gency Report A Public Do	ocument	TICKETS PROVIDED B AGENCY REPOR
Agency Name	Date Stamp	California
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	xplain in Part 5.)
(510) 272-3882 crystal.hishida@acgov.org		
Agency Contact (name and title)	Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Of	fice	·
Event For Which Tickets Were Distributed	la al de la à Ala	V KA was an
Date(s) of Event: <u>9</u> <u>19</u> <u>09</u> Description of Event: <u>A</u>	5 V. N. 9. 7 AS	V. MANSAS CT
<b></b>	's v. N. 4. j A's 40.00	
Agericy Event Pes No (Identify source of tickets belo		-
	KLAND AS	
Name of Outside Source of Ticket(s) Provided to Agency:	10/1 - /1 -	
Number of Tickets Received: Ticket(s) Provided to	o Agency: 🔲 Gratuitously	Pursuant to Contract
Agency Official(s) Receiving Ticket(s) (use a continuation sheet	t for additional names)	
	ate Whether the Distribution is In	
(Last, First) of Tickets	Describe the Public Purpose for	or the Distribution
Individual or Organization Receiving Ticket(s) (Provided at th	e behest of an agency official.)	· · ·
Name of Behesting Agency Official: SUP. GASL STER	e ( F	
	CONNEACE	`
Name of Individual or Organization:FIAYWARD CHARK	SER OF Numb	er of Tickets:
PROMOTES BUSINESS OF	MARUNITLES FOR	EnDEVERVALS/CO
Description of Organization:		
Name of Individual or Organization: <u><u>HAYWAAD</u> CHAMA Description of Organization: <u><u>PAOMOTES</u> <u>BUSINESS</u> <u>OP</u> Address of Organization: <u>22561</u> <u>MAZN</u> <u>ST</u>, <u>Number and Street</u></u></u>	F/AYWARD	GA 9459
Number and Street	City	State Zip Code
Purpose for Distribution: / (Describe the public purpose for the distribution		
PROMOTE TOURISA AS FORM OF BCONOM		• *
Verification		· · · · · · · · · · · · · · · · · · ·
I have determined that the distribution of tickets set forth above is in accorda	ance with the provisions of EPPC	Regulation 18944 1
the strange of the state of the		al.
(1) CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u> </u>
at a course of the film	2 (A <b>77 A</b> A	
Signature of Agency Head or Designee Print Name		∵ (monin, oay, yean)
LA POUR COCKET IN THE		∵ (monnr oay; year)

gency Report	A Pub	lic Docume	nt sin sin	TICKETS PROVIDED AGENCY REPO
Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA	etal az elektristere			For Official Use Only
Division, Department, or Region	(if applicable)			
Street Address	and the second			
1221 OAK STREET, #555, OA	KLAND, CA 94612			
Area Code/Phone Number E-	mail		Amendment (Must	explain in Part 5.)
(510) 272-3882 c	rystal.hishida@acgov.org			
Agency Contact (name and title)	·		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	I Analyst, County Administrat	tor's Office		
Event For Which Tickets V				
Date(s) of Event:09 /14	<u>/ 09</u> Description of Eve	ent: Oakland Rai	ders Game	
/	J Face Value of Tick		50.00	
Agency Event 🛛 Yes	No (Identify source of ticke	ets below )		
Name of Outside Source of Tic	ket(s) Provided to Agency:			
Number of Tickets Received:	3 Ticket(s) Pro	ovided to Agency	: Gratuitously	⊠ Pursuant to Contra
Agency Official(s) Receivi	<b>1g Ticket(s)</b> (use a continuati	ion sheet for additi	onal names)	
Name of Official (Last, First)	Number of Tickets		er the Distribution is Jr e the Public Purpose	come to the Official or
	OI HOREIS	Deschu		
	· · · · · · · · · · · · · · · · · · ·			
	Passiving Ticket(s) (Provi	ided at the behast	of an agency official )	
-	=		of an agency official.)	
-	=		of an agency official.)	
Name of Behesting Agency Off	icial: <u>Supervisor Alice Lai-Bit</u>			her of Tickets: <sup>3</sup>
Individual or Organization Name of Behesting Agency Off Name of Individual or Organiza	icial: <u>Supervisor Alice Lai-Bit</u>			ber of Tickets:3
Name of Behesting Agency Off	icial: <u>Supervisor Alice Lai-Bit</u> ition: <u>Bill Ray</u>			ber of Tickets:3
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization:	icial: <u>Supervisor Alice Lai-Bit</u> ition: <u>Bill Ray</u>			ber of Tickets:3
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization:	icial: <u>Supervisor Alice Lai-Bit</u> ition: <u>Bill Ray</u>			
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: Address of Organization:	icial: <u>Supervisor Alice Lai-Bit</u> ttion: <u>Bill Ray</u> r and Street	tker, District 3	Num	
Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Desc	ricial: <u>Supervisor Alice Lai-Bit</u> ntion: <u>Bill Ray</u> r and Street rribe the public purpose for the d	tker, District 3 City	Num	State Zip Co
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: Address of Organization:	ricial: <u>Supervisor Alice Lai-Bit</u> ntion: <u>Bill Ray</u> r and Street rribe the public purpose for the d	tker, District 3 City	Num	State Zip Co
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Desc To promote attendance at an e	ricial: <u>Supervisor Alice Lai-Bit</u> ntion: <u>Bill Ray</u> r and Street rribe the public purpose for the d	tker, District 3 City	Num	State Zip Co
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Desc	icial: Supervisor Alice Lai-Bit ation: Bill Ray r and Street when the public purpose for the d event held at a County facility	tker, District 3 City listribution to the or in order to maxi	Num ganization.) mize County revenu	State Zip Co e from concession sale
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: Address of Organization: Purpose for Distribution: (Desc To promote attendance at an e Verification	icial: Supervisor Alice Lai-Bit ation: Bill Ray r and Street when the public purpose for the d event held at a County facility	tker, District 3 City listribution to the or in order to maxi	Num ganization.) mize County revenu	State Zip Co e from concession sale

