Street	son, Supervisor keley Senior Ce enter irpose for the dist	Fifth District nter Berkeley <sup>City</sup> ribution to the o	Numi	ber of Tickets: _ CA	94710

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

HISHIDA GRAFF	Р
Print Name	i )
	and the balling of the second s

4/20/11 (month, day, year)

PRINCIPAL ANALYST Title

Tickets Provided by					
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regio	n (if applicable)			1	For Official Use Only
Street Address					
1221 OAK STREET, #555, C	DAKLAND, CA 946	612			
	E-mail				
(510) 272-3882	crystal.hishida@a	acdov.ord		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	oryotannonnaa@a	logov.org		Date of Original Filing:	
Crystal Hishida Graff, Princip	oal Analyst, Count	v Administrate	or's Office	- ART 1294	(month, day, year)
2. Event For Which Tickets					
Date(s) of Event:04_/16				5	
Date(s) of Event.				43.75	
<i>I</i>	_/ Face	Value of Tick	et: \$	40.10	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of T	isket(a) Drevided t	0	akland A's		
		.o Agency			
Number of Tickets Received:	3	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	al	Number		her the Distribution is In-	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
•					
		1			1
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency O	Supervisor	Nadia Locky	er, District 2		
Name of Benesting Agency O	metal:				
Name of Individual or Organiz	zation: Ron Carino	0		Numb	er of Tickets: <u>3</u>
Description of Organization: _					
Address of Organization:					
Numt	per and Street		City		State Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the dis	stribution to the c	organization.)	
To reward a community volur	nteer for his servic	e to the publi	c		
·		id			1
5. Verification					
I have determined that the distrib	oution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPP(	C Regulation 18944.1.
1.HAN				2	11/1- 1.
Signature of Agency Head or Designed		HISHIDA GRA		ICIPAL ANALYST	(month, day, year)
Comment: (Use this space or an			on including amon		(month, day, year)
	and any doc		and a second second	and a separation of the	

Tickets Provided by		A D			TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA				10111	
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Must e	volala la Dart 6 )
(510) 272-3882	crystal.hishida@a	acgov.org			xpiain in Part 5.)
Agency Contact (name and title		0 0		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		(monur, day, year)
2. Event For Which Tickets	s Were Distribute	ed			
Date(s) of Event: <u>04</u> /_0	1 <u>/11</u> Desc	ription of Eve	nt: Oakland A'	S	
		Value of Ticke		38.00	
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	1-812-01241 (1996-1997) - 1996-1992-1997 (1996-1997) - 1996				
				4 <u>40</u> 0000 01 040 01	<u> </u>
Number of Tickets Received	:	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio	on sheet for addi	itional names)	
Name of Offic	sial	Number	State Whet	ther the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	ibe the Public Purpose for	or the Distribution
Briones, Ruben		2	To promote a	attendance at an even	t held at a county facilit
			in order to m	avimize potential Cou	nty revenue from sales
				aximize potential Cou	nty revenue nom sales
4. Individual or Organization	-			t of an agency official.)	
Name of Behesting Agency	Official: <u>Supervisor</u>	<sup>•</sup> Nadia Locky	er, District 2		
Name of Individual or Organ				Numb	er of Tickets:
Name of Individual of Organ	1241011.				er of hokets.
Description of Organization:					
Address of Organization:					
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (De					
To promote attendance at a	n event held at a C	ounty facility	in order to max	kimize potential County	y revenue from sales
5. Verification					1
I have determined that the distr	ibution of tickets set f	forth above is ir	n accordance wit	h the provisions of FPP0	C Regulation 18944.1.
BHAM	CRYSTAL F	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	4/1/11
Signature of Agency Head or Design	THE PARTY CONTRACTOR AT HER	Print Name		Title	(month, day, year)
Comment. (Use this space or a	n attachment for any add	ditional informatio	on including amen	dment explanation.)	

Tickets Provided by		A Dubl	:- Decum		TICKETS PROVIDED B
Agency Report		A Publ	ic Docume	ent	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regio	n (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number E	-mail			Amendment (Must e	voloio in Port 6 )
(510) 272-3882	crystal.hishida@a	icgov.org			xpiain in Part 5.)
Agency Contact (name and title)	, ,	5 5		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	al Analvst. Count	tv Administrate	or's Office		(monun, day, year)
2. Event For Which Tickets	PAUX IIIA SUXTASISTA - PUSER UIUI				
			, A's seat ticl	cets	
Date(s) of Event:05_/_19				¢28.00	
0704	_/ <u>11</u> Face	Value of Ticke	et: \$	\$38.00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticket	ts below.)		
	A CONTRACTOR OF A CONTRACTOR O		ander in der eine einer eine	3	
Name of Outside Source of Tid	cket(s) Provided t	o Agency:			
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivi	i <b>ng Ticket(s)</b> (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia	1	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
	-				
Name of Behesting Agency Of	ficial: Alameda C	Jounty Superv	isor Scott Hag	gerty, District 1	
					4
Name of Individual or Organiza	ation:	,		Numb	er of Tickets:4
Description of Organization:					
Description of Organization.					
Address of Organization:					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	tribution to the d	organization.)	
To reward a community volunt	ar as a 194 a				
			<u> </u>		
5. Verification					
I have determined that the distribu	ution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	C Regulation 18944.1.
litta n	CRVSTAL	ISHIDA GRA		ICIPAL ANALYST	11/12 /11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an a			n includina ameni	137-2	
a structure la se une apare el dira	and a second second second		and a state		

<b>Tickets Provided by</b>					TICKETS PROVIDED BY
Agency Report		A Pub	lic Docume	ent	AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Total State
Division, Department, or Reg	ion (if applicable)				For Official Use Only
		_			
Street Address					
1221 OAK STREET, #555,		612			
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Tickets					
Date(s) of Event:05_/_3	<u>1 / 11</u> Desc	pription of Ever	nt: Oakland A's	s game	
/	/ Face	Value of Ticke	ət: \$	\$38.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Athletics	3	
Number of Tickets Received	2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	ise a continuatio	on sheet for addi	tional names)	
Name of Offic	ial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r 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	Superviso	r Wilma Chan.	District 3		
Name of Benesting Agency					
Name of Individual or Organ	ization: Steve Laza	are		Numb	er of Tickets: <u>2</u>
Description of Organization:			_		
Address of Organization:	nber and Street		City		State Zip Code
Purpose for Distribution: (De	ecribe the public pu	moso for the die	tribution to the c	requiration )	
To promote attendance at a	Tevent held at a C	ounty facility i	n order to max	imize potential County	revenue from sales
5. Verification					
I have determined that the distri	bution of tickets set I	forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
left the M		-IISHIDA GRA		CIPAL ANALYST	4/8/11
Signature of Agency Head or Designe		Print Name		Title	(month, day, year)
Comment: Use this space or an	attachment for any add	ditional informatio	n including amend	lment explanation.)	

Tickets Provided by		A Publi	c Docume	ent	TICKETS PROVIDED BY
Agency Report 1. Agency Name			o Dobulin	Y	California
COUNTY OF ALAMEDA				Date Stamp	Form 802
Division, Department, or Reg	tion (if applicable)				For Official Use Only
1221 OAK STREET, #555	non (n'applicable)				
Street Address					à.
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
				Amendment (Must	explain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	acgov.org		Date of Original Filing	
Crystal Hishida Graff, Princ	ni Si na a ni na si	ty Administrato	r's Office		(month, day, year)
2. Event For Which Ticket			I S Office		
			Lil' Wayne		
Date(s) of Event: <u>04</u> /	<u>24 / 11</u> Desc	ription of Event			
/	/ Face	Value of Ticket	t: \$	142.95	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of tickets	s below.)		
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Gol	den State Wa	nriors	
Number of Tickets Received	i:	Ticket(s) Provi	ided 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 Off		Number	a an tag na multa ca an an sa sa a	Carlos de la composition de la carlos	ncome to the Official or
(Last, First)	ordi,	of Tickets		be the Public Purpose	
•					
¥					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Kenn Cars	on, Supervisor	Filul District		
Name of Individual or Orga	Sharifa Wi	lliams		Num	ber of Tickets: <u>2</u>
Name of Individual of Organ	iization:			Num	ber of fickets:
Description of Organization					
Address of Organization:	mbor and Streat		City		State Zin Code
			5. 1910 - 1910 - 1910 - 1910 - 1910 - 1910		State Zip Code
Purpose for Distribution: (D	and where we wanted	N n n ne en		55 <sub>10</sub> 8 <sub>10</sub>	
To promote attendance at a	County facility in o	rder to maximiz	ze potential C	ounty revenue from	parking and concession
5. Verification					
I have determined that the dist	ribution of tickets set (	forth above is in :	accordance wit	h the provisions of FPF	PC Regulation 18944 1
				na an an ann an 1980 ann an 1980 ann an 1980 ann an 1980. Ann an 1980 ann an 1980 ann an 1980 ann an 1980 ann a	C ((egulation 10344.1.
Signature of Agency Head or Design	A CONTRACTOR STRUCTURE	HISHIDA GRAF	F PRIN	Title	14/20/11
Comment: (Use this space or a			Including	2 0 07 70 S	(month, day, year)
Comment. Use mis space of a	n addonnent for any add	unonar mormation	menualing amena	ment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	0.110
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if a	oplicable)			For Official Use Only
1221 OAK STREET, #555	itoorishi. Serti			
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number  E-mail				and a feet state
(510) 272-3882 crysta	al.hishida@acgov.org		Amendment (Must ex	plain in Part 5.)
Agency Contact (name and title)	annonida@aogov.org		Date of Original Filing: _	
Crystal Hishida Graff, Principal An	alvst. County Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets Were				
		. Rod Stewar	t & Stevie Knicks	
Date(s) of Event: <u>04 / 20 /</u>		¢		
///	— Face Value of Tick	et: \$ <del>•</del>	173.85	
Agency Event 🗌 Yes 🖾 N	lo (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(	s) Provided to Agency: <u>G</u>	olden State Wa	rriors	
Number of Tickets Received:	1997) M. 1997 (1997) 14		y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving	ficket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	아이 물건에서 전쟁이 이 이 등에서 많아야 한다.	be the Public Purpose for	
			0	
4. Individual or Organization Re-			of an agency official.)	
Name of Behesting Agency Official	Keith Carson, Superviso	or Fifth District		
Name of Individual or Organization			Numbe	er of Tickets:4
Address of Organization:	Street	City		State Zip Code
Purpose for Distribution: (Describe			rganization.)	
To promote attendance at a Count				arking and concession
5. Verification				
<i>I have determined that the distribution</i>	of tickets set forth above is i	n accordance with	the provisions of FPPC	Regulation 18944.1.
Jett Trank	CRYSTAL HISHIDA GRA		CIPAL ANALYST	11/11/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachr	nent for any additional informati	on including amend	ment explanation.)	

