Agency Name       Date Stamp       California 802         COUNTY OF ALAMEDA       Date Stamp       California 802         Division, Department, or Region (if applicable)       To Official Use Only       For Official Use Only         1221 OAK STREET, #655       Street Address       Date of Official Use Only       For Official Use Only         Column Column       Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:	ickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
COUNT 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         (510) 272-3882       crystal hishida@acgov.org         Agency Contact (name and title)       crystal hishida@acgov.org         Agency Event       Face Value of Ticket \$				Date Stamp	California 002
Division, Department, or Region (# approache)         1221 OAK STREET, #655         Street Address         OAKLAND, CA. 94612         Area CodePhone Number         Area CodePhone Number         Crystal.hishida@acgov.org         Agency Contact (more and title)         Crystal.Hishida@acgov.org         Agency Event       Yes         Yes       EN to (dentify source of ticket's below.)         Name of Outside Source of Ticket(s) Provided to Agency.       Gratuitously         Number of Tickets Received:       4         Ticket(s) Provided to Agency.       Gratuitously         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official       Number         State Whether the Distribution       State Whether the Distribution         Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Deficial       State State Macheet of an agency official.)	COUNTY OF ALAMEDA				
Street Address         OAKLAND, CA. 94612         Area Code/Phone Number         E-mail         (510) 272-382         crystal Hishida@arcgov.org         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Event For Which Tickets Were Distributed         Date(s) of Event:	Division, Department, or Region (if applicable)				For Official Use Only
OAKLAND, CA 94612         Area CoddPhone Number         (510) 272-3882         Agency Contact (name and the)         Crystal Hishida (Graff, Principal Analyst, County Administrator's Office         Event For Which Tickets Were Distributed         Date(s) of Event:	1221 OAK STREET, #555				
Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:	Street Address				
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Gaff, Principal Analyst, County Administrator's Office       Date of Original Filing:	OAKLAND, CA 94612				
(610) 272-3882       crystal.hishida@acgov.org         Agency Contact (neme and title)	Area Code/Phone Number E-mail			Amendment (Must	evolain in Part 5 )
Agency Contact (name and title)       Date of Original Filing:	(510) 272-3882 crystal.hishida@	Dacgov.org			explain in Fait ory
Crystal Hishida Graff, Principal Analyst, County Administrator's Office  Event For Which Tickets Were Distributed Date(s) of Event:				Date of Original Filing:	(month, day, vear)
Date(s) of Event:	Crystal Hishida Graff, Principal Analyst, Cou	inty Administrat	tor's Office		
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden Statu Warmons         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image of Official       Number       Of Tickets         Name of Official       Number       of Tickets       Image of Official or Describe the Public Purpose for the Distribution         Scott       Haggeert y       4       To Obtain Oversight of Factures or end to the official or Describe the Public Purpose for the Distribution of Tickets         Scott       Haggeert y       4       Hast have received County funding or Describe the Public Purpose for the Distribution of tickets or end to the official or Description of Organization:         Name of Behesting Agency Official:       Super visor       Scott Haggeerty, District 1         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.)       State       Zip Code         I have determined that the distribution of tickets set forth above is in accordance with the	. Event For Which Tickets Were Distribu	ited		,	
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden Statu Warms         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image of Official       Number       of Tickets         Name of Official       Number       of Tickets       Image of Official or Describe the Public Purpose for the Distribution         State Whether the Distribution is income to the Official or Of Tickets       of Tickets       Describe the Public Purpose for the Distribution         State Haggert y       4       To obtain oversight of fact the oversight of fact the oversight of fact the oversight of fact the oversight of the distribution of tickets extended at the behest of an agency official.)         Name of Behesting Agency Official:       Super visor       Scott Haggerty, District 1         Name of Individual or Organization:       Number of Tickets:       Description of Organization:         Description of Organization:       Number of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         State       Verification         Inverse determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Date(s) of Event: $1, 23, 2010$ Des	cription of Eve	nt. Eddee	Izzard	
Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Golden Statu Warms         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image of Official       Number       of Tickets         Name of Official       Number       of Tickets       Image of Official or Describe the Public Purpose for the Distribution         State Whether the Distribution is income to the Official or Of Tickets       of Tickets       Describe the Public Purpose for the Distribution         State Haggert y       4       To obtain oversight of fact the oversight of fact the oversight of fact the oversight of fact the oversight of the distribution of tickets extended at the behest of an agency official.)         Name of Behesting Agency Official:       Super visor       Scott Haggerty, District 1         Name of Individual or Organization:       Number of Tickets:       Description of Organization:         Description of Organization:       Number of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.         State       Verification         Inverse determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.			-10 -70	1.00	
Name of Outside Source of Ticket(s) Provided to Agency:       Golden State Warners         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       Pursuant to Contract         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Name of Official (Last, First)       Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         State Haggert U       4       To Obtain Oversight of fact (Last over elements)         Image: State Whether the Distribution of Ticket(s) (Provided at the behest of an agency official.)       Number of Official.)         Name of Behesting Agency Official:       Supervision Scott Haggert , District I         Name of Individual or Organization:       Number Scott Haggert , District I         Name of Individual or Organization:       Number of City         Description of Organization:       Number and Street         Address of Organization:       City         Number and Street       City         State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)         State       Zip Code         Purpose for Distribution of tickets set forth above is in accordance with the provisions	// Fac	e Value of Lick	et: \$		
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)       Image: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Name of Official       Number       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: Control of the public Purpose for the Distribution       To obtain oversight of facilities or end that have received for the obtain oversight of facilities or end that have received for the Distribution         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:         Name of Individual or Organization:	Agency Event 🛛 Yes 🗵 No (Identify	source of ticke	ets below.)		
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)       Image: State Whether the Distribution is Income to the Official or Of Tickets       Describe the Public Purpose for the Distribution         Image: State Whether the Distribution is Income to the Official or Of Tickets       Image: State Whether the Distribution is Income to the Official or Of Tickets         Image: State Whether the Distribution of Ticket(s)       Image: State Whether the Distribution is Income to the Official or Of Tickets or represented to the Official or Official.         Individual or Organization Receiving Ticket(s)       (Provided at the behest of an agency official.)         Name of Behesting Agency Official:       Super visoor       Scott Haggerty , District I         Name of Individual or Organization:	Name of Outside Source of Ticket(s) Provider		olden Sta	te Namor	$\mathcal{E}$
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         Image: Description of Describe the Public Purpose for the Distribution       To obtain oversight of fact (Chies or -e that have received county funding or Heat have received county funding or         Image: Image: Description of Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official: Supervisor Scott Haggerty , District I         Name of Individual or Organization:				· · · · · · · · · · · · · · · · · · ·	
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         JCOH HAGGERTY       4       To obtain oversight of facilities or end that have received county funding or that have received county funding or         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official: Supervisor Scott Haggerty District I         Name of Individual or Organization:       Number of County Funding or Understand Street       Number of Tickets:         Description of Organization:       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       State       Zip Code         Individual that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.       State       State       Zip Code	Number of Tickets Received:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
(Last, First)       of Tickets       Describe the Public Purpose for the Distribution         Ocoth Haggerty       4       To obtain oversight of facutities or end of the provision of the public Purpose for the distribution of the public Purpose for the public Purpose for the distribution of the provisions of FPPC Regulation 18944.1.	. Agency Official(s) Receiving Ticket(s)	(use a continuati			
Job Haggerty       4       To obtain oversight of factures or ethat have received county funding or that have received county funding or         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official: Supervisor Scott Haggerty, District I         Name of Behesting Agency Official: Supervisor Scott Haggerty, District I       Number of Tickets:         Name of Individual or Organization:					
	Scott Haggerty		To obtai	n oversight a	of facilities or eve
Name of Behesting Agency Official:       Super viscor       Scott Haggerty, District I         Name of Individual or Organization:					
Name of Behesting Agency Official:       Super viscor       Scott Haggerty, District I         Name of Individual or Organization:					
Name of Individual or Organization:					
Name of Individual or Organization:		New Ser	H Harnet	1. District	l.
Description of Organization:	Name of Behesting Agency Official:	VISUI UCU	1. Tranger	1 Marie	
Address of Organization:       Number and Street       City       State       Zip Code         Purpose for Distribution:       (Describe the public purpose for the distribution to the organization.)       Image: City of the organization is accordance with the provisions of FPPC Regulation 18944.1.         State       The organization is in accordance with the provisions of FPPC Regulation 18944.1.	Name of Individual or Organization:			Numl	ber of Tickets:
Number and Street     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.	Description of 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.	Address of Organization:		City		State Zip Code
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Purpose for Distribution: (Describe the public p	ourpose for the di	istribution 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.					. <u></u>
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	. Verification				<u></u>
		et forth above is i	n accordance with	h the provisions of FPF	PC Regulation 18944.1.
CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	<b>A</b> . <b>A</b> .				-
Signature of Agency Head or Destonee Print Name Title (month, day, year)	CRYSTAL		AFF PRIN		(

ł.

