Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT	
1. Agency Name	···· ·································		Date Stamp	California	
COUNTY OF ALAMEDA	۶			Form OUZ	
Division, Department, or Region (if applicable	e)	·		For Official Use Only	
1221 OAK STREET, #555					
Street Address	****				
OAKLAND, CA 94612		-			
Area Code/Phone Number E-mail			Amendment (Must e	xplain in Part 5.)	
	ida@acgov.org				
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Crystal Hishida Graff, Principal Analyst,		tor's Office			
2. Event For Which Tickets Were Dist					
Date(s) of Event: <u>11 / 21 / 09</u>	Description of Eve	nt: Boxing Mat	ch		
······································	Face Value of Tick	et: \$ <i>[_[0</i>	0.50		
Agency Event 🛛 Yes 🗵 No (Ide	entify source of ticke	ets below.)			
Name of Outside Source of Ticket(s) Prov	vided to Agency: <u>G</u>	olden State Wa	rriors	······································	
Number of Tickets Received:4	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract	
3. Agency Official(s) Receiving Ticket	t (s) (use a continuation	on sheet for addi	tional names)		
Name of Official (Last, First)	Number of Tickets		her the Distribution is In be the Public Purpose fo		
Darryl Stewart	2	To evaluate t	the ability of facility to attract business		
			·· · · ····	477877777878787878787878787878787878787	
4. Individual or Organization Receivir	f		v		
Name of Behesting Agency Official: <u>Nate</u>	Miley Jupe	ernsor T	distinct 9		
Name of Individual or Organization:			Numb	er of Tickets:	
Description of Organization:					
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the put	blic purpose for the di	stribution to the c	organization.)		
5. Verification					
I have determined that the distribution of ticke	ets set forth above is in	n accordance wit	h the provisions of FPP	C Regulation 18944.1.	
CRYS	STAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	MILING	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for	any additional information	on including amend	Iment explanation.)		
				· · · · · · · · · · · · · · · · · · ·	

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B
1. Agency Name	<i></i>				
COUNTY OF ALAMEDA				Date Stamp	California Form 802
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail				
	crystal.hishida@a			Amendment (Must o	əxplain in Part 5.)
Agency Contact (name and title)				Date of Original Filing:	
Crystal Hishida Graff, Princip	al Analyst Count	tv Administrat	tor's Office		(month, day, year)
2. Event For Which Tickets	-	-			
			nt: Basketball	Game	
Date(s) of Event:01 /_08			(A.m.	er esterer en	
/	_/ Face	Value of Tick	et: \$7 <u>5</u>		
Agency Event	🗵 No (Identify s	ource of ticke	ets below.)		
			•	rriors	
Name of Outside Source of Ti	cket(s) Provided t	o Agency:			
Number of Tickets Received:		Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	ring Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia	al	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets		be the Public Purpose f	
Chris Bazar		1	exemplary w	ork performance	
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	L ded at the behes	t of an agency official.)	
		\overline{U}	insor To		
Name of Behesting Agency O	fficial:	/ 000/20			
Name of Individual or Organiz	ation:			Numb	per of Tickets:
Description of Organization:				******	
Address of Organization:	er and Street		City		State Zip Code
Purpage for Distribution: (Des	ariba tha nublia nur	nana fartha di	- 4 11		
Purpose for Distribution: (Des	ichbe the public pur	pose for the di	stribution to the c	organization.)	
5. Verification				······································	
I have determined that the distrib	ution of tickets set f	orth above is in	accordance wit	h the provisions of EPD	C Regulation 18044-1
CHMANATI		IISHIDA GRA		CIPAL ANALYST	11/23/04
Signature of Agency Hazo or Designee	,	Print Name		Tille	(month, day, year)
Comment: (Use this space or an a	attachment for any add	ditional informatio	on including amend	Iment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name		Date Stamp	California 000
COUNTY OF ALAMEDA			Form 002
Division, Department, or Region (if appli	icable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-mail	· · · · · _	Amendment (Mus	st explain in Part 5.)
(510) 272-3882 crystal.I Agency Contact (name and title)	hishida@acgov.org	Date of Original Filing	u.
Crystal Hishida Graff, Principal Analy		(month, day, year)	
2. Event For Which Tickets Were			
Date(s) of Event:		nt. Basketball Game	
Date(s) of Event:		CA / www.	
///	 Face Value of Tick 	et: \$	
Agency Event 🔲 Yes 🖾 No	(Identify source of ticke	ets below.)	
Name of Outside Source of Ticket(s)	Provided to Agency: <u>G</u>	olden State Warriors	
20			
Number of Tickets Received: 20	licket(s) Pro	ovided to Agency: Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Tic	:ket(s) (use a continuati	, ,	
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Describe the Public Purpose	
Darryl Stewart	2	exemplary work performance	
4. Individual or Organization Rece	iving Ticket(s) (Provi	* . A)
Name of Behesting Agency Official: _	Vate Miley Smp	erisor District 4	
Name of Individual or Organization: _		Nun	nber of Tickets:
Description of Organization:			
			,
Address of Organization:		· · · · · · · · · · · · · · · · · · ·	
Number and Stre	et	City	State Zip Code
Purpose for Distribution: (Describe the	public purpose for the di	stribution to the organization.)	
5. Verification	K-1-1		
I have determined that the distribution of a			PC Regulation 18944.1.
	RYSTAL HISHIDA GRA		11/23/09
Signature of Agenay Herstein Designee	Print Name	Title	(month, day, year)
Comment: (Use this space or an attachmer	nt for any additional informati	on including amendment explanation.)	

Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED E AGENCY REPOI
. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA				·	Form OU
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a			Amendment (Muste	xplain in Part 5.)
Agency Contact (name and title)	· · ·	cgov.org		Date of Original Filing:	
Crystal Hishida Graff, Princ		v Administrate	or's Office		(month, day, year)
Event For Which Tickets		•			
			Baskothall (amo	
Date(s) of Event:2			1 m 1 m		
/	/ Face \	Value of Ticke	t: \$7 <u>5</u>		
Agency Event 🛛 Yes	⊠ No (Identify so	ource of tickot	s bolow)		
Name of Outside Source of	Ficket(s) Provided to	o Agency: 🤐	iden State war	riors	
Number of Tickets Received	:20	Ticket(s) Prov	rided to Agency	:: 🛛 Gratuitously	⊠ Pursuant to Contra
Agency Official(s) Recei	ving Ticket(s) (us	e a continuatio	n sheet for additi	onal names)	
Name of Offic		Number		er the Distribution is In	come to the Official or
(Last, First)		of Tickets		e the Public Purpose for	
Robyn Hodges		2	exemplary wo	rk performance	······
		········	u.		·*//61
Individual or Organizati	n Ressiving Tiel			- [
	-	. (~	$\sim A$	99999999999999999999999999999999999999
	-	. (ed at the behest	$\sim A$	**************************************
Individual or Organization	-	. (~	$\sim A$	
	Official: <u>Nate Miley</u>	i Supe	vusor T	district 4	er of Tickets:
Name of Behesting Agency (Official: <u>Nate Miley</u> ization:	i Supe	rnsor T	district 4	er of Tickets:
Name of Behesting Agency	Official: <u>Nate Miley</u> ization:	i Supe	rnsor T	district 4	er of Tickets:
Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: <u>Nate Miley</u> ization:	i Supe	rnsor T	district 4	er of Tickets:
Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: <u>Nate Miley</u> ization:	i Supe	rnsor T	district 4	er of Tickets:
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Miley</u> ization:	i Supe	City	<u>Numb</u>	
Name of Behesting Agency of Name of Individual or Organ Description of Organization:	Official: <u>Nate Miley</u> ization:	i Supe	City	<u>Numb</u>	
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Miley</u> ization:	i Supe	City	<u>Numb</u>	
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (De	Official: <u>Nate Miley</u> ization:	i Supe	City	<u>Numb</u>	
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (De	Official: <u>Nate Miley</u> ization:	i Supe	City	<u>Numb</u>	State Zip Code
Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Miley</u> ization:	i Supe	City	<u>Numb</u>	State Zip Code
Name of Behesting Agency of Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (De	Official: <u>Nate Miley</u> ization: nber and Street escribe the public purp <i>ibution of tickets set fo</i>	i Supe	VUSVY City tribution to the or accordance with	<u>Numb</u>	State Zip Code

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)ocume	110	AGENCY REPOR
1. Agency Name		14.000 (1871-1871		Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address	·				
OAKLAND, CA 94612					
	-mail	1444			
(510) 272-3882 c	rystal.hishida@a	caov.ora		Amendment (Must e	explain in Part 5.)
Agency Contact (name and title)	. <u>,</u>			Date of Original Filing:	·····
Crystal Hishida Graff, Principa	al Analyst, Count	v Administrator's (Office		(month, day, year)
2. Event For Which Tickets V			511100	·····	
			askethall (lame	
Date(s) of Event:					
/	J Face V	alue of Ticket: \$.			
Agency Event Yes	M No (Identify or	wroe of tickets be	low)		
- •		ource of tickets be			
Name of Outside Source of Tic	ket(s) Provided to	Agency: Golden	State Wa	rriors	
Number of Tickets Received: _	20	Ticket(s) Provided	l to Agenc	y: 🔲 Gratuitously	I Pursuant to Contrac
3. Agency Official(s) Receivi	ng Ticket(s) (us	e a continuation she	et for addit	ional names)	
Name of Official	· · · · · · · · · · · · · · · · · · ·			her the Distribution is In	come to the Official or
(Last, First)		of Tickets		be the Public Purpose f	
		1			
				··· ·· ···	
·					
Individual or Organization	Poopiging Tio	(ot(c)) (Description of all			
-	-	(et(s) (Provided at			
-	-	(et(s) (Provided at		of an agency official.) IsMct-4	
Name of Behesting Agency Of	ficial: <u>Nate Miley</u>	, Supern			
Name of Behesting Agency Of	ficial: <u>Nate Miley</u>	, Supern		rstnet-4	per of Tickets:4
Name of Behesting Agency Of Name of Individual or Organiza	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u>	, Super n Center		rstnet-4	per of Tickets:4
Name of Behesting Agency Of Name of Individual or Organiza Description of Organization: <u>Fo</u>	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles	Center	<u>807 T</u>	rstnet-4	per of Tickets:4
Name of Behesting Agency Of Name of Individual or Organiza Description of Organization: <u>Fe</u> Address of Organization: <u>925</u>	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles	, Super n Center	<u>807 T</u>	rstnet-4	per of Tickets:4
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>Fo</u> Address of Organization: <u>925</u> Numbe	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles Brockhurst Ave, (r and Street	<u>, Mpter n</u> Center Is a hot meal Dakland, CA 946(<u>807 D</u>)7 City	Numb	
Name of Behesting Agency Off Name of Individual or Organizat Description of Organization: $\frac{Fr}{P}$ Address of Organization: $\frac{925}{Number}$ Purpose for Distribution: (Desc	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles Brockhurst Ave, (r and Street cribe the public purp	<u>, Mpter n</u> Center Is a hot meal Dakland, CA 946(<u>807 D</u>)7 City	Numb	
Name of Behesting Agency Off Name of Individual or Organiza Description of Organization: <u>Fo</u> Address of Organization: <u>925</u> Numbe	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles Brockhurst Ave, (r and Street cribe the public purp	<u>, Mpter n</u> Center Is a hot meal Dakland, CA 946(<u>807 D</u>)7 City	Numb	e olive
Name of Behesting Agency Of Name of Individual or Organiza Description of Organization: Fo Address of Organization: 925 Numbe Purpose for Distribution: (Desc volunteer contribution to comm	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles Brockhurst Ave, (r and Street cribe the public purp	<u>, Mpter n</u> Center Is a hot meal Dakland, CA 946(<u>807 D</u>)7 City	Numb	
Name of Behesting Agency Of Name of Individual or Organiza Description of Organization: <u>925</u> Address of Organization: <u>925</u> Numbe Purpose for Distribution: (Desc volunteer contribution to comm	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles Brockhurst Ave, (r and Street cribe the public purp nunity	<u>Center</u> s a hot meal Dakland, CA 9460	SOY D	rganization.)	State Zip Code
Name of Individual or Organization: Final Description of Organization: 925 Address of Organization: 925 Purpose for Distribution: (Description to communication) Volunteer contribution to communication	ficial: <u>Nate Miley</u> ation: <u>St. Mary's (</u> eeds the homeles Brockhurst Ave, (r and Street cribe the public purp nunity	<u>Center</u> s a hot meal Dakland, CA 9460	SOY D	rganization.)	State Zip Code

Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED B
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg 1221 OAK STREET, #555	ion (if applicable)			Date Stamp	California Form For Official U	802 se Only
Street Address OAKLAND, CA 94612						
Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)	
510-272-3882 Agency Contact (name and title Crystal Hishida Graff, Princ			r's Office	Date of Original Filin	g:(month, day, year,	
2. Event For Which Ticket						
Date(s) of Event: <u>02</u>	08 <u>/ 10</u> Desci	ription of Even	nt: <u>Warriors v.</u>			-
/	/ Face	Value of Ticke	et: \$	95		
Agency Event	No (Identify s		,	rriors		
Number of Tickets Received	20			y: 🔲 Gratuitously	🗵 Pursuant to	Contrac
Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	n sheet for addi	tional names)		
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is be the Public Purpose		
<u>.</u>						
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behas	t of an agency official)	· · · · · · · · · · · · · · · · · · ·
Name of Behesting Agency	-		, Distri	×	,	
Name of Individual or Orgar					nber of Tickets:	20
Description of Organization:	promotes voter pa	rticipation and	l community in	volvement in civic a	iffairs	
Address of Organization: P	O. Box 2234		Castro Va	alley	CA	94546 Zip Code
Purpose for Distribution: (D to reward a non-profit orgar				organization.)		
5. Verification	-	<u>,</u>				···
I have determined that the dist					PC Regulation 189	44.1. L - L-
Signature of Agency lead or pesign		ISHIDA GRA		CIPAL ANALYST	(month	2 <u>3/0</u> daý, year)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
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 (Mustex	(plain in Part 5.)
. ,	rystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa		-	tor's Office		
2. Event For Which Tickets W					
Date(s) of Event:2_/_21	_/ <u>10</u> Desc	ription of Eve	nt: Basketball	Game	
/	Face	Value of Tick	et: \$95		
			4- b - l - · · · · · · ·		
	No (Identify s		,		
Name of Outside Source of Tic	ket(s) Provided t	o Agency: <u>G</u>	olden State Wa	arriors	
Number of Tickets Received: _	20	Ticket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivir	n g Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		ther the Distribution is Inc be the Public Purpose fo	
Nate Miley		2	evaluate the	ability of facility to attra	act business
					<u>.</u>
4. Individual or Organization	-	• • •	لا معر	t of an agency official.)	
Name of Behesting Agency Off	icial: <u>Nate Miley</u>	Dittr	ict 4 m	person	
Name of Individual or Organiza	ition:			Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	r and Street		City		State Zip Code
Purpose for Distribution: (Desc	ribe the public pur	pose for the di	stribution to the c	organization.)	
5. Verification					
I have determined that the distribut	tion of tickets set f	orth ahove is in	accordance wif	h the provisions of EDDC	Regulation 18044 1
Selt Met		IISHIDA GRA		ICIPAL ANALYST	11/23/10
Signature of Agency Flead or Designee		Print Name	····	Title	(month, day, year)

Fickets Provided by Agency Report		A Pub	lic Documer	it	TICKETS PROVIDED I AGENCY REPO
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
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				
(510) 272-3882	crystal.hishida@a	acgov.org		Amendment (Muster	xpiain in Part 5.)
Agency Contact (name and title)		<u> </u>		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Cour	nty Administra	tor's Office		(nonui, uay, year)
. Event For Which Tickets	Were Distribut	ed	I		
Date(s) of Event:/ 01 /08			". Basketball G	ame	
Date(s) of Event:/		inpuon or Ever	$\frac{1}{a}$		
/	_/ Face	• Value of Tick	et: \$5		
Agency Event	⊠ No (Identify s				
				iors	
Name of Outside Source of Ti	cket(s) Provided	to Agency:		1013	
Number of Tickets Received:	20	Ticket(s) Pro	wided to Agency:	Gratuitously	Pursuant to Contract
. Agency Official(s) Receiv	ing Ticket(s) (ເ	use a continuatio	on sheet for additio	inal names)	
Name of Officia	ıl	Number		er the Distribution is Inc	
(Last, First)		of Tickets	Describe	the Public Purpose for	or the Distribution
Nate Miley		2	Oversee facilit	.,	
w			Oversee lacint	y	
		-		Magnetine e e	
. Individual or Organization	1 Receiving Tic	cket(s) (Provid	ded at the behest o	of an agency official)	
		C	()	A	
Name of Behesting Agency O	fficial: <u>Inate Miley</u>	1 mpor	VUNY (M	struct 4	
Name of Individual or Organiz	ation:	******		Numb	er of Tickets:
Description of Organization: _					
Description of Organization				••••	
Address of Organization:					
Numb	er and Street		City		State Zip Code
Purpose for Distribution: (Des	cribe the public pu	rpose for the di	stribution to the orc	anization)	
		· · · · · · · · · · · · · · · · · · ·		an Laton, y	
······································					
. Verification		· · · · · · · · · · · · · · · · · · ·			
		An all of a state	· · · · · · · · · · · · · · · · · · ·	<i>"</i>	
I have determined that the distrib	ution of tickets set :	torth above is in	n accordance with i	ne provisions of FPPC	CRegulation 18944.1.
		· · · - · · · - · ·		·····	/ /
CH Churt	CRYSTAL	HISHIDA GRA	AFF PRINC	IPAL ANALYST	11/23/1

A mana ave. Mana a					AGENCY REPOR
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form COCC For Official Use Only
Division, Department, or Reg	ion (if applicable)				For Onicial Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	I				
Area Code/Phone Number	E-mail			Amendment (Mustex	plain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org			
Agency Contact (name and title		Date of Original Filing: _	(month, day, year)		
Crystal Hishida Graff, Princ			Office		
Event For Which Tickets				_	
Date(s) of Event:/	1 <u>5 / 10</u> Des	cription of Event: _	Basketball (Game	
/	/ Face	e Value of Ticket: 9	95.	**********	
Agency Event 🗌 Yes		source of tickets b	•		
Name of Outside Source of	Ticket(s) Provided	to Agency: Golde	n State Wa	rriors	
Number of Tickets Received				·	☑ Pursuant to Contrac
Agency Official(s) Rece	ving Ticket(s) (use a continuation s	heet for addit	ional names)	
Name of Offic	cial	Number	State Whet	her the Distribution is Inc	ome to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	r the Distribution
Individual or Organization	on Receiving Ti	cket(s) (Provided	at the behest	of an agency official)	
Individual or Organizati	on Receiving Ti	cket(s) (Provided	at the behest	of an agency official.)	
Individual or Organization	o n Receiving Ti Official: <u>Nate Mile</u>	cket(s) (Provided y f Supervi	at the behest	of an agency official.) NATVICT 4	
Name of Behesting Agency	Official: <u>Nate Mile</u>	y Supern	at the behest	notrict 4	······
Individual or Organization Name of Behesting Agency Name of Individual or Organ	Official: <u>Nate Mile</u>	y Supern	at the behest SW 72	notrict 4	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ	Official: <u>Nate Mile</u> ization: <u>Lend A H</u>	y Supern	500 Ta	notrict 4	er of Tickets:2
Name of Behesting Agency	Official: <u>Nate Mile</u> ization: <u>Lend A H</u>	y Supern	500 Ta	notrict 4	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Nate Mile</u> ization: <u>Lend A H</u>	y Suplary and Foundation a families with vari	SW 72	notrict 4	er of Tickets:2
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Nate Mile</u> ization: <u>Lend A H</u> Helps low income	y Suplary and Foundation a families with vari	SW 72	notrict 4	er of Tickets:2 State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Nate Mile</u> ization: <u>Lend A H</u> <u>Helps low income</u> 05 Capwell Drive, nber and Street	y <u>Fuption</u> and Foundation e families with vari Oakland, CA 946	SW To ous needs 521 City	Numbe	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: 8 ⁷ Nut	Official: <u>Nate Mile</u> ization: <u>Lend A H</u> <u>Helps low income</u> 05 Capwell Drive, nber and Street	y <u>Fuption</u> and Foundation e families with vari Oakland, CA 946	SW To ous needs 521 City	Numbe	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: 87 Nur Purpose for Distribution: (D	Official: <u>Nate Mile</u> ization: <u>Lend A H</u> <u>Helps low income</u> 05 Capwell Drive, nber and Street	y <u>Fuption</u> and Foundation e families with vari Oakland, CA 946	SW To ous needs 521 City	Numbe	
Name of Individual or Organ Description of Organization: Address of Organization: $\frac{8}{Nur}$ Purpose for Distribution: (D Verification	Official: <u>Nate Mile</u> ization: <u>Lend A H</u> <u>Helps low income</u> 05 Capwell Drive, nber and Street escribe the public pu	y <u>Fuption</u> and Foundation e families with vari- Oakland, CA 946 urpose for the distrib	SW 72 ous needs 521 City ution to the o	rganization.)	State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: 87 Nur Purpose for Distribution: (D	Official: Nate Mile ization: Lend A H Helps low income 05 Capwell Drive, nber and Street escribe the public pu	y <u>Fuption</u> and Foundation e families with vari- Oakland, CA 946 urpose for the distrib	SW To ous needs 521 City ution to the o	rganization.)	State Zip Code

volunteer contribution to community

A manager Manage			ic Docume		AGENCY REPOI
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form UUL
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	crystal.hishida@ad	cgov.org			. 2
Agency Contact (name and title	;)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	/ Administrate	or's Office		
Event For Which Ticket	s Were Distribute	d			······································
Date(s) of Event:/_)8 <u>/ 10</u> Descri	ption of Even	nt; Basketball C	Barne	
	/ Face \			00	
/		alue of theke	ει, φ <u>υε</u>		
Agency Event 🛛 🗌 Yes	🛛 No (Identify so	ource of ticket	ts below.)		
Name of Outside Source of	Ticket(s) Provided to	Agency: Go	lden State Wa	rriors	
	20				
Number of Tickets Received	d: <u>20</u> -	Ticket(s) Prov	ided to Agency	/: 🔲 Gratuitously	Pursuant to Contra
Aganay Official(a) Bass	iving Ticket(e) (· · · · ·	
Agency Official(s) Rece					
Name of Offi (Last, First)		Number of Tickets		ner the Distribution is In the Public Purpose for	
	· · · · · · · · · · · · · · · · · · ·		Descri		
Seth Kaplan		1	exemplary we	ork performance	
		and the second	And a state of the second s		
-	-	• • •		· · · · · · · · · · · · · · · · ·	
-	-	• • •		· · · · · · · · · · · · · · · · ·	999-999-1-
Individual or Organizati Name of Behesting Agency	-	• • •		· · · · · · · · · · · · · · · · ·	
Name of Behesting Agency	Official: <u>Nate Miley</u>	, Super	wor Di	strict 4	er of Tickets:
-	Official: <u>Nate Miley</u>	, Super	wor Di	strict 4	er of Tickets:
Name of Behesting Agency	Official: <u>Nate Miley</u>	Super	NOW DI	Strict 4 Numb	er of Tickets:
Name of Behesting Agency Name of Individual or Organ	Official: <u>Nate Miley</u>	Super	NOW DI	Strict 4 Numb	er of Tickets:
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Nate Miley</u>	Super	NSW DI	Strict 4 Numb	{
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Miley</u>	Super	NSTY DI City	Strict 4 Numb	er of Tickets: ; State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Nate Miley</u>	Super	NSTY DI City	Strict 4 Numb	{
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Miley</u>	Super	NSTY DI City	Strict 4 Numb	{
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D	Official: <u>Nate Miley</u>	Super	NSTY DI City	Strict 4 Numb	{
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: <u>Nu</u> Purpose for Distribution: (D	Official: <u>Nate Miley</u> nization:	Super	NSTY DI City	Strict 4 Numb	{
Name of Individual or Organ Description of Organization Address of Organization:	Official: <u>Nate Miley</u> nization: mber and Street rescribe the public purp	ose for the dis	City tribution to the o	strict 4 Numb	t State Zip Code
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	Official: <u>Nate Miley</u> nization: mber and Street rescribe the public purp	rth above is in	City tribution to the o	strict 4 Numb	t State Zip Code

Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOI
. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mus	t explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			
Agency Contact (name and title)	Date of Original Filing	(month, day, year)		
Crystal Hishida Graff, Princ	ipal Analyst, Count	ty Administrate	or's Office		
. Event For Which Ticket					
Date(s) of Event:	<u>80 / 09</u> Descr	ription of Ever	nt: Golden Sta	te Warriors vs. India	na Pacers
	/ Face			05.00	
Agency Event	⊠ No (Identify s				
• •			-		
Name of Outside Source of	Ticket(s) Provided t	o Agency: Go	olden State Wa	arriors	- <u>2007</u> -
Number of Tickets Received				cy: 🔲 Gratuitously	
Number of Tickets Received	l:4	Ticket(s) Prov	vided to Ageno	itional names)	· · · · · · · · · · · · · · · · · · ·
Number of Tickets Received Agency Official(s) Received Name of Offic	l:4 iving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Agend on sheet for add State Whe	itional names) ther the Distribution is	Income to the Official or
Number of Tickets Received	l:4 iving Ticket(s) (us	Ticket(s) Prov	vided to Agend on sheet for add State Whe	itional names)	Income to the Official or
Number of Tickets Received Agency Official(s) Received Name of Offic	l:4 iving Ticket(s) (us	Ticket(s) Prov se a continuatio Number	vided to Agend on sheet for add State Whe	itional names) ther the Distribution is	Income to the Official or
Number of Tickets Received	iving Ticket(s) (us cial	Ticket(s) Prov se a continuation Number of Tickets	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose	Income to the Official or for the Distribution
Number of Tickets Received . Agency Official(s) Received Name of Offic (Last, First)	iving Ticket(s) (us cial	Ticket(s) Prov se a continuation Number of Tickets	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose	Income to the Official or for the Distribution
Number of Tickets Received	iving Ticket(s) (us cial on Receiving Tic Official: <u>Keith Cars</u>	Ticket(s) Prov se a continuation Number of Tickets	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official.	Income to the Official or for the Distribution
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Individual or Organization Name of Behesting Agency	iving Ticket(s) (us cial on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Stan Bluiet</u>	Ticket(s) Prov se a continuation Number of Tickets Sket(s) (Provide on / Swg-	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official.	Income to the Official or for the Distribution
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Individual or Organizatio Name of Behesting Agency Name of Individual or Organization: Address of Organization: 63	iving Ticket(s) (us cial on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Stan Bluiet</u> 323 San Pablo Ave	Ticket(s) Prov se a continuation Number of Tickets Sket(s) (Provide on / Swg-	vided to Agend on sheet for add State Whe Descr ded at the behes evview	itional names) ther the Distribution is ibe the Public Purpose st of an agency official. District 3 Num	Income to the Official or for the Distribution
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Individual or Organizatio Name of Behesting Agency Name of Individual or Organization: Address of Organization: 63	iving Ticket(s) (us cial on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Stan Bluiet</u>	Ticket(s) Prov se a continuation Number of Tickets Sket(s) (Provide on / Swg-	vided to Agend on sheet for add State Whe Descr	itional names) ther the Distribution is ibe the Public Purpose st of an agency official. District 3 Num	Income to the Official or for the Distribution
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Name of Behesting Agency Name of Individual or Organization: Description of Organization:	iving Ticket(s) (us cial on Receiving Tic Official: Keith Cars hization: Stan Bluiet 323 San Pablo Ave mber and Street	Ticket(s) Prov se a continuation Number of Tickets	vided to Agend on sheet for add State Whe Descr ded at the behes ev view	itional names) ther the Distribution is ibe the Public Purpose st of an agency official. District 3 Num land,	Income to the Official or for the Distribution

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

Signature of Agency Head A Thesignee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Print Name Title (m

ickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED B AGENCY REPOR
. Agency Name		Date S	
COUNTY OF ALAMEDA			Form 802
Division, Department, or Region (i	f applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number E-m	ail		······································
510-272-3882 crv	stal.hishida@acgov.org		nent (Must explain in Part 5.)
Agency Contact (name and title)	stal.1131104@acg0v.org	Date of Orig	inal Filing:
Crystal Hishida Graff, Principal	Analyst County Administrat		(month, day, year)
Event For Which Tickets We			······
		Ward v Kessler	
Date(s) of Event: <u>11 / 20 /</u>	Description of Eve		
//_	Face Value of Tick	et: \$160.50	-
Agency Event Yes] No (Identify source of tick	ets below)	
• • – –			
Name of Outside Source of Ticke	et(s) Provided to Agency:	olden State warriors	····,
Number of Tickets Received:	4 Ticket(s) Pro	ovided to Agency: 🛛 Gratu	itously I Pursuant to Contract
Agency Official(s) Receiving	j Ticket(s) (use a continuati	on sheet for additional names)	
Name of Official (Last, First)	Number		oution is Income to the Official or
(Last, 1 #st)	of Tickets		Purpose for the Distribution
James Robles	4	rewarding a county empl	oyee for exemplary service
		5 7 1	
Individual or Organization R	Receiving Ticket(s) (Provi	ded at the behest of an agency	y official.)
Name of Behesting Agency Offic	. S. Denvistor	Gil Stool D	nstrict A
Name of Behesting Agency Offic	ial: <u>2000000000000000000000000000000000000</u>	Gar oude, c	
Name of Individual or Organization	20.		Number of Tickets:
Name of molyodal of Organization	JII		
Description of Organization:			
· · · · · · · · · · · · · · · · · · ·			
Address of Organization:			
Address of Organization:	nd Street	City	State Zip Code
Address of Organization: Number a		·	State Zip Code
		·	State Zip Code
		·	State Zip Code
Purpose for Distribution: (Descrit		·	State Zip Code
	be the public purpose for the d	istribution to the organization.)	·
Purpose for Distribution: (Descrit	be the public purpose for the d	istribution to the organization.) n accordance with the provisio	ns of FPPC Regulation 18944.1.
Purpose for Distribution: (Descrit	be the public purpose for the d	istribution to the organization.) n accordance with the provisio	ns of FPPC Regulation 18944.1. LYST ///20/0

Agency Report		A Pub	-			NCY REPO
. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form For Official U	
Division, Department, or Reg	ion (if applicable)				Por Onicial C	ise Only
Street Address						
1221 OAK STREET, #555,	OAKLAND, CA 946	612				
Area Code/Phone Number	E-mail			Amendment (Muste	xolain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org			11/18/09	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year	,
Crystal Hishida Graff, Princ	ipal Analyst, County	y Administrate	or's Office			
. Event For Which Tickets						
Date(s) of Event:	<u>8 / 09</u> Desci	ription of Eve	nt: Golden Sta	te Warriors Game		
	/ Face			95.00		
Agency Event 🛛 Yes	🗵 No (Identify s					
			-	arriors		
Name of Outside Source of	Ticket(s) Provided t	o Agency: 🛎				
	. ,					
Number of Tickets Received				:y: 🔲 Gratuitously	Rursuant to	o Contra
Number of Tickets Received	:4	Ticket(s) Pro	ovided to Agenc	:y: ☐ Gratuitousły	⊠ Pursuant to	o Contra
Number of Tickets Received Agency Official(s) Received Name of Official	:4 iving Ticket(s) (us	Ticket(s) Pro se a continuation Number	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names) ther the Distribution is In	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received	:4 iving Ticket(s) (us	Ticket(s) Pro	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names)	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Recei Name of Offic	:4 iving Ticket(s) (us	Ticket(s) Pro se a continuation Number	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names) ther the Distribution is In	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received Name of Official	:4 iving Ticket(s) (us	Ticket(s) Pro se a continuation Number	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names) ther the Distribution is In	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Recei Name of Offic	:4 iving Ticket(s) (us	Ticket(s) Pro se a continuation Number	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names) ther the Distribution is In	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received Name of Official	:4 iving Ticket(s) (us	Ticket(s) Pro se a continuation Number	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names) ther the Distribution is In	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received Name of Official	:4 iving Ticket(s) (us	Ticket(s) Pro se a continuation Number	ovided to Ageno on sheet for addi State Whet	:y: ☐ Gratuitously itional names) ther the Distribution is In	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First)	iving Ticket(s) (us bial	Ticket(s) Pro se a continuation Number of Tickets	ovided to Agence on sheet for addi State Whet Descri	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First)	iving Ticket(s) (us bial	Ticket(s) Pro se a continuation Number of Tickets	ovided to Agence on sheet for addi State Whet Descri	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Offic	ial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First)	iving Ticket(s) (us cial on Receiving Tic	Ticket(s) Pro se a continuation Number of Tickets	ovided to Agence on sheet for addi State Whet Descri ded at the behes ker, District 3	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Offic or the Distribution	ial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) I. Individual or Organization Name of Behesting Agency Name of Individual or Organization	iving Ticket(s) (us cial on Receiving Tic Official: Supervisor dization: League of	Ticket(s) Pro se a continuation Number of Tickets Ket(s) (Provin Alice Lai-Bit	ovided to Agence on sheet for addi State Whet Descri ded at the behes ker, District 3 ers of the Eden	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose fo to f an agency official.)	come to the Offic or the Distribution	ial or
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) I. Individual or Organization Name of Behesting Agency Name of Individual or Organization:	iving Ticket(s) (us iving Ticket(s) (us cial on Receiving Tic Official: Supervisor official: League of A non-partisan org	Ticket(s) Pro se a continuation Number of Tickets Ket(s) (Provide Alice Lai-Bith Women Vote ganization end	ovided to Agence on sheet for addi State Whet Descri ded at the behes ker, District 3 ers of the Eden couraging the in	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose fo to f an agency official.)	come to the Offic or the Distribution	ial or
Number of Tickets Received Agency Official(s) Received Name of Offic (Last, First) Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	iving Ticket(s) (us iving Ticket(s) (us isial on Receiving Tic Official: <u>Supervisor</u> official: <u>League of</u> <u>A non-partisan org</u> O. Box 2234, Castr	Ticket(s) Pro se a continuation Number of Tickets Ket(s) (Provide Alice Lai-Bith Women Vote ganization end	ovided to Agence on sheet for addi State Whet Descri- ded at the behes ker, District 3 ers of the Eden couraging the in 94546	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose fo to f an agency official.)	come to the Offic or the Distribution eer of Tickets: articipation of cit	ial or 4 izens
Number of Tickets Received Agency Official(s) Received Name of Official(s) Received (Last, First) Individual or Organization Name of Behesting Agency Name of Individual or Organization: Description of Organization: Address of Organization: Num	iving Ticket(s) (us iving Ticket(s) (us cial on Receiving Tic Official: Supervisor nization: League of A non-partisan org O. Box 2234, Castr mber and Street	Ticket(s) Pro se a continuation Number of Tickets Ret(s) (Provide Ret(s) (Provide Alice Lai-Bit Women Vote ganization end ro Valley, CA	ovided to Agence on sheet for addi State Whet Descri ded at the behes ker, District 3 ers of the Eden couraging the in 94546	y: ☐ Gratuitously itional names) ther the Distribution is In- ibe the Public Purpose for the fan agency official.) Area	come to the Offic or the Distribution	ial or 4 izens
Number of Tickets Received Agency Official(s) Received Name of O	iving Ticket(s) (us iving Ticket(s) (us cial on Receiving Tic Official: Supervisor official: League of A non-partisan org O. Box 2234, Castr mber and Street escribe the public pur	Ticket(s) Pro se a continuation Number of Tickets Ret(s) (Provide Alice Lai-Bith Women Vote ganization end ro Valley, CA	ovided to Agence on sheet for addi State Whet Descri- ded at the behes ker, District 3 ers of the Eden couraging the in 94546 City	y: ☐ Gratuitously itional names) ther the Distribution is In ibe the Public Purpose for t of an agency official.) <u>Area</u> Numb nformed and active pa	come to the Offic or the Distribution eer of Tickets: articipation of cit	ial or

U Signature of Agency Head of Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST Title