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
i ki					
Street Address				1	
1221 OAK STREET, #555, OA	KLAND, CA 940	612			
Area Code/Phone Number E-r	nail			Amendment (Muste	xplain in Part 5.)
(510) 272-3882 cr	ystal.hishida@a	icgov.org			ipian ne ar oly
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrato	or's Office		
2. Event For Which Tickets W	ere Distribute	ed			
Date(s) of Event: <u>04</u> / <u>02</u>	11 Desc	ription of Ever	nt: Oakland A's	s Game	
	Face			38.00	
	Face	value of ficke	эт. ф		
Agency Event 🛛 Yes 🛛	🛛 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tick	et(s) Provided t	o Agency: Oa	akland A's		
	1.00				
Number of Tickets Received:	4	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Ind be the Public Purpose for	경험과 의 수 방법에는 정치와 영화가 없어야 한다. 감독가 관련하게 다 전쟁에
		OF HCKets	Descri	be the rubit rupose it	
4. Individual or Organization I	Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Name of Behesting Agency Offic		5 6 1			
Name of Individual or Organizat	ion: Nick Leona	ardo		Numb	er of Tickets:4
Description of Organization:					
Address of Organization:					
Number	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public pur	pose for the dis	stribution to the o	organization.)	
To reward a student for outstan	ding scholastic	achievement			
5. Verification					
I have determined that the distributi	on of tickets set f	orth above is in	n accordance wit	h the provisions of FPPC	C Regulation 18944 1
IIVA N					
Signature of Agency Head or Designee	The Database of Sector States of the	HISHIDA GRA		ICIPAL ANALYST	(month, day, year)
orginatore of agency risad of Designee				-nue	(monar, day, year)

Tickets Provided by Agency Report A	lic Document TICKETS PROVI	
1. Agency Name		-
COUNTY OF ALAMEDA	Date Stamp California 8	02
Division, Department, or Region (if applicable)	For Official Use Or	nly
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612		
Area Code/Phone Number E-mail		
(510) 272-3882 crystal.hishida@acgov.o	Amendment (Must explain in Part 5.)	
Agency Contact (name and title)	Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, County Admi	tor's Office	
2. Event For Which Tickets Were Distributed		
	nt:	
	¢1 500	
// Face Value of	et: \$\$1,500	
Agency Event 🛛 Yes 🖾 No (Identify source of	₂ts below.)	
Name of Outside Source of Ticket(s) Provided to Agen	akland Athletics	-
Number of Tickets Received: 20 Ticket(	vided to Agency:	ntract
3. Agency Official(s) Receiving Ticket(s) (use a cor	on sheet for additional names)	
Name of Official Num	State Whether the Distribution is Income to the Official or	r
(Last, First) of Tid	Describe the Public Purpose for the Distribution	
4. Individual or Organization Receiving Ticket(s)	157 R. D.	
Name of Behesting Agency Official: Alameda County	visor Scott Haggerty, District 1	
Name of Individual or Organization: Kidango	Number of Tickets:2	0
Description of Organization: Children's Center		
Address of Organization: <u>44000 01d Worm (</u> Number and Street	gs blud Fremont CA 94538 State Zir	Code
Purpose for Distribution: (Describe the public purpose for	stribution to the organization.)	
To reward a nonprofit organization for its contributions	ecommunity	
5. Verification		
I have determined that the distribution of tickets set forth abo	n accordance with the provisions of FPPC Regulation 18944.1.	
CRYSTAL HISHID		/11
Signature of Agency/Head or Designee Print Nam	Title (month, day,	year)

Tickets Provided by Agency Report		A Publi	c Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address		Date Stamp	California Form 802 For Official Use Only		
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title)	E-mail crystal.hishida@a	icgov.org		Amendment (Must ex	
Crystal Hishida Graff, Princi 2. Event For Which Tickets Date(s) of Event:/ Agency EventYes Name of Outside Source of Number of Tickets Received 3. Agency Official(s) Recei	Were Distribute 6 / 11 Desc / Face ⊠ No (Identify s Ficket(s) Provided t 2	ed ription of Event Value of Ticket ource of tickets o Agency: <u>Oal</u> Ticket(s) Provi	t: Baseball Ga t: \$ s below.) kland Athletics ided to Agenc	38.00 s y: Gratuitously	(month, day, year)
Name of Offic (Last, First)		Number of Tickěts	State Whet	her the Distribution is Inc be the Public Purpose fo	
Address of Organization.	Official: <u>Alameda C</u> ization: <u>United Ser</u> Senior Advocacy 00 Bancroft Ave, S <sup>nber and Street</sup> escribe the public pur	County Supervis niors of Oaklan ite 251 - Oakla pose for the dist	sor Nate Miley d & Alameda nd, CA 94605 City ribution to the c	y, District 4 County Numbe	er of Tickets:2 State Zip Code seniors.
5. Verification I have determined that the distri- Signature of Agency Heed or Design Comment: (Use this space or ar	CRYSTAL H	HISHIDA GRAF	FF PRIN	CIPAL ANALYST	C Regulation 18944.1.

## Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Form COUNTY OF ALAMEDA For Official Use Only Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: \_ Agency Contact (name and title) (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Description of Event: Oakland A's Date(s) of Event: \_\_\_04 \_/\_20 \_/\_11 43.75 Face Value of Ticket: \$ \_\_\_\_ Agency Event □ Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: \_\_\_\_1 Ticket(s) Provided to Agency: Gratuitously I Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official State Whether the Distribution is Income to the Official or Number (Last, First) of Tickets Describe the Public Purpose for the Distribution Gasparac, Christine To encourage staff development 1 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_ Description of Organization: \_\_\_\_\_ Address of Organization: \_\_\_\_\_\_\_ City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To encourage staff development 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. **CRYSTAL HISHIDA GRAFF** PRINCIPAL ANALYST Title Print Name Signature of Agenoy Head or Designee (month. day. year)

Tickets Provided by				
Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	0.00
COUNTY OF ALAMEDA			9	Form 802
Division, Department, or Region (if applicab	le)			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.)
	nida@acgov.org			plant in Part 5.7
Agency Contact (name and title)	1		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst,	County Administrat	tor's Office		
2. Event For Which Tickets Were Dis	tributed			
Date(s) of Event: <u>04 / 30 / 11</u>	Description of Eve	nt: Baseball Ga	ame	
	Face Value of Tick		38.00	
Agency Event 🛛 Yes 🛛 No (Ide	entify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Pro	vided to Agency: O	akland Athletics	3	
Number of Tickets Received: 2	. Ticket(s) Pro	wided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticke	t(s) (use a continuation	on sheet for addit	tional names)	
Name of Official	Number	1	her the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
Miley, Christopher	1	To promote a	attendance at an event	held at a County
		facility in orde	or to movimize potentic	al county revenue from
		Tacinty in orde	ar to maximize potentia	al county revenue from
		parking and o	concession sales.	
4. Individual or Organization Receiving	na Ticket(s) (Provid			
	이야기는 이 것이지? 안 날랐어야 했다. 나는 것이		전치 생산지 않는 전지 적용 관계에 가지 않는 것이 없다. 관계	
Name of Behesting Agency Official: <u>Alar</u>	neda County Super	visor Nate Miley	y, District 4	
				- 1
Name of Individual or Organization:	arriver		Numbe	er of Tickets:
Description of Organization:				
5 - C				
Address of Organization: Number and Street				
Number and Street		City		State Zip Code
Purpose for Distribution: (Describe the pu	blic purpose for the di	stribution to the c	organization.)	
To promote attendance at an event held	at a County facility	in order to max	imize potential county	revenue from parking
			x	
5. Verification				
I have determined that the distribution of ticke	ets set forth above is ir	n accordance witi	h the provisions of FPPC	Regulation 18944.1.
JATA N CRYS	STAL HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	4/0/1
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment for	r any additional informatio	on including amend	iment explanation.)	
and concession sales - Field Tickets				

Tickets Provided by			
Agency Report	A Public Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	
COUNTY OF ALAMEDA		e	Form 802
Division, Department, or Region (if applicable)		-	For Official Use Only
1221 OAK STREET, #555			
Street Address		-	
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Must exp	lain in Part 5 \
(510) 272-3882 crystal.hishida@a	cgov.org		an in Part 5.)
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Count	ty Administrator's Office		(menn, aug, year)
2. Event For Which Tickets Were Distribute	ed		
Date(s) of Event:041511 Descr	ription of Event. Baseball G	Same	
		28.00	
/ Face	Value of Ticket: \$		
Agency Event 🛛 Yes 🖾 No (Identify s	ource of tickets below.)		
Name of Outside Source of Ticket(s) Provided to	o Agency. Oakland Athletic	S	
Number of Tickets Received: <u>1</u>	Ticket(s) Provided to Agen	cy: 🔲 Gratuitously 🛛	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (us	a a continuation choot for add	litional names)	
		and the second	
Name of Official (Last, First)		ther the Distribution is Inco ribe the Public Purpose for	
u			
4. Individual or Organization Receiving Tic	ket(s) (Provided at the behe	st of an agency official.)	
Name of Behesting Agency Official: Alameda C	County Supervisor Nate Mile	ey, District 4	
Name of Individual or Organization: Milton Ma		Number	of Tickets:1
Description of Organization:			
Address of Organization:	City	,	State Zip Code
Purpose for Distribution: (Describe the public purp		0 10 10 <del>20</del> 10 10 10 10 10 10 10 10 10 10 10 10 10	
To promote attendance at an event held at a Co	ounty facility in order to ma	ximize potential county re	evenue from parking
- V			
5. Verification			
I have determined that the distribution of tickets set for	orth above is in accordance w	ith the provisions of FPPC I	egulation 18944.1.
CRYSTAL H	HISHIDA GRAFF PRI	NCIPAL ANALYST	4/7/11
	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachment for any add	ditional information including amer	ndment explanation.)	