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Agency Report	A Pub	lic Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form <b>OU</b>
Division, Department, or Region (if applicable	e)	· · · · · · · · · · · · · · · · · · ·	-	For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must	explain in Part 51
(510) 272-3882 crystal.hishi	ida@acgov.org			
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal Analyst,	County Administrat	or's Office		·
Event For Which Tickets Were Dist	ributed	. /		
Date(s) of Event: <u>8</u> / 17 / 69	Description of Eve	nt: <u>A 3</u>	V. N. T.	· · · · · · · · · · · · · · · · · · ·
	Face Value of Tick	et s	40.00	
	ntify source of ticke		e e el c	
Name of Outside Source of Ticket(s) Prov	vided to Agency:	OAKL.	AND AS	
Number of Tickets Received:			cy: 🗌 Gratuitously	Pursuant to Contract
Agency Official(s) Receiving Ticket	(S) (use a continuation	on sheet for add	itional names)	
Name of Official (Last, First)	Number of Tickets		ther the Distribution is I ibe the Public Purpose	· · · · · · · · · · · · · · · · · · ·
			• .	
			N	
			· · · · · · · · · · · · · · · · · · ·	
Individual or Organization Receivin	g Ticket(s) (Provid	led at the behes	st of an agency official.)	· · · · · · · · · · · · · · · · · · ·
Name of Behesting Agency Official:		<b>FFIR</b>		
Name of Individual or Organization:	IEWARK B	6657FR5		ber of Tickets: <u>4</u> Sforts, Elscri
Description of Organization:	MAZSES FOR	SCHOOL	ACTIVITIES,	Sports, ELECTZ
Address of Organization: 39375 Number and Street	CEDAR B	LVD. / City	NEWANN	CA         94566           State         Zip Code
	lic purpose for the dis	tribution to the c	organization.)	
Purpose for Distribution: (Describe the public				
Purpose for Distribution: (Describe the public of the publ	CONTRIBUT	reans to	COMMUNIT	9
NEWOND A SCHOOL FON	CONTRIBUT	rzons to	COMMUNEL	<i>4</i>
NEWARD A SCHOOL FOR Verification			·····	······································
<b>NEWARD A SCHOOL FOR</b> Verification I have determined that the distribution of tickets		accordance wit	·····	······································

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

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					Form <b>OUZ</b>
Division, Department, or Regio	n (if applicable)		-		For Official Use Only
1221 OAK STREET, #555					
Street Address		<b></b>			
OAKLAND, CA 94612					
	E-mail			Amendment (Must e	valain in Part 51
(510) 272-3882	crystal.hishida@a	cgov.org			(plain in Fait 5.)
Agency Contact (name and title)		<u> </u>		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	y Administrat	or's Office		
2. Event For Which Tickets				A	
Date(s) of Event: <u>10</u> <u>18</u>	, 09 Desci	ription of Ever	nt. Raider's Ga	ame	
			150	00	
/	_/ Face	Value of LICKe	et: \$		
Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Ti	oket(s) Provided t	o Agency: Oa	akland Raider's	5	
Number of Tickets Received:		Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia	۱. I	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose for	
				,	
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
		Scott Hagge	rtv		
Name of Behesting Agency O					· · · · · · · · · · · · · · · · · · ·
Name of Individual or Organiz	ation. Race Track	k Chaplaincy	of America	Numb	er of Tickets:4
Description of Organization:	evangelical, interd	enominationa	l, Christian org	anization	
	). BOX 91640 LOS	SANGELES	City		State Zip Code
Num			City		
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the o	organization.)	
Reward NON PROF. for cont	ributions to the co	mmunity. Spo	onsoring a golf	tourn. in memory of f	allen Police Officers
					•••••••••••••••••••••••••••••••••••••••
5. Verification					
I have determined that the distrib	ution of tickets set f	orth above is ir	accordance wit	h the provisions of FPPC	CRegulation 18944.1.
Joft Mr. H	CRYSTAL F	IISHIDA GRA	FF PRIN	ICIPAL ANALYST	8/11/19
Signature of Agenoy Head/of Designed		Print Name		Title	(month, day, year)

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED B' AGENCY REPOR
1. Agency Name		Date Sta	mp California OOO
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-ma	all		nt (Must explain in Part 5.)
(510) 272-3882 crys	tal.hishida@acgov.org		n (must explain in Part 5.)
Agency Contact (name and title)		Date of Origina	al Filing:
Crystal Hishida Graff, Principal A	nalyst, County Administra	tor's Office	(monin, day, youry
2. Event For Which Tickets We	re Distributed		
Date(s) of Event:08 /08 /	-	nt. Explosion Concert	
	Description of Eve	ret \$ 139,75	
//	— Face Value of Tick	et: \$_ <u>() / ()</u>	
Agency Event 🛛 Yes 🛛 🛛	No (Identify source of ticke	ets below.)	
	· ·		
Name of Outside Source of Ticke	t(s) Provided to Agency:		·
Number of Tickets Received:	4 Ticket(s) Pro	ovided to Agency:	ously IX Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuati	on sheet for additional names)	Anna an
Name of Official	Number		tion is Income to the Official or
(Last, First)	of Tickets		urpose for the Distribution
······································			
4. Individual or Organization R	eceiving Ticket(s) (Provi	ded at the behest of an agency o	official.)
	Nate Milev		
Name of Behesting Agency Officia			
Name of Individual or Organizatio	, United Seniors of Oakla	and & Alameda County	Number of Tislator 4
Name of Individual of Organizatio	n		Number of Tickets:4
Description of Organization: <u></u>	or Advocacy		
Address of Organization,	ancroft Avenue, Suite 178	~ Oakland, CA 94605	:
Number an	d Street	City	State Zip Code
Purpose for Distribution: (Describ	e the public purpose for the di	stribution to the organization.)	
contribution to community			
5. Verification			
		n apportance with the provisions	
I nave determined that the distribution	n of tickets set forth above is i	n accoruance with the provisions	of FPPC Regulation 18944.1.
I have determined that the distributio.	n of tickets set forth above is in CRYSTAL HISHIDA GR/	-	of FPPC Regulation 18944.1.