(month, day

Tickets Provided by Agency Report		A Publi	ic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
Agency Name COUNTY OF ALAMEDA Division, Department, or Region	(if applicable)			Date Stamp	California Form 802 For Official Use Only
Street Address		10			
1221 OAK STREET, #555, OA Area Code/Phone Number E-	mail	12			
				Amendment (Must e	explain in Part 5.)
(510) 272-3882 CI Agency Contact (name and title)	rystal.hishida@ao	cgov.org		Date of Original Filing:	11/18/09
	Anchiet County	Administrate			(month, day, year)
Crystal Hishida Graff, Principa			rs Office		
Event For Which Tickets W			A Mordus	M. Kossler	
Date(s) of Event: <u>11</u> <u>21</u>	<u> </u>	iption of Even			
/	J Face \	/alue of Ticke	t: \$	160.50	
Agency Event	No (Identify so	urco of tickot	s holow)		
• •			,		
Name of Outside Source of Tick	ket(s) Provided to	o Agency: Gol	iden State wa	rriors	
Number of Tickets Received:	4	Ticket(s) Prov	ided to Agenc	y: 🔲 Gratuitously	I Pursuant to Contract
Agency Official(s) Receivin	n g Ticket(s) (us	e a continuatio			
Name of Official (Last, First)		Number of Tickets		her the Distribution is Ir be the Public Purpose f	
(,		OF TICKETS	Desch	Be mer ubier alpose i	
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Individual or Organization	Receiving Ticl	ket(s) (Provide	ed at the behes	t of an agency official.)	
	Supervisor	Alice Lai-Bitk	er. District 3		
Name of Behesting Agency Off	icial:				
Name of Individual or Organiza	tion. Miguel Brio	nes		Numt	ber of Tickets:4
name of manadal of Organiza					
Description of Organization:					······································
Address of Organization:	r and Street		City		State Zip Code
			-		
Purpose for Distribution: (Desc				•	·
To promote attendance at an e	event held at a Co	ounty facility in	n order to max	imize County revenue	e from concession sales
					······
. Verification					
I have determined that the distribu	tion of tickets set fo	orth above is in	accordance wit	h the provisions of FPP	C Regulation 18944.1.
latton A	CRYSTAL H	IISHIDA GRAI	FF PRIN	CIPAL ANALYST	n/iali.
Signature of Agency Agad or besignee		rint Name		Title	(month, day/year)

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ickets Provided by gency Report	A Pub	lic Document	TICKETS PROVIDED E AGENCY REPOR
Agency Name		Date Stamp	California 802
COUNTY OF ALAMEDA			
Division, Department, or Region	(if applicable)		For Official Use Only
Street Address			
1221 OAK STREET, #555, OA	KLAND, CA 94612		
	mail	Amendment (Mus	t evolution in Part 5 \
(510) 272-3882 cr	ystal.hishida@acgov.org		•
Agency Contact (name and title)		Date of Original Filing	g:
Crystal Hishida Graff, Principal	Analyst, County Administrat	or's Office	(monin, day, year)
Event For Which Tickets W	lere Distributed		· · · · · · · · · · · · · · · · · · ·
		nt: Golden State Warriors Game	
		05.00	
/	Face Value of Tick	et: \$	
Agency Event 🛛 Yes	No (Identify source of ticke	ets below.)	
	G	olden State Warriors	
Name of Outside Source of Tick	(et(s) Provided to Agency:		
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency: Gratuitously	Pursuant to Contrac
		······	
Agency Official(s) Receivir	<pre>ig Ticket(s) (use a continuati</pre>	on sheet for additional names)	
Name of Official	Number	State Whether the Distribution is	
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution
,			· · · · · · · · · · · · · · · · · · ·
Individual or Organization	Receiving Ticket(s) (Provi	ded at the behest of an agency official.)
-	= :		,
Name of Behesting Agency Off	cial: Supervisor Alice Lai-Bit	ker, District 3	
			4
Name of Individual or Organiza	tion: <u>Janua Hubbi</u>	Nun	nber of Tickets:4
Description of Organization:			
Address of Organization:			
Address of Organization:	and Street	City	State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di	stribution to the organization.)	
1	• • •	in order to maximize County reven	ue from concession sales
To promote attendance at an e		In order to maximize County reven	
Vorification		a ta ana kao kaominina mikambana amin' ^{na kao} nina mandrata amin' kaominina dia kaominina dia kaominina dia kaomin	
Verification	1		
I have determined that the distribut	ion of tickets set forth above is i	in accordance with the provisions of FF	но кедиатоп 18944.1. 1
Joseph	CRYSTAL HISHIDA GRA	AFF PRINCIPAL ANALYST	11/19/0
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report	A Public D	ocument	TICKETS PROVIDED E AGENCY REPOR
. Agency Name		Date Stamp	California 002
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region (if applica	ble)		For Official Use Only
Street Address			
1221 OAK STREET, #555, OAKLAND	, CA 94612		
Area Code/Phone Number E-mail		Amendment (Musi	explain in Part 5.)
(510) 272-3882 crystal.his	shida@acgov.org	· · ·	, .
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal Analysi	t, County Administrator's O		
. Event For Which Tickets Were Dis	stributed		
Date(s) of Event:	Description of Event:	ton John & Billy Joel	
	Face Value of Ticket: \$_	100 75	
• • •	dentify source of tickets be	•	
Name of Outside Source of Ticket(s) Pr	ovided to Agency: Golden	State Warriors	
Number of Tickets Received: 2	_ Ticket(s) Provided	to Agency: Gratuitously	E Pursuant to Contract
. Agency Official(s) Receiving Tick	et(s) (use a continuation she	et for additional names)	
Name of Official		State Whether the Distribution is I	
(Last, First)	of Tickets	Describe the Public Purpose	for the Distribution
		In case of the second sec	· · · · · · · · · · · · · · · · · · ·
. Individual or Organization Receiv	ring Ticket(s) (Provided at	the behest of an agency official.))
_			· · ·
Name of Behesting Agency Official:	pervisor Alice Lai-Bitker, D	ISTRICT 3	00.000 and 10.000 and 1
He He	enry Rosales		2
Name of Individual or Organization: He	,,		ber of Tickets:2
Description of Organization:			
Description of organization.		· · · · · · · · · · · · · · · · · · ·	
· •			
Address of Organization:		City	State Zip Code
Address of Organization:		ion to the organization)	
Address of Organization:		ion to the organization.	
Address of Organization: <u>Number and Street</u> Purpose for Distribution: (Describe the p	oublic purpose for the distribut		ue from concession sales
Address of Organization:	oublic purpose for the distribut		ue from concession sales
Address of Organization: Number and Street Purpose for Distribution: (Describe the p To promote attendance at an event hel	oublic purpose for the distribut		ue from concession sales
Address of Organization: Number and Street Purpose for Distribution: (Describe the p To promote attendance at an event hel 5. Verification	public purpose for the distribut Id at a County facility in ord	er to maximize County reven	
Address of Organization: Number and Street Purpose for Distribution: (Describe the p To promote attendance at an event hel 5. Verification I have determined that the distribution of tic	bublic purpose for the distribut Id at a County facility in ord kets set forth above is in acco	er to maximize County revenu	
Address of Organization: Number and Street Purpose for Distribution: (Describe the p To promote attendance at an event hel . Verification I have determined that the distribution of tic	public purpose for the distribut Id at a County facility in ord	er to maximize County reven	

1. Agency Name Date State COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org	TICKETS PROVIDED B AGENCY REPOR	ment	A Public Docume	-	Tickets Provided b Agency Report
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 Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 Description of Event: Warriors Basketball Gam 01 / 13 / 10 Face Value of Ticket: \$95.00 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 8 Ticket(s) Provided to Agency: Goratuli 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number Name of Official Keith Carson WHAT The Public F Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive r Address of Organization: 601 Monadnock Way #3 Oakland, Number or Distribution: (Describe the public purpose for t	amp California 000	Date Stamp		-	
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 Date of Origin 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 _ Description of Event: Warriors Basketball Gam	Form 802			AMEDA	
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail crystal.hishida@acgov.org Date of Origin Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Origin 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 / 09 / 01 / 13 / 10 / 09 / 01 / 13 / 10 / 09 / 01 / 13 / 10 / 01 / 00 / 01 / 00 / 01 / 00 /	For Official Use Only			ent, or Region (if applicable	Division, Department, or
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 Date of Origin 2. Event For Which Tickets Were Distributed Date of Origin Date(s) of Event: 11 / 30 / 09 Description of Event: Warriors Basketball Gam 01 / 13 / 10 Face Value of Ticket: \$ 95.00 Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 8 Ticket(s) Provided to Agency: Gratuit 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number Name of Official Number State Whether the Distributor (Last, First) of Ticket(s) (Provided at the behest of an agency Name of Behesting Agency Official: Keith Carson WeitWeity League Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: 6001 Monadnock Way #3 Oakland,				EET, #555	1221 OAK STREET, #
Area Code/Phone Number (510) 272-3862 E-mail crystal.hishida@acgov.org Image: Amendme pate of Origin Date of Origin Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Origin 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 					Street Address
(510) 272-3882 crystal.hishida@acgov.org Date of Origin Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Origin 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 Description of Event: Warriors Basketball Gam 01 / 13 / 10 Face Value of Ticket: \$				94612	OAKLAND, CA 94612
Agency Contact (name and title) Date of Origin Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Origin 2. Event For Which Tickets Were Distributed Date(s) of Event:11_/_309 Description of Event: Warriors Basketball Gam01_/_1310 Face Value of Ticket: \$95.00 Agency Event 1Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Mumber of Tickets Received:8	ent (Must explain in Part 5.)	Amendment (Number E-mail	Area Code/Phone Numb
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 Description of Event: Warriors Basketball Gam			acgov.org	÷	
2. Event For Which Tickets Were Distributed Date(s) of Event: 11 / 30 / 09 _ 01 / 13 / 10 _ 01 / 13 / 10 _ 01 / 13 / 10 _ 01 / 13 / 10 _ 01 / 13 / 10 _ 01 / 01 / 13 / 10 _ 01 / 01 / 01 / 13 / 10 _ 01 / 01 / 01 / 01 / 01 / 01 / 01	nal Filing:	Date of Original F		name and title)	Agency Contact (name ar
Date(s) of Event: 11 / 30 / 09 Description of Event: Warriors Basketball Gam			ity Administrator's Office	Graff, Principal Analyst,	Crystal Hishida Graff, I
Agency Event [] Yes [2] No (Identify source of Ticket: \$95.00 Agency Event [] Yes [2] No (Identify source of Tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden State Warriors</u> Number of Tickets Received: <u>8</u> Ticket(s) Provided to Agency: [] Gratuli 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official <u>Number</u> State Whether the Distribu- (Last, First) <u>of Tickets</u> Describe the Public F 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency Name of Behesting Agency Official: <u>Keith Carson</u> <u>WWWWY</u> <u>MWW</u> Name of Individual or Organization: <u>Berkeley Boosters/Police Activity League</u> Description of Organization: <u>Educate and prepare young people to become productive m</u> Address of Organization: <u>6001 Monadnock Way #3</u> <u>Oakland,</u> Number and Street <u>City</u> Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					
	nes	Basketball Games	cription of Event: Warriors Ba		Date(s) of Event:1
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors Number of Tickets Received: 8 Ticket(s) Provided to Agency: Gratuit 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Number of Tickets State Whether the Distribution Image: Name of Official (Last, First) Name of Official (Last, First) Number of Tickets Describe the Public First) Image: Name of Behesting Agency Official: Keith Carson (Provided at the behest of an agency) Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive methods and prepare young people to become productive methods and street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)		0 E 00			
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3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Number of Tickets State Whether the Distribu- Describe the Public F 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency Name of Behesting Agency Official: Keith Carson Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive m Address of Organization: 6001 Monadnock Way #3 Number and Street Oakland, City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	itously 🛛 🛛 Pursuant to Contrac				
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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency Name of Behesting Agency Official: Keith Carson WPUMBY Description of Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive m Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					
Name of Behesting Agency Official: Keith Carson Weith Carson Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive m Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)				(,
Name of Behesting Agency Official: Keith Carson Weith Carson Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive m Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					
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Name of Behesting Agency Official: Keith Carson Weith Carson Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive m Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					
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Name of Individual or Organization: Berkeley Boosters/Police Activity League Description of Organization: Educate and prepare young people to become productive m Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	ict 5	y Tristric	son, Superviny	Keith	Nama of Dahantian Ang
Description of Organization: Educate and prepare young people to become productive methods Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)			t		
Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	Number of Tickets: <u>8</u>	eague N	Boosters/Police Activity Leag	al or Organization: Berk	Name of Individual or C
Address of Organization: 6001 Monadnock Way #3 Oakland, Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	nembers of our society	me productive mem	are young people to become	ganization: <u>Educate and</u>	Description of Organiza
Address of Organization. Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)	CA 94605			6001 Manadaa	
•	State Zip Code	City		11Zauon	Address of Organizatio
To reward a school or nonprofit organization for its contributions to the community.		he organization.)	rpose for the distribution to the	ibution: (Describe the put	Purpose for Distributior
· - · ·		community.	or its contributions to the con	ool or nonprofit organizat	To reward a school or
	·····				