and concession sales - Field Tickets

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Agency Name COUNTY OF ALAMEDA			Date Stamp	California
			Bate Stamp	
· · · · · · · · · · · · · · · · · · ·				
Division, Department, or Region (if applicable)				For Official Use Only
Street Address			-	
1221 OAK STREET, #555, OAKLAND, CA	94612			
Area Code/Phone Number E-mail			Amendment (Must e	volain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org				plan nr ar og
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				
Event For Which Tickets Were Distrib		0.11	0	
Date(s) of Event:04 /_03 /_11 De	escription of Ever	nt: Oakland As		
/ Fa	ce Value of Tick	et: \$	38.00	
Agency Event 🔲 Yes 🛛 No (Identit	fy source of ticke	ets below.)		
	an meserine sun en cossint	****** TESTA *** (*1000.000)		
Name of Outside Source of Ticket(s) Provide	ed to Agency:			
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addi	itional names)	
Name of Official (Last, First)	Number of Tickets	10000000000000000000000000000000000000	ther the Distribution is Inc ibe the Public Purpose fo	
Kerr, Mary	2	To reward a	County employee for I	per exemplany service
Ren, Mary	2	TOTEWAIGA	county employee for t	ter exemplary service
Individual or Organization Receiving	Ticket(s) (Provid	ded at the behes	st of an agency official.)	
Name of Behesting Agency Official: Supervi	isor Nadia Locky	er, District 2		
				2
Name of Individual or Organization: Mary Ke	en		Numb	er 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 dis	stribution to the	organization.)	
To reward a County employee for her exem	plary service to t	the public		
Veuificetion				
Verification		<u>,</u>		
I have determined that the distribution of tickets s	set forth above is ir	n accordance wil	th the provisions of FPPC	, Regulation 18944.1,

Tickets Provided by	A Pub	lic Docume	nt	TICKETS PROVIDED B
Agency Report	AFUD	ne bocume		AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				i onn
Division, Department, or Region	(if applicable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OA	KLAND, CA 94612			
	mail			
(510) 272-3882 cr	ystal.hishida@acgov.org		Amendment (Must exp	olain in Part 5.)
Agency Contact (name and title)	ystal.msmda@acgov.org		Date of Original Filing: _	
CHARLED AND CHARLES DECISION OF CONTRACTORS AND CONTRACTORS AND CONTRACTORS AND CONTRACTORS AND CONTRACTORS AND	Analyst County Administrat	oria Office		(month, day, year)
Crystal Hishida Graff, Principa	and the second	ors Office		
2. Event For Which Tickets W		<u> </u>	0	
Date(s) of Event: <u>03</u> / 29	<u>11</u> Description of Eve	nt: Oakland A's	Game	
/	J Face Value of Tick	et: \$	43.75	
		οι. ψ		
Agency Event 🛛 Yes	No (Identify source of ticked)	ets below.)		
Name of Outside Source of Ticl	(et(s) Provided to Agency: Of	akland A's		
	2			
Number of Tickets Received:	Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivir	ig Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is Inco	
(Last, First)	of Tickets	Descrit	be the Public Purpose for	the Distribution
· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organization	Receiving Ticket(s) (Provid	ded at the behest	of an agency official.)	
	Supervisor Nadia Looku	or District 2		
Name of Behesting Agency Offi	cial: Supervisor Nadia Locky	er, District Z		
				r of Tickoto: 2
Name of Individual or Organiza	tion:		Numbe	er of Tickets:2
Description of Organization:				
Address of Organization:	and Street	City		State Zip Code
Purpose for Distribution: (Desc	ibe the public purpose for the dis	stribution to the o	rganization.)	
To promote attendance at an e	vent held at a County facility	in order to maxi	mize potential County	revenue from sales
5 Varification				
5. Verification		2 532		
I have determined that the distribut	ion of tickets set forth above is ir	n accordance with	n the provisions of FPPC	Regulation 18944.1.
Atton	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	3/29/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

A CHARLES OF A	2001 - 12 B	111 N 111 ET 21	0/6161 US16	a a - ca - a	AG 123 X 5	
Comment:	(Use this space o	r an attachment fo	nr any additional i	information ir	ncluding amendment	explanation.)

Tickets Provided by Agency Report	A Publ	ic Docume	nt	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name			Date Stamp	
COUNTY OF ALAMEDA			Date Stamp	Form 802
Division, Department, or Region (if	applicable)			For Official Use Only
				,
Street Address				
1221 OAK STREET, #555, OAK	AND CA 94612			
Area Code/Phone Number E-ma			·	5 5 5 5 25 2 2 2
(510) 272-3882 crys	tal.hishida@acgov.org		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				(month, day, year)
2. Event For Which Tickets We				
		. Oakland A's	Game	
Date(s) of Event: <u>08 / 20 /</u>			43.75	
//	— Face Value of Ticket	et: \$	43.75	
Agency Event 🗌 Yes 🛛 🛛	No (Identify source of ticke	ts below.)		
Name of Outside Source of Ticke	t(s) Provided to Agency: Oa	akland A's		
Number of Tickets Received:			y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official	Number		her the Distribution is In-	
(Last, First)	of Tickets	Descrit	pe the Public Purpose for	or the Distribution
4. Individual or Organization R	eceiving Ticket(s) (Provid	led at the behest	of an agency official.)	
77 72 6 6 G 2006	Supervisor Nadia Lockv	er District 2		
Name of Behesting Agency Officia	al:	ci, District 2		
Name of Individual or Organizatio	n. Steve Morlin		Numb	er of Tickets:4
Name of manuadar of Organizatio				er of fickets.
Description of Organization:				
Address of Organization				
Address of Organization:	d Street	City		State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the dis	stribution to the o	rganization.)	
To promote attendance at an eve	ar anang kasa-ang aga kasaka sa ang ang ang ang ang ang ang ang ang an		1. <del></del>	v revenue from sales
President enteringen enteringen	in nord at a county racing r		inizo potornici occini,	, revenue in entreales
5. Verification	_			
I have determined that the distribution	n of tickets set forth above is in	accordance with	the provisions of FPP(	C Regulation 18944 1
11LA A			nanarang darang kanalaran kanalaran Manarang darang kanalaran kanalaran	
Signature of Agency Head of Designee	CRYSTAL HISHIDA GRA	PRIN		<u> </u>
orginature of Agoncy mead of Designee	Print Name		Title	(month, day, year)

Print Name Title

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

Tickets Provided by Agency Report	A Publi	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		of the solutions	Date Stamp	
COUNTY OF ALAMEDA				Form 802
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			Amendment (Must	explain in Part 5.)
	da@acgov.org			
Agency Contact (name and title)		1	Date of Original Filing	:(month, day, year)
Crystal Hishida Graff, Principal Analyst, C	and the second state of the second	r's Office		
2. Event For Which Tickets Were Distr		82 6 8 N 1999		
Date(s) of Event: <u>04 / 20 / 11</u>	Description of Even	t: Oakland A's	3	
//	Face Value of Ticke	t: \$	43.75	
Agency Event 🛛 Yes 🖾 No (Ider	ntify source of ticket	s below.)		
Name of Outside Source of Ticket(s) Prov	ided to Agency: Oal	kland A's		
Number of Tickets Received:1	Ticket(s) Prov	ided to Agency	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(	(use a continuation	n sheet for addit	tional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ir be the Public Purpose t	ncome to the Official or for the Distribution
Basoco-Villarreal, Anissa	1	To encourage	e staff development	
4. Individual or Organization Receiving			of an agency official.)	
Name of Behesting Agency Official: Supe	rvisor Nadia Lockye	r, District 2		
Name of Individual or Organization:			Numl	per of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public	lic purpose for the dist		rganization.)	
To encourage staff development				
5. Verification				
I have determined that the distribution of tickets	s set forth above is in	accordance with	n the provisions of FPP	C Regulation 18944.1.
by CRYS	TAL HISHIDA GRAF		CIPAL ANALYST	4/8/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

## Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Form COUNTY OF ALAMEDA For Official Use Only Division, Department, or Region (if applicable) Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: \_ Agency Contact (name and title) (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: <u>04 / 20 /</u> 11 Description of Event: Oakland A's 43.75 ./\_\_\_\_\_ Face Value of Ticket: \$ \_\_\_ Agency Event □ Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: \_\_\_\_1 Ticket(s) Provided to Agency: Gratuitously I 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 Name of Official Number (Last, First) Describe the Public Purpose for the Distribution of Tickets DeMartini, Ginny 1 To encourage staff development 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2 Name of Individual or Organization: Number of Tickets: \_\_\_\_ 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 encourage staff development 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agency Head or Designee Print Name Title (month, day, year)