Agency Report	A Pub	lic Document	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
1221 OAK STREET, #555	,, ,		
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-ma	hil		
		Amendment (	(Must explain in Part 5.)
510-272-3882 crys Agency Contact (name and title)	stal.hishida@acgov.org	Date of Original F	ilina
			(month, day, year)
Crystal Hishida Graff, Principal A		tor's Office	
2. Event For Which Tickets We			
Date(s) of Event: <u>09</u> <u>04</u>	09 Description of Eve	ent: <u>A's v. Mariners</u>	100000 10000 1
	—— Face Value of Tick	1 700	
Agency Event 🗌 Yes 🛛	No (Identify source of tick	ets below.)	
Name of Outside Source of Ticke	t(s) Provided to Agency: C	akland A's	
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency: Gratuitous	sly 🛛 🛛 Pursuant to Contrac
3. Agency Official(s) Receiving	Ticket(s) (use a continuat	ion sheet for additional names)	
Name of Official	Number	State Whether the Distribution	
(Last, First)	of Tickets	Describe the Public Purp	ose for the Distribution
۰ ۲			
		· · · · · · · · · · · · · · · · · · ·	
4. Individual or Organization R	ecolving Ticket(s) (Prov	I	biał )
		ded at the beliest of all agency offic	ла. <i>)</i>
Name of Behesting Agency Officia	al: Supervisor Gail Steele	n	
		<b>1 1 1 1 1 1 1 1 1 1</b>	<u>.</u>
Name of Individual or Organizatio	n; Alameda County Urbar	Male Health Initiative	lumber of Tickets: <u>24</u>
			health of males at high rick
Description of Organization:	boration of professional m	en wild are concerned about the	nealli of males at high hisk
1000 B	roadway	Oakland,	CA 94612
Address of Organization:		City	State Zip Code
		-	
Purpose for Distribution: (Describe	e the public purpose for the d	istribution to the organization.)	
provide opportunities to those wh	o are receiving services fr	om County agenciesfrom Heal	th Care Services/Pub.Health
5. Verification			
I have determined that the distribution	n of tickets set forth above is i	in accordance with the provisions of	FPPC Regulation 18944.1.
I have determined that the distribution	n of tickets set forth above is CRYSTAL HISHIDA GR		$\sim 1$

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

Agency Report . Agency Name			Date Stamp	AGENCY REPOR
County of Alameda			Date Stamp	Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Street Address			•	
1221 Oak Street, #555, Oakland, CA 94612	2			
Area Code/Phone Number E-mail			Amendment (Must	exolain in Part 5.)
(510) 272-3882 crystal.hishida	@acgov.org		¢	
Agency Contact (name and title)		-	Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Co		or's Office		
Event For Which Tickets Were Distrib				
Date(s) of Event:08 /28 /09De	escription of Eve	nt: KMEL Bloc	k Party	
/Fa	ace Value of Tick	et: \$	119.00	
				-
	fy source of ticke	-		
Name of Outside Source of Ticket(s) Provide	ed to Agency:	olden State Wa	IFFIOFS	
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	v: Gratuitously	S Pursuant to Contra
		<b>.</b>	······	
Agency Official(s) Receiving Ticket(s)	) (use a continuatio	on sheet for addi	tional names)	
Name of Official	Number	State Whet	her the Distribution is I	come to the Official or
		1		
(Last, First)	of Tickets	1	be the Public Purpose	
(Last, First)		1		
(Last, First)		1		
(Last, First)		1		
(Last, First)		1		
	of Tickets	© Descri	be the Public Purpose	
Individual or Organization Receiving	of Tickets	Descri	be the Public Purpose	
Individual or Organization Receiving	of Tickets	Descri	be the Public Purpose	
Individual or Organization Receiving Name of Behesting Agency Official: Supervi	of Tickets Ticket(s) (Provid isor Alice Lai-Bit	Descri	be the Public Purpose to the Public Purpose to the Public Purpose to the temperature of temper	for the Distribution
Individual or Organization Receiving	of Tickets Ticket(s) (Provid isor Alice Lai-Bit	Descri	be the Public Purpose to the Public Purpose to the Public Purpose to the temperature of temper	
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti	of Tickets Ticket(s) (Provid isor Alice Lai-Bit	Descri	be the Public Purpose to the Public Purpose to the Public Purpose to the temperature of temper	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi	of Tickets Ticket(s) (Provid isor Alice Lai-Bit	Descri	be the Public Purpose to the Public Purpose to the Public Purpose to the temperature of temper	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization:	of Tickets Ticket(s) (Provid isor Alice Lai-Bit	Descri	be the Public Purpose to the Public Purpose to the Public Purpose to the temperature of temper	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: <u>Supervi</u> Name of Individual or Organization: <u>Elton Ti</u> Description of Organization:	of Tickets Ticket(s) (Provid isor Alice Lai-Bit	Descri	be the Public Purpose to the Public Purpose to the Public Purpose to the temperature of temper	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization:	of Tickets Ticket(s) (Provid isor Alice Lai-Bitl iexeira	Descri ded at the behes ker, District 3	t of an agency official.)	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization: Address of Organization:	of Tickets Ticket(s) (Provid isor Alice Lai-Bitl iexeira purpose for the dia	Description to the c	t of an agency official.) Numl organization.)	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization: Address of Organization: Address of Organization: Purpose for Distribution: (Describe the public To enhance attendance at an undersold Cor	of Tickets Ticket(s) (Provid isor Alice Lai-Bitl iexeira purpose for the dia	Description to the c	t of an agency official.) Numl organization.)	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization: Address of Organization: Address of Organization: Inumber and Street Purpose for Distribution: (Describe the public To enhance attendance at an undersold Con Verification	of Tickets Ticket(s) (Provid isor Alice Lai-Bitl iexeira purpose for the dia unty event in ord	Descri ded at the behes ker, District 3 City stribution to the o der to maximize	t of an agency official.) Numl	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public	of Tickets Ticket(s) (Provid isor Alice Lai-Bitl iexeira purpose for the dia unty event in ord	Descri ded at the behes ker, District 3 City stribution to the o der to maximize	t of an agency official.) Numl	for the Distribution
Individual or Organization Receiving Name of Behesting Agency Official: Supervi Name of Individual or Organization: Elton Ti Description of Organization: Address of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the public To enhance attendance at an undersold Coordinate attendance attendance at an undersold Coordinate attendance at	of Tickets Ticket(s) (Provid isor Alice Lai-Bitl iexeira purpose for the dia unty event in ord	Descri ded at the behes ker, District 3 City stribution to the o der to maximize	t of an agency official.) Numl	for the Distribution