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

-Signature of Agency Head or Designee

Print Name

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

16/09 (month, day, year,

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

Title

. Agency Name			nt	AGENCY REPOR
- •			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	plain in Part 5.)
(510) 272-3882 crystal.hishida@a	acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Cour	-	tor's Office	· · · · · · · · · · · · · · · · · · ·	
Event For Which Tickets Were Distribut				
Date(s) of Event: <u>11 / 22 / 09</u> Desc	ription of Eve	nt: KISS conce	rt	
// Face		i ~) e	5.25	
Agency Event Des No (Identify s		-		
Name of Outside Source of Ticket(s) Provided	to Agency: Go	olden State Wa	rriors	
Number of Tickets Received:4			y: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Receiving Ticket(s) (u	ise a continuatio	on sheet for addit	ional names)	a ya ya kuma kuta a
Name of Official	Number		ner the Distribution is Inc	
(Last, First)	of Tickets	Descrit	be the Public Purpose fo	r the Distribution
James Robles	4	exemplary wo	ork performance	
				·····
		1		and the second
Individual or Organization Receiving Tid	cket(s) (Provid	ded at the behest	of an agency official.)	
NI_4_ N21-	cket(s) (Provid	ded at the behest	of an agency official.) DISTVICT 4	**************************************
NI_4_ N21-	cket(s) (Provid Supe	ded at the behest	of an agency official.) DISTRICT 4	**************************************
Name of Behesting Agency Official: <u>Nate Miley</u>	, supe	rnsor 7	District 4	er of Tickets:
Name of Behesting Agency Official: <u>Nate Miley</u>	, supe	rnsor 7	District 4	er of Tickets:
Individual or Organization Receiving Tid Name of Behesting Agency Official: <u>Nate Miley</u> Name of Individual or Organization: Description of Organization:	, supe	rnsor 7	District 4	er of Tickets:
Name of Behesting Agency Official: <u>Nate Miley</u> Name of Individual or Organization:	, supe	rnsor 7	District 4	er of Tickets:
Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization:	, supe	rnbor 7	District 4	
Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization: Address of Organization:	, supe	KVB5V T	District 4	er of Tickets: State Zip Code
Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization: Address of Organization:	, supe	KVB5V T	District 4	
Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization: Address of Organization:	, supe	KVB5V T	District 4	
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Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Describe the public pu	, supe	KVB5V T	District 4	
Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization: Address of Organization:	rpose for the dis	City Stribution to the o	District 4 Number	State Zip Code
Name of Behesting Agency Official: <u>Nate Miles</u> Name of Individual or Organization: Description of Organization: Address of Organization: Address of Organization: Purpose for Distribution: (Describe the public pu Verification I have determined that the distribution of tickets set	rpose for the dis	City Stribution to the o	District 4 Number	State Zip Code

		Public Docume	ent	AGENCY REPOR
. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form 002
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	plain in Part 6)
(510) 272-3882	crystal.hishida@acgov.or	rg		pan in Fait 0.)
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, County Admi	nistrator's Office		(mons), adj, you)
Event For Which Tickets	Were Distributed			· · · · · · · · · · ·
Date(s) of Event: <u>12</u> / <u>05</u>		af Event. Basketball	Game	
		(A.t	and an	
!	_/ Face Value of	of Ticket: \$		
Agency Event 🛛 Yes	No (Identify source c	of tickets below.)		
			rriors	
Name of Outside Source of Ti	cket(s) Provided to Agen	cy: Oblach State We		
Number of Tickets Received: .	20 Ticket(s) Provided to Agence	y: 🔲 Gratuitously	☑ Pursuant to Contra
Agency Official(s) Receiv	ing Ticket(s) (use a con	tinuation sheet for addi	tional names)	
Name of Officia			her the Distribution is Inc	
(Last, First)	of Tic	kets Descri	be the Public Purpose fo	r the Distribution
Individual or Organization	1 Receiving Ticket(s)	(Provided at the behes	t of an agency official.)	
-	Ċ.			
-	Ċ.	Provided at the behes		
Name of Behesting Agency O	fficial: Nate Miley	nperview	District 9	
-	fficial: Nate Miley	nperview	District 9	er of Tickets:2
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Name of Behesting Agency O Name of Individual or Organiz Description of Organization:	fficial: <u>Nate Miley</u>	n	District 9	er of Tickets:2
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization:	fficial: <u>Nate Miley</u>	nCity	District 9 Numbe	er of Tickets:2
Name of Behesting Agency O Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des	fficial: <u>Nate Miley</u> ation: <u>Danny Cooperma</u> er and Street scribe the public purpose for	nCity	District 9 Numbe	er of Tickets:2
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Name of Individual or Organiz Description of Organization: Address of Organization: Purpose for Distribution: (Des	fficial: <u>Nate Miley</u> ration: <u>Danny Cooperma</u> rer and Street scribe the public purpose for munity	n City	District 4 Numbe	er of Tickets:2
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Agency Report		A Public	Docume	nt	TICKETS PROVIDED B AGENCY REPOR
. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA					Form OU 2
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@	acdov ord		Amendment (Must e	explain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	
Crystal Hishida Graff, Princ		ntv Administrator's	Office		(month, day, year)
Event For Which Ticket					
			Boxing Mate	:h	
Date(s) of Event: <u>11_/</u> 2	Desc	cription of Event:	1100	5-72	
/	/ Face	e Value of Ticket: \$		00	
Agency Event 🛛 Yes	No (Identify	source of tickets b	elow.)		
- •				riors	
Name of Outside Source of	licket(s) Provided	to Agency:			
Number of Tickets Received	l:4	Ticket(s) Provide	d to Agency	/: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Rece	iving Ticket(s) (ເ	use a continuation sh	neet for addit	ional names)	
Name of Offi (Last, First)	cial	Number of Tickets		ner the Distribution is In be the Public Purpose f	
			Descin		
Individual or Organizati	on Receiving Ti		e,		
_	_	Ċ	e,		
Individual or Organizati Name of Behesting Agency	_	Ċ	e,	of an agency official.) BYUT 4-	
Name of Behesting Agency	Official: <u>Nate Mile</u>	v, Supervis	e,	strict 4	per of Tickets: 2
_	Official: <u>Nate Mile</u>	v, Supervis	e,	strict 4	per of Tickets:2
Name of Behesting Agency	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u>	y, Supervu Pete	nr ta	strict 4	per of Tickets:2
Name of Behesting Agency Name of Individual or Orgar	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u>	y, Supervu Pete	nr ta	strict 4	per of Tickets:2
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Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u> mber and Street	y <u>Supervu</u> Pete	city	BYICH 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u> mber and Street	y <u>Supervu</u> Pete	city	BYICH 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u> mber and Street escribe the public pu	y <u>Supervu</u> Pete	city	BYICH 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Nu Purpose for Distribution: (D volunteer contribution to co	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u> mber and Street escribe the public pu	y <u>Supervu</u> Pete	city	BYICH 4 Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Nu Purpose for Distribution: (D volunteer contribution to co	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u> mber and Street escribe the public pu mmunity	y <u>Super vu</u> Pete	City Lition to the o	rganization.)	State Zip Code
Name of Individual or Organ Description of Organization: Address of Organization:	Official: <u>Nate Mile</u> nization: <u>Geoffrey I</u> mber and Street escribe the public pu mmunity	y <u>Super vu</u> Pete	City Lition to the o	rganization.)	State Zip Code

Agency Name Date Stamp California 80 Division, Department, or Region (if applicable) 1221 OAK STREET, #555 For Official Use Only 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Image: Country of the street of t	Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
Determinent, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Codde/Phone Number [Si10] 272-3882 crystal.Hishida@acgocy.org Agency Contact (amere and file) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2: Event For Which Tickets Were Distributed Date (s) of Event: 11_22_09	1. Agency Name				Date Stamp	the second se
Durision, Department, or Region or explored by	COUNTY OF ALAMEDA					Form OU2
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agencey Contact (name and file) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Orginal Filing:(month, day, year) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Event For Which Tickets Were Distributed Date(s) of Event: 11 / 22 / 09 Description of Event: Football Game	Division, Department, or Regio	n (if applicable)	- <u>* *</u>			For Official Use Only
OAKLAND, CA 94612 Image: Code/Phone Number (Must explain to Part 5.) (510) 272-3882 crystal.hishida@acgov.org Agency Contact (rame and the) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:	1221 OAK STREET, #555					
Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org Amendment (Must explain in Part 8.) Agency Contact (name and title) Crystal.hishida@acgov.org Date of Original Filing:	Street Address				-	
(510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:	OAKLAND, CA 94612					
(510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) Date of Original Filing:	Area Code/Phone Number	E-mail				
Agency Contact (name and title) Date of Original Filing:(month, day, year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) 2: Event For Which Tickets Were Distributed Description of Event	(510) 272-3882	crystal.hishida@a	icgov.org			pian in rait 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2: Event For Which Tickets Were Distributed Date(s) of Event: 11 / 22 / 09 Description of Event: Football Game			• •		Date of Original Filing: .	(month day year)
Date(s) of Event: 11 / 22 / 09 Description of Event: Football Game	Crystal Hishida Graff, Princip	al Analyst, Coun	ty Administrat	tor's Office		(monor, day, year)
	2. Event For Which Tickets	Were Distribute	ed			· · · · · · · · · · · · · · · · · · ·
	Data(s) of Event: 11 / 22	2 / 09 Desci	ription of Eve	nt. Football Ga	ame	
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contract of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Contract of Contract of Tickets Image: Contract of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Name Miley Name of Number of Tickets: 3 Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Patricia Brooks Number of Tickets: 3 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Yolunteer contribution to the community Store State (Tip Carl Analyse) Crey State Pip Canana Superur					7) -	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official (Last, First) Number of Tickets Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official (Last, First) Number of Tickets Describe the Public Purpose for the Distribution Image: State Whether the Distribution is Income to the Official (Last, First) Number of Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Mut Mark 1 (LAst) Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Number and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Sterification I have determined that the dist	/	_/ Face	Value of Tick	et: \$ <u> </u>		
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: State S	Agency Event 🛛 Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Number of Tickets Received: 3 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Describe the Public Purpose for the Distribution Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Patricia Brooks Number of Tickets: 3 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Organization: City State Zip Control I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Impact Mathematic Ma				-		
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Official Of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution	Name of Outside Source of T	icket(s) Provided t	o Agency:			
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution I. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Image: City of Tickets Image: City of Tickets I. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Image: City of Tickets Image: City of Tickets Name of Behesting Agency Official: Nate Miley of Organization: Patricia Brooks Number of Tickets: Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization: Patricia Brooks Number of Tickets: 3 Address of Organization: Mumber and Street City State Zip Coc Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Store Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Headfor Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Imonth, dey, year Signature of Agency Headfor Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Imonth, dey, year	Number of Tickets Received:	3	Ticket(s) Pro	vided to Agend	:y: 🔲 Gratuitously	Pursuant to Contrac
(Last, First) of Tickets Describe the Public Purpose for the Distribution (Last, First) of Tickets Describe the Public Purpose for the Distribution . Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Nate Miley Name of Individual or Organization: Patricia Brooks Number of Tickets: Address of Organization: Patricia Brooks Number of Tickets: Address of Organization: Number and Street City State Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Storation Inave determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: Signature of Agency Headfor Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agency Headfor Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Imagency for the application.) Comment: (Use this space or an attachment for any additional information including amendment explanation.) Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Agency Official(s) Receiv	r ing Ticket(s) (us	se a continuatio	on sheet for add	tional names)	
Name of Behesting Agency Official: Nate Miley Number of VicA-4 Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization:		al				
Name of Behesting Agency Official: Nate Miley Number of Yu A A Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization:	· · · · · · · · · · · · · · · · · · ·					
Name of Behesting Agency Official: Nate Miley Number of Yu A A Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization:						
Name of Behesting Agency Official: Nate Miley Number of Yu A A Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization:					· · · · · · · · · · · · · · · · · · ·	· ·
Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization:	I. Individual or Organization	n Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Individual or Organization: Patricia Brooks Number of Tickets: 3 Description of Organization:	Name of Behesting Agency O	official: <u>Nate Miley</u>	Su	per un	TorArict-4	
Address of Organization: Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Volunteer contribution to the community Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Image: Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Name of Individual or Organiz	zation: Patricia Br	ooks		Numbe	er of Tickets: <u>3</u>
Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Volunteer contribution to the community Volunteer contribution of the community State Zip Cod State Zip Cod Volunteer contribution to the community Volunteer contribution of the community State Zip Cod State Zip Cod Output Community Community Community Community Community State Zip Cod State Community State Community Community State Community Community State Community Community Community	Description of Organization: _					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community	Address of Organization:	per and Street		City		State Zin Code
Volunteer contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of the provision						
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	•		pose for the di	stribution to the	organization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Agercy Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Image: signature of Agercy Head or Designee Signature of Agercy Head or Designee Print Name Title Image: signature of Agercy Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Volunteer contribution to the	community				
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Image: signature of Agercy Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Image: signature of Agercy Head or Designee Signature of Agercy Head or Designee Print Name Title Image: signature of Agercy Head or Designee Comment: (Use this space or an attachment for any additional information including amendment explanation.) Image: signature of Agercy Head or Designee	Verification					
Signature of Agency Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST IIII6/0 Signature of Agency Head or Designee Print Name Title (month, day, year, the space or an attachment for any additional information including amendment explanation.) Title (month, day, year, the space or an attachment for any additional information including amendment explanation.)		ution of tickets set f	orth abovo is it	a accordance wit	h the provisions of EDDC	Perulation 19011 1
Signature of Agency Head or Designee Print Name Title Comment: (Use this space or an attachment for any additional information including amendment explanation.) Image: Comment including amendment explanation.)						negulauon 16944.1.
Comment: (Use this space or an attachment for any additional information including amendment explanation.)	Signature of Agenda Land			AFF PRIN		
						(month, day, year)
		aπachment for any add	utional informatio	on including amen	dment explanation.)	