(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         Event For Which Tickets Were Distributed       Date of Original Filing:         Date(s) of Event:       1 / 16 / 2010       Description of Event:       Harlen & Weether	Form       OU2         For Official Use Only         For Official Use Only         Amendment (Must explain in Part 5.)         Date of Original Filing:
Division, Department, or Region (If applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number         [510] Z72-3882         Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date (s) of Event:       1         1       16	For Official Use Only         For Official Use Only         For Official Use Only         Amendment (Must explain in Part 5.)         Date of Original Filling:
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 litle)       crystal.hishida@acgov.org         Crystal Hishida Graft, Principal Analyst, County Administrator's Office       Date of Original Filing:	Amendment (Must explein in Part 5.) Date of Original Filing:
Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and tille)       Crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:	Date of Original Filing:
OAKLAND, CA 94612       Immod Mumber       E-mail       Immod Mumber       Amendment (Must expl         (510) 272-3882       crystal.hishida@acgov.org       Date of Original Filing:       Date of Original Filing:         Agency Contact (name and title)       crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Event For Which Tickets Were Distributed       Date of Original Filing:         Date(s) of Event:	Date of Original Filing:
Area Code/Phone Number       E-mail       Amendment (Must expl         (510) 272-3882       crystal.hishida@acgov.org       Date of Original Filing:         Agency Contact (name and little)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         Event For Which Tickets Were Distributed       Date of Original Filing:       Face Value of Ticket: \$ 33.00         Date(s) of Event:       1       16./2010       Description of Event:       Harlen & Weberre         Agency Event       Yes       Is No (Identify source of Ticket: \$ 33.00       Agency Added to Agency:       Gratuitously         Name of Outside Source of Ticket(s) Provided to Agency:       Gratuitously       Is Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       State Whether the Distribution is Inco         Number of Tickets, First)       of Tickets       Describe the Public Purpose for 1         J cod+I       Haggerty       4       To obtain or erset of an agency official.)         Name of Behesting Agency Official:       Supervisors       Scot+ Haggerty       Astric         Name of Individual or Organization:       Number       Number	Date of Original Filing:
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         2. Event For Which Tickets Were Distributed       Date(s) of Event:	Date of Original Filing:
Agency Contact (name and title)       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date of Original Filing:         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Har Man & Warth & Wa	ice (month, day, year) <u>an lem &amp; lobetrotKrs</u> <u>33.00</u> w) <u>Jate Wappiers</u> o Agency: □ Gratuitously [I] Pursuant to Contract t for additional names) ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution <u>bfain oversignt of Facutories or en</u> <u>t have received Constry Funding or so</u> <u>have received Constry Funding or so</u> <u>have facutories or en</u> <u>t have received Constry Funding or so</u> <u>mumber of Tickets:</u> <u>City</u> <u>State</u> <u>Zp Code</u>
Crystal Hishida Graff, Principal Analyst, County Administrator's Office         E. Event For Which Tickets Were Distributed         Date(s) of Event:       1 / 16 / 2010         Description of Event:       1 / 16 / 2010         Date(s) of Event:       1 / 16 / 2010         Description of Event:       33.00         Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Gratuitously         Number of Tickets Received:       4       Ticket(s) Provided to Agency:         Gratuitously       E         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)         Name of Official       Number         Name of Official       Number         JooH Haggerfy       4         Hadgerfy       Hat have:         GooH Haggerfy       To obtain oversight of the public Purpose for the public Public Purpose for the public Pub	ice (month, day, year) <u>an lem &amp; lobetrotkrs</u> <u>33.00</u> w) <u>Jate Wappion</u> o Agency: □ Gratuitously I Pursuant to Contract t for additional names) ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution <u>bfain oversignt of Facutres or enternational or property funding or so</u> <u>thave received Constry funding or so</u> <u>have received Constry funding or so</u> <u>have facutres or enternational or so</u> <u>have facutres or enternational or so</u> <u>bfain oversignt of facutres or enternational or enternationa</u>
	arlem & betrotkrs         33.00         W. Hate Wappioks         o Agency: □ Gratuitously   Pursuant to Contract         t for additional names)         ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         btain oversight of Facilities or enthose to exercise the Construction         btain oversight of Facilities or enthose to facilities or enthose to exercise the Construction         btain oversight of Facilities or enthose to facilities or enthose to exercise the Construction         btain oversight of facilities or enthose to facilities or enthose to exercise the Construction         btain oversight of facilities or enthose to facilities or enthose to exercise the Construction         btain oversight of facilities or enthose to facilities or enthose to exercise the Construction         btain oversight of facilities or enthose to facilities or enthose to exercise the Construction         hebehest of an agency official.)         Haggerty       District I
Date(s) of Event:       1       16       2010       Description of Event:       Harlem & bottre	33.00         w. Jate Wappicks         o Agency: □ Gratuitously ☑ Pursuant to Contract         t for additional names)         ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         btain oversnyth of facilities or entropy funding or so         btain oversnyth of facilities or entropy funding or so         thave received Constructions         have received Constructions         Maggerty District I
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Agency Event       Yes       No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:       Gradue Hate       Wappubly         Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       E         3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       State Whether the Distribution is Inco         Name of Official       Number       Of Tickets       Describe the Public Purpose for         1       Odd Haggerty       4       To obtain oversight of the theorem of theorem of the theorem of theorem of theorem of theorem of theorem of the theorem	W. Jale Wapplon o Agency: □ Gratuitously I Pursuant to Contract t for additional names) ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution blain oversigned of Facilities or en t have received Constry Funding or so the behest of an agency official.) Haggerty District I 
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Number of Tickets Received:       4       Ticket(s) Provided to Agency:       Gratuitously       E         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)       Name of Official       Number       State Whether the Distribution is Inco         Name of Official       Number       of Tickets       Describe the Public Purpose for the Public Purpose for the Public Purpose for the Public Purpose for the Agenty       4       To obtain overlagent op the Public Purpose for the Public Purpose for the Agenty       4         Joott Haggerty       4       To obtain overlagent op the Agenty       4       To obtain of Public Purpose for the Agenty         Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)       Name of Behesting Agency Official:       Supervision Scott Haggerty       To strice         Name of Individual or Organization:	o Agency:       □ Gratuitously       Image: Pursuant to Contract         t for additional names)       ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution         btain oversigned of facilities or ent have.       Genetived Control funding or state         he behest of an agency official.)       Haggerty.         Mumber of Tickets:
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)      Name of Official     Name of Official     Number     Of Tickets     State Whether the Distribution is Inco     Describe the Public Purpose for     Description of Organization Receiving Ticket(s) (Provided at the behest of an agency official.)     Name of Individual or Organization:     Description of Organization:     Description:	t for additional names) ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution blain oversight of facilities or en t have received Connety Funding or so the behest of an agency official.) Haggerty District I 
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)      Name of Official     Name of Official     Number     of Tickets     State Whether the Distribution is Inco     Describe the Public Purpose for     Description of Organization Receiving Ticket(s) (Provided at the behest of an agency official.)     Name of Behesting Agency Official: Supervisor Scott Haggerty, Districe     Name of Individual or Organization:	t for additional names) ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution blain oversight of facilities or en t have received Connety Funding or so the behest of an agency official.) Haggerty District I 
Name of Official (Last, First)       Number of Tickets       State Whether the Distribution is Inco Describe the Public Purpose for the Describe the Public Purpose for the Public Public P	ate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution betain oversight of facilities or en thave received Connety funding or so the behest of an agency official.) Haggerty District I Number of Tickets:
(Last, First)       of Tickets       Describe the Public Purpose for the provided of the prov	Describe the Public Purpose for the Distribution btain overhight of facilities or en thave received Connecty funding or m he behest of an agency official.) Haggerty District I Number of Tickets: City State Zip Code
Joott Haggerty       4       To obtain oversight opthat have received Count         I. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official: Supervisor Scott Haggerty, Distric         Name of Individual or Organization:         Description of Organization:         Address of Organization:	blain oversight of facilities or en thave received Connect funding or so he behest of an agency official.) Haggerty, District I Number of Tickets: City State Zip Code
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official: Supervisor Scott Haggerty, Districe         Name of Individual or Organization:         Description of Organization:         Address of Organization:         Number and Street	ne behest of an agency official.)         Haggerty       District         Number of Tickets:
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)         Name of Behesting Agency Official: Supervisor Scott Haggerty, Districe         Name of Individual or Organization:         Description of Organization:         Address of Organization:         Number and Street	ne behest of an agency official.)         Haggerty       District         Number of Tickets:
Name of Behesting Agency Official:       Supervisor Scott Haggerty, Distric         Name of Individual or Organization:       Number         Description of Organization:       Address of Organization:         Number and Street       City	City State Zip Code
Name of Behesting Agency Official:       Supervisor Scott Haggerty, Distric         Name of Individual or Organization:	City State Zip Code
Name of Behesting Agency Official:       Supervisor Scott Haggerty, Distric         Name of Individual or Organization:       Number         Description of Organization:       Address of Organization:         Number and Street       City	City State Zip Code
Name of Behesting Agency Official:       Supervisor Scott Haggerty, Distric         Name of Individual or Organization:       Number         Description of Organization:       Address of Organization:         Number and Street       City	City State Zip Code
Name of Individual or Organization:	Number of Tickets: City State Zip Code
Name of Individual or Organization:	Number of Tickets: City State Zip Code
Description of Organization:         Address of Organization:         Number and Street         City	City State Zip Code
Address of Organization:	City State Zip Code
Address of Organization:	City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	n to the organization.)
5. Verification	

(month, day, year) Slot 0 
 Signature of Agency Head of Designee
 Print Name
 Title

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

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Tickets Provided by Agency Report	A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA				Form OOZ
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail	· · ·		Amendment (Must ex	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, Principal Analyst, Co	unty Administrat	tor's Office		
2. Event For Which Tickets Were Distrib	uted			
Date(s) of Event: <u>12 / 11 / 09</u> De	escription of Eve	nt: Not So Sile	nt Night	
			62.50	
/ Fa	ce Value of Tick	et: ֆ		
	ly source of ticke			
Name of Outside Source of Ticket(s) Provide	ed to Agency: <u>G</u>	olden State Wa	arriors	
Number of Tickets Received:			cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s)	(use a continuation			
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Ind ibe the Public Purpose for	
Haggerty, Scott Alameda County Superviso	r 4	to review fac	ilities and events that	may require county fun
District 1		ding or supp	ort in the near future.	
A la dividual de Orașelestica Brazinina		-1 -1 -1 4b - b - b		
4. Individual or Organization Receiving	HUSUT JC	ott Hogger	ty, District	(
Name of Individual or Organization:				er of Tickets:
Description of Organization:		<u></u>		
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public	purpose for the di	istribution to the	organization.)	
5. Verification	· · · · · · · · · · · · · · · · · · ·			
I have determined that the distribution of tickets s				C Regulation 18944.1.
Signature of Agency/read or Designee	AL HISHIDA GR		Title	(month, dáy, yeár)

Fickets Provided by Agency Report		A Public	: Docume	nt		ROVIDED I
I. Agency Name				Date Stamp	California	000
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)				For Official L	lse Only
1221 OAK STREET, #555			,			
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@ad	caov ora		Amendment (Must e	xplain in Part 5.)	
Agency Contact (name and title		cgov.org		Date of Original Filing:		
Crystal Hishida Graff, Princ	-	v Administrator	's Office		(month, day, year	)
Event For Which Ticket		-	s Onice			
			NULC C	Jay Nuchat		
Date(s) of Event: <u>12</u>	<u> </u>	iption of Event:	<u>1007 30 0</u>	TUENT NUTIN		
/	/ Face \	Value of Ticket:	\$ <u>(la.s</u>	50		
Agency Event 🛛 Yes	🗵 No (Identify so			_		
Name of Outside Source of	Ticket(s) Provided to	Agency: Gold	len State Wa	rrirors		
Number of Tickets Received				y: 🔲 Gratuitously	⊠ Pursuant to	o Contra
Agency Official(s) Rece	ving Ticket(s) (us	e a continuation	sheet for addit	ional names)		
Name of Offic		Number		her the Distribution is In	come to the Offic	ial or
(Last, First)		of Tickets		be the Public Purpose for		
Individual or Organizati	on Receiving Ticl	ket(s) (Provider	t at the behest	of an adency official )		
-	-	C S	www.D	or arrist 4		
Name of Behesting Agency	Official:	- oveper				
	Neal Hickey	v			( <b>T</b> ) (	2
Name of Individual or Organ	ization:	,		Numb	er of Tickets:	-
Description of Organization:						
booonplion of organization.						
Address of Organization:						
Nu	nber and Street		City		State	Zip Cod
	escribe the public purp	ose for the distri	bution to the o	rganization.)		
Purpose for Distribution: (D				0 ,		
Purpose for Distribution: (D	mmunity					
Purpose for Distribution: (D Volunteer contribution to co	mmunity					
Volunteer contribution to co	mmunity					· · · · · · · · · · · · · · · · · · ·
Volunteer contribution to co	η (= ··*)η ····	orth phone is is a	aardang- w <sup>uu</sup>	h the provisions of EDP	O Poquistica 400	11.4
Volunteer contribution to co	ibution of tickets set fo			h the provisions of FPP	C Regulation 189	44.1.
Volunteer contribution to co	ibution of tickets set fo	orth above is in a ISHIDA GRAFf Print Name		h the provisions of FPP CIPAL ANALYST	C Regulation 189	44.1.  1/0

Tickets Provided by	A Public D	locument	TICKETS PROVIDED E
Agency Report			
1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802
Division, Department, or Region (if applicable	1		For Official Use Only
	)		
1221 OAK STREET, #555 Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number  E-mail			
	do@oogou org	Amendment (Muste	explain in Part 5.)
Agency Contact (name and title)	da@acgov.org	Date of Original Filing:	
Crystal Hishida Graff, Principal Analyst,	County Administrator's (		(month, day, year)
2. Event For Which Tickets Were Distr	-	JINCE	
		larriors game	
Date(s) of Event:			
	Face Value of Ticket: \$ .	95.00	
Agency Event 🔲 Yes 🗵 No (Ide	ntify source of tickets be	low )	
	-		
Name of Outside Source of Ticket(s) Prov	ided to Agency:		
Number of Tickets Received:4	Ticket(s) Provided	to Agency: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Receiving Ticket	(s) (use a continuation she	eet for additional names)	
Name of Official (Last, First)		State Whether the Distribution is In	
(Last, 1830)	of Tickets	Describe the Public Purpose f	or the Distribution
4. Individual or Organization Receiving	<b>g Ticket(s)</b> (Provided at	the behest of an agency official.)	
Name of Behesting Agency Official: Alam	eda County Supervisor	Scott Haggerty, District 1	
Name of Individual or Organization: Denn	is Fey	Numb	er of Tickets:4
-			
Description of Organization:			
Address of Organization:		City	State Zip Code
Burnoso for Distributions (Describe the sub	tin numana fan Ara distrikut	· · · · · · · · · · · · · · · · · · ·	•
Purpose for Distribution: (Describe the pub	· ·	ion to the organization.)	
Reward individual for contributions to the	community		
5. Verification			
	s set forth above is in acco	rdance with the provisions of FPPI	C Regulation 18944 1
I have determined that the distribution of ticket			
I have determined that the distribution of ticket		·	
1010	TAL HISHIDA GRAFF	PRINCIPAL ANALYST	12/14/0