Tickets Provided by					
Agency Report A Public Docume		ent	TICKETS PROVIDED BY AGENCY REPORT		
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802	
Division, Department, or Region (if applicable)				Tor onload oscionity	
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94	4612				
Area Code/Phone Number     E-mail       (510) 272-3882     crystal.hishida@acgov.org		Amendment (Must explain in Part 5.)			
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		's Office	Date of Original Filing:(month, day. year)		
2. Event For Which Tickets Were Distribu Date(s) of Event: 05 / 28 / 11 Des		. Oakland A's	3		
	e Value of Ticket		38.00		
Agency Event 🛛 Yes 🛛 No (Identify	source of tickets	s below.)			
Name of Outside Source of Ticket(s) Provided	to Agency: Oak	kland A's			
Number of Tickets Received: <u>2</u>	Ticket(s) Provi	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (	use a continuation		<u>a</u>		
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo		
4. Individual or Organization Receiving Ti			t of an agency official.)		
Name of Behesting Agency Official: <u>Supervise</u>				7	
Name of Individual or Organization: <u>New Hav</u>				er of Tickets: <u>2</u>	
Description of Organization: <u>To promote com</u>	munity involveme	ent for the fun	ding of educational er	richment	
Address of Organization: 33377 Western Ave	. Union City, CA	94587 City		State Zip Code	
Purpose for Distribution: (Describe the public pu	urpose for the dist	ribution to the c	organization.)		
To reward a nonprofit organization for its cont	ributions to the o	community			
5. Verification					
I have determined that the distribution of tickets set				Regulation 18944.1.	
Signature of Agency Head or Designee	HISHIDA GRAF		CIPAL ANALYST Title	(month, day, year)	

Tickets Provided by	A Public	: Docume	nt	TICKETS PROVIDED B	
Agency Report	ATUBIC	, Docume		AGENCY REPOR	
1. Agency Name			Date Stamp	California 802	
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				For Official Use Only	
Division, Department, of Region ( <i>in applicable</i> )				( <sup>1</sup>	
Street Address					
1221 OAK STREET, #555, OAKLAND, CA	94612				
Area Code/Phone Number  E-mail	01012		-		
(510) 272-3882 crystal.hishida@acgov.org			Amendment (Must e.	xplain in Part 5.)	
Agency Contact (name and title)				(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Co	unty Administrator's	s Office	(monin, day, year)		
2. Event For Which Tickets Were Distrik					
Date(s) of Event: <u>03 / 29 / 11</u> D		Oakland A's	game		
		005 001			
// Fa	ace Value of Ticket:	\$			
Agency Event 🛛 Yes 🗵 No (Identi	fy source of tickets	below.)			
Name of Outside Source of Ticket(s) Provid	ed to Agency. Oakl	and Athletics		2	
2	ed to Agency.				
Number of Tickets Received: <u>6</u>	Ticket(s) Provic	led to Agency	r: 🔲 Gratuitously	Pursuant to Contrac	
3. Agency Official(s) Receiving Ticket(s	) (use a continuation	sheet for addit	onal names)		
Name of Official	Number		ner the Distribution is Ind		
(Last, First) of Tickets Describe the Public Purpose for the Distr			r the Distribution		
h					
4. Individual or Organization Receiving	Ticket(s) (Provided	d at the behest	of an agency official.)		
Name of Behesting Agency Official:	isor Wilma Chan, D	istrict 3			
		tha an ann an ann an an ann an an an an an			
Name of Individual or Organization: Ricardo	Reyes		Numb	er of Tickets: <u>6</u>	
na subsensities an ont instructerionin de langue tensor le centre d'anno conserver avaitable de subser un un un					
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public	purpose for the distri	bution to the o	rapization )		
	nge sarese externit avec avecand		1997 (1997) Y Y LOSA, NASA NY S		
To promote attendance at an event held at	a County facility in o	order to maxi	mize potential County	revenue from sales	
5. Verification					
I have determined that the distribution of tickets	set forth above is in a	ccordance with	the provisions of FPPC	Regulation 18944 1	
			and a the constant of the second s		
Signature of Agency Head or Designee	AL HISHIDA GRAFF		Title	3 /2 9/11 (month, day, year)	
- Sugara and Barah and a panding			1.10.00	(month, day, year)	

## **Tickets Provided by**

## A Public Document

Agency Report		AFUDI	ic Docume	ant	AC	ENCY REPOR
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
Division, Department, or Regio	on (if applicable)			]	For Officia	l Use Only
Street Address						
1221 OAK STREET, #555, C	DAKLAND, CA 946	612				
	E-mail				te de la terreteri	
(510) 272-3882	crystal.hishida@a	cgov.org	I STATE AND A STAT		viust explain in Part 5.)	
Agency Contact (name and title)					lling:(month, day, ye	year)
Crystal Hishida Graff, Princip	oal Analyst, County	y Administrato	r's Office		(month, day, ye	carly.
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event:04_/_16	<u>j 11</u> Desci	ription of Even	t: Oakland A's	5		
	/ Face			43.75		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticket	s below.)		1	
Name of Outside Source of Ti	icket(s) Provided t	o Agency: <u>Oa</u>	kland A's			
Number of Tickets Received:	4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitous	ly 🛛 Pursuant	to Contract
3. Agency Official(s) Receiv	ving Ticket(s) (us	se a continuation	n sheet for addi	tional names)		
Name of Officia (Last, First)	al	Number	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution			
		of Tickets	Descri			511
4. Individual or Organization	n Receiving Tic	ket(s) (Provide	ed at the behes	t of an agency offic	ial.)	
Name of Behesting Agency O	ficial. Supervisor	Nadia Lockye	er, District 2			
Name of Individual or Organiz					umber of Tickets:	4
Description of Organization:	Provides after scho	ool tutoring pro	ogram to Title	One students		
Address of Organization.	) Kauai Circle, Uni	on City CA 94	97.94 E 4.61	)		
112192 201 12 12 12 12 12 12 12 12	ber and Street		City		State	Zip Code
Purpose for Distribution: (Des	scribe the public pur	pose for the dist	tribution to the o	organization.)		
To reward a nonprofit organiz	zation for its contril	butions to the	community			
5. Verification			141			
I have determined that the distrib	oution of tickets set fr	onn above is in	accordance wit	n the provisions of	-PPC Regulation 18	944.1

ns of FPPC Regulation 189

let	+7	h	N	
Signature	ofAge	ncy Hear	for Des	ianee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

(month, day, year)

Tickets Provided by						
Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name				Date Stamp	0.00	
COUNTY OF ALAMEDA				1 Constrained and a second second	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			<b>H</b>	111120	
(510) 272-3882 cry	And and the second s			Amendment (Must explain in Part 5.)		
Agency Contact (name and title)				Date of Original Filing:		
Crystal Hishida Graff, Principal	Analyst, Count	ty Administra	tor's Office		(monun, day, year)	
2. Event For Which Tickets W	ere Distribute	ed				
Date(s) of Event: <u>04</u>			nt. Basketball	Game		
				95.00		
/	Face	Value of Tick	et: \$	00.00		
Agency Event 🛛 Yes 🛛	🛛 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Tick	ot/a) Brouidad t	G Agonau G	olden State Wa	arrirors		
		o Agency				
Number of Tickets Received:	2	Ticket(s) Pro	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Receiving	g licket(s) (us					
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						
(manuf, trans		of Tickets	Desci	be the Fublic Fulpose ic		
4. Individual or Organization F	177			RO 6 00		
Name of Behesting Agency Offic	nial. Alameda C	County Super	visor Nate Mile	y, District 4		
Name of Individual or Organizati	ion: Clarence H	lunt		Numb	er of Tickets: 2	
Description of Organization:						
221 22 40						
Address of Organization:	and Street		City		State Zip Code	
				a a contra c	The second s	
Purpose for Distribution: (Descri					en auren mannen en est 🗰 mennan reizamte en ettere	
To promote attendance at an ev	ent held at a co	ounty facility i	n order to max	imize potential county	revenue from parking	
5. Verification						
I have determined that the distribution	on of tickets set f	orth above is il	n accordance wil	th the provisions of FPP0	CRegulation 18944.1.	
-alland	CRYSTAL H	ISHIDA GR	AFF PRIN	ICIPAL ANALYST	4/5/11	
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)	
Comment: (Use this space or an atta	chment for any add	ditional informati	on including amen	dment explanation.)		
and concession sales.						
Tickets Provided by Agency Report	A Public I	Docume	ent	TICKETS PROVIDED BY AGENCY REPORT		
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1. Agency Name			Date Stamp	California		
COUNTY OF ALAMEDA				Form 802		
Division, Department, or Region (	(if applicable)			For Official Use Only		
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number  E-m	nail			AND STATE SALEY SCAL		
	/stal.hishida@acgov.org		Amendment (Must exp	olain in Part 5.)		
Agency Contact (name and title)	stal.hishida@acgov.org		Date of Original Filing: _			
	Applyst County Administrator's	Office		(month, day, year)		
	Analyst, County Administrator's	Office				
2. Event For Which Tickets W			a va Baltimara Orialaa			
Date(s) of Event:05 / _28 /	Description of Event:	bakiand As				
//	Face Value of Ticket: \$		43.75			
Agency Event 🛛 Yes 🛛	No (Identify source of tickets be	elow.)				
Name of Outside Source of Tick	et(s) Provided to Agency: Oaklar	nd A's				
Number of Tickets Received:			:y: 🔲 Gratuitously	☑ Pursuant to Contract		
3. Agency Official(s) Receiving	g Ticket(s) (use a continuation sh	eet for addi	tional names)			
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Inco ibe the Public Purpose for			
3						
4. Individual or Organization F	en en en el en		t of an agency official.)			
Name of Behesting Agency Offic	ial: Keith Carson, Supervisor Fif	th District				
Name of Individual or Organizati			Center Numbe	er of Tickets:4		
Description of Organization:						
Address of Organization: Number a	and Street	City		State Zip Code		
Purpose for Distribution: (Descri	be the public purpose for the distribu	tion to the o	organization.)			
s and the second second second second second second	unty facility in order to maximize			rking and concession		
5. Verification						
	an of lighted and forth the second in the	and an an and	h the provisions of EDDO	Pequilation 400444		
I have determined that the distribution				Negulation 16944.1.		
Signature of Agency plead or Designee	CRYSTAL HISHIDA GRAFF Print Name	PRIN	ICIPAL ANALYST	(month, day, year)		

Tickets Provided by	A Pub	lic Docume	ant	TICKETS PROVIDED B
Agency Report A Public Docume  1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) Street Address		Date Stamp	AGENCY REPOR California Form 802 For Official Use Only	
1221 OAK STREET, #555, OAKLAND, CA 94         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, Cour         2. Event For Which Tickets Were Distribut         Date(s) of Event:       04       20       11       Des	acgov.org hty Administrat <b>ted</b> cription of Eve e Value of Tick	nt: <u>Oakland A'</u> s et: \$	22.00	-528-2994 - 2007 - 2008-2008 - 200 <b>8</b> 7
Name of Outside Source of Ticket(s) Provided Number of Tickets Received:2			ey: □ Gratuitously	I Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) ( Name of Official (Last, First)	Number of Tickets	State Whet	ther the Distribution is Ir be the Public Purpose f	
<ul> <li>4. Individual or Organization Receiving Tick</li> <li>Name of Behesting Agency Official: Supervise</li> <li>Name of Individual or Organization: Gordon E</li> <li>Description of Organization: Address of Organization: Number and Street</li> </ul>	or Nadia Locky Sonneville	ver, District 2		per of Tickets:2
Number and Street Purpose for Distribution: (Describe the public pu To promote attendance at an event held at a	an kunst operation i ne statutet			State Zip Code
5. Verification I have determined that the distribution of tickets set Signature of Agency Mead or Designee Comment: (Use this space or an attachment for any a	HISHIDA GRA	AFF PRIN	ICIPAL ANALYST	C Regulation 18944.1.

## Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name California Date Stamp Form COUNTY OF ALAMEDA For Official Use Only Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: \_ Agency Contact (name and title) (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Description of Event: Oakland A's vs. Boston Red Sox Date(s) of Event: \_\_\_04 /\_ 20 / 11 38.00 Face Value of Ticket: \$ \_ Agency Event □ Yes X No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's 2 Number of Tickets Received: \_\_\_\_ Ticket(s) Provided to Agency: Gratuitously I 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 Name of Official Number (Last, First) Describe the Public Purpose for the Distribution of Tickets 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Keith Carson, Supervisor Fifth District Name of Behesting Agency Official: Name of Individual or Organization: Scott Spencer 2 Number of Tickets: . Description of Organization: \_ Address of Organization: Number and Street State Zip Code City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at a County facility in order to maximize potential County revenue from parking and concession 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. 4/11 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agency Head of Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Agency Name       Country OF ALAMEDA       Date Stamp       California 8.02         Division, Oppartment, or Region (# applicable)       1221 OAK STREET, #555       Street Address       California 8.02         Pare Code/Phone Number       E-mail       Image: Country OF ALAMEDA       Image: Country OF ALAMEDA         Division, Oppartment, or Region (# applicable)       1221 OAK STREET, #555       Street Address       Image: Country OF ALAMEDA         OAKLAND, CA 94612       Area Code/Phone Number       E-mail       Image: Country OF ALAMEDA       Image: Country OF ALAMEDA         G(10) 272-3882       crystal Hishida Garff, Principal Analyst, County Administrator's Office       Date of Original Filing: Image: Image: Image: Image: Country Administrator's Office       Date of Original Filing: Image: Imag	Tickets Provided by					
1. Agency Name       California       802         COUNTY OF ALAMEDA       Date Stamp       California       802         Division, Department, or Region (if applicable)       1221 OAK STREET, #555       For Official Use Only       For Official Use Only         CALLAND, CA 94612       Area Code/Phone Number       E-mail       crystal.hishida@acgov.org       Date of Original Filing:       For Official Use Only         Charles Code/Phone Number       E-mail       crystal.hishida@acgov.org       Date of Original Filing:       for Original Filing:       for Original Filing:       for Official Use Only         Crystal Hishida Cante of the Were Distributed       Date of Original Filing:       for Original Filing:       for Official Game         Date(s) of Event:       04 _ 06 _ 11       Description of Event:       Basketball Game       for Original Filing:       for Original Game         Date(s) of Event:       04 _ 06 _ 11       Description of Event:       Basketball Game       for Original Game       for Original Game         Agency Event       Yes       No (Identify source of Tickets)       95.00       Gatuatously       for Original Game         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gatuatously       for Original			A Pub	lic Docume	ent	TICKETS PROVIDED B
COUNTY OF ALAMEDA       Form OUV         Division, Department, or Region (# applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal hishida@acgov.org         Agency Contact (name and file)       crystal hishida@acgov.org         Agency Event       Of (den file)         Mumber of Tickets Were Distributed       gency:         Magency Event       Yes         Yes       No (dentify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Gratuitously         Number of Tickets Received:					Date Stamp	0 m
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and the)       Date of Original Filing:	COUNTY OF ALAMEDA					
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal hishida@acgov.org         Agency Contact (name and illie)       crystal hishida@acgov.org         Crystal Hishida Graff, Principal Analyst. County Administrator's Office       Date of Original Filing:(month, day year)         2. Event For Which Tickets Were Distributed       Date(s) of Event:	Division, Department, or Region	(if applicable)				For Official Use Only
OAKLAND, CA 94612       Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org       Date of Original Filing:       (month, day, year)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:       (month, day, year)         2. Event For Which Tickets Were Distributed       Date(s) of Event:       04 / 06 / 11       Description of Event:       Basketball Game	1221 OAK STREET, #555					
Area Code/Phone Number (510) 272-3882       E-mail crystal hishida@acgov.org       Amendment (Must explain in Part 5.)         Agency Contact (rame and file)       Crystal hishida@acgov.org       Date of Original Filing: (month, day, year)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing: (month, day, year)         2. Event For Which Tickets Were Distributed       Description of Event:       Basketball Game	Street Address					
(510) 272-3882       crystal.hishida@acgov.org       □ Amendment (Must explain in Part 5.)         Agency Contact (mame and tille)       □ Organization Fickets Were Distributed         Date of Original Filing:	OAKLAND, CA 94612					
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (neme and fille)       Date of Original Filling:	Area Code/Phone Number E-	mail				
Agency Contact (name and life)       Date of Original Filing:(month, day, year)         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:(month, day, year)         2. Event For Which Tickets Were Distributed       Description of Event:	(510) 272-3882 c	rystal.hishida@ac	cgov.org			(plain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       04 / 06 / 11       Description of Event:       Basketball Game			0 0		Date of Original Filing: .	(month day your
Date(s) of Event:       04       06       11       Description of Event:       Basketball Game	Crystal Hishida Graff, Principa	Analyst, County	Administral	tor's Office		(monin, day, year)
Date(s) of Event:       04       06       11       Description of Event:       Basketball Game	2. Event For Which Tickets V	Vere Distribute	d			
					Game	
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Colden State Warriors         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Image: State Warriors         State Whether the Distribution is Income to the Official or Of Tickets       Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: State Whether the Distribution is Income to the Official or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4       Name of Individual or Organization:       Number of Tickets:       2         Description of Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:       Mumber and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking         5. Verification       Ihave determined that the distribution of	Date(s) of Event.					
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warrirors         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       State Whether the Distribution is Income to the Official or Official (Last, First)       Number of Tickets       State Whether the Distribution is Income to the Official or Official (Last, First)         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:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:       James Kennedy & Zheenia Krikorintz       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 parking         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Signature of Agency Hipfed or Designee       Print Name       PRINCIPAL ANALYST       (month, day, year)         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)	/	J Face V	alue of Tick	et: \$	00.00	
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warrirors         Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Contract of Tickets       Image: Contract of Tickets <t< td=""><td>Agency Event</td><td>No (Identify so</td><td>ource of ticke</td><td>ts below.)</td><td></td><td></td></t<>	Agency Event	No (Identify so	ource of ticke	ts below.)		
Number of Tickets Received:       2       Ticket(s) Provided to Agency:       Gratuitously       Image: Pursuant to Contract         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: Pursuant to Contract         Name of Official       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: Purpose for the Distribution       Image: Purpose for the Distribution       Image: Purpose for the Distribution         A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:       Address of Organization:       2       2         Address of Organization:       Mumber and Street       City       State       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 parking         5. Verification       Inave determined that the distribution of tickets set forth above is in accordance with the provisions o		20~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			rrirors	
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official       Number of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:         Alameda County Supervisor Nate Miley, District 4         Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Address of Organization:       Mumber and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Signature of Agence Hybrid or Designee       Print Name       PRINCIPAL ANALYST       Image: Agence or an attachment for any additional information including amendment explanation.)	Name of Outside Source of Tic	ket(s) Provided 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.)       Ameno of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4         Name of Behesting Agency Official: Description of Organization: Address of Organization: Number and Street       James Kennedy & Zheenia Krikorintz       Number of Tickets: 2         Address of Organization: Number and Street       City       State       Zip Code         Purpose for Distribution: I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       Image: Alameter of Miles Print Name         Signature of Milency Hybrid or Designee       CRYSTAL HISHIDA GRAFF Print Name       PRINCIPAL ANALYST Title       Month, dag, year)         Comment: (Use this space or an attachment for any additional information including amendment explanation.)       Title       Month, dag, year)	Number of Tickets Received:	2	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
(Last, First)       of Tickets       Describe the Public Purpose for the Distribution         (Last, First)       of Tickets       Describe the Public Purpose for the Distribution         (Last, First)       of Tickets       Describe the Public Purpose for the Distribution         (Last, First)       of Tickets       Describe the Public Purpose for the Distribution         (Last, First)       Image: Comparison of	3. Agency Official(s) Receivir	n <b>g Ticket(s)</b> (use	e a continuatio	on sheet for addi	tional names)	
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:	(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:						
Name of Behesting Agency Official:       Alameda County Supervisor Nate Miley, District 4         Name of Individual or Organization:       James Kennedy & Zheenia Krikorintz       Number of Tickets:       2         Description of Organization:						
Name of Individual or Organization:	4. Individual or Organization	<b>Receiving Tick</b>	(Provid	ded at the behes	t of an agency official.)	
Name of Individual or Organization:		Alameda Co	ounty Super	visor Nate Milev	/ District 4	
Description of Organization:	Name of Behesting Agency Off	icial: <u>- namoda oc</u>	ounty oupon	noor reate time;	, 51011101 4	
Description of Organization:	Name of Individual or Organiza	tion. James Keni	nedy & Zhee	nia Krikorintz	Numb	er of Tickets' 2
Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Image: Signature of Agency Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Signature of Agency Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)	Name of manadar of Organiza					er of flokets.
Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking         5. Verification       I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Image: Signature of Agency Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Signature of Agency Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)	Description of Organization:					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking  5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  6. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST U/U/U/U Signature of Agency Hyrad or Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.)						
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking  5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  6. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST U/U/U/U Signature of Agency Hyrad or Designee Print Name Title (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Address of Organization:			<b>C</b> 1		Clata Zio Codo
To promote attendance at an event held at a county facility in order to maximize potential county revenue from parking         5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Image: Signature of Agency Hyad or Designee         Print Name       Title         Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Number	and Street		City		State Zip Code
5. Verification         I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         Image: Signature of Agency Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       U/U / III         Signature of Agency Head or Designee       Print Name       Title       (month, day, year)         Comment: (Use this space or an attachment for any additional information including amendment explanation.)       Designee       Comment (Use this space or an attachment for any additional information including amendment explanation.)	Purpose for Distribution: (Desc	ribe the public purp	ose for the di	stribution to the c	organization.)	
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.         Image: Signature of Agency Head or Designee       Image: CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: CRYSTAL HISHIDA GRAFF         Signature of Agency Head or Designee       Print Name       Title       Image: CRYSTAL HISHIDA GRAFF         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)	To promote attendance at an e	event held at a con	unty facility i	n order to maxi	mize potential county	revenue from parking
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.          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       Image: CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       Image: CRYSTAL HISHIDA GRAFF         Signature of Agency Head or Designee       Print Name       Title       Image: CRYSTAL HISHIDA GRAFF         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)						
Signature of Agency Head or Designee       CRYSTAL HISHIDA GRAFF       PRINCIPAL ANALYST       U/U/U/U         Signature of Agency Head or Designee       Print Name       Title       (month, day, year)         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)       IIII	5. Verification					
Signature of Agency Head or Designee       Print Name       Title         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)	I have determined that the distribu	tion of tickets set fo	orth above is in	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee       Print Name       Title         Comment:       (Use this space or an attachment for any additional information including amendment explanation.)	111/2 1A-	CRYSTAL H	ISHIDA GRA		CIPAL ANALYST	11/11/11
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Signature of Agency Head or Designee				COMPLETERS OF TRACES AND	(month, day, year)
	and the second			on including amend		A COMPANY AND A COMPANY AND A COMPANY
		nanananan menerikan karatar kerebat dari bar		an an an Anna a	990-1999 (A. 1997) - GANDA MUSICULA DA HEREDICIO (M. 1997)	