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name	area a commu		Date Stamp	California 000
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555	ж.			
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-	mail		Amendment (Must exp	plain in Parl 5)
(510) 272-3882 ci	rystal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principa	l Analyst, County Administra	tor's Office		
2. Event For Which Tickets W	Vere Distributed			
Date(s) of Event: <u>12</u> <u>13</u>	<u>_/_09</u> Description of Eve	nt: Football Ga	me	······································
	J Face Value of Tick			
- •	No (Identify source of ticke	,		
Name of Outside Source of Ticl	ket(s) Provided to Agency: O	akland Raiders		
Number of Tickets Received:				
Number of Tickets Received:	IICKet(s) Pro	vided to Agency	∕: ☐Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivir	ıg Ticket(s) (use a continuati	on sheet for addit	ional names)	
Name of Official (Last, First)			ner the Distribution is Inc	
	of Tickets	Descrit	pe the Public Purpose for	
····· ··· ····························				
4. Individual or Organization			- • •	
Name of Behesting Agency Off	icial. Nate Miley Supr	ernsor 1	district 4.	
	,			
Name of Individual or Organiza	tion: Alan Dones		Numbe	er of Tickets: <u>1</u>
Description of Organization:				
Address of Organization:	Excelsior Street ~ Oakland, (CA 94610		
	and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di	stribution to the o	rganization)	
volunteer contribution to comm			ganization.)	
	Junity			
5. Verification				
I have determined that the distribut	tion of tickets set forth above is i	n accordonao witt	the provisions of EPPC	Dogulation 19044 1
				Regulation 10944.1.
100 mm	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an att	achment for any additional informati	on including amend	ment explanation.)	
parking pass				

Tickets Provided by Agency Report	A Pub	lic Documen	ıt	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicate 1221 OAK STREET, #555 Street Address)le)		Date Stamp	California Form 802 For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, 2. Event For Which Tickets Were Dis			Amendment (Musi	, ,
Agency Event ☐ Yes ⊠ No (Id Name of Outside Source of Ticket(s) Pro Number of Tickets Received:3	Face Value of Ticke lentify source of ticke ovided to Agency: <u>Oa</u> Ticket(s) Pro	et: \$ 5D - ets below.) akland Raiders vided to Agency:	Gratuitously	I Pursuant to Contract
B. Agency Official(s) Receiving Ticke Name of Official (Last, First)	Number of Tickets	State Whethe		Income to the Official or for the Distribution
Christopher Miley	ng Ticket(s) (Provi		y of facility to attrac	
Name of Behesting Agency Official: <u>Nat</u> Name of Individual or Organization: <u></u> Description of Organization: <u></u>	e Miley, Sup	urusor T.	Num	ber of Tickets:
Address of Organization:	ublic purpose for the dis	City stribution to the org	janization.)	State Zip Code
5. Verification I have determined that the distribution of tick Signature of Agency Head of Designee Comment: (Use this space or an attachment for	STAL HISHIDA GRA	AFF PRINC	IPAL ANALYST	PC Regulation 18944.1.

Fickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
. Agency Name				Date Stamp	California 002
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-r	nail			Amendment (Muste	volain in Part 5 1
(510) 272-3882 cr	ystal.hishida@a	cgov.org	:		xpiain in Fait 5.)
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrat	or's Office		(monin, oug, your)
Event For Which Tickets W	ere Distribute	ed		· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event: <u>12</u> <u>13</u>	/ 09 Desci	tintion of Eve	nt. Football Ga	me	
/	/ Face	Value of Tick	et: \$	·	
Agency Event Yes	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of Tick		O	akland Raiders		
Name of Outside Source of Lick	et(s) Provided t	o Agency:			
Number of Tickets Received:	3	Ticket(s) Pro	vided to Agency	y: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Receivin	i g Ticket(s) (us	se a continuatio	on sheet for addit	tional names)	- man
Name of Official (Last, First)		Number of Tickets		her the Distribution is Ind be the Public Purpose fo	
Nate Miley		1	Evaluate abil	ity of facility to attract	business
	~				
					P*/////
Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behest	of an agency official)	······································
Name of Behesting Agency Offi	cial: <u>Nate Miley</u>	, supe	100501 1		
Name of Individual or Organizat	jon:	· · · · ·		Numb	er of Tickets:
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public pur	noso for the di	stribution to the o	reprintion)	
	ine die hablie hat			rganization.)	
Varification					
Verification		<i>.</i>			
I have determined that the distributi	on of tickets set f	orth above is ir	n accordance with	h the provisions of FPPC	Regulation 18944.1.
loft and	CRYSTAL F	IISHIDA GRA	FF PRIN	CIPAL ANALYST	11/16/0
Signature of Agercy Head of Designee		Print Name		Tītle	(month, day, year)

gency Report		A Public [Docume	ent	TICKETS PROVIDED B AGENCY REPOR
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	jion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address				·	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		i	Amendment (Must ex)	olaín in Part 5)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title	e)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Prine	cipal Analyst, Coun	ty Administrator's	Office		
. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:01 / _	27 <u>/ 10</u> Desc	ription of Event: <u>V</u>	Varriors Ga	ame	
Julio(0) 01 270112.	Face			\$95.00	
/		value of ficket. \$			
Agency Event 🛛 Yes	🗵 No (Identify s	source of tickets be	elow.)		
Name of Outside Source of	Ticket(s) Provided	to Agency:		· · · ·	
Number of Tickets Receive	d:4	Ticket(s) Provide	d to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
. Agency Official(s) Rece	eiving Ticket(s) (u	se a continuation sh	eet for addi	tional names)	
Name of Off (Last, First)		Number of Tickets		her the Distribution is Inc be the Public Purpose for	
	a			••••	
-	-			t of an agency official.)	
. Individual or Organizat	-			t of an agency official.) Truct 1	
Name of Behesting Agency	Official: <u>Superviso</u> nization: <u>Pathways</u>	r Scott Haggerty to Wellness	, Drs	trict 1 Numbe	er of Tickets:4
Name of Behesting Agency	Official: <u>Superviso</u> nization: <u>Pathways</u>	r Scott Haggerty to Wellness	, Drs	trict 1 Numbe	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: 5	Official: <u>Superviso</u> nization: <u>Pathways</u>	r Scott Haggerty to Wellness en the George Hur	, िर skin Memo	Trict 1 Numbe	e Centers
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: $\frac{5}{Nt}$	Official: <u>Superviso</u> nization: <u>Pathways</u> .: <u>To be used to ope</u> 6674 Stoneridge Driv	r Scott Haggerty to Wellness en the George Hur ve, Suite 116 Plea	ب کرچ skin Memo santon CA City	Trict 1 Number Drial Wellness Resourc 94588	e Centers
Name of Individual or Orga Description of Organization Address of Organization: 5	Official: Superviso nization: Pathways To be used to ope 674 Stoneridge Driv umber and Street Describe the public pu	r Scott Haggerty to Wellness en the George Hur ve, Suite 116 Plea rpose for the distribu	skin Memo santon CA City ution to the o	Wict 1 Number Drial Wellness Resourc 94588 Drganization.)	e Centers

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

gency Report		A Pub	lic Docume	nt	TIČKETŠ PROVIDED AGENCY REPO
Agency Name				Date Stamp	California 80
COUNTY OF ALAMEDA			·		
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 94612	2			
Area Code/Phone Number	E-mail				undate in Dark E \
(510) 272-3882	crystal.hishida@acg	ov.ora		Amendment (Must e	
Agency Contact (name and title		3		Date of Original Filing:	11/4/09 (month, day, year)
Crystal Hishida Graff, Princ		dministrate	or's Office		(month, day, year)
Event For Which Ticket	s Were Distributed	· · · ·		· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event:/	07 <u>09</u> Descript	tion of Ever	nt: Family Bridg	les	······
	Face Va			138.00	
Agency Event 🛛 Yes	🛛 No (Identify sou				
Name of Outside Source of	Ticket(s) Provided to A	Agency: Go	olden State Wa	riors	
Number of Tickets Received				r: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (use	a continuatio	on sheet for addit	ional names)	
Name of Offi (Last, First)		Number of Tickets		her the Distribution is In the Public Purpose for	
Gee, Anna		4	To promote a	ttendance at a Count	y facility event
Individual or Organizati	on Receiving Ticke	et(s) (Provi	ded at the behest	of an agency official.)	ana any amin' dia kaominina amin'ny fisiana
Name of Behesting Agency	Official: Supervisor A	lice Lai-Bitl	ker, District 3	· · · ·	
Name of Individual or Organ				Numb	er of Tickets:
Description of Organization					and a definition of the second s
Address of Organization:	mber and Street		City		State Zip Coo
Purpose for Distribution: (D	escribe the public numo	se for the di	stribution to the o	roanization.)	
To promote attendance at a					e from concession sale
To promote allenuance at a					
Verification			<u></u>		
Venncanun					
	ribution of tickets set fort	h above is i	n accordance with	the provisions of FPP	C Regulation 18944.1.
I have determined that the dist	ribution of tickets set fort CRYSTAL HIS			the provisions of FPP CIPAL ANALYST	C Regulation 18944.1.

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

i C

Fickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED E AGENCY REPOI
I. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Regi	on (if applicable)				For Official Use Only
Street Address				-	
1221 OAK STREET, #555,	OAKLAND, CA 940	512			
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			11/4/09
Agency Contact (name and title,				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	-	-	or's Office		
2. Event For Which Tickets			<u> </u>		
Date(s) of Event: <u>11</u>	<u>6 / 09</u> Desc	ription of Eve	nt: Golden Sta	ite Warriors Game	
/	/ Face			a = 00	
Agency Event 🛛 Yes	🗵 No (Identify s				
	· ·			arriors	
Name of Outside Source of	Ticket(s) Provided	o Agency:			
Number of Tickets Received	:3	Ticket(s) Pro	wided to Agend	cy: 🔲 Gratuitously	Pursuant to Contra
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuati	on sheet for add	itional names)	
Name of Offic (Last, First)	sial	Number of Tickets		ther the Distribution is Inc ibe the Public Purpose fo	
Laws, Jerl		3	To promote	attendance at an event	in a County facility
					- 100 (Management
1. Individual or Organization	on Receiving Tic	kat(s) (Provi	ded at the behav	t of an anency official)	<u></u>
Name of Behesting Agency		e ai	Bitker	District	2
Name of Behesting Agency	Official:	~ uu	1001 01		<u></u>
Name of Individual or Organ	ization:		<u></u>	Numbe	er of Tickets:
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pu	pose for the di	stribution to the	organization.)	