gency Report A Public Document			c Docume	ent	TICKETS PI	ROVIDED E
. Agency Name				Date Stamp	California	
COUNTY OF ALAMEDA				•	Form	802
Division, Department, or Reg	jion (if applicable)				For Official U	se Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org			r r	
Agency Contact (name and title	e)			Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Prin	cipal Analyst, Coun	ty Administrato	r's Office	- 10000		
. Event For Which Ticket						
Date(s) of Event:01_/_	<u>27 <sub>/</sub> 10 Desc</u>	ription of Event	: Warriors g	ame		
02	10 <u>10</u> Face	Value of Ticket	: \$	95.00		
Agency Event Yes	🗵 No (Identify s					
Name of Outside Source of	Ticket(s) Provided	to Agency: Gol	den State Wa	rriors		
Number of Tickets Receive	_				I Pursuant to	Contrac
	Hloch of	jane	aca to rigoni	y: Gratuitously		
. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation	sheet for addi	tional names)		
Name of Off		Number		her the Distribution is Inc		al or
(Last, First)	}	of Tickets	Descr	be the Public Purpose fo	r the Distribution	
		· ·				
. Individual or Organizat	ion Receiving Tic	:ket(s) (Provide	ed at the behes	t of an agency official.)		
-		• •				
. Individual or Organizat Name of Behesting Agency		• •				
Name of Behesting Agency	Official: Scott Hag	gerty, Alameda		rvisor, District 1	er of Tickets:	8
Name of Behesting Agency Name of Individual or Orga	Official: <u>Scott Hag</u> nization: <u>Dennis Fe</u>	gerty, Alameda y	County Supe	ervisor, District 1	er of Tickets:	8
	Official: <u>Scott Hag</u> nization: <u>Dennis Fe</u>	gerty, Alameda y	County Supe	ervisor, District 1	er of Tickets:	8
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Scott Hag</u> nization: <u>Dennis Fe</u>	gerty, Alameda y	County Supe	ervisor, District 1	er of Tickets:	8
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Scott Hag</u> nization: <u>Dennis Fe</u>	gerty, Alameda y	County Supe	ervisor, District 1	er of Tickets:	8 Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Scott Hage</u> nization: <u>Dennis Fe</u>	gerty, Alameda y	County Supe	ervisor, District 1		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Scott Hage</u> nization: <u>Dennis Fe</u> : umber and Street Describe the public pub	gerty, Alameda y rpose for the dist	County Supe	ervisor, District 1		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Scott Hage</u> nization: <u>Dennis Fe</u> : umber and Street Describe the public pub	gerty, Alameda y rpose for the dist	County Supe	ervisor, District 1		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Scott Hage</u> nization: <u>Dennis Fe</u> : umber and Street Describe the public pub	gerty, Alameda y rpose for the dist	County Supe	ervisor, District 1		
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I Reward for individual for co	Official: Scott Hage nization: Dennis Fe	gerty, Alameda y rpose for the dist ommunity.	County Supe City ribution to the e	ervisor, District 1 Numbe	State	Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	r Official: <u>Scott Hage</u> nization: <u>Dennis Fe</u> umber and Street Describe the public public pontributions to the contribution of tickets set	gerty, Alameda y rpose for the dist ommunity.	County Supe City ribution to the o	ervisor, District 1 Numbe	State	Zip Code

Tickets Provided by Agency Repo <del>r</del> t		A Pubi	ic Docume	ent		ROVIDED B NCY REPOR
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region 1221 OAK STREET, #555 Street Address	on (if applicable)			Date Stamp	California Form For Official U	802 Ise Only
OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Amendment (Musi		)		
2. Event For Which Tickets Date(s) of Event: <u>12</u> , 1	1 <u>, 09</u> Desc / Face ⊠ No (Identify s Ficket(s) Provided t	ription of Ever Value of Ticke cource of ticke to Agency: <u>Go</u>	et: \$ ts below.) ilden State Wa	62.50	⊠ Pursuant to	Contros
3. Agency Official(s) Received.	ving Ticket(s) (u		n sheet for addi State Whe	y: Gratuitously tional names) ther the Distribution is libe the Public Purpose	Income to the Offic	ial or
4. Individual or Organizatio	-				)	
Name of Behesting Agency ( Name of Individual or Organ					hber of Tickets:	2
Description of Organization:			Oakla	nd	СА	94610
Address of Organization:	escribe the public pur	-	City stribution to the o	······································	State	Zip Code
5. Verification I have determined that the distri		forth above is in HISHIDA GRA		th the provisions of FP	PC Regulation 189	44.1. 112/0
Signature of Agency Head or Design		Print Name		Title	(month	<b>///</b> , day, yea

Agency Report 1. Agency Name	, ( ) UI	lic Documer		AGENCY REPOR
COUNTY OF ALAMEDA			Date Stamp	California 802
Division, Department, or Region	(if annlicable)			For Official Use Only
1221 OAK STREET, #555	n appnoabley			
Street Address				
OAKLAND, CA 94612				
	nail		· <u>···</u> ······	
	ystal.hishida@acgov.org		Amendment (Must exp	lain in Part 5.)
Agency Contact (name and title)	rotalinonida@augut.org		Date of Original Filing:	
Crystal Hishida Graff, Principal	Analyst. County Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets W				
Date(s) of Event:01 /_15		"t. Basketball G	ame	
		(h ) ~	~	
/	Face Value of Tick	ret: \$/`	<u></u>	
Agency Event 🛛 Yes 🛛 [	No (Identify source of ticke	ets below.)		
Name of Outside Source of Tick	et(s) Provided to Agency: G	olden State Warı	iors	
	A			
Number of Tickets Received:	Ticket(s) Pro	wided to Agency	: 🔲 Gratuitously [	X Pursuant to Contrac
3. Agency Official(s) Receivin	a Tickot(c) (	an alaat fan additi		
		-		
Name of Official (Last, First)	Number of Ticket <b>s</b>		er the Distribution is Inco e the Public Purpose for	-
		- DOUGH -		
<b></b>				
4. Individual or Organization I				
Name of Behesting Agency Offic	cial: Alameda County Super	visor Nate Miley,	District 4	
Name of Individual or Organizat	ion: League of women vote	rs Eden Area	Number	of Tickets: <u>4</u>
Description of Organization: Pro	motes good and transparent	t government op	erations	
Description of Organization:		<u> </u>		
Address of Organization: PO Bo	ox 2234, Castro Valley, CA 🤉	94546		
Number	and Street	City		State Zip Code
Purpose for Distribution: (Descri	be the public purpose for the di	stribution to the or	ganization.)	
volunteer contribution to commu	inity			
Pigent				
5. Verification				1.000 (NOV
I have determined that the distributi	on of tickets set forth above is ir	n accordance with	the provisions of FPPC I	Regulation 18944.1.
allea VI	CRYSTAL HISHIDA GRA		-	Astint-
Signature of Agency Aead of Designee	Print Name		IPAL ANALYST	
Comment: (Use this space or an atta		on including amonda		(monin, day, year)
volunteer contribution to commu			and a specific control of the second s	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA					Form <b>OUZ</b>
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address			•		
OAKLAND, CA 94612					
	nail				
(510) 272-3882 cm	ystal.hishida@ac	nov ora		Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	Jolainionidalogae			Date of Original Filing:	
Crystal Hishida Graff, Principal	Analyst County	/ Administrat	or's Office		(month, day, year)
2. Event For Which Tickets W				L .	
Date(s) of Event:			Basketball	Game	
			01		
//	/ Face \	alue of Ticke	et: \${>		
Agency Event 🔲 Yes 🛛	⊠ No (Identify so	ource of ticke	ts below.)		
				rriore	
Name of Outside Source of Tick	et(s) Provided to	Agency:			
Number of Tickets Received:	4 -	Ticket(s) Prov	vided to Agenc	y: 🔲 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		her the Distribution is In- be the Public Purpose fo	
					· · · · · · · · · · · · · · · · · · ·
4. Individual or Organization I					
Name of Behesting Agency Offic	cial: <u>Alameda Co</u>	ounty Superv	isor Nate Mile	y, District 4	
Name of Individual or Organizat	ion: <u>Marc Pena</u>	·····		Numb	er of Tickets: <u>4</u>
Description of Organization:		•			
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descri	ibe the public purp	ose for the die	tribution to the c	rganization )	
volunteer contribution to commu				iganzadon.)	
5. Verification			,	- w. w	
I have determined that the distributi	ion of tickets set fo	rth above is in	accordance with	h the provisions of FPP(	Regulation 18944 1
Chipa N.	CRYSTAL HI			CIPAL ANALYST	Indiala.
Signature of Agener Head or Designee	Pi	rint Name		Title	(month, day, year)
Comment: (Use this space or an atta volunteer contribution to commu		tional informatio	n including ameno	lment explanation.)	

	A Pub		-	AGENCY REPO
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OU2
Division, Department, or Reg	i <b>on</b> (if applicable)			For Onicial 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@acgov.org			
Agency Contact (name and title,			ate of Original Filing:	(month, day, year)
	ipal Analyst, County Administra	ator's Office		
2. Event For Which Tickets				
Date(s) of Event:01 /_0	8 <u>10</u> Description of Eve	ent: <u>Basketball Ga</u>	me	
/	Face Value of Tick	ac		
Agency Event 🛛 Yes	No (Identify source of tick	·		
Name of Outside Source of	Ticket(s) Provided to Agency: G	olden State Warric	ors	
Number of Tickets Received	2	ovided to Agency:		Revealed a second se
		Svided to Agency.		
. Agency Official(s) Recei	ving Ticket(s) (use a continuati	ion sheet for addition	al names)	
Name of Offic	ial Number	State Whether	the Distribution is Inco	me to the Official or
(Last, First)	of Tickets	Describe	the Public Purpose for	the Distribution
. Individual or Organizatio	on Receiving Ticket(s) (Provi	I ided at the behest of	an agency official )	
Name of Behesting Agency	Official: Alameda County Super	visor Nate Miley, L	District 4	
	Chris Cameron			of Tieketer 2
Name of Individual or Organ	ization:		Number	of Tickets: 2
Description of Organization:				
Description of Organization:				
Address of Organization:				
Address of Organization:	nber and Street	City		State Zip Code
Address of Organization:		City	inization.)	State Zip Code
Address of Organization:	nber and Street escribe the public purpose for the di	City	inization.)	State Zip Code
Address of Organization:	nber and Street escribe the public purpose for the di	City	nization.)	State Zip Code
Address of Organization: Purpose for Distribution: (De volunteer contribution to cor	nber and Street escribe the public purpose for the di	City	nization.)	State Zip Code
Address of Organization: Purpose for Distribution: (De volunteer contribution to cor 5. Verification	nber and Street escribe the public purpose for the di nmunity	City istribution to the orga		
Address of Organization: Purpose for Distribution: (De volunteer contribution to cor 5. Verification	nber and Street escribe the public purpose for the di nmunity ibution of tickets set forth above is i	City istribution to the orga in accordance with th	e provisions of FPPC F	
Address of Organization:	nber and Street escribe the public purpose for the di nmunity ibution of tickets set forth above is in CRYSTAL HISHIDA GR/	City istribution to the orga in accordance with th	e provisions of FPPC F PAL ANALYST	Regulation 18944.1.
Address of Organization: Num Purpose for Distribution: (De volunteer contribution to con 5. Verification I have determined that the distri- Signature of Agency Head of Design	nber and Street escribe the public purpose for the di nmunity ibution of tickets set forth above is in CRYSTAL HISHIDA GR/	City istribution to the orga in accordance with the AFF PRINCI	e provisions of FPPC F PAL ANALYST	

Tickets Provided by Agency Report	AP	ublic Docume	ent	TICKETS PROVIDED BY
1. Agency Name			Date Stamp	AGENCY REPORT
COUNTY OF ALAMEDA				Form 802
Division, Department, or Region (if a	pplicable)		-	For Official Use Only
1221 OAK STREET, #555				
Street Address			1	
OAKLAND, CA 94612				
Area Code/Phone Number E-mai			Amendment (Must e	explain in Part 5.)
	al.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Ar	•	strator's Office		1.100
2. Event For Which Tickets Wer			0	
Date(s) of Event:01_/_08_/	Description of E	Event: Basketball	Game	- · · ·
//	Face Value of ⊺	Ficket: \$95		
Agency Event 🗌 Yes 🛛 🛛	No (Identify source of ti	ickets below.)		
Name of Outside Source of Ticket(	s) Provided to Agency:	Golden State Wa	arriors	
Number of Tickets Received:	Ticket(s)	Provided to Agend	cy: 🛛 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a contini	uation sheet for add	itional names)	
Name of Official	Numbe		ther the Distribution is In	
(Last, First)	of Ticket	ts Descr	ibe the Public Purpose for	or the Distribution
4. Individual or Organization Re	ceiving Ticket(s) (Pr	rovided at the behes	st of an agency official.)	
Name of Behesting Agency Officia	l: Alameda County Sur	pervisor Nate Mile	y, District 4	
Name of Individual or Organization	David Haubert		Numb	er of Tickets: <u>2</u>
Description of Organization:				
	· · · · · · · · · · · · · · · · · · ·			
Address of Organization:	Street	City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the	e distribution to the	organization.)	
volunteer contribution to communi	ty			
5. Verification				
I have determined that the distribution	of tickets set forth above	is in accordance wi	th the provisions of FPP(	C Regulation 18944.1.
lat ant	CRYSTAL HISHIDA G	GRAFF PRIN	ICIPAL ANALYST	
Signature of Agency Heed or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attach		mation including amen	dment explanation.)	
volunteer contribution to communi	ty		······	
				FPPC Form 802 (Feb/09