Tickets Provided by		Δ Pub	lic Docume	ant	TICKETS PROVIDED B
Agency Report 1. Agency Name		, ( ) UD		Date Stamp	AGENCY REPOR
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	ail			Amendment (Must e	xplain in Part 5.)
	stal.hishida@a	cgov.org			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal A		•	tor's Office		
2. Event For Which Tickets We					
Date(s) of Event: <u>08</u> / <u>29</u> /	09 Descr	iption of Eve	nt: Football Ga	ime	
//	– Face V	Value of Tick	et: \$ <u>150</u>		
	No (Identify or	ouroo of ticks	to below )		
	No (Identify so		·		
Name of Outside Source of Ticke		o Agency:	akiano kaiders	· · · · · · · · · · · · · · · · · · ·	
Number of Tickets Received:	3	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (us	e a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is In be the Public Purpose for	
Darryl Stewart		1	exemplary p	ublic service	
				······	
4. Individual or Organization R	eceiving Ticl	<b>ket(s)</b> (Provi	ded at the behes	t of an agency official.)	
Name of Behesting Agency Offici	al: <u>Nate Miley</u>	1 Supe	surso	· · · · · · · · · · · · · · · · · · ·	
Name of Individual or Organizatio		U			er of Tickets:1
Hame of manual of organizatio					
Description of Organization:				11 11 11 11 11 11 11 11 11 11 11 11 11	
Address of Organization:					
Number an	d Street		City		State Zip Code
Purpose for Distribution: (Describ	e the public purp	oose for the di	stribution to the c	organization.)	
5. Verification			<u></u>		
I have determined that the distribution	n of tickets set fo	orth above is ir	n accordance wit	h the provisions of FPP(	C Regulation 18944.1.
Latton M.	CRYSTAL H	IISHIDA GRA		ICIPAL ANALYST	0 <b>g</b> /24/09
Signature of Agency Head or Designee		Print Name		Title	(month, day, year)
Comment: (Use this space or an attac	hment for any add	litional information	on including amend	dment explanation.)	
				FPPC Toll-Free Helpline:	FPPC Form 802 (Feb/09 866/ASK-FPPC (866/275-3772

gency Report A Public Do		Contra	AGENCY REPORT
	Date Stamp	Califo For	
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)			Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number  E-mail			
(510) 272-3882 crystal.hishida@acgov.org	Amendment	(Must explain in Part !	2.)
Agency Contact (name and title)	Date of Original F	-iling:(month, d	av vear)
Crystal Hishida Graff, Principal Analyst, County Administrator's Of	fice	, month, di	
Event For Which Tickets Were Distributed	·		
Date(s) of Event: <u>9,20,09</u> Description of Event: <u>A</u>	'S V. JNOZAN	5	
· ·	4 1700		
// Face Value of Ticket: \$	)		
Agency Event Tes Trong (Identify source of tickets below	w.)	2	
Name of Outside Source of Ticket(s) Provided to Agency:OA	KLAND A'S	<u> </u>	-
out 3 PACHING PASSAS		ь. <del>А</del>	
Number of Tickets Received: Ticket(s) Provided t	o Agency: 🛛 Gratuitou	siy L <u>I</u> Pursu	ant to Contract
. Agency Official(s) Receiving Ticket(s) (use a continuation shee	t for additional names)		·····
	ate Whether the Distributio	n is Income to the	a Official or
Name of Official Number St (Last, First) of Tickets	Describe the Public Pur		
	·	•	
· · · · · · · · · · · · · · · · · · ·			-
. Individual or Organization Receiving Ticket(s) (Provided at t	he behest of an agency off	icial.)	
Name of Behesting Agency Official: SUP. GALL STE		<b>/</b>	
Name of Behesting Agency Official:			
Name of Individual of Organization: JIN FORSYTH		Number of Tick	ets: 24 +3 P
Name of Individual or Organization:			· · · ·
Description of Organization:	*		
	C LIAGWARD	CA	94541
Address of Organization: 1976 WINGATE WAY		Str	ate Zip Code
	· ·	0.	<u> </u>
Purpose for Distribution: (Describe the public purpose for the distribution		<b></b>	<b>&gt;</b> A A
REVANDENE A COMMUNETY VOLUNTER	r for Hits s	>RAVICE	IU PUBLE
. Verification			
I have determined that the distribution of tickets set forth above is in accor	dance with the provisions o	r ⊢PPC Regulatio	on 18944.1.
Aff CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYS	ST	8124109
Signature of Agency dead or Designee Print Name	- Title		(month, day, year)
Comment. (Use this space or an attachment for any additional information include	ling amendment explanation.)		