Tickets Provided by Agency Report	A Pub	lic Documen	t	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	1997 A. 1998 A.		Date Stamp	
COUNTY OF ALAMEDA			Date Otamp	Form 802
Division, Department, or Region (if applical	b/e)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND,	CA 94612			
Area Code/Phone Number E-mail		ſ	Amendment (Muster	volain in Part 5.)
	hida@acgov.org			
Agency Contact (name and title)		Ľ	Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst	, County Administrate	or's Office		(nonin, day, year)
2. Event For Which Tickets Were Dis	stributed			
Date(s) of Event: <u>04 / 20 / 11</u>	Description of Ever	nt: Oakland A's		
/	Face Value of Tick		3.75	
	lentify source of ticke			
Name of Outside Source of Ticket(s) Pro	ovided to Agency: Oa	akland A's		
Number of Tickets Received:1	_ Ticket(s) Pro	wided to Agency:	Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiving Ticke	et(s) (use a continuation	on sheet for addition	nal names)	
Name of Official	Number		r the Distribution is Inc	
(Last, First)	of Tickets	Describe	the Public Purpose fo	r the Distribution
Dianda, Michelle	1	To encourage s	staff development	
1				
4. Individual or Organization Receivi	ng Ticket(s) (Provid	ded at the behest of	f an agency official.)	
Name of Behesting Agency Official:	pervisor Nadia Locky	er, District 2		
Name of Individual or Organization:			Numbe	er of Tickets:
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the pu	ublic purpose for the dis	stribution to the ora	anization.)	
To encourage staff development			,	
5. Verification				
I have determined that the distribution of tick	ets set forth above is in	n accordance with th	he provisions of FPPC	Regulation 18944.1.
offant CRY	STAL HISHIDA GRA	AFF PRINCI	PAL ANALYST	4/8/1
Signature of Agency Head or Designee	Print Name	· · · · · · · · · · · · · · · · · · ·	Title	(month, day, year)
Comment: (Use this space or an attachment for	r any additional informatic	on including amendme	ant explanation.)	

Agency Report		A Public	Docume	nt	TICKETS PROVIDED AGENCY REPO
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA				2.07.2.2 Arts 25. Arts 40.07.0 Carls	Form $\delta U_{A}$
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			New States of the Lower Sector In	N. A. D. Contraction of the second se
(510) 272-3882	crystal.hishida@a			Amendment (Mustex	plain in Part 5.)
Agency Contact (name and title)		acgov.org		Date of Original Filing: _	
		tu Administrator	o Office		(month, day, year)
Crystal Hishida Graff, Princ	and the second se		s Office		
2. Event For Which Tickets				- f-	
Date(s) of Event:/3	<u>0 / 11</u> Desc	ription of Event:	A's seat tick	ets	
050	5 <u>/11</u> Face	Value of Ticket:	\$	\$38.00	
		649 A	in fam. A		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s		- Electronic - International Activity - Andreas		
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oakl</u>	and Athletics		
Number of Tickets Received	:4	Ticket(s) Provid	led to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contra
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuation	sheet for addi	ional names)	
Name of Offic	tial	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
1					
4. Individual or Organizatio	on Receiving Tic	kot(s) /Provides	at the behad	of an aganay official )	
7				5 5 6	
Name of Behesting Agency	Official: Alameda C	County Supervise	or Scott Hag	gerty, District 1	
					3
Name of Individual or Organ	ization: Citizens to	r Better Commu	nity (CBC)	Numbe	er of Tickets:4
Description of Organization:				v involvement events for	or Chinese Americans
Address of Organization.	D Box 1, Fremont, (	CA 94537-0001	014		
Purpose for Distribution: (De		pose for the distri	City bution to the o	rganization.)	State Zip Code
To reward a nonprofit organ	See whith the second states of a second real	And the second second second second			
To reward a nonpront organ		buttoria to the cu	Jinnanity		
5. Verification					
I have determined that the distr.	ibution of tickets set t	forth above is in a	cordance with	the provisions of FPPC	Regulation 18044 1
i have determined that the distri	is all of the let a set f	0111 00000 13 111 00		i ine provisions of FFPC	Negulation 10944.1.
11/10 1					1 I I I I I I I I I I I I I I I I I I I
Signature of Agency Head or Design	THE REPORT OF TH	HISHIDA GRAF	PRIN	CIPAL ANALYST	(month, day, year)

Tickets Provided by	4 D. I.			TICKETS PROVIDED B
Agency Report	A Pub	lic Docume	ent	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			Amendment (Must e	explain in Part 5.)
	la@acgov.org			
Agency Contact (name and title)		N	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, C		or's Office		
2. Event For Which Tickets Were Distri				
Date(s) of Event:05_/16_/_11 I	Description of Eve			
//F	Face Value of Tick	et: \$1	500.00	
Agency Event 🛛 Yes 🛛 No (Iden	tify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Provi	ded to Agency: Oa	akland A's		
Number of Tickets Received:20				
	ficket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(	s) (use a continuatio	on sheet for addit	ional names)	
Name of Official	Number		her the Distribution is In	
(Last, First)	of Tickets	Descril	be the Public Purpose f	or the Distribution
· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organization Receiving	et de la composition de		of an agency official.)	
Name of Behesting Agency Official: <u>Super</u>	visor Nadia Locky	er, District 2		
Name of Individual or Organization: Hispa	nic Community An	airs Council	Numb	per of Tickets: <u>20</u>
Description of Organization: Hispanic Com	nmunity Affairs Co	uncil		
Address of Organization: P.O. Box 3151 F	layward, CA 9454	City		State Zip Code
		2000 201 191 192		State Zip Code
Purpose for Distribution: (Describe the public	ana ang ang ang ang ang ang ang ang ang		rganization.)	
To reward a nonprofit organization for its c	contributions to the	community		
5. Verification				
I have determined that the distribution of tickets	set forth above is in	accordance with	the provisions of EPP	C Regulation 18944 1
111 0 14			o solo e facto anecestate con el com Nomenta de la compañía de contrator	
Signature of Agency Head or Designee	AL HISHIDA GRA	PRIN	CIPAL ANALYST	
Comment: (Use this space or an attachment for a		on including amond		(month, day, year)
4 PARKING PASSES		anona ang amona		
I THERE PROVES				