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555 Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number  E-mail				
(510) 272-3882 crystal.hishida@	acgov.org		Amendment (Mustex	(plain in Part 5.)
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cou	nty Administrat	tor's Office		(,, ,,
2. Event For Which Tickets Were Distribu	ted			
Date(s) of Event: <u>01 / 08 / 10</u> Des	cription of Eve	nt: <u>Basketball</u>	Game	
/ Fac		Q+^		
	annen aftiska			
Agency Event 🔲 Yes 🛛 No (Identify		-		
Name of Outside Source of Ticket(s) Provided	I to Agency: G	olden State wa	irriors	
Number of Tickets Received:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (	use a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)	Number	1	her the Distribution is Inc	
	of Tickets	Descri	be the Public Purpose fo	r the Distribution
		-		· · · · · · · · · · · · · · · · · · ·
and a second				
4. Individual or Organization Receiving Ti				
Name of Behesting Agency Official: Alameda	County Super-	visor Nate Mile	y, District 4	
Name of Individual or Organization: Harold Lo				er of Tickets:2
Description of Organization:				Martine and Control of
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu	urpose for the di	stribution to the c	proganization.)	
volunteer contribution to community				
5. Verification				
I have determined that the distribution of tickets set	forth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
Signature of Agency Head or Designee	HISHIDA GRA	AFF PRIN		
Comment: (Use this space or an attachment for any a	dditional informatio	on including amend	· -	. ,,, ,,
volunteer contribution to community				
				· · · · · · · · · · · · · · · · · · ·

Agency Report	A Pu	blic Docume	nt	TICKETS PROVIDED B 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 ex	nlain in Parl 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 Administr	ator's Office		
2. Event For Which Tickets V	Vere Distributed			
Date(s) of Event: 01 _/_08_	/ 10 Description of Ev	ent. Basketball (	Game	
, pare(3) of Event.		4	6	
/	Face Value of Tic	ket: \$		
Agency Event	INO (Identify source of tick	kets below.)		
Name of Outside Source of Tic	kat(a) Duavidad ta Amanayu (	Golden State Wa	rriors	
Name of Outside Source of Tic	Kel(S) Provided to Agency: _			
Number of Tickets Received:	Ticket(s) P	rovided to Agency	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receivi	ng Ticket(s) (use a continua	ition sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		ner the Distribution is Inc be the Public Purpose fo	
	2			
······				, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4. Individual or Organization				
Name of Behesting Agency Off	icial: <u>Alameda County Supe</u>	ervisor Nate Miley	r, District 4	
Name of Individual or Organiza				er of Tickets: <u>2</u>
Description of Organization:				
Address of Organization:	r and Street	City		State Zip Code
Purpose for Distribution: (Desc			raopization \	
, .		distribution to the o	rganization.)	
volunteer contribution to comm	nunity			
5. Verification				
I have determined that the distribut	tion of tickets set forth above is	in accordance with	the provisions of EPPC	Regulation 18944 1
Signature of Agency Head or Designee	CRYSTAL HISHIDA GF	KAFF PRIN		
	Print Name		_ Title	(month, day, year)
Comment: (Use this space or an at	-	won menang amend	ment explanation.)	
<ul> <li>volunteer contribution to comm</li> </ul>	nunity			

Agency Report	A Publi	ic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form <b>COL</b>
Division, Department, or Region (if a		For Official Use Only	
Street Address			
1221 OAK STREET, #555, OAKL	AND, CA 94612		
Area Code/Phone Number E-ma		Amendment (Mus	t explain in Part 5.)
(510) 272-3882 cryst	al.hishida@acgov.org		12/02/09
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal A	alyst, County Administrator	r's Office	
2. Event For Which Tickets Wer			
Date(s) of Event: <u>12 / 03 /</u>	)9 Description of Even	t: Golden State Warriors Game	
	Face Value of Ticke		
/			
Agency Event 🔲 Yes 🛛 🗙	No (Identify source of ticket	s below.)	
Name of Outside Source of Ticket	s) Provided to Agency: Gol	Iden State Warriors	
Number of Tickets Received:	Ticket(s) Prov	vided to Agency: 🔲 Gratuitously	Represent to Contract
3. Agency Official(s) Receiving	Ficket(s) (use a continuation	n sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
Briones, Ruben	4	To promote attendance at an eve	
		A difference of the second	
1 Individual on One minution Dr	achine Ticket(a) (Duvid		
4. Individual or Organization Re		ed at the benest of an agency official.	Arict 3
Name of Behesting Agency Officia	: OUPENVUS UP 771	ACE LAPOITO, F.	
Name of Individual or Organization			nber of Tickets:
Description of Organization:	, ,		
Description of Organization.			
Address of Organization:			State Zip Code
		City	State Zip Code
Purpose for Distribution: (Describe	the public purpose for the dist	tribution to the organization.)	
5. Verification			
I have determined that the distribution	of tickets set forth above is in	accordance with the provisions of FP	PC Regulation 18944.1.
	CRYSTAL HISHIDA GRAI	FF PRINCIPAL ANALYST	

Agency Report		A Pub	lic Docume	ent		ROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612	ion (if applicable)		•.	Date Stamp	California Form For Official U	802 Jae Only
Area Code/Phone Number (510) 272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ	cipal Analyst, Count	y Administrat	or's Office	☐ Amendment <i>(Must e)</i> Date of Original Filing: -		)
2. Event For Which Ticket Date(s) of Event://////	10 / 10 Descr / Face ⊠ No (Identify so Ticket(s) Provided to d:4	iption of Even Value of Ticke ource of ticke o Agency: <u>Ge</u> Ticket(s) Pro	et: \$ hts below.) blden State Wa vided to Ageno	95.00	⊠ Pursuant to	) Contrac
Name of Offi (Last, First)	cial	Number of Tickets	State Whe	ther the Distribution is Inc be the Public Purpose fo		
I. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization	Official: <u>Alameda C</u> nization: <u>City of Fre</u>	County Super	visor Scott Hag	gerty, District 1	er of Tickets:	4
Ecomption of orgunization		emont CA 94	538			Zip Code

Signature of Agerget Head of Designee	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	(month, day, 'year)
V	twent for any additional information inclus	ling amondmont explanation )	

gency Report		AFUDIU	: Docume	rit.	AGENCY REPO
. Agency Name				Date Stamp	Calífornia
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Reg	<b>jion</b> (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555	, OAKLAND, CA 🤅	94612			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida(	@acgov.org			12/14/09
Agency Contact (name and titl	e)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Cou	nty Administrator's	s Office		
Event For Which Ticket					
Date(s) of Event: <u>12</u>	<u>18 / 09</u> De	scription of Event:	Golden Stat	e Warriors Game	
		ce Value of Ticket:		95.00	
Agency Event 🛛 Yes		y source of tickets			
Name of Outside Source of	Ticket(s) Provide	d to Agency: Gold	en State Wa	rriors	
Number of Tickets Receive					Pursuant to Contra
Agency Official(s) Rece	viving Ticket(s)	(use a continuation	sheet for addit	ional names)	······································
Name of Off		Number		ner the Distribution is Inc	
(Last, First)	1	of Tickets	Descrit	be the Public Purpose for	the Distribution
					· · ·
Individual or Organizat	ion Receiving 1	Ficket(s) (Provided	d at the behest	of an agency official.)	
-				of an agency official.)	
-				of an agency official.)	
Name of Behesting Agency	Official: Supervi	sor Alice Lai-Bitke			er of Tickets:8
Name of Behesting Agency Name of Individual or Orga	Official: <u>Supervi</u>	sor Alice Lai-Bitker g Bitker	r, District 3	Numbe	er of Tickets:8
Name of Behesting Agency	Official: <u>Supervi</u>	sor Alice Lai-Bitker g Bitker	r, District 3	Numbe	er of Tickets: <u>8</u>
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Supervi</u>	sor Alice Lai-Bitker g Bitker	r, District 3	Numbe	er of Tickets: <u>8</u>
Name of Behesting Agency Name of Individual or Orga Description of Organization	Official: <u>Supervi</u>	sor Alice Lai-Bitker g Bitker	r, District 3	Numbe	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	r Official: <u>Supervi</u> nization: <u>Mei-Ling</u> I:	sor Alice Lai-Bitker	r, District 3	Numbe	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: N Purpose for Distribution: (I	Official: <u>Supervis</u> nization: <u>Mei-Ling</u> :: umber and Stréet	sor Alice Lai-Bitker g Bitker purpose for the distri	r, District 3 City	Numbe	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Official: <u>Supervis</u> nization: <u>Mei-Ling</u> :: umber and Stréet	sor Alice Lai-Bitker g Bitker purpose for the distri	r, District 3 City	Numbe	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: N Purpose for Distribution: (I To promote attendance at	Official: <u>Supervis</u> nization: <u>Mei-Ling</u> :: umber and Stréet	sor Alice Lai-Bitker g Bitker purpose for the distri	r, District 3 City	Numbe	State Zip Codi
Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at	Official: Supervis	sor Alice Lai-Bitker g Bitker purpose for the distri a County facility in	r, District 3 City ibution to the o order to maxi	rganization.)	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: N Purpose for Distribution: (I To promote attendance at	r Official: <u>Supervis</u> nization: <u>Mei-Ling</u> umber and Street Describe the public an event held at a tribution of tickets s	sor Alice Lai-Bitker g Bitker purpose for the distri a County facility in et forth above is in a	r, District 3 City ibution to the o order to maxing accordance with	Numberry Numberry Numberry Numberry Numberry Numberry revenue in the provisions of FPPC	State Zip Code
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{N}$ Purpose for Distribution: (I To promote attendance at <b>Verification</b>	Official: Supervis     nization: Mei-Ling     umber and Street Describe the public an event held at a     tribution of tickets s     CRYSTA	sor Alice Lai-Bitker g Bitker purpose for the distri a County facility in	r, District 3 City ibution to the o order to maxing accordance with	rganization.)	State Zip Code