gency Report		A Publi	ic Docume	ent	TICKETS PROVIDED
Agency Name	•	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California OOC
County of Alameda					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
					· ,
Street Address	· · · · ·	·			
1221 Oak Street, #555, Oa	kland, CA 94612		<i></i>		
Area Code/Phone Number	E-mail	ι <u>.</u>			
(510) 272-3882	crystal.hishida@a	icaov.ora		Amendment (Must	'explain în Part 5.)
Agency Contact (name and title				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	pal Analyst, Count	y Administrato	r's Office		(month, day, year)
Event For Which Ticket					
Date(s) of Event:08				aiders Game	
				150.00	
/	Face	Value of Ticke	et: \$	100100	
Agency Event 🛛 Yes	🖸 No (Identify s	ource of ticket	ts below.)		
Name of Outside Pourse of	Tielest(a) Dravidad f	o Agana, Oa	kland Raiders	5	
Name of Outside Source of	licket(s) Provided t	o Agency:			······································
Number of Tickets Received	d: <u> </u>	Ticket(s) Prov	vided to Agend	cy: Gratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for add	itional names)	
Name of Off	cial	Number			Income to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose	
	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -				
				· ·	
Individual or Organizati	on Receiving Tic	<b>ket(s)</b> (Provid	ed at the behes	st of an agency official.)	· · ·
	or Supervisor	· Alice Lai-Bitk	er. District 3		
Name of Behesting Agency					
Name of Individual or Organ	nization: Henry Ros	ales		Num	ber of Tickets: <u>3</u>
indinio of Manadal of Sige					
Description of Organization	:				
					·
Address of Organization:	mber and Street		City		State Zip Coo
	•				
Purpose for Distribution: (D	• •	-		organization.)	
To reward a community vo	unteer for his or her	service to the	e public		
			447, 240, 2010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010, 1010,		
Verification					
I have determined that the dist	ribution of tickets set i	forth above is in	accordance wi	th the provisions of FPI	PC Regulation 18944.1.
1112 111	Crystal Hish	vida Graff	Prin	cipal Analyst	8/12/11
A A A A A A A A A A A A A A A A A A A	Ulystai Hisi		1 1111	operior	

Tickets Provided by Agency Report		A Public	Documen	t	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555	(				
Street Address					
OAKLAND, CA 94612					
	-mail				
			[	Amendment (Muste)	(plain in Part 5.)
510-272-3882 Agency Contact (name and title)	crystal.hishida@acg	ov.org	r	ate of Original Filing: .	
				ate of original rung.	(month, day, year)
Crystal Hishida Graff, Princip		dministrator's	Office		
2. Event For Which Tickets					
Date(s) of Event: <u>10 / 03</u>	_/ <u>09</u> Descript	ion of Event: .	A's v. Angels		
	_/ Face Val			,700	
Agency Event 🛛 🗌 Yes	🗵 No (Identify sour	rce of tickets I	below.)		
Name of Outside Source of Ti	cket(s) Provided to A	aency: Oakla	and A's		
Number of Tickets Received:				Gratuitously	⊠ Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (use a	a continuation s	sheet for additio	nal names)	
Name of Officia	al	Number	State Whethe	r the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Describe	the Public Purpose for	r the Distribution
	· · · · · · · · · · · · · · · · · · ·				
•		1			
,					
		11			anna an
4. Individual or Organization	n Receiving Ticke	t(s) (Provided	at the behest o	f an agency official.)	
Name of Behesting Agency C	ficial. Supervisor G	ail Steele			
Name of Individual or Organiz	zation: St. Rose Hos	pital Foundati	ion	Numb	er of Tickets: <u>24</u>
Description of Organization:	supports St. Rose Ho	spital which a	assists low-inc	ome and indigents v	with health care service
Address of Organization:	200 Calaroga Avenue	;	Hayward		CA 94515-4383
Num	per and Street		City		State Zip Code
Purpose for Distribution: (Dea	scribe the public purpos	se for the distril	oution to the org	anization.)	
promote healthto vulnerabl	e populations in the (	County such a	as disabled, ur	derprivileged, senic	Drs
				·	
5. Verification					
5. Verification	ution of tickets set forth	h ahove is in a	cordance with I	he provisions of EPP(	C Regulation 18944 1
5. Verification I have determined that the distrib	oution of tickets set fort			he provisions of FPP(	C Regulation 18944.1.