Left make	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	
Signature of Agency Head & Designee	Print Name	Title	(month, day, year)
Commont: (les this space of an office	hment for any additional information includ	ling amondment explanation)	

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

		AFUDIICL	Docume	nt	TICKETS PROVIDED AGENCY REPO
. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					
Division, Department, or Re	gion (if applicable)				For Official Use Only
Street Address		•			
1221 OAK STREET, #555	, OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail				
(510) 272-3882	crystal.hishida@a	acaov.ora		Amendment (Muste	
Agency Contact (name and tit				Date of Original Filing:	11/4/09 (month, day, year)
Crystal Hishida Graff, Prin		v Administrator's C)ffice		(monin, day, year)
. Event For Which Ticke		-			
			iss with Br	ickcherry	
Date(s) of Event:1					
/	/ Face	Value of Ticket: \$		135.25	
	🗵 No (Identify s				
Name of Outside Source of	f Ticket(s) Provided	to Agency: Golder	State Wa	rriors	
Number of Tickets Receive	d:4	Ticket(s) Provideo	d to Agency	/: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Reco	eiving Ticket(s) (u	se a continuation sh	eet for addit	ional names)	
Name of Of	licial	Number	State Whetl	ner the Distribution is Ir	come to the Official or
(Last, First		of Tickets		be the Public Purpose f	
					· · · · · · · · · · · · · · · · · · ·
Individual or Organizat	ion Receiving Tid	cket(s) (Provided a	t the behest	of an agency official.)	· · · · · · · · · · · · · · · · · · ·
-	_			of an agency official.)	
Name of Behesting Agency	official: <u>Superviso</u>	r Alice Lai-Bitker, [· · · · · · · · · · · · · · · · · · ·
Name of Behesting Agency	official: <u>Superviso</u>	r Alice Lai-Bitker, [per of Tickets:4
-	Official: Superviso	r Alice Lai-Bitker, E o Briones	District 3		per of Tickets:4
Name of Behesting Agency Name of Individual or Orga Description of Organization	r Official: <u>Superviso</u> nization: <u>Bernardin</u>	r Alice Lai-Bitker, E o Briones	District 3	Numb	per of Tickets:4
Name of Behesting Agency	r Official: <u>Superviso</u> nization: <u>Bernardin</u>	r Alice Lai-Bitker, E o Briones	District 3	Numb	
Name of Behesting Agency Name of Individual or Orga Description of Organization	r Official: <u>Superviso</u> nization: <u>Bernardin</u>	r Alice Lai-Bitker, E o Briones	District 3	Numt	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	Cofficial: Superviso	r Alice Lai-Bitker, E o Briones rpose for the distribu	District 3 City tion to the o	rganization.)	State Zip Coo
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at	Cofficial: Superviso	r Alice Lai-Bitker, E o Briones rpose for the distribu	District 3 City tion to the o	rganization.)	State Zip Coa
Name of Individual or Orga Description of Organization Address of Organization: $\frac{1}{N}$ Purpose for Distribution: (I To promote attendance at	Cofficial: Superviso	r Alice Lai-Bitker, E o Briones rpose for the distribu County facility in ore	City tion to the o der to maxi	rganization.)	State Zip Cod
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I To promote attendance at	Cofficial: Superviso	r Alice Lai-Bitker, E o Briones rpose for the distribu County facility in ore	City tion to the o der to maxi	rganization.)	State Zip Cod
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	Cofficial: Superviso	r Alice Lai-Bitker, E o Briones rpose for the distribu County facility in ore	City tion to the o der to maxi	rganization.)	State Zip Cod

Agency Report	A Pub	lic Docume	nt	TICKETS PR AGENC	OVIDED E
1. Agency Name	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California	000
COUNTY OF ALAMEDA				Form	002
Division, Department, or Region	(if applicable)			For Official Use	e Only
Street Address					
1221 OAK STREET, #555, OA	KLAND, CA 94612				
Area Code/Phone Number E-r	nail		Amendment (Must exp	olain in Part 5.)	
	ystal.hishida@acgov.org			11/4/09	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Crystal Hishida Graff, Principal		or's Office			
2. Event For Which Tickets W					
Date(s) of Event: <u>11 / 06</u>	/ 09 Description of Eve	nt: Golden Stat	e Warriors Game		• • • • • • • • • •
/	Face Value of Tick	et: \$	95.00		
• •	No (Identify source of ticke				
Name of Outside Source of Tick	et(s) Provided to Agency: <u>G</u>	olden State Wai	riors		
Number of Tickets Received:				⊠ Pursuant to	Contrac
3. Agency Official(s) Receivin	g Ticket(s) (use a continuati	on sheet for addit	ional names)		
Name of Official	Number		ner the Distribution is Inco		l or
(Last, First)	of Tickets	Descrit	e the Public Purpose for	the Distribution	
					н.,
4. Individual or Organization	Receiving Ticket(s) (Provi	ided at the behest	of an agency official.)		
Name of Behesting Agency Offi	sight Supervisor Alice Lai-Bit	ker, District 3			
Name of Benesting Agency Off	Cial				
Name of Individual or Organizat	ion: Jeffrey To		Numbe	er of Tickets:	3
5					
Description of Organization:					
Address of Organization:	and Street	City		State	Zip Code
Purpose for Distribution: (Descr	ibe the public purpose for the di	istribution to the o	reanization)		
,			igunization.)		
To promote attendance					
5. Verification			······································		
I have determined that the distribut	ion of tickets set forth above is i	in accordance with	the provisions of FPPC	Regulation 1894	4.1.
					-10
	CRYSTAL HISHIDA GR		CIPAL ANALYST	A	

 Signature of Agency Hydro or Designee
 Print Name
 Title

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

ł

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

Agency Report		lic Document	AGENCY REPOR
1. Agency Name		Date	Stamp California 802
COUNTY OF ALAMEDA Division, Department, or Region (if app	liaahla)		For Official Use Only
	licable)		· · · · · · · · · · · · · · · · · · ·
1221 OAK STREET, #555 Street Address			
OAKLAND, CA 94612 Area Code/Phone Number E-mail			
	hishida Qaasay ay	Amendr	ment (Must explain in Part 5.)
(510) 272-3882 crystal Agency Contact (name and title)	hishida@acgov.org	Date of Orig	jinal Filing:
Crystal Hishida Graff, Principal Ana	lyst County Administrat		(month, day, year)
2. Event For Which Tickets Were			
		Billy Joel & Elfon John	Concert
Date(s) of Event: <u>11 / 14 / 09</u>			
////////	— Face Value of Tick	et: \$8_8_75	_
Agency Event 🔲 Yes 🛛 🛛 No	(Identify source of ticke	ts below.)	
- •	. ,	,	
Name of Outside Source of Ticket(s)	Provided to Agency:		
Number of Tickets Received:4	Ticket(s) Pro	vided to Agency: 🔲 Grate	uitously I Pursuant to Contrac
3. Agency Official(s) Receiving Ti	cket(s) (use a continuation	on sheet for additional names)
Name of Official (Last, First)	Number of Tickets		bution is Income to the Official or Purpose for the Distribution
		n - general - e	
4. Individual or Organization Reco	eiving Ticket(s) (Provid	led at the behest of an agenc	y official.)
Name of Behesting Agency Official: .	Nate Miley Supe	rvisor Distr.	ict 4
Name of Individual or Organization: .			Number of Tickets:2
Description of Organization:			·····
Address of Organization:	reet	City	State Zip Code
Purpose for Distribution: (Describe th			
volunteer contribution to community			······································
5. Verification		м	
I have determined that the distribution of	tickets set forth above is in	accordance with the provisio	ons of FPPC Regulation 18944.1.
1.1 ~	RYSTAL HISHIDA GRA		
Signature of Agercy Head or Designee	Print Name	Title	

gency Report		717 db110	Document		AGENCY REPO
Agency Name			D	ate Stamp	California 80
COUNTY OF ALAMEDA					Form OU For Official Use Only
Division, Department, or Region (if applicable)					For Onicial Ose Only
Street Address		<u> </u>			
1221 OAK STREET, #555,	OAKLAND, CA 94	612			
Area Code/Phone Number	E-mail			ndment (Mustex)	plain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org		· · · · · · · · · · · · · · · · · · ·	11/18/2009
Agency Contact (name and title	9)		Date of	Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ	cipal Analyst, Coun	ty Administrator's	Office		
Event For Which Ticket					
Date(s) of Event: <u>12</u>	28 <u>/ 09</u> Desc	cription of Event: _	Golden State Warrie	ors Game	
	/ Face				
	🗵 No (Identify :				
Name of Outside Source of	Ticket(s) Provided	to Agency: Golde	n State Warriors		······
Number of Tickets Receive			d to Agency: 🔲 G	ratuitously	Pursuant to Contra
Agency Official(s) Rece	iving Ticket(s) (u	use a continuation sl	neet for additional nar	nes)	
Name of Off		Number	State Whether the D	istribution is Inc	ome to the Official or
Name of Off (Last, First)		Number of Tickets	State Whether the D	istribution is Inc	ome to the Official or r the Distribution
			State Whether the D	istribution is Inc	
			State Whether the D	istribution is Inc	
			State Whether the D	istribution is Inc	
			State Whether the D	istribution is Inc	
(Last, First)	· · · · · · · · · · · · · · · · · · ·	of Tickets	State Whether the D Describe the Pu	istribution is Inc blic Purpose for	
(Last, First) Individual or Organizat	ion Receiving Tid	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for	
(Last, First) Individual or Organizat	ion Receiving Tid	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for	
(Last, First) Individual or Organizati Name of Behesting Agency	i on Receiving Ti d Official: <u>Superviso</u>	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for	
(Last, First) Individual or Organizati Name of Behesting Agency	i on Receiving Ti d Official: <u>Superviso</u>	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for ency official.)	
(Last, First) Individual or Organizati Name of Behesting Agency	i on Receiving Ti d Official: <u>Superviso</u> nization: <u>Lindsey V</u>	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for ency official.)	r the Distribution
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization	ion Receiving Tid Official: <u>Superviso</u> nization: <u>Lindsey V</u>	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for ency official.)	r the Distribution
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization	i on Receiving Ti d Official: <u>Superviso</u> nization: <u>Lindsey V</u>	of Tickets	State Whether the D Describe the Pu at the behest of an ag	istribution is Inc blic Purpose for ency official.)	r the Distribution
(Last, First) Individual or Organization Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	ion Receiving Tid Official: <u>Superviso</u> nization: <u>Lindsey V</u>	of Tickets	State Whether the D Describe the Pu at the behest of an ag District 3	istribution is Inc blic Purpose for ency official.) Numbe	r the Distribution
(Last, First) Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: <u>Nu</u> Purpose for Distribution: (E	ion Receiving Tid Official: <u>Superviso</u> nization: <u>Lindsey V</u> : 	of Tickets	State Whether the D Describe the Pu at the behest of an ag District 3 City ution to the organizati	istribution is Inc blic Purpose for ency official.) Numbe	r the Distribution
(Last, First) Individual or Organization Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	ion Receiving Tid Official: <u>Superviso</u> nization: <u>Lindsey V</u> : 	of Tickets	State Whether the D Describe the Pu at the behest of an ag District 3 City ution to the organizati	istribution is Inc blic Purpose for ency official.) Numbe	r the Distribution
(Last, First)	ion Receiving Tid Official: <u>Superviso</u> nization: <u>Lindsey V</u> : 	of Tickets	State Whether the D Describe the Pu at the behest of an ag District 3 City ution to the organizati	istribution is Inc blic Purpose for ency official.) Numbe	r the Distribution
(Last, First)	ion Receiving Tid Official: <u>Supervise</u> nization: <u>Lindsey V</u> : 	of Tickets	State Whether the D Describe the Pu at the behest of an ag District 3	ency official.) - Numbe	r the Distribution
(Last, First)	ion Receiving Tid Official: <u>Superviso</u> nization: <u>Lindsey W</u> : umber and Street Describe the public pu an event held at a C pribution of tickets set	of Tickets	State Whether the D Describe the Pu at the behest of an ag District 3	istribution is Inc blic Purpose for ency official.) Numbe on.) punty revenue	r the Distribution

Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
Division, Department, or Regio	on (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail			Amendment (Must e	
(510) 272-3882	crystal.hishida@a	caov.ora			xpiain in Part 5.)
Agency Contact (name and title)	,	<u> </u>		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princip	ai Analvst. Count	v Administrat	or's Office		(monin, day, year)
2. Event For Which Tickets					
			, Kiss w/Buc	kcherrv	
Date(s) of Event: <u>11</u>				5135.25	
//	/ Face	Value of Tick	et: \$3	5135.25	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticke	ts below)		
• •	• •		-	vriore	
Name of Outside Source of T	icket(s) Provided t	o Agency:			
Number of Tickets Received:				cy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receiv	/ing Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Offici	al	Number		ther the Distribution is In	
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	or the Distribution
Haggerty, Scott		4	income		
· · ·					
4. Individual or Organizatio	n Receiving Tic	ket(s) (Provid	ded at the behas	st of an agency official.)	anna an ann an ann ann ann ann ann ann
. mainadal of organizatio	in the second se				
Name of Behesting Agency C	Official:				
Name of Individual or Organi	zation:			Numb	er of Tickets:
lacomption of Pragnization.					anna an 1999 an Anna a
Description of Organization:					
Address of Organization:	ber and Street		City		State Zip Code
Address of Organization:		pose for the di	,		State Zip Code
Address of Organization: Purpose for Distribution: (De		pose for the di	,		State Zip Code
Address of Organization: <u>Num</u> Purpose for Distribution: (De 5. Verification	scribe the public pur		stribution to the	organization.)	
Address of Organization:	scribe the public pur		stribution to the	organization.)	
Address of Organization: <u>Num</u> Purpose for Distribution: (De 5. Verification	scribe the public pur		stribution to the	organization.)	