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Agency Report	A Public	Document	t	TICKETS PROVIDE AGENCY RE
I. Agency Name			Date Stamp	California Form 80
COUNTY OF ALAMEDA				
Division, Department, or Region (if appl	cable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail		Г	Amendment (Mustex	(plain in Part 5.)
(510) 272-3882 crystal.	nishida@acgov.org			
Agency Contact (name and title)			ate of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal Anal	st, County Administrator	s Office		
. Event For Which Tickets Were I				
Date(s) of Event: <u>12 / 26 / 09</u>	Description of Event:	Golden State	Warriors vs. Phoeni	x Suns
	– Face Value of Ticket:	0	5.00	
///	- Face value of ficket.	φ		
Agency Event Yes X No	(Identify source of tickets	below.)		
Name of Outside Source of Ticket(s)	Provided to Agency. Gold	en State Warri	ors	
Number of Tickets Received: 2	Ticket(s) Provid	led to Agency:	Gratuitously	Pursuant to Cont
Agency Official(s) Receiving Tic	:ket(s) (use a continuation	sheet for addition	al names)	
Name of Official (Last, First)	Number		r the Distribution is Inc the Public Purpose fo	come to the Official or
(Ld3),   i 3()	of Tickets	Describe	the Fublic Fulpose to	
				······
	iving Ticket(s) (Provided	d at the behest o	an agency official.)	
Individual or Organization Rece	and a stand of the			
÷	• • • • •			
Name of Behesting Agency Official: _	• • • • •			
Name of Behesting Agency Official:	Keith Carson, Supervisor I		Numb	er of Tickets 2
-	Keith Carson, Supervisor I		Numb	er of Tickets:2
Name of Behesting Agency Official:	Keith Carson, Supervisor I		Numb	er of Tickets: 2
Name of Behesting Agency Official:	Keith Carson, Supervisor I		Numb	er of Tickets: 2
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization:	Keith Carson, Supervisor I Marlene Hurd	Fifth District	Numb	
Name of Behesting Agency Official: _ Name of Individual or Organization: _ Description of Organization:	Keith Carson, Supervisor I Marlene Hurd		Numb	er of Tickets:2 
Name of Behesting Agency Official:	Keith Carson, Supervisor Marlene Hurd	Fifth District		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization:	Keith Carson, Supervisor I Marlene Hurd eet e public purpose for the distri	Fifth District City bution to the org		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the	Keith Carson, Supervisor I Marlene Hurd eet e public purpose for the distri	Fifth District City bution to the org		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the To reward a community volunteer for	Keith Carson, Supervisor I Marlene Hurd eet e public purpose for the distri	Fifth District City bution to the org		
Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the To reward a community volunteer for	Keith Carson, Supervisor F Marlene Hurd eet e public purpose for the distri his or her service to the p	Fifth District City bution to the org public.	anization.)	State Zip C
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the To reward a community volunteer for . Verification I have determined that the distribution of	Keith Carson, Supervisor F Marlene Hurd eet e public purpose for the distri his or her service to the p	Fifth District City bution to the org public. ccordance with to	anization.)	State Zip C

		A Pubi	ic Docume	ent	AGENCY REPO
Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must ex	nation in Port 5 1
(510) 272-3882	crystal.hishida@ac	gov.org		_	
Agency Contact (name and title)				Date of Original Filing: _	(month day year)
Crystal Hishida Graff, Princip	al Analyst, County	Administrate	or's Office		(/////////
Event For Which Tickets	-				
Date(s) of Event: <u>12</u> <u>26</u>			. Golden Sta	te Warriors vs. Phoeni	x Suns
/	/ Face \	/alue of Ticke	et: \$		
Agency Event	🗵 No (Identify so	ource of ticke	ts below.)		
				rriore	
Name of Outside Source of T	icket(s) Provided to	Agency: 00		mors	
Number of Tickets Received:	8	Ficket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Receiv	ving Ticket(s) (use	e a continuatio	on sheet for addi	tional names)	
Name of Offici	al	Number		her the Distribution is Inc	
(Last, First)		of Tickets	Descri	be the Public Purpose fo	rine Distribution
Carson, Keith		8	To obtain ov	ersight of County facili	ies.
Individual or Organizatio	n Receiving Tick	(et(s) (Provid	led at the behes	t of an agency official.)	
•	$\bigcirc$	1.11	. ^	Defanial 5	
	2.0001	CANO KO HI	h () A STY		
Name of Behesting Agency C	official: <u>Supervi</u>	sor rett	h Carsor	, pointers	
Name of Behesting Agency C					
Name of Behesting Agency C Name of Individual or Organia					er of Tickets:
Name of Individual or Organia	zation:			Numbe	
	zation:			Numbe	
Name of Individual or Organiz Description of Organization:	zation:			Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization:	zation:			Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization: - Address of Organization:	zation:		City	Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization:	zation:		City	Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization: - Address of Organization:	zation:		City	Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization: . Address of Organization:	zation:		City	Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (De  Verification	zation:	ose for the dis	City stribution to the o	Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization: - Address of Organization:	zation:	ose for the dis	City stribution to the o	Numbe	er of Tickets:
Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (De	zation:	ose for the dis	City stribution to the o	Numbe	er of Tickets:

Tickets Provided by Agency Report		A Publ	ic Docum	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
				Amendment (Must e	xplain in Part 5.)
(510) 272-3882 Agency Contact (name and title	crystal.hishida@a	cgov.org		Date of Original Filing:	
	-			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ			or's Office		
2. Event For Which Ticket			- · · · -·		
Date(s) of Event: <u>12</u>	2 <u>6 / 09</u> Descr	ription of Ever	nt: Golden Sta	ate Warriors vs. Phoen	ix Suns
	/ Face `				
		value of ficke	τ. ψ		
Agency Event 🛛 Yes	🛛 No (Identify se	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided to	Agency. Go	lden State Wa	arriors	
Number of Tickets Received				cy: 🛛 Gratuitously	I Pursuant to Contract
				· · ·	
3. Agency Official(s) Rece					
Name of Offi (Last, First)	cial	Number of Tickets		ther the Distribution is In ibe the Public Purpose for	
(Edd), Holy		UTTICKETS	Desci	ibe the rubile rubber w	
1. Individual or Organizati					
Name of Behesting Agency	Official: Keith Carse	on, Superviso	r Fifth District		
Name of Individual or Orgar					per of Tickets:2
Description of Organization:					
Address of Organization:	mber and Street		City	· .	State Zip Code
Purpose for Distribution: (D	escribe the public pur	pose for the dis	stribution to the	organization.)	
To reward a community vol					
5. Verification					
I have determined that the dist	n'hutian of tickate eat f	orth above is in	i annordanne w	ith the provisions of FPP	C Regulation 18944 1
40 mm		IISHIDA GRA	FF PRII	NCIPAL ANALYST	
Signature of Agency Head of Design	hee	Print Name		Title	(mơnth, day, year)

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Fickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
I. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	-mail	•		Amendment (Must ex	nlain 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, Princip	al Analyst, Count	ty Administrat	or's Office		
. Event For Which Tickets	Were Distribute	ed			
Date(s) of Event:01 /_03	_/ <u>10</u> Desci	ription of Ever	nt: Raiders Ga	me	
	_/ Face			\$150	
Agency Event 🛛 Yes	🗵 No (Identify s		•		
Name of Outside Source of Ti	cket(s) Provided t	to Agency: Go	olden State Wa	arriors	
Number of Tickets Received: .				cy: 🔲 Gratuitously	Pursuant to Contrac
. Agency Official(s) Receiv	ing Ticket(s) (u	se a continuatio	on sheet for addi	itional names)	
Name of Officia (Last, First)		Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
Haggerty, Scott	****	4	to review fac	ilities or events that ma	ay require County fund
······					
l. Individual or Organization	n Receiving Tic	<b>ket(s)</b> (Provid	led at the behes	t of an agency official.)	1
Name of Behesting Agency O	fficial: <u>Inperv</u>	irean gap	t Haejeset	ng, idistrict	
Name of Individual or Organiz	ation:			Numbe	er of Tickets:
Description of Organization: _					
Address of Organization:	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the o	organization.)	
5. Verification					
I have determined that the distrib	ution of tickets set f	forth above is ir	n accordance wil	th the provisions of FPPC	Regulation 18944.1.
1.11 m		HISHIDA GRA		ICIPAL ANALYST	12/0/8
Signature of Agency Head or Designee		Print Name		Title	(month day year)

Tickets Provided by Agency Report A Public De	ocument	TICKETS PROVIDED B AGENCY REPOR
1. 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	Amondmont (14.	é sum la ín ia Dará E l
(510) 272-3882 crystal.hishida@acgov.org	Amendment (Mus	t explain in Part 5.)
Agency Contact (name and title)	Date of Original Filing	;(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's O	ffice	(monini, day, year)
2. Event For Which Tickets Were Distributed	I	
Date(s) of Event: <u>12 / 11 / 09</u> Description of Event: <u>N</u> / Face Value of Ticket: \$	lot so silent Night	_
	62.00	
/ Face Value of Ticket: \$	P (5413 P	
Agency Event 🛛 Yes 🛛 No (Identify source of tickets belo		
Name of Outside Source of Ticket(s) Provided to Agency: Golden S	State Warrirors	
Number of Tickets Received:4 Ticket(s) Provided	to Agency: Gratuitously	Revealed a Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (use a continuation shee	et for additional names)	
	tate Whether the Distribution is	
(Last, First) of Tickets	Describe the Public Purpose	
		······································
4. Individual or Organization Receiving Ticket(s) (Provided at t	the behest of an agency official.)	)
Note Miley Super VVST	r District 4	
Name of Behesting Agency Official: Nate Miley , Super V Ust		
Name of Individual or Organization: Christopher Miley	Num	nber 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 distribution	on to the organization.)	
Volunteer contribution to community		
5. Verification		
I have determined that the distribution of tickets set forth above is in accord	dance with the provisions of FPI	PC Regulation 18944.1.
CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	12 12 Ine

Tickets Provided by Agency Report		A Publ	ic Docum	ent			PROVIDED BY
1. Agency Name				Date S	Stamp	California	
COUNTY OF ALAMEDA					·	Form	802
Division, Department, or Region (	(if applicable)			-		For Official	Jse Only
1221 OAK STREET, #555							
Street Address				1			
OAKLAND, CA 94612							
Area Code/Phone Number E-n	nail				n <b>ent</b> (Muste	xplain in Part 5.)	
510-272-3882 cry	/stal.hishida@a	cgov.org					
Agency Contact (name and title)				Date of Orig	inal Filing:	(month, day, yea	r)
Crystal Hishida Graff, Principal	Analyst, County	y Administrato	or's Office				
2. Event For Which Tickets W							
Date(s) of Event: <u>01 / 03</u>	, <u>10</u> Descr	ription of Ever	nt: Raiders v.	Baltimore Ra	avens		
	Face			. = 0			
					-		
Agency Event 🛛 Yes	No (Identify s	ource of ticke	ts below.)				
Name of Outside Source of Tick	et(s) Provided t	o Agency: <u>Oa</u>	akland Raiders	5			
Number of Tickets Received:	4	Ticket(s) Pro	vided to Ageno	cy: 🗌 Gratu	uitously	🗵 Pursuant to	o Contract
3. Agency Official(s) Receivin	g Ticket(s) (us	se a continuatio	on sheet for add	litional names)	)		
Name of Official (Last, First)		Number of Tickets				come to the Offic or the Distribution	
			×				
1999-1992 - 1 - 1 - 1							
4. Individual or Organization I	Receiving Tic	<b>ket(s)</b> (Provid	led at the behe	st of an agenc	y official.)	SP 007 113	
Name of Behesting Agency Offic	cial: <u>Supervisor</u>	Gail Steele	Disme	f q			
Name of Individual or Organizat					Numb	er of Tickets: _	4
Description of Organization: pre			ess of Sunol a	and protects	quiet lifest	yle and enviror	nment.
Address of Organization:	P.O. Box 6 and Street	9	Sunol, <sub>City</sub>		CA	94586 State	Zip Code
Purpose for Distribution: (Descri		naca fartha dir				Otale	
to reward a non-profit organizat		•		organization.)			
E Varidi action	0 - 111 - 11						· · · · · · · · · · · ·
5. Verification		·					
I have determined that the distributi	on of tickets set f	orth above is ir	n accordance wi	th the provisio	ns of FPP(	C Regulation 189	144.1.
Signature of Agency Head or Designee		ISHIDA GRA				(monti	8/09 h, day, year)