			ic Docume	FIIL	Δ	GENCY REPO
Agency Report				Date Stamp	Californi	
COUNTY OF ALAMEDA				,	Form	<sup>a</sup> 802
Division, Department, or Reg	on (if applicable)			1.	For Offici	al Use Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail	**		Amendment (M	/ust explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title,				Date of Original Fil	ling:(month, day, y	ear)
Crystal Hishida Graff, Princ			or's Office			
. Event For Which Tickets						
Date(s) of Event:08 /1	<u>3 / 09</u> Desc	ription of Even	nt: <u>Raiders Ga</u>	ame		
/		Value of Ticke	(	\$150.00		
Agency Event 👘 🗌 Yes	🗵 No (Identify s	source of ticket	ts below.)			
Name of Outside Source of	Ticket(s) Provided	to Agency:				
Number of Tickets Received	4					
Number of fickets Received	·	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitousl	y 🛛 Pursuan	to Contra
Agency Official(s) Recei					ly ⊠ Pursuan	to Contra
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution	is Income to the O	fficial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names)	is Income to the O	fficial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution	is Income to the O	fficial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution	is Income to the O	fficial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution	is Income to the O	fficial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add State Whe	itional names) ther the Distribution	is Income to the O	fficial or
. Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo	is Income to the O ose for the Distribut	fficial or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo	is Income to the O ose for the Distribut	fficial or
Agency Official(s) Recei	ving Ticket(s) (u bial on Receiving Tic	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo	is.Income to the O se for the Distribut	fficial or
Agency Official(s) Recei Name of Offic (Last, First)	ving Ticket(s) (u bial on Receiving Tic	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo	is.Income to the O se for the Distribut	fficial or
Agency Official(s) Recei	ving Ticket(s) (u ial on Receiving Tic Official:	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo st of an agency officia	is.Income to the O se for the Distribut	fficial or ion
Agency Official(s) Receins Name of Official (s) Receins Name of Official (Last, First)	ving Ticket(s) (u dat on Receiving Tic Official: ization:	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo st of an agency officia	is.Income to the O se for the Distribut al.)	fficial or ion
Agency Official(s) Receins Name of Official (Last, First)	ving Ticket(s) (u dat on Receiving Tic Official: ization:	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo st of an agency officia	is.Income to the O se for the Distribut al.)	fficial or ion
Agency Official(s) Receins Name of Official (Last, First)	ving Ticket(s) (u bial on Receiving Tic Official: ization: Lourdes P	se a continuatio	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo st of an agency officia	is Income to the O ose for the Distribut al.)	fficial or ion
Agency Official(s) Recein Name of Offic (Last, First)	ving Ticket(s) (u dat on Receiving Tic Official: ization:	se a continuatio	on sheet for add State Whe Descr	itional names) ther the Distribution ibe the Public Purpo st of an agency officia <i>Elagant</i> Nu	is Income to the O ose for the Distribut al.)	fficial or ion 95037
Agency Official(s) Recein Name of Offic (Last, First)	ving Ticket(s) (u bial on Receiving Tic Official: ization: Lourdes P ization: Lourdes P	se a continuatio	In sheet for add State Whe Descr Led at the behes Maxward M City	itional names) ther the Distribution ibe the Public Purpo at of an agency officia <i>Uaggaty</i> Nu	is.Income to the O se for the Distribut al.) umber of Tickets CA	fficial or
Agency Official(s) Recei     Name of Offic     (Last, First)     Individual or Organizatio     Name of Behesting Agency     Name of Individual or Organization:     Description of Organization:     Address of Organization: <u>15</u>	ving Ticket(s) (u ial on Receiving Tic Official: ization: Lourdes P ization: Lourdes P i240 La Rocca Driv nber and Street escribe the public pu	se a continuatio	on sheet for add State Whe Descr Hed at the behes Market M City stribution to the	itional names) ther the Distribution ibe the Public Purpo at of an agency officia <i>Uaggaty</i> Nu	is.Income to the O se for the Distribut al.) umber of Tickets CA	fficial or ion 95037

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

liftonto	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	8/16/09
Signature of Agency Head or Designee	Print Name	Title	(month; day, year)