Tickets Provided by				
Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California 000
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-ma	il		Amendment (Must exp	(ale in Dart 5.)
(510) 272-3882 crys	tal.hishida@acgov.org			iain in Part 5.)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal A	nalyst, County Administra	tor's Office		(monin, day, year)
2. Event For Which Tickets We	re Distributed		M	
Date(s) of Event:04 _/17 _/_	11 Description of Eve	ent: Baseball G	ame	
	Face Value of Tick		38.00	
	No (Identify source of tick	endal da turcho en entrator		
Name of Outside Source of Ticket	(s) Provided to Agency: _O	akland Athletics	5	
Number of Tickets Received:				⊠ Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuat	ion sheet for addi	tional names)	
Name of Official	Number		her the Distribution is Inco	me to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
		· · · · ·		
4. Individual or Organization Re	eceiving Ticket(s) (Prov	ided at the behes	t of an agency official.)	
- 그렇지 HYPE 한 적태 MEE 실패가 관계하는 것 하는 것 같아요. 카이지 카이지 카이지 않는 것 같아요. 그 것 같아.	그렇게 무료가 위한 사람들은 것이 좋아 좀 가지 않는 것 같아. 방법에 앉아 많은 것을 하는 것이 같아.		아는 같아요. 이번 말에 집에야 한 것이 같아. 아이들 것 같아. 아이들 것이 않는 것이 같아. 아이들 것이 ? 아이들 것이 같아. 아이들 것이 같아. 아이들 것이 같아. 아이들 것이 같아.	
Name of Behesting Agency Officia	al: Alameda County Super	visor Nate Mile	y, District 4	
				of Ticketo: 2
Name of Individual or Organizatio	n:	and & Alameda	Number	r of Tickets: 2
Description of Organization: <u>Seni</u>	or Advocacy			
Description of organization.	and the second second		4	2
Address of Organization: 7200 Ba	ancroft Ave, Ste 251 - Oak	land, CA 94605	5	
Number an	d Street	City		State Zip Code
Purpose for Distribution: (Describe	e the public purpose for the d	istribution to the o	organization.)	
To motivate and provide expande	d opportunities to vulneral	ble populations	in the County such as s	eniors.
5. Verification				
I have determined that the distribution	of tickets set forth above is a	in accordance wit	h the provisions of FPPC	Regulation 18944.1.
ILA D				11/7/11
Signature of Agency Head or Designee	CRYSTAL HISHIDA GR		ICIPAL ANALYST	(month day your
		ion including one		(month, day, year)
Comment: (Use this space or an attaci	ment for any additional informat	ion moluaing amene	ament explanation.)	
PLAZA SEATS				

	AGENCY REPOR
1. Agency Name	Date Stamp California
COUNTY OF ALAMEDA	Date Stamp California 802
Division, Department, or Region (if applicable)	For Official Use Only
Street Address	
1221 OAK STREET, #555, OAKLAND, CA 94612	
Area Code/Phone Number E-mail	Amendment (Must explain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org	Amendment (Must explain in Part 5.)
Agency Contact (name and title)	Date of Original Filing:
Crystal Hishida Graff, Principal Analyst, County Adminis	
2. Event For Which Tickets Were Distributed	
Date(s) of Event: <u>04 / 20 / 11</u> Description of E	event. Stevie Nicks & Rod Stewart concert
	¢470.05
// Face Value of T	icket: \$
Agency Event 🔲 Yes 🛛 No (Identify source of the	ckets below.)
Name of Outside Source of Ticket(s) Provided to Agency:	Golden State Warriors
	1002
Number of Tickets Received: 2 Ticket(s)	Provided to Agency:  Gratuitously Provided to Agency:  Gratuitously Provided to Agency:
. Agency Official(s) Receiving Ticket(s) (use a continu	uation sheet for additional names)
Name of Official Numbe	이 이미나라도 한 것 같은 것 같은 것 같이 있는 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 있다. 이것 같은 것 같
(Last, First) of Ticket	s Describe the Public Purpose for the Distribution
d);	
	- Junit
. Individual or Organization Receiving Ticket(s) (Pr	
	이 집에 가지 않는 것 같은 것이 있는 것이 같은 것이 같은 것이 같은 것이 같은 것이 같은 것이 같이 않는 것이 같이 많이 있다.
Name of Perhapting Agapan Official, Supervisor Wilma Ch	an, District 3
Name of Behesting Agency Official: Supervisor Wilma Ch	
Name of Individual or Organization: <u>Katherine Bowerman</u>	Number of Tickets:2
	Number of Tickets: 2
Name of Individual or Organization: <u>Katherine Bowermar</u> Description of Organization: Address of Organization:	Number of Tickets: 2
Name of Individual or Organization: <u>Katherine Bowerman</u>	Number of Tickets: 2
Name of Individual or Organization: <u>Katherine Bowermar</u> Description of Organization: Address of Organization:	City State Zip Code
Name of Individual or Organization: <u>Katherine Bowerman</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the	City State Zip Code
Name of Individual or Organization: <u>Katherine Bowerman</u> Description of Organization: <u>Address of Organization:</u> <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the To promote attendance at an event held at a County facil	Number of Tickets: 2 City State Zip Code e distribution to the organization.)
Name of Individual or Organization: <u>Katherine Bowerman</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the To promote attendance at an event held at a County facil <b>5. Verification</b>	City State Zip Code e distribution to the organization.)
Name of Individual or Organization: <u>Katherine Bowerman</u> Description of Organization: <u>Number and Street</u> Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the To promote attendance at an event held at a County facil <b>5. Verification</b> I have determined that the distribution of tickets set forth above	City       State       Zip Code         City       State       Zip Code         e distribution to the organization.)       Ity in order to maximize potential County revenue from sales         is in accordance with the provisions of FPPC Regulation 18944.1.
Name of Individual or Organization: <u>Katherine Bowerman</u> Description of Organization: <u>Address of Organization</u> : <u>Number and Street</u> Purpose for Distribution: (Describe the public purpose for the To promote attendance at an event held at a County facil <b>5. Verification</b>	City       State       Zip Code         City       State       Zip Code         e distribution to the organization.)       Ity in order to maximize potential County revenue from sales         is in accordance with the provisions of FPPC Regulation 18944.1.

		ATUM	ic Docume		AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					i onim
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			Amendment (Muster	(olain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org			
Agency Contact (name and title	) )			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst, Coun	ty Administrato	r's Office		1
2. Event For Which Ticket	s Were Distribut	ted			
Date(s) of Event:06/	19 / 11 Desc	cription of Even	t. Oakland A's	s game	
Date(3) of Event.				\$38.00	
/	/ Face	e Value of Ticke	t: \$		
Agency Event 🛛 Yes	🗵 No (Identify	source of ticket	s below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	kland Athletics	1	
Number of Tickets Received	d:	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (	use a continuatio	n sheet for addit	tional names)	
Name of Offi		Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	r the Distribution
					1
4. Individual or Organizati	on Receiving Ti	cket(s) (Provid	ed at the behes	t of an agency official.)	
Name of Behesting Agency	Official: Supervise	or wiima Chan,	District 3		
Name of Individual or Orga				Numb	er of Tickets:2
Description of Organization					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	irnoso for the dis	tribution to the c	vrganization )	
(a) Department of the Proceeding of the Proceeding of the Association of the Proceeding of the Proc	- Contraction and the Contraction of the Contractio				rovonuo from colos
To promote attendance at a	an event heid at a t	Jounty facility in	n order to max	imize potential County	revenue nom sales
5. Verification					
	ribution of tickets set	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
I have determined that the dist	1.150 YEAR 2014 - 12 12 12 12 12 12 12 12 12 12 12 12 12				
Signature of Agency Head or Desig	CRYSTAL	HISHIDA GRA	FF PRIN		<u> </u>