\$ 2

Tickets Provided by Agency Report	A Publ	ic Document	TICKETS PROVIDED B AGENCY REPOR
1. 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			
	nail		
(510) 272-3882 cr	ystal.hishida@acgov.org	Amendment (Mus	t explain in Pert 5.)
Agency Contact (name and title)	<u>, otaninoniou (en ogo - o og</u>	Date of Original Filing	]:(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrate	or's Office	(month, day, year)
2. Event For Which Tickets W	ere Distributed		2
Date(s) of Event:3	/ IO Description of Ever	t: Raiders game	
/	/ Face Value of Ticke	nt: \$ <u>150 </u>	
Agency Event   Yes	☑ No (Identify source of ticket)	(S Delow.)	No. for the set
Name of Outside Source of Tick	et(s) Provided to Agency:	Bolden State Warn	118 
Number of Tickets Received:	3	vided to Agency: 🔲 Gratuitously	Pursuant to Contrac
B. Agency Official(s) Receivin	<b>g Ticket(s)</b> (use a continuatio	n sheet for additional names)	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
Darry Stewart	- 3		·····
1			· · · · · · · · · · · · · · · · · · ·
4. Individual or Organization	Receiving Ticket(s) (Provid	ed at the behest of an agency official.	)
Name of Behesting Agency Offi	cial: Supervisor No	ate Miley, Distri	<u>ct 4</u>
Name of Individual or Organization	lion:	Nurr	ber of Tickets:
Description of Organization:			
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Desci	ibe the public purpose for the dis	tribution to the organization.)	
5. Verification			
	ion of tickets set forth above is in	accordance with the provisions of FP	PC Regulation 18944.1.
ALLA IN	CRYSTAL HISHIDA GRA		12/20/00
Rott (1 Della			1010101

ickets Provided by Igency Report	A Public	Document	TICKETS PROVIDED B AGENCY REPOR
. Agency Name		Date Stamp	
COUNTY OF ALAMEDA			Form 802
Division, Department, or Region (if applicable)			For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail		Amendment (Mu	ist explain in Part 5.)
(510) 272-3882 crystal.hishida	@acgov.org		
Agency Contact (name and title)		Date of Original Filir	ng:
Crystal Hishida Graff, Principal Analyst, Co	unty Administrator		
<b>Event For Which Tickets Were Distrib</b>			
Date(s) of Event: <u>12 / 26 / 09</u> De	escription of Event:	Golden State Warriors vs. Pho	enix Suns
/ Fa	ce Value of Ticket	\$ 95.00	
-	fy source of tickets		
Name of Outside Source of Ticket(s) Provide	ed to Agency: Gold	en State Warriors	·····
Number of Tickets Received:4		led to Agency: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Receiving Ticket(s)	(use a continuation s		
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpos	
		<u> </u>	
Individual or Organization Receiving			l.) ·
Name of Behesting Agency Official: <u>Keith C</u>	arson, Supervisor F	Fifth District	
Name of Individual or Organization: Playwo	rks		mber of Tickets:4
Description of Organization: Improve the he	alth & well-being of	children by increasing opportu	nities for physical activity.
Address of Organization: 517 Fourth St.	×	Oakland,	CA 95607 State Zip Code
Purpose for Distribution: (Describe the public	purpose for the distri	·	
To reward a school or nonprofit organization	tor its contribution	s to the community.	
Verification			·····
Verification			DDC Bogulation 100111
I have determined that the distribution of tickets s			
	L HISHIDA GRAF	PRINCIPAL ANALYST	12/14/0
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report	A Publ	ic Docume	ent		PROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555			Date Stamp	California Form For Official B	802
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, Cou		or's Office	☐ Amendment (Must ex		r) .
2. Event For Which Tickets Were Distribu Date(s) of Event: <u>12 / 26 / 09</u> Des	ted	nt: Golden Sta	<u> </u>	x Suns	
Agency Event ☐ Yes ⊠ No (Identify Name of Outside Source of ⊤icket(s) Provided Number of Tickets Received:4	source of ticke I to Agency: <u>Go</u>	ts below.) olden State Wa		⊠ Pursuant t	o Contrac
3. Agency Official(s) Receiving Ticket(s) (	use a continuatio	on sheet for addi	tional names)		
Name of Official (Last, First)	Number of Tickets	1	ther the Distribution is Inc be the Public Purpose fo		
			10-10-10-10-10-10-10-10-10-10-10-10-10-1	· · · · · · · · · · · · · · · ·	
4. Individual or Organization Receiving Ti Name of Behesting Agency Official: Keith Car	• • •				
Name of Individual or Organization: Urban Se	ervices YMCA N	M. Robinson B	aker Bran Numb	er of Tickets: _	4
Description of Organization: Encourage youth	and families to				
Address of Organization: <u>3265 Market St.</u> Number and Street Purpose for Distribution: (Describe the public pu	urpose for the dis	Oakla City		CA State	94608 Zip Code
To reward a school or nonprofit organization	•			The Dynamic	
5. Verification I have determined that the distribution of tickets se				Regulation 189	944.1.

afont	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST
Signature of Agency Head or Designee	Print Name	Title

13/14/09 (mónth, day, year)

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				
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishida@	acgov.org			
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	nty Administrate	or's Office		
2. Event For Which Tickets Were Distribut				
Date(s) of Event:01_/13_/_10 Desc	cription of Ever	nt: Golden Sta	te Warriors vs. Miami	Heat
			<b></b>	
//Face	e value of ficke	eι. φ		
Agency Event 🔲 Yes 🛛 🛛 No (Identify	source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	arriors	
Number of Tickets Received:4			cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (	use a continuatio	on sheet for add	itional names)	
Name of Official (Last, First)	Number		ther the Distribution is In	
(LdSI,   1151)	of Tickets	Desci	ibe the Public Purpose f	
	-			
4. Individual or Organization Receiving Ti	cket(s) (Provid	led at the behes	st of an agency official.)	
Keith Car	son Superviso	or Fifth District		
Name of Behesting Agency Official: Keith Car				
Name of Individual or Organization: Christiana	a Milton		Numl	per of Tickets:4
Description of Organization:				
Address of Organization:		City		State Zip Code
Purpose for Distribution: (Describe the public pu	urpose for the dis	stribution to the	organization.)	
To reward a community volunteer for his or he	er service to the	e public.		
5. Verification				
I have determined that the distribution of tickets set	t forth above is in	n accordance wi	th the provisions of FPP	C Regulation 18944.1.
1.0.1	HISHIDA GRA		NCIPAL ANALYST	12/20/00

100 mill	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	12/30/04
Signature of Agency Head or Designee	Print Name	Title	(rhonth, day, year)

Tickets Provided by Agency Report		A Public	Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	A			Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
Division, Department, or Reg	ion (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	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Agency Contact (name and title	.) .)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrator'	s Office		
2. Event For Which Ticket	s Were Distribute	ed			
Date(s) of Event:01 _/_1	6 / 10 Desci	ription of Event:	Harlem Glo	betrotters	
				00.00	
/	/ Face	value of licket:	φ		
Agency Event 🛛 🛛 Yes	🛛 No (Identify s	ource of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency. Gold	en State Wa	arriors	
		o Agency.			
Number of Tickets Received	l:	Ticket(s) Provid	led to Agend	:y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuation			
Name of Offi	cial	Number		ther the Distribution is In	
(Last, First)	· · · · · · · · · · · · · · · · · · ·	of Tickets	Descr	ibe the Public Purpose f	
•*****					
4. Individual or Organizati	on Receiving Tic	ket(s) (Provided	i at the behes	st of an agency official.)	
	Keith Cars	on Supervisor F	Fifth District		
Name of Behesting Agency	Official:				
Name of Individual or Orgar	vization. Henry Mod	ore		Numr	per of Tickets: 2
Name of mulvidual of Organ					
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Nu	mber and Street		City		State Zip Gode
Purpose for Distribution: (D	escribe the public pur	pose for the distri	bution to the	organization.)	
To promote attendance at a	a County facility in o	order to maximiz	e potential C	County revenue from p	arking and concession
5. Verification					
I have determined that the dist	ribution of tickets set f	forth above is in a	ccordance wil	th the provisions of FPP	C Regulation 18944.1.
ella 11/	/				intralan
Signature of Agency Head or Design		HISHIDA GRAFI Print Name		Title	(130/09)
Comment: (Use this space or a			including amen		(

Tickets Provided by Agency Report		A Public	: Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail	*** <b>*</b>		Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrator	's Office		
2. Event For Which Ticket					
Date(s) of Event:01_/	16 <u>/ 10</u> Desci	ription of Event:	Harlem Glo	oetrotters	
/	/ Face	Value of Ticket:	\$	33.00	
Agency Event 🛛 Yes	🗵 No (Identify s	source of tickets	below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Gold	len State Wa	rriors	
Number of Tickets Received				y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuation	sheet for addit	ional names)	
Name of Off		Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose f	
	·				
4. Individual or Organizati	on Receiving Tio	<b>ket(s)</b> (Provide	d at the behes	t of an agency official.)	
Name of Behesting Agency	Official, Keith Cars	son, Supervisor	Fifth District		
Name of Individual or Orga	nization: <u>Ne'Cole M</u>	loore-Clark		Numb	per of Tickets: 2
Description of Organization			•		
Address of Organization:	Imber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the distr	ibution to the c	organization.)	
To promote attendance at	a County facility in c	order to maximiz	e potential C	ounty revenue from p	parking and concession
5. Verification I have determined that the disc	within of tickate act	forth above is in a	eccordance wit	h the provisions of FDD	C Regulation 18944 1
	/				2, ioguiduon 100, i.i.
It's heft		HISHIDA GRAF	F PRIN		12/30/09
Signature of Agency Head or Desig	nee	Print Name		Title	(monun, day, year)

•

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Agency Report       A Public Docu         1. Agency Name       COUNTY OF ALAMEDA         Division, Department, or Region (if applicable)       1221 OAK STREET, #555         Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       01 / 23 / 10       Description of Event:        /       Face Value of Ticket: \$         Agency Event       Yes       No (Identify source of tickets below.)	zzard 79.00
Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed       Date(s) of Event:        /       Face Value of Ticket: \$	For Official Use Only         For Official Use Only         Amendment (Must explain in Part 5.)         Date of Original Filing:(month, day, year)         zzard         79.00         Warriors
1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       01 / 23 / 10       Description of Event:       Eddie lz        /       Face Value of Ticket: \$	Amendment (Must explain in Part 5.)       Date of Original Filing:(month, day, year)       zzard       79.00
Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Event For Which Tickets Were Distributed         Date(s) of Event:       01 / 23 / 10       Description of Event:	Date of Original Filing:(month, day, year)
OAKLAND, CA 94612          Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Event For Which Tickets Were Distributed         Date(s) of Event:       01 / 23 / 10         Description of Event:       Eddie Iz	Date of Original Filing:(month, day, year)
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         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Event For Which Tickets Were Distributed         Date(s) of Event:       01 / 23 / 10       Description of Event:       Eddie Iz        /       Face Value of Ticket: \$	Date of Original Filing:(month, day, year)
(510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       County Administrator's Office         Event For Which Tickets Were Distributed       Date(s) of Event:       01 / 23 / 10       Description of Event:       Eddie la	Date of Original Filing:(month, day, year)
Agency Contact (name and title)         Crystal Hishida Graff, Principal Analyst, County Administrator's Office         2. Event For Which Tickets Were Distributed         Date(s) of Event:       01 / 23 / 10         Date(s) of Event:       01 / 23 / 10         Face Value of Ticket: \$	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: Description of Event: Face Value of Ticket: \$	zzard 79.00
Event For Which Tickets Were Distributed     Date(s) of Event: 01 / 23 / 10     Description of Event: Eddie Iz    / Face Value of Ticket: \$	zzard 79.00
Date(s) of Event:       01 / 23 / 10       Description of Event:       Eddie Iz        //       Face Value of Ticket: \$	79.00
/Face Value of Ticket: \$	79.00
/ Face Value of Ticket: \$	79.00
	e Warriors
Agency Event Yes No (Identify source of tickets below.)	
Name of Outside Source of Ticket(s) Provided to Agency: Golden State	
	gency: 🔲 Gratuitously 🛛 🖾 Pursuant to Contract
Number of Tickets Received: Ticket(s) Provided to Ag	
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for	
	Whether the Distribution is Income to the Official or lescribe the Public Purpose for the Distribution
DeReyes, Amy 1 Rewar	ad for exemplany service to the f
I. Individual or Organization Receiving Ticket(s) (Provided at the be	
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth Dist	trict
Name of Individual or Organization:	1
Description of Organization:	
Address 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	e with the provisions of EPPC Regulation 18944 1
1.1.0	. (
Signature of Agency feed or Designee Print Name	PRINCIPAL ANALYST