(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and ittle)       Date of Origin         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Origin         2. Event For Which Tickets Were Distributed       Date(s) of Event:       08 / 28 / 09 / 28 / 00 / 28 /	AGENCY REF
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         crystal.hishida@acgov.org       Date of Origin         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Origin         2. Event For Which Tickets Were Distributed       Date(s) of Event:       08 / 28 / 09       Description of Event:       KMEL Block Party Conce	
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Origin         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Origin         2. Event For Which Tickets Were Distributed       Date of Origin         Date(s) of Event:       08 / 28 / 09       Description of Event:       KMEL Block Party Conce	Form OU
Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Origin         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Origin         2. Event For Which Tickets Were Distributed       Date of Origin         Date(s) of Event:       08 / 28 / 09       Description of Event:       KMEL Block Party Conce	For Official Use Only
OAKLAND, CA 94612	
Area Code/Phone Number       E-mail       Amendme         (510) 272-3882       crystal.hishida@acgov.org       Date of Origin         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Origin         2. Event For Which Tickets Were Distributed       Date(s) of Event:       08 / 28 / 09       Description of Event:       KMEL Block Party Conce	
(510) 272-3882       crystal.hishida@acgov.org       □ Amendme         Agency Contact (name and lttle)       Date of Origin         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       2         2. Event For Which Tickets Were Distributed       Date(s) of Event:       08 / 28 / 09 / 09 / 08         Date(s) of Event:       08 / 28 / 09 / 09 / 08       Description of Event:       KMEL Block Party Conce	
Agency Contact (name and title)       Date of Origin         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Origin         2. Event For Which Tickets Were Distributed       Description of Event: KMEL Block Party Conce         Date(s) of Event:       08 / 28 / 09       Description of Event: KMEL Block Party Conce	nt (Must explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       08 / 28 / 09       Description of Event:       KMEL Block Party Conce	
2. Event For Which Tickets Were Distributed         Date(s) of Event:       08 / 28 / 09       Description of Event:       KMEL Block Party Conce	al Filing:(month, day, year)
Date(s) of Event:       08       28       09       Description of Event:       KMEL Block Party Conce	
	rt
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:         Gratuite       Gratuite         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official       Number         State Whether the Distribut         (Last, First)       of Tickets         Joname of Behesting Agency Official:       Nate Miley         Name of Individual or Organization:       United Seniors of Oakland & Alameda County         Description of Organization:       Senior Advocacy	
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warriors         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuit         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribut         Name of Official (Last, First)       Name of Tickets       State Whether the Distribut       Describe the Public P         4. Individual or Organization Receiving Ticket(s)       (Provided at the behest of an agency of Name of Behesting Agency Official:       Nate Miley       Supersont         Name of Individual or Organization:       United Seniors of Oakland & Alameda County       Description of Organization:       200 Rancroff Avonuo	
Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuit         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribut         Name of Official (Last, First)       Number       Of Tickets       Describe the Public P         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency of Name of Behesting Agency Official:       Nate Miley       Superstructure         Name of Individual or Organization:       United Seniors of Oakland & Alameda County       Description of Organization:       Senior Advocacy	
Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuit         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribut         Name of Official (Last, First)       Of Tickets       Describe the Public P         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency of Name of Behesting Agency Official:       Nate Miley       Superstance         Name of Individual or Organization:       United Seniors of Oakland & Alameda County       Description of Organization:       Senior Advocacy	
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)      Name of Official     Number     Of Tickets     Describe the Public P      Of Tickets     Describe the Public P      A. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency of Name of Behesting Agency Official: Nate Miley     Supersonal Supersona Supersonal Supersonal Supersonal Supersonal Supersonal Supersonal	
Name of Official (Last, First)       Number of Tickets       State Whether the Distribut Describe the Public P         4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency of Name of Behesting Agency Official:       Nate Miley       Supersont         Name of Individual or Organization:       United Seniors of Oakland & Alameda County       Description of Organization:         Senior Advocacy       2200 Baperoff Avenue, Suite 178 – Oakland, CA, 94605	ously IX Pursuant to Cont
Name of Behesting Agency Official:       Nate Miley       Superstance         Name of Individual or Organization:       United Seniors of Oakland & Alameda County         Description of Organization:       Senior Advocacy         7200 Rescription Suite 178 - Oakland CA 94605	
Name of Behesting Agency Official:       Nate Miley       Superstant         Name of Individual or Organization:       United Seniors of Oakland & Alameda County         Description of Organization:       Senior Advocacy         7200 Bageroff Avenue       Suite 178 - Oakland CA 94605	
Name of Individual or Organization: <u>United Seniors of Oakland &amp; Alameda County</u> Description of Organization: <u>Senior Advocacy</u>	fficial.)
Name of Individual or Organization: United Seniors of Oakland & Alameda County Description of Organization: Senior Advocacy	
7200 Banaroff Avanua, Suita 179 - Oakland, CA, 04605	Number of Tickets:4
7200 Baseroft Avenue, Suite 179 - Oakland, CA, 04605	
7200 Bancrott Avenue, Suite 178 ~ Oakland, CA, 94605	
	01-1- 72 0
Number and Street City	State Zip C
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	
contribution to 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.
BUT CALL CRYSTAL HISHIDA GRAFF PRINCIPAL ANALY	/ST 0 <b>8/</b> 24/09

Agency Name         COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510) 272-3882         Crystal Hishida Graff, Principal Analyst, Cour         Event For Which Tickets Were Distribut         Date(s) of Event:			Date Stamp	California 302 Form 302
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-3882         Crystal.hishida@         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, Court         Event For Which Tickets Were Distribut			Amendment (Must ex	
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] 272-3882         crystal.hishida@         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, Cour         Event For Which Tickets Were Distribut			Amendment (Must ex	For Official Use Only
Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, Cour         Event For Which Tickets Were Distribution			Amendment (Must ex	
OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@ Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cour Event For Which Tickets Were Distribut			Amendment (Must ex	
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, Court         Event For Which Tickets Were Distribution			Amendment (Must ex	
(510) 272-3882 crystal.hishida@ Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cour Event For Which Tickets Were Distribut			Amendment (Mustex	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, Cour Event For Which Tickets Were Distribut				cplain in Part 5.)
Crystal Hishida Graff, Principal Analyst, Cour Event For Which Tickets Were Distribut		·····		
Event For Which Tickets Were Distribut			Date of Original Filing:	(month, day, year)
Event For Which Tickets Were Distribut Date(s) of Event: 9/19/09 Desc	-	or's Office		
	cription of Even	II	1. 4ANHERS	
/ Face	e Value of Ticke	et: \$	<u>v.uu</u>	
Agency Event 🗌 Yes 🗹 No (Identify )	source of ticket	ts below.)		•
		OAHLAM	AS	•
Name of Outside Source of Ticket(s) Provided	HING	•	•	
Number of Tickets Received: <u>67.00</u>	Ticket(s) Prov	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contract
		<u> </u>		
Agency Official(s) Receiving Ticket(s) (L				
Name of Official (Last, First)	Number	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution		
	of Tickets	Deschi	Se the rubit rupose to	
			• .	
·		· · ·		
			· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
Individual or Organization Receiving Tid			of an agency official.)	· .
Name of Behesting Agency Official:	AZC STRK	:15		
	PA WALLA	AA AACA	RECORATION AND	PARK FOUND
Name of Individual or Organization:	040 F/18 180/1		Numbe	er of Tickets: 24+3 PM
Description of Organization: SUPPORTS	HAND.	AND A	SUGMENTS FUN	10326
Address of Organization:	STAERT	HAYn	VARD CA	94541 State Zip Code
				orare zip oode
Purpose for Distribution: (Describe the public pul <b><i>REWAND</i></b> <i>NONPROFIT</i> OFFAA	-			< to commune
Interesting According to the Same		1		
Verification				
I have determined that the distribution of tickets set in	forth shave is is	apportance with	the provisions of EDDA	Regulation 18044 1
1			-	1 10901a(1011 10944.1.
- crantal a crem	HISHIDA GRAF	F PRINC	CIPAL ANALYST	
Signature of Agency Head or Designee	Print Name Iditional information		Title	(mơnth, đay, yeai)