Tickets Provided by		A Public Doc	ume	ent		PROVIDED BY
Agency Report					- Alberta	NCY REPORT
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official U	There & Dear Streems
Division, Department, or Region	(if applicable)				Por Official C	Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number E-	mail			Amendment (Must ex	unlain in Part 5 1	
(510) 272-3882 cr	ystal.hishida@a	cgov.org			plain in Part 5.)	
Agency Contact (name and title)				Date of Original Filing: _	(month, day, yea	-1
Crystal Hishida Graff, Principal	Analvst, Count	v Administrator's Office	e		(month, day, yea	0
2. Event For Which Tickets W						
			nd A's	s vs. Detroit Tigers		
Date(s) of Event:	<u>/</u> Descr	iption of Event:				
03 17	/ <u>11</u> Face	Value of Ticket: \$		38.00		
A DECEMBER OF THE ADDRESS OF THE PROPERTY OF		ource of tickets below.				
Name of Outside Source of Tick	ket(s) Provided t	o Agency: Oakland A's	s			
Number of Tickets Received:				y: 🔲 Gratuitously	Pursuant to	o Contract
3. Agency Official(s) Receivir	ng Ticket(s) (us	e a continuation sheet fo	or addi	tional names)		
Name of Official				her the Distribution is Inc		
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distributior	<u>ו</u>
	Deservices The					
4. Individual or Organization	-	1		t of an agency official.)		
Name of Behesting Agency Offi	cial. Keith Carse	on, Supervisor Fifth Dis	strict			
Name of Individual or Organiza	tion: Socially Re	sponsible Network		Numbe	er of Tickets: _	4
			- 12 - 6 12			
Description of Organization: Pr	ovide resources	, technical assistance,	legisla	ative information, and i	facilitate netwo	orking
Address of Organization:	Grand Ave. #57		Oakla	nd,	CA	94610
Number	and Street		City		State	Zip Code
Purpose for Distribution: (Desc	ribe the public pur	pose for the distribution to	o the c	organization.)		
To reward a school or nonprofi	t organization fo	r its contributions to the	e com	munity		
	J					
5. Verification			_			
	lion of lickola act f	odh chouc is is seen to		h the provisions of EDDO		44.4
I have determined that the distribut	ion of lickets set f	orm above is in accordan	ice will	n the provisions of FPPC	Regulation 189	44.1.
6HAM	CRYSTAL F	IISHIDA GRAFF	PRIN	CIPAL ANALYST	4/1	1/11
Signature of Agency Head or Designee		Print Name		Title	(month	h, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED AGENCY REPO
1. Agency Name COUNTY OF ALAMEDA				Date Stamp	California 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				
(510) 272-3882 cry	/stal.hishida@a	acgov.org		Amendment (Mustex)	yain in Part 5.)
Agency Contact (name and title)	<u> </u>	0		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Coun	ty Administrat	tor's Office		(monin, day, year)
2. Event For Which Tickets W					
Date(s) of Event:03 /29	Desc	ription of Eve	nt: Oakland A's	s vs. San Francisco Gia	ants
//			et: \$	38.00	
				,	
	No (Identify s		18 8 - 18 CA <sup>R</sup>		
Name of Outside Source of Tick	et(s) Provided t	o Agency: <u>Oa</u>	akland A's		
Number of Tickets Received:	12			y: 🔲 Gratuitously	Rursuant to Contra
3. Agency Official(s) Receivin	g Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is Inco be the Public Purpose for	
Shrago, Amy		1	To evaluate t	the ability of a local spo	rts team to attract bus
4. Individual or Organization F	Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offic	cial: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organizati				Numbe	r of Tickets:1
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 c	organization.)	
To promote attendance at a Co		A SCHEIMEN AND AND AND		28 THE REPORT OF 1973	rking and concession
5. Verification					
I have determined that the distribution	on of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
IS CAM		ISHIDA GRA		ICIPAL ANALYST	3129/11
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Date Stamp	California Form 802	
Street Address 1221 OAK STREET, #555, OA	KLAND, CA 9461	2			
	mail rystal.hishida@ac;		or's Office	Amendment (Must e	
2. Event For Which Tickets W					
Date(s) of Event: <u>06</u> / <u>19</u>	<u>11</u> Descrip	otion of Ever	nt: Oakland A's		
/	J Face V	alue of Tick	et: \$	22.00	
Name of Outside Source of Ticl	the state of the state of the state	Agency: <u>Oa</u>	akland A's		
Number of Tickets Received: _	<u> </u>	icket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivir	ng Ticket(s) (use	a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets	가장되었던 김 김 씨가 드라지 않는 것이 가지 않는 것이 없다. 것이 없다.	her the Distribution is In be the Public Purpose f	
4. Individual or Organization Name of Behesting Agency Offi	1999 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 -			t of an agency official.)	
Name of Individual or Organiza					per of Tickets: <u>2</u>
Description of Organization: <u>Ve</u>	olunteers that work	c and help n	nake the Distric	t a resource by enric	hing the community
Address of Organization:	E Street, Hayward	d CA 94541	City		State Zip Code
Purpose for Distribution: (Desc To reward a nonprofit organiza				organization.)	
5. Verification					
I have determined that the distribut	ion of tickets set for	th above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
Signature of Agency Head or Designee		SHIDA GRA	FF PRIN	CIPAL ANALYST	H/13/11 (month, day, year)
Comment: (Use this space or an att	achment for any additi	ional informatio	on including amend	Iment explanation.)	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPOR
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				Form 802	
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1221 OAK STREET, #555, (	OAKLAND, CA 946	612			
	E-mail				
(510) 272-3882				Amendment (Mustex	(plain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: .		
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				(month, day, year)	
. Event For Which Tickets					
Date(s) of Event: <u>04</u>	1 / 11 Desc	ription of Eve	nt: Oakland A's	s Game	
	Face			43.75	
/	Face	value of fick	et.		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of T	ricket(s) Provided t	o Agency: O	akland A's		
Number of Tickets Received:				y: 🔲 Gratuitously	Pursuant to Contract
Agency Official(s) Receiv	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offici (Last, First)	ial	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
Lockyer, Nadia		4	Promote atte	ndance at County faci	lity to maximize revenu
·					
. Individual or Organizatio	on Receiving Tic	l ket(s) (Provid	l ded at the behes	t of an agency official.)	2
Name of Behesting Agency C	Official: Supervisor	Nadia Locky	er, District 2		
Name of Individual or Organi	zation:			Numbe	er of Tickets:
Description of Organization: .					
Address of Organization:	ber and Street		City		State Zip Code
Purpose for Distribution: (De		nose for the di	stribution to the c	organization )	
To promote attendance at a		AND AND AND THE ADDRESS OF		NUCLEAR AND A DESCRIPTION OF A	arking and sales
	Soundy laonity in O		neo potential O		and sales
. Verification					
I have determined that the distri	bution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
AlX A N				2199일 전 1119일 전 1119일 전 1119일 전 48월 1119일 - 12 1299일 전 1119일 - 1219일 전 1119일 전 114일 전	
Signature of Agency Head or Designe	1.538 V 2010 338 - 101, 577 694	HSHIDA GRA		ICIPAL ANALYST	(month, day, year)
orginations of regulation region of Designe	ene ::			1 Mile	(nonth, day, yea

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

## Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California 8 Form COUNTY OF ALAMEDA For Official Use Only Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing: (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: <u>08 / 14 /</u> 11 Description of Event: A's Skybox \$1,500 Face Value of Ticket: \$. X No (Identify source of tickets below.) Agency Event □ Yes Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics 20 Number of Tickets Received: \_\_ Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official or Name of Official Number (Last, First) Describe the Public Purpose for the Distribution of Tickets Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DISTRICT ONE Name of Individual or Organization: <u>ALAMEDA COUNTY FAMILY JUSTICE CENTE</u> 20 Number of Tickets: NON-PROFIT LEGAL SERVICES FOR DOMESTIC VIOLENCE & ASSAULT, ETC Description of Organization: Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) to reward a school or nonprofit organization for its contributions to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1 **CRYSTAL HISHIDA GRAFF** PRINCIPAL ANALYST Print Name Title Signature of Agency Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Tickets Provided by Agency Report		A Publ	lic Docum	ent	TICKETS PROVIDED
1. Agency Name COUNTY OF ALAMEDA			Date Stamp	California Form 802	
Division, Department, or Regi	on (if applicable)			-	For Official Use Only
1221 OAK STREET, #555					
Street Address				-	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
		Satokova, Rostal		Amendment (Muste	xplain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org		Date of Original Filing:		
	Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filling.	(month, day, year)	
			or's Office		
2. Event For Which Tickets			0.11.1.1		2012
Date(s) of Event: <u>05 /</u> 1	5_/_11 Desc	ription of Ever	nt: Oakland A	s vs. Los Angeles Ang	els
//_///_////		Value of Ticke		43.75	
Agency Event	🗵 No (Identify s				
Name of Outside Source of	licket(s) Provided t	Aconcy Oa	akland A's		
		o Agency.		10	
Number of Tickets Received		Ticket(s) Pro	vided to Agend	sy: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Recei	ving Ticket(s) (us	se a continuatio		A	
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo	
				A.	
4. Individual or Organizatio	on Receiving Tic	<b>ket(s)</b> (Provid	l led at the behes	t of an agency official.)	
Name of Behesting Agency (	Official: Keith Cars	on, Superviso	or Fifth District		
Name of Individual or Organ					er of Tickets: <u>10</u>
Description of Organization:	Provide professior	nal leadership	training and c	areer development res	earch.
Address of Organization: 2223 Fulton Street, #327 E		Berkel	еу	CA 94702 State Zip Code	
	1999 - 1999 - 1999 (1999 - 1999 -	ne clear mhair agus an Santairt. Thagailte			
Purpose for Distribution: (De					
To reward a school or nonpr	ofit organization fo	r its contributi	ons to the com	nmunity	
5 Venifiestisu					
5. Verification		z W al a si		1 WW 8 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I have determined that the distri	bution of tickets set f	orth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designe		HISHIDA GRA	FF PRIN	ICIPAL ANALYST	(month, day, year)

## Tickets Provided by TICKETS PROVIDED BY A Public Document Agency Report AGENCY REPORT 1. Agency Name Date Stamp California Form COUNTY OF ALAMEDA For Official Use Only Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail Amendment (Must explain in Part 5.) (510) 272-3882 crystal.hishida@acgov.org Date of Original Filing: \_\_ Agency Contact (name and title) (month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Description of Event: Oakland A's vs. Boston Red Sox Date(s) of Event: <u>04 / 19</u> / 11 38.00 1\_\_\_\_\_ Face Value of Ticket: \$ \_\_\_\_ X No (Identify source of tickets below.) Agency Event ☐ Yes Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's 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) Name of Official State Whether the Distribution is Income to the Official or Number (Last, First) of Tickets Describe the Public Purpose for the Distribution Greene, Hannah To promote attendance at a County facility 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Keith Careson Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: Description of Organization: \_\_\_\_\_ City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/11 Print Name Signature of Agency Mead or Designee Title (month, day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent		ROVIDED B	
1. Agency Name			Date Stamp	California	002	
COUNTY OF ALAMEDA				Form	802	
Division, Department, or Regi	Division, Department, or Region (if applicable)			For Official L	lse Only	
Street Address						
1221 OAK STREET, #555,	OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			nlain in Part 5 \		
(510) 272-3882	510) 272-3882 crystal.hishida@acgov.org			Amendment (Must explain in Part 5.)		
Agency Contact (name and title)	Agency Contact (name and litle)			(month, day, year	)	
Crystal Hishida Graff, Principal Analyst, County Administrator's Office				(	, 	
2. Event For Which Tickets	Were Distributed					
Date(s) of Event:04 /1	6 / 11 Description of Even	t: Oakland A's	Game			
/	Face Value of Ticke		43.75			
Agency Event	No (Identify source of ticket	s below.)				
Name of Outside Source of	Ficket(s) Provided to Agency: Oa	kland A's				
Number of Tickets Received	2		y: 🔲 Gratuitously	⊠ Pursuant to	Contract	
Number of Hekets Received	Hokel(3)1104	laca to Agene			Contract	
3. Agency Official(s) Recei	ving Ticket(s) (use a continuatio	n sheet for addit	iional names)			
			her the Distribution is Inc be the Public Purpose fo			
4. Individual or Organizatio	on Receiving Ticket(s) (Provid	ed at the behest	of an agency official.)			
Name of Behesting Agency (	Official: Supervisor Nadia Lockye	er, District 2				
Name of Individual or Organ			Numbe	er of Tickets:	4	
Description of Organization:	Volunteers that work and help m	ake the Distric	t a resource by enrich	ing the commu	nity	
Address of Organization: <u>10</u>	99 E Street, Hayward CA 94541					
Nurr	ber and Street	City		State	Zip Code	
Purpose for Distribution: (De	escribe the public purpose for the dis	tribution to the o	rganization.)			
· · · · · · · · · · · · ·						
n - Thirdine Static Milest - California Mercelani Statistica (S. 1915	ization for its contributions to the	community				

1a	4mr	11
Signature	of Agency Hea	or Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST Title

(month, day, year)