Tickets Provided by Agency Report	A Publi	c Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Reg	on (if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org	Amendment (Must	explain in Part 5.)
Agency Contact (name and title		Date of Original Filing:	
			(month, day, year)
-	ipal Analyst, County Administrato		
2. Event For Which Tickets			
Date(s) of Event:01 /_2	3 <u>10</u> Description of Event		
/	/ Face Value of Ticket	:: \$79.00	
Agency Event 🛛 Yes	No (Identify source of tickets		
Name of Outside Source of	Ticket(s) Provided to Agency: Gol	den State Warriors	
Number of Tickets Received	:1 Ticket(s) Provi	ided to Agency: 🔲 Gratuitously	☑ Pursuant to Contra
. Agency Official(s) Recei	ving Ticket(s) (use a continuatior	sheet for additional names)	
Name of Offic	sial Number	State Whether the Distribution is In	
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution
		······	
			•
	on Receiving Ticket(s) (Provide		
Name of Repetting Agency	Official: <u>Keith Carson, Supervisor</u>	Fifth District	
Name of Individual or Organ	ization. Ethan Shrago	Num	ber of Tickets:1
Hame of Mathada, or organ			
Description of Organization:			and the second
Address of Organization:	nber and Street		
Nu	nber and Street	City	State Zip Code
Purpose for Distribution: (D	escribe the public purpose for the dist	ribution to the organization.)	
To promote attendance at a	County facility in order to maximi	ze potential County revenue from j	parking and concession
		· · · · · · · · · · · · · · · · · · ·	
. Verification			
	ibution of tickets and forth shows is in	accordance with the provisions of CDC	C Regulation 18044-1
i have determined that the disti		accordance with the provisions of FPF	
by and	CRYSTAL HISHIDA GRAF	FF PRINCIPAL ANALYST	12/30/0
Signature of Agency Heat or Design	ee Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	nt	TICKETS PROVIDED B AGENCY REPOR
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					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				Line Boot 51
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Must e	explain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ		tv Administrat	or's Office		(monui, day, year)
2. Event For Which Ticket		-			
Date(s) of Event:			Eddie Izzaro	b	
Date(s) of Event:				79.00	
/	/ Face	Value of Ticke	et: \$	73.00	
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ts below.)		
• •				rriors	
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received	l:2	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	ise a continuatio	on sheet for addi	tional names)	
Name of Offi (Last, First)	cial	Number of Tickets	1	her the Distribution is Ir be the Public Purpose f	
		· · ·			
<u></u>					
	D				
4. Individual or Organizati				t of an agency official.)	
Name of Behesting Agency	Official: Keith Cars	son, Superviso	or Fifth District		
Name of Individual or Organ					per of Tickets:2
Description of Organization		a constant data data data data data data data			
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	stribution to the c	organization.)	
To promote attendance at a		•		-	arking and concession
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
THAVE DELEMINED THAT THE UIST	10011011 01 1101013 301	, oran abovo ia II.			
		HISHIDA GRA		CIPAL ANALYST	10/- 1

Agency Report	A Public	Docume	nt	TICKETS PROVI AGENCY F	
. Agency Name			Date Stamp	California 🧕	09
COUNTY OF ALAMEDA				Form O	U2
Division, Department, or Region (if applicable)				For Official Use O	nly
Street Address					
1221 OAK STREET, #555, OAKLAND, CA 94612					
Area Code/Phone Number E-mail			Amendment (Mustex	plain in Part 5.)	
(510) 272-3882 crystal.hishida@acgov	.org			12/03/2000	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, County Adr	ministrator's	Office			
Event For Which Tickets Were Distributed					
Date(s) of Event: <u>12 / 28 / 09</u> Descriptio	n of Event:	Golden Stat	e Warriors Game		
Face Value	e of Ticket: \$	\$	95.00		
Agency Event 🔲 Yes 🛛 No (Identify source					
Name of Outside Source of Ticket(s) Provided to Ag	ency: Golde	en State Wa	rriors		
4				Pursuant to Co	ontra
			-		
. Agency Official(s) Receiving Ticket(s) (use a c	continuation s	heet for addi	ional names)		
	umber Tickets		her the Distribution is Inc be the Public Purpose for		ır
			A A Angeline		
· · · · · · · · · · · · · · · · · · ·			····		
			····		
Individual or Organization Receiving Ticket(	-		of an agency official.)		
Name of Behesting Agency Official: Supervisor Alice	e Lai-Bitker,	District 3	***	·····	
Hume of Denesting Agency Oniolal.					4
			Numb	ar of Tickota	
Name of Individual or Organization: City of Alameda	a Democrati	c Club		er of Tickets:	
	a Democrati	c Club			ive
Name of Individual or Organization: <u>City of Alameda</u> Description of Organization: <u>Grassroots organizatio</u> Address of Organization: <u>PO Box 2723, Alameda, O</u>	a Democration	c Club gether to fir		be the most effecti	
Name of Individual or Organization: <u>City of Alameda</u> Description of Organization: <u>Grassroots organizatio</u> Address of Organization: <u>PO Box 2723, Alameda, O</u> <u>Number and Street</u>	a Democration n working to CA 94501	c Club gether to fir <sup>City</sup>	id common ground to	be the most effecti	ive
Name of Individual or Organization:       City of Alameda         Description of Organization:       Grassroots organization         Address of Organization:       PO Box 2723, Alameda, O         Number and Street       Purpose for Distribution:	a Democration n working to CA 94501 for the distrib	c Club gether to fir City pution to the c	nd common ground to l	be the most effecti	
Name of Individual or Organization: <u>City of Alameda</u> Description of Organization: <u>Grassroots organizatio</u> Address of Organization: <u>PO Box 2723, Alameda, O</u> Number and Street	a Democration n working to CA 94501 for the distrib	c Club gether to fir City pution to the c	nd common ground to l	be the most effecti	

 Signature of Agenci/Field Obesignee
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYST
 12/21/09

 Title
 Title
 (month, day, year)

Agency Report		AFUDI	ic Docume	;n.	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form
Division, Department, or Re	gion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555	, OAKLAND, CA 940	612			
Area Code/Phone Number	E-mail			Amendment (Must ex	nlain in Part 5 )
(510) 272-3882	crystal.hishida@a	acgov.org			12/02/09
Agency Contact (name and tit	le)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Prin	cipal Analyst, Count	y Administrato	r's Office		
2. Event For Which Ticke					
Date(s) of Event: <u>12</u> /_	03 <u>09</u> Desc	ription of Ever	t: Golden Sta	te Warriors Game	
	/ Face				
Agency Event 🛛 Yes	🛛 No (Identify s				
Name of Outside Source o	f Ticket(s) Provided f	to Agency: Go	lden State Wa	Irriors	
Number of Tickets Receive				y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rec	eiving Ticket(s) (u	se a continuatio	n sheet for addi	tional names)	
Name of Of		Number		ther the Distribution is Inc	
(Last, First	)	of Tickets	Descri	be the Public Purpose fo	r the Distribution
	· · · · · · · · · · · · · · · · · · ·				
4. Individual or Organizat	-	• • •		t of an agency official.)	
Name of Behesting Agency	/ Official: Supervisor	r Alice Lai-Bitk	er, District 3		
					4
Name of Individual or Orga	nization: Helen Ma	<b></b>		Numbe	er of Tickets: <u>4</u>
Description of Organization					
Description of organization					
Address of Organization: N	umber and Street		City	<u> </u>	State Zip Code
Purpose for Distribution: (	Describe the public put	roose for the dis	tribution to the o	organization.)	
To promote attendance				,	
5. Verification					
I have determined that the dis	tribution of tickets set	forth above is in	accordance wit	h the provisions of FPPC	Regulation 18944.1.
					2
111A		HISHIDA GRA		ICIPAL ANALYST	IN A IAC

16.

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

To promote attendance at an event held at a County facility in order to maximize County revenue from concession sales

			ent	AGENO	Y REPO
. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA	_			I Unit	
Division, Department, or Region (if applicable)				For Official Use	9 Uniy
Street Address	······				
1221 OAK STREET, #555, OAKLAND, CA 94	612				
Area Code/Phone Number E-mail			Amendment (Muster	xplain in Part 5.)	
(510) 272-3882 crystal.hishida@a	acgov.org			12/02/09	
Agency Contact (name and title)			Date of Original Filing: .	(month, day, year)	
Crystal Hishida Graff, Principal Analyst, Count	y Administrato	r's Office			
<b>Event For Which Tickets Were Distribut</b>					
Date(s) of Event: <u>12 / 03 / 09</u> Desc	ription of Even	t: Golden Sta	te Warriors Game	·····	
/ Face					
Agency Event Yes No (Identify s					
Name of Outside Source of Ticket(s) Provided	to Agency: Go	iden State wa		a	
Number of Tickets Received:4	Ticket(s) Prov	ided to Agend	cy: 🔲 Gratuitously	⊠ Pursuant to	Contra
Agency Official(s) Receiving Ticket(s) (u	ise a continuatio	n sheet for add	itional names)	· · · ·	
Name of Official	Number		ther the Distribution is In		l or
(Last, First)	of Tickets	Desci	ibe the Public Purpose for	or the Distribution	
					•
					·
•			st of an agency official.)		
•			st of an agency official.)		
Name of Behesting Agency Official: Superviso	r Alice Lai-Bitk		· · · · · · · · · · · · · · · · · · ·	er of Tickets:	4
Name of Behesting Agency Official: Superviso Name of Individual or Organization: Naomi Tyl	r Alice Lai-Bitk ler	er, District 3	Numb	er of Tickets:	4
Name of Behesting Agency Official: Superviso Name of Individual or Organization: Naomi Tyl Description of Organization:	r Alice Lai-Bitk ler	er, District 3	Numb	er of Tickets:	4
Name of Behesting Agency Official: Superviso Name of Individual or Organization: Naomi Tyl Description of Organization:	r Alice Lai-Bitk ler	er, District 3	Numb	er of Tickets: State	4 Zip Cod
Name of Behesting Agency Official: Superviso Name of Individual or Organization: Naomi Tyl Description of Organization: Address of Organization:	r Alice Lai-Bitk ler	er, District 3	Numb		4 Zip Cod
Name of Individual or Organization: <u>Naomi Tyl</u> Description of Organization:	r Alice Lai-Bitk ler	er, District 3	Numb		4 Zip Cod

- GAM	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	18/2/09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
<b>_</b>			

To promote attendance at an event held at a County facility in order to maximize County revenue from concession sales

Agency Report	A Publ	ic Document		TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form UUZ
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 94	612			
Area Code/Phone Number E-mail			Amendment (Must exp	nlain in Part 5.)
(510) 272-3882 crystal.hishida@	acgov.org			12/02/09
Agency Contact (name and title)		Dat	e of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Coun	ty Administrato	r's Office		
2. Event For Which Tickets Were Distribut				
Date(s) of Event: <u>12 / 11 / 09</u> Desc	cription of Ever	t: Live 105's Not S	o Silent Night	• • • • • • • •
	e Value of Ticke			
Agency Event 🔲 Yes 🗵 No (Identify	source of ticke	s below.)		
Name of Outside Source of Ticket(s) Provided		-	6	
Number of Tickets Received:2	Ticket(s) Prov	vided to Agency: [	Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (ા	use a continuatio	n sheet for additional	names)	
Name of Official	Number			ome to the Official or
(Last, First)	of Tickets	Describe th	e Public Purpose for	the Distribution
,				
				······································
w				
4. Individual or Organization Receiving Ti		and the second	n agency official.)	
Name of Behesting Agency Official: Supervise	or Alice Lai-Bitk	er, District 3		
				<u>^</u>
Name of Individual or Organization: Miguel Br	iones		Numbe	er of Tickets: <u>2</u>
Description of Organization:				.12-11-17-
Address of Organization:				
Number and Street	-	City		State Zip Code
Purpose for Distribution: (Describe the public pu	urpose for the dis	tribution to the organ	ization.)	
To promote attendance at an event held at a (	County facility i	n order to maximiz	e County revenue	from concession sales
re promote attendance at an event neia at a	·	*** *** *		
5. Verification				
······	forth above is in	accordance with the	provisions of FPPC	Regulation 18944.1.
5. Verification I have determined that the distribution of tickets set	forth above is in	•	provisions of FPPC	Regulation 18944.1.

.

Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OU2
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
1221 OAK STREET, #555, OAKLAND, CA 9	94612			
Area Code/Phone Number E-mail			Amendment (Muster	oplain in Part 5.)
(510) 272-3882 crystal.hishida@ Agency Contact (name and title)	@acgov.org		Date of Original Filing: .	12/02/09
Crystal Hishida Graff, Principal Analyst, Cou	ntv Administrat	or's Office	Dute of Original Filing.	(month, day, year)
Event For Which Tickets Were Distribu				
Date(s) of Event: $12 / 11 / 09$ De		Live 105's N	ot So Silent Night	
			62.50	
/ Fac	ce Value of Licke	et: \$		
Agency Event Yes No (Identify	y source of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provide	d to Agency: Go	olden State War	riors	
_				
Number of Tickets Received:2	Licket(s) Pro	vided to Agency		Pursuant to Contra
Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for addit	ional names)	
Name of Official	Number		ner the Distribution is Inc	
(Last, First)	of Tickets	Descrit	be the Public Purpose for	or the Distribution
-	· ·			
Individual or Organization Receiving 1			of an agency official.)	
Name of Behesting Agency Official: Supervise	sor Alice Lai-Bit	ker, District 3		
Daniela	Mvovich		N	er of Tickets:2
Name of Individual or Organization: Daniela			Numb	er of lickets:
Description of Organization:				
	*			
Address of Organization:		City		State Zip Coo
	numera far the di	atribution to the e	manipation )	
Purpose for Distribution: (Describe the public p				from concession sale
To promote attendance at an event held at a	a County facility	In order to maxi		
Verification		n accordance with	h the provisions of FPPC	C Regulation 18944.1.
	et forth above is ir			
Verification	et forth above is ir L HISHIDA GRA		CIPAL ANALYST	12/2/1

Tickets Provided by Agency Report A Public Document			ent	TICKETS PROVIDED B AGENCY REPOR	
. Agency Name			Date Stamp	California	
COUNTY OF ALAMEDA				Form 802	
Division, Department, or Region	(if applicable)		-	For Official Use Only	
Street Address			-		
1221 OAK STREET, #555, OA	KLAND, CA 94612				
Area Code/Phone Number E-	mail		Amendment (Must ex	olain in Part 5.)	
(510) 272-3882 ci	ystal.hishida@acgov.o	org		12/03/00	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Principa	I Analyst, County Adm	inistrator's Office			
. Event For Which Tickets W	/ere Distributed				
Date(s) of Event: <u>12</u> <u>03</u>	/ <sup>09</sup> Description	of Event: Golden Sta	ate Warriors Game		
	J Face Value		05.00		
/	J Face value	of ficket. \$			
Agency Event 🛛 Yes	No (Identify source	of tickets below.)			
Name of Outside Source of Tic	ket(s) Provided to Age	ncy: Golden State W	arriors		
Number of Tickets Received: _		t(s) Provided to Agen		Pursuant to Contrac	
. Agency Official(s) Receivir	n Ticket(s) (use a co	ntinuation sheet for add	litional names)		
			other the Distribution is Inc	ome to the Official or	
Name of Official (Last, First)			ribe the Public Purpose fo		
				1.000 Marcola 1.000	
				· · · · · · · · · · · · · · · · · · ·	
-		-	st of an agency official.)		
		-	st of an agency official.)		
Name of Behesting Agency Off	icial: Supervisor Alice	-		5	
Name of Behesting Agency Off	icial: Supervisor Alice	-		er of Tickets: <u>5</u>	
	icial: Supervisor Alice	-		er of Tickets: <u>5</u>	
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: Address of Organization:	icial: Supervisor Alice	Lai-Bitker, District 3	Numbe		
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: Address of Organization:	icial: Supervisor Alice	-	Numbe		
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: Address of Organization:	icial: Supervisor Alice tion: Alana Rayford	Lai-Bitker, District 3	Numbe	er of Tickets:	
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: Address of Organization:	icial: <u>Supervisor Alice</u> tion: <u>Alana Rayford</u>	Lai-Bitker, District 3	Numbe	State Zip Code	
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	icial: <u>Supervisor Alice</u> tion: <u>Alana Rayford</u>	Lai-Bitker, District 3	Numbe	State Zip Code	
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	icial: Supervisor Alice tion: Alana Rayford r and Street ribe the public purpose for event held at a County	Lai-Bitker, District 3	Number organization.) ximize County revenue	State Zip Code	
Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Desc To promote attendance at an e	icial: Supervisor Alice tion: Alana Rayford r and Street ribe the public purpose for event held at a County	Lai-Bitker, District 3 City or the distribution to the facility in order to ma bove is in accordance w DA GRAFF PRI	Number organization.) ximize County revenue	State Zip Code	

Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address				1	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			-, -, <u>-</u> , -, , , , , , , , , , , , , , , , , ,
Agency Contact (name and title	)			Date of Original Filin	g:
Crystal Hishida Graff, Princ	pal Analyst, Coun	ty Administrate	or's Office		, , , , , , , , , , , , , , , , , , , ,
<b>Event For Which Ticket</b>					
Date(s) of Event:	13 / 10 Desc	ription of Even	nt: Golden Sta	te Warriors vs. Mian	ni Heat
/	/ Face	value of ficke	et: ֆ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticket	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency. Go	lden State Wa	arriors	
Number of Tickets Received	d:2	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contra
		ise a continuatio			Income to the Official or
Agency Official(s) Rece Name of Offi (Last, First)	cial		State Whe		Income to the Official or e for the Distribution
	cial	ise a continuatio	State Whe	ther the Distribution is	
Name of Offi (Last, First)		se a continuatio Number of Tickets	State Whe Descr	ther the Distribution is ibe the Public Purpose	e for the Distribution
Name of Offi (Last, First)	cial on Receiving Tic	Number of Tickets	State Whe Descr	ther the Distribution is ibe the Public Purpose st of an agency official.	e for the Distribution
Name of Offi (Last, First)	on Receiving Tid	Number of Tickets cket(s) (Provid	State Whe Descr	ther the Distribution is ibe the Public Purpose at of an agency official.	e for the Distribution
Name of Offi (Last, First)	on Receiving Tid Official: <u>Keith Cars</u> nization: <u>Lynn Sher</u>	nse a continuatio Number of Tickets Cket(s) (Provid son, Superviso	State Whe Descr led at the behes or Fifth District	ther the Distribution is ibe the Public Purpose st of an agency official.	e for the Distribution
Name of Offi (Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	on Receiving Tid Official: <u>Keith Cars</u> nization: <u>Lynn Sher</u>	nse a continuatio Number of Tickets Cket(s) (Provid son, Superviso	State Whe Descr led at the behes or Fifth District	ther the Distribution is ibe the Public Purpose st of an agency official.	e for the Distribution
Name of Offi (Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization Address of Organization:	cial ion Receiving Tic Official: <u>Keith Cars</u> nization: <u>Lynn Sher</u> : 	Number of Tickets cket(s) (Provid son, Superviso	State Whe Descr led at the behes or Fifth District City	ther the Distribution is ibe the Public Purpose st of an agency official.	e for the Distribution
Name of Office (Last, First) Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization:	cial Con Receiving Tic Official: Keith Cars nization: Lynn Sher Imber and Street Describe the public pu	rpose for the dis	State Whe Descr led at the behes or Fifth District City	ther the Distribution is ibe the Public Purpose st of an agency official.	e for the Distribution

left mit	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	18/4/0
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: // lee this enace or an attac	hment for any additional information includin	a amendment explanation )	

Comment: (U or an attachment for any additional information including amend

Tickets Provided by Agency Report	A Publi	c Document	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			
OAKLAND, CA 94612			
	E-mail		, <u> </u>
(510) 272-3882	crystal.hishida@acgov.org	Amendment (M	lust explain in Part 5.)
Agency Contact (name and title)	orystat.montad@acgov.org	Date of Original Fili	ing:
· ·	al Analyst, County Administrato	r's Office	(month, day, year)
2. Event For Which Tickets			Additional Control Con
		Golden State Warriors vs. Mia	ami Heat
Date(s) of Event:	<u>10</u> Description of Even		
/	/ Face Value of Ticke	t: \$95.00	
Agency Event 🛛 Yes	No (Identify source of ticket	s below )	
	· ·		
Name of Outside Source of Ti	icket(s) Provided to Agency: Gol		
Number of Tickets Received:	Ticket(s) Prov	ided to Agency: 🔲 Gratuitously	y I Pursuant to Contract
3. Agency Official(s) Receiv	ing Ticket(s) (use a continuation		
Name of Officia		State Whether the Distribution i	
(Last, First)	of Tickets	Describe the Public Purpo	
<u></u>			
4. Individual or Organizatio	-		al.)
Name of Behesting Agency C	official: Keith Carson, Supervisor	r Fifth District	
Name of Individual or Organiz			umber of Tickets:2
Description of Organization:			
Description of Organization.			
Address of Organization:	ber and Street	City	State Zip Code
Purnose for Distribution: (De	scribe the public purpose for the dis	tribution to the organization )	
To reward a community volu	nteer for his or her service to the	μαρίιο.	
5. Verification			
I have determined that the distril	oution of tickets set forth above is in	accordance with the provisions of F	-PPC Regulation 18944.1.
BAAA	CRYSTAL HISHIDA GRA		
Signature of Agency Head or Designe	e Print Name	Title	(month, day, year)

	Tickets Provided by Agency Report A Public Docum					ROVIDED E
1. Agency Name				Date Stamp	California	000
COUNTY OF ALAMEDA					Form	802
Division, Department, or Reg	ion (if applicable)				For Official U	se Only
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail	i		Amendment (Must ex	Lein in Port 5 )	
(510) 272-3882	crystal.hishida@a	cgov.org			praint in Part 3.)	
Agency Contact (name and title		<u> </u>		Date of Original Filing: _	(month, day, year)	,
Crystal Hishida Graff, Princ	ipal Analyst, County	y Administrat	or's Office		(110 <i>1</i> , 11, 10 <b>)</b> , 900,	
2. Event For Which Ticket	s Were Distribute	d				
Date(s) of Event:01 / 0			<sub>nf</sub> . Oakland Ra	aiders vs. Baltimore Ra	vens	
				150.00		
/	/ Face \	value of Licke	ət: \$			
Agency Event 🛛 🗋 Yes	🗵 No (Identify so	ource of ticke	ts below.)			
Name of Outside Source of	Ticket(c) <b>Provided</b> to	Agonov: Oa	akland Raiders			
Number of Tickets Received	l:	Ticket(s) Pro	vided to Agend	sy: 🔲 Gratuitously	Pursuant to	Contra
	<b>T</b>					
3. Agency Official(s) Rece						
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose for		
		UT HOKE 6	0000			· · ·
					······	
	-					
4. Individual or Organizati						
Name of Behesting Agency	Official, Keith Carso	on, Superviso	or Dustrie	* 5		
Name of Benesting Agency						
Name of Individual or Orgar	ization. Mateo Rey	es		Numbe	er of Tickets:	1
Humo of muthous of orgu	<u></u>					
Description of Organization:						,
Address of Organization:	mber and Street		City		State	Zip Cod
			,			p
Purpose for Distribution: (D				organization.)		
To reward a County employ	ee for his exemplar	y service to t	he public.	······································		
5. Verification I have determined that the dist	ibution officiates 1 f	dh abaun in i	, accordance	the the provisions of FDDO	Dogulation 190	AA 1

10/21 CRYSTAL HISHIDA GRAFF 
 Signature of Agency Heador Designee
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYS

 Signature of Agency Heador Designee
 Print Name
 Title

 Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Title
 PRINCIPAL ANALYST 10 (month. day, year

		711 001	ic Docume			NCY REPO
. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official U	ise Only
Division, Department, or Regi	ion (if applicable)					oc 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 Agency Contact (name and title)	crystal.hishida@a	icgov.org		Date of Original Filing:		
Crystal Hishida Graff, Princi		hy Administrat	or's Office		(month, day, year)	)
. Event For Which Tickets		_	or s Onice			
			. Oakland R	aiders vs. Baltimore R	avens	
Date(s) of Event:010						
/	/ Face	Value of Ticke	et: \$	150.00		
Agency Event	🗵 No (Identify s	ource of ticke	ts below.)			
	· -			· ·		
Name of Outside Source of	licket(s) Provided t	o Agency:		· · · · · · · · · · · · · · · · · · ·		
Number of Tickets Received	:1	Ticket(s) Prov	vided to Ageno	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contra
Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for add	itional names)		
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is In ibe the Public Purpose f		
· · · · ·						
. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	led at the behes	st of an agency official.)		
Name of Behesting Agency	Official: Keith Cars	on, Superviso	r Fifth District	······································		
					per of Tickets:	1
Name of Individual or Organ	ization:	,,		Numr	Der of Tickets:	
Description of Organization:						
Address of Organization:	mber and Street		0.1		<u> Piede</u>	7:- 0
Nun	nder and Street		City		State	Zip Cod
Purpose for Distribution: (De	escribe the public pur	pose for the dis	stribution to the	organization.)		
i dipose foi Distribution. (De						
To reward a community volu	unteer for his or her	service to the	e public.			

-bot and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	12/21/09
Signature of Agency Head or Designee	Print Name	Title	(month, dáy, year)