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

Agency Report	A Pu	blic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region	on (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	xplain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.org			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princi	pal Analyst, County Administr	ator's Office		
2. Event For Which Tickets	Were Distributed			-
Date(s) of Event:09 /1	09 Description of Ev	ent: A's Game		
		/ ( )	2.00	
		λει. ψ		
Agency Event 🛛 Yes	No (Identify source of tic	kets below.)		
Name of Outside Source of T	icket(s) Provided to Agency:	Oakland A's		iano
Number of Tickets Received:	Ticket(s) P	rovided to Agenc	cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ving Ticket(s) (use a continua	tion sheet for add	itional names)	
Name of Offici			ther the Distribution is Inc	come to the Official or
(Last, First)	of Tickets		ibe the Public Purpose for	
	- Du ', -' Tielest(e) (D		r - F	
4. Individual or Organizatio	• • • •		st of an agency oπicial.)	
Name of Behesting Agency (	Official: Supervisor Scott Hag	gerty		
				ρ
Name of Individual or Organi	zation: Cornerstone Unurch		Numb	er of Tickets:
Description of Organization:				
Address of Organization:	8 Canyon Parkway Livermore	CA 94551		
Num	ber and Street	City		State Zip Code
Purpose for Distribution: (De	scribe the public purpose for the	distribution to the	organization.)	
· · · · · · · · · · · · · · · · · · ·			- ,	
To reward a nonprofit organi	zation for its contributions to t			
To reward a nonprofit organi	zation for its contributions to t	The community		
	zation for its contributions to t			
5. Verification	zation for its contributions to t	· · · · · · · · · · · · · · · · · · ·	th the provisions of FPP(	Regulation 18944 1

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.)

Tickets Provided by Agency Report	A Publ	lic Document	TICKETS PROVIDED E AGENCY REPOF
1. Agency Name		Date Stamp	California
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	<b>1</b>		
		Amendment (Muste	xplain in Part 5.)
	tal.hishida@acgov.org	Dete of October 1 Filtree	
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal A		or's Office	
2. Event For Which Tickets Wei			
Date(s) of Event:0914	09 Description of Ever	nt:	
	Face Value of Tick		
//		et. \$	
Agency Event 🛛 Yes 🗵	No (Identify source of ticke	ts below.)	
Name of Outside Source of Ticket	(a) Dravidad ta Arabayu Oa	akland Raiders	
Name of Outside Source of Ticket	(s) Provided to Agency		
Number of Tickets Received:	3 Ticket(s) Pro	vided to Agency:	Pursuant to Contra
3. Agency Official(s) Receiving	Ticket(s) (use a continuation	on sheet for additional names)	
Name of Official (Last, First)	Number	State Whether the Distribution is In	
(Lasi, Fiisi)	of Tickets	Describe the Public Purpose for	
	<u> </u>		
I. Individual or Organization Re	ceiving Ticket(s) (Provid	l ded at the behest of an agency official.)	
Name of Behesting Agency Officia	l: Nate Miley , Super	vesn	
	-	- 1	
Name of Individual or Organization	1: Deputy Sheriff's Activitie	Numb	er of Tickets: 3
Description of Organization: <u>Yout</u>	T Services and Frograms		
6689 ()	vens Drive, Suite 100 ~ Ple	asanton CA 94588	
Address of Organization:		City	State Zip Code
Purpose for Distribution: (Describe	the public purpose for the dis	stribution to the organization.)	
Volunteer contribution to the com	munity		
5. Verification			
I have determined that the distribution	of tickets set forth above is ir	accordance with the provisions of FPP0	C Regulation 18944.1.
LIKA. A.	CRYSTAL HISHIDA GRA	AFF PRINCIPAL ANALYST	- 0 <b>8/</b> 24/09

	ocument	AGENCY REPOR
1. Agency Name	Date Stamp	California 802
		Form OUZ For Official Use Only
Division, Department, or Region (if applicable)		i or oniolar duo only
1221 OAK STREET, #555		
Street Address		
OAKLAND, CA 94612 Area Code/Phone Number E-mail		
	Amendment (Muste	xplain in Part 5.)
510-272-3882 crystal.hishida@acgov.org Agency Contact (name and title)	Date of Original Filing:	
		(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Offi	Ce	
2. Event For Which Tickets Were Distributed	ders v. Cowhovs	
Date(s) of Event:1309 Description of Event: Raid		
/Face Value of Ticket: \$	150	
Agency Event Yes No (Identify source of tickets below	w )	
Name of Outside Source of Ticket(s) Provided to Agency: <u>Oakland I</u>		
Number of Tickets Received:4 Ticket(s) Provided to	o Agency: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet	t for additional names)	
Name of Official Number Sta (Last, First) of Tickets	ate Whether the Distribution is In Describe the Public Purpose for	
4. Individual or Organization Receiving Ticket(s) (Provided at th	e behest of an agency official.)	
Name of Behesting Agency Official: <u>Supervisor Gail Steele</u>		
	at.	_
Name of Individual or Organization: Dupsi Brown-Kuria	Numb	er of Tickets: <u>2</u>
Description of Organization:		
Address of Organization:		
Number and Street	City	State Zip Code
Purpose for Distribution: (Describe the public purpose for the distributior	n to the organization.)	
to reward a community volunteer for her service to the public	<b>,</b>	
5. Verification		
	ance with the provisions of FPP(	CRegulation 18944 1
5. Verification I have determined that the distribution of tickets set forth above is in accord CRYSTAL HISHIDA GRAFF	ance with the provisions of FPPO	۲ Regulation 18944.1. Ω / به / م