Agency Report		ublic Document	AGENCY REPOR
. Agency Name		Date Stamp	a de la companya de la
COUNTY OF ALAMEDA			Form OU2
Division, Department, or Regi	on (if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	Amendment	(Must explain in Part 5.)
(510) 272-3882	crystal.hishida@acgov.c		
Agency Contact (name and title,		Date of Original I	Filing:
Crystal Hishida Graff, Princ		strator's Office	
Event For Which Tickets			
Date(s) of Event:2	1 <u>09</u> Description	Event: Boxing Match	
		Ticket: \$	
Agency Event Yes	No (Identify source		
Name of Outside Source of	Ficket(s) Provided to Ager	. Golden State Warriors	
Number of Tickets Received		Provided to Agency:	sly 🛛 🛛 Pursuant to Contra
Agency Official(s) Recei	ving Ticket(s) (use a co	uation sheet for additional names)、	
Name of Offic			n is Income to the Official or
(Last, First)	of Ti	ets Describe the Public Purp	oose for the Distribution
Individual or Organizatio	n Receiving Ticket(s)	rovided at the behest of an agency offi	cial)
			July
Name of Behesting Agency	Official: <u>Nate Miley</u>		
Name of Individual or Organ	Carol Chien		1
Name of Individual of Organ			Number of Tickets:
Description of Organization:			
Address of Organization:			
Nun	iber and Street	City	State Zip Code
Purpose for Distribution: (De	escribe the public purpose fo	e distribution to the organization.)	
volunteer contribution to cor	nmunity		
Verification			
	bution of tickets set forth ab	is in accordance with the provisions of	FPPC Regulation 18944.1,
Thave betermined that the distri			
Signature of Agency Hoad or Design	CRYSTAL HISHID		

fickets Provided by Agency Report	A Public Docu	ment	TICKETS PROVIDED B AGENCY REPOR
. Agency Name	a and a second	Date Stamp	California 000
COUNTY OF ALAMEDA			Form OUZ
Division, Department, or Region	(if applicable)	—	For Official Use Only
1221 OAK STREET, #555			
Street Address	· Louisterrainenterraine · · · · · · · · · · · · · · · · · · ·	4	
OAKLAND, CA 94612			
	mail		
		Amendment (Must e	xplain in Part 5.)
(510) 272-3882 cl Agency Contact (name and title)	ystal.hishida@acgov.org	Date of Original Filing:	
	Analyst County Administrated Office	Duce of original range	(month, day, year)
-	Analyst, County Administrator's Office		
Event For Which Tickets V			
Date(s) of Event:1_ /21	<u>/ 09</u> Description of Event: Boxing	Match	
/	/ Face Value of Ticket: \$	0.50	
	•		
Agency Event 🛛 Yes	No (Identify source of tickets below.)		
Name of Outside Source of Tic	ket(s) Provided to Agency: Golden State	Warriors	
Number of Tickets Received:	4	ency: 🔲 Gratuitously	X Pursuant to Contrac
	······································		
Agency Official(s) Receivin	ng Ticket(s) (use a continuation sheet for	additional names)	
Name of Official		Vhether the Distribution is In	
(Last, First)	of Tickets De	escribe the Public Purpose for	or the Distribution
Individual or Organization	Receiving Ticket(s) (Provided at the be	hest of an agency official)	
		not of an agoney emolally	
Name of Behesting Agency Off			·
Name of Individual or Organiza	tion. James Robles	Numb	er of Tickets:1
Name of Individual of Organiza		Numb	er of fickets:
Description of Organization:	·		
Address of Organization:			
Number	and Street	City	State Zip Code
Purpose for Distribution: (Desc	ibe the public purpose for the distribution to t	the organization.)	
volunteer contribution to comm			
Verification			
I nave determined that the distribut	ion of tickets set forth above is in accordance	e with the provisions of FPP(J Regulation 18944.1.
- Hensty	CRYSTAL HISHIDA GRAFF P	RINCIPAL ANALYST	11/16/0
Signature of Agency/Head of Designee	Print Name	Title	(month, day, year)

4 A MI	ATUDI	c Document		TICKETS PROVIDED AGENCY REPO
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OU
Division, Department, or Region (if a	pplicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mai	· · · · · · · · · · · · · · ·		A	
(510) 272-3882 cryst	al.hishida@acgov.org		Amendment (Must exp	iain in Part 5.)
Agency Contact (name and title)	<u> </u>	Da	te of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal Ar	alvst. County Administrato	r's Office		(monin, day, year)
2. Event For Which Tickets Wer				
		Boxing Match		
Date(s) of Event: <u>11 / 21 / 1</u>			7	·····
//	Face Value of Ticket	:\$_[60.5	0	
Agency Event 🗌 Yes 🛛 I	No (Identify source of tickets	below)		
-		,		
Name of Outside Source of Ticket(s) Provided to Agency: Gold	den State warrio	ſS	
Number of Tickets Received:	4 Ticket(s) Provi	ded to Agency:	Gratuitously	☑ Pursuant to Contra
. Agency Official(s) Receiving	Ficket(s) (use a continuation	sheet for additiona	al names)	
Name of Official	Number	State Whether	the Distribution is Inco	ome to the Official or
(Last, First)	of Tickets	Describe t	ne Public Purpose for	the Distribution
	ceiving Ticket(s) (Provide	ed at the behest of a	an agency official.)	
 Individual or Organization Re 				
	, Nate Miley			
Name of Behesting Agency Officia	,			
Name of Behesting Agency Officia	,		Numbe	r of Tickets: 1
	,		Number	r of Tickets:1
Name of Behesting Agency Officia	Marilyn Jefferson		Number	r of Tickets: <u>1</u>
Name of Behesting Agency Officia Name of Individual or Organization	Marilyn Jefferson		Number	r of Tickets:1
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization:	Marilyn Jefferson		Numbe	
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization:	Marilyn Jefferson	City	Number	r of Tickets:1
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization:	Marilyn Jefferson	City		
Name of Behesting Agency Official Name of Individual or Organization Description of Organization: Address of Organization:	<u>Marilyn Jefferson</u>	City		
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe volunteer contribution to communi	<u>Marilyn Jefferson</u>	City		
Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe volunteer contribution to communi	<u>Marilyn Jefferson</u> Street the public purpose for the distr	City ribution to the organ	nization.)	State Zip Cod
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe volunteer contribution to communi	Marilyn Jefferson Street the public purpose for the distr y of tickets set forth above is in a	City ribution to the organ	nization.) Provisions of FPPC	State Zip Cod
Name of Behesting Agency Officia Name of Individual or Organization Description of Organization: Address of Organization: Purpose for Distribution: (Describe volunteer contribution to communi	<u>Marilyn Jefferson</u> Street the public purpose for the distr	City ribution to the organ	nization.)	State Zip Cod

Tickets Provided by	A Public Doc	ument	TICKETS PROVIDED E AGENCY REPOI
. Agency Name	anna an	Date Stamp	California
COUNTY OF ALAMEDA			Form 802
Division, Department, or Regio	n (if applicable)		For Official Use Only
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
	E-mail		
		Amendment (Must e	xplain ín Part 5.)
(510) 272-3882 Agency Contact (name and title)	crystal.hishida@acgov.org	Date of Original Filing:	
•••	- LAnglant County Administrateda Offic		(month, day, year)
	al Analyst, County Administrator's Office	е	,,,,,, _
Event For Which Tickets			
Date(s) of Event:11 /_15	<u>6 / 09</u> Description of Event: Raide	r's game	
	/ Face Value of Ticket: \$		
Agency Event 🛛 Yes	No (Identify source of tickets below.))	
Name of Outside Source of T	icket(s) Provided to Agency:		
Number of Tickets Received:	4 Ticket(s) Provided to A	Agency: Gratuitously	Pursuant to Contra
Agency Official(s) Receiv	ring Ticket(s) (use a continuation sheet for	· · · · · · · · · · · · · · · · · · ·	
Name of Offici (Last, First)	Whether the Distribution is In Describe the Public Purpose for		
	of Tickets	Describe the Fublic Fulpose in	
	n Receiving Ticket(s) (Provided at the	behest of an agency official.)	
Name of Behesting Agency C	Official: Supervisor Scott Haggerty		
			Á
Name of Individual or Organi	zation: Billy Stanton	Numb	er of Tickets: 4
Description of Organization:			
Address of Organization:	ber and Street	City	State Zip Cod
Purpose for Distribution (De	scribe the public purpose for the distribution t	o the organization.)	
	na anna an th's		
Reward for contributions to the	ne community.	_	
-			
Reward for contributions to t			
Reward for contributions to the second secon		nce with the provisions of FPP	C Regulation 18944.1.
Reward for contributions to the second secon	bution of tickets set forth above is in accordan	nce with the provisions of FPP PRINCIPAL ANALYST	C Regulation 18944.1.

Agency Report	A Fubi	ic Document	TICKETS PROVIDED B AGENCY REPOR	
1. Agency Name		Date Stamp	California 000	
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 (N	fust explain in Parl 5 }	
(510) 272-3882 ci	(510) 272-3882 crystal.hishida@acgov.org		usi explain in Fan 3.)	
Agency Contact (name and title)		Date of Original Fil	ing:(month, day, year)	
Crystal Hishida Graff, Principa	Analyst, County Administrate	or's Office	(moning day, youry	
2. Event For Which Tickets V	/ere Distributed			
Date(s) of Event: <u>11 / 21</u>	/ 09 Description of Even	_t . Boxing Match		
	Face Value of Ticke	160.50		
/	Face Value of Ticke	t: \$		
Agency Event 🛛 Yes	I No (Identify source of ticket	ts below.)		
Name of Outside Source of Tic	(ot(c) Browided to Agency, Go	Iden State Warriors		
Number of Tickets Received:	4 Ticket(s) Prov	/ided to Agency: Gratuitous	y I Pursuant to Contrac	
3. Agency Official(s) Receivin	ng Ticket(s) (use a continuatio	n sheet for additional names)		
Name of Official	Number		ether the Distribution is Income to the Official or cribe the Public Purpose for the Distribution	
(Last, First)	of Tickets	Describe the Public Purpo		
			• • • • • • • • • • • • • • • • • • •	
	··· ··································			
4. Individual or Organization	Receiving Ticket(s) (Provid	ed at the behest of an agency officia	al.)	
. –				
Name of Behesting Agency Off				
	Diana Henderson		· · · · 1	
Name of Individual or Organiza	tion:	Nu	umber of Tickets:1	
Description of Organization:				
Address of Organization:	and Street	City	State Zip Code	
Purpose for Distribution: (Desc	ribe the public purpose for the dis	-		
volunteer contribution to comm		5		
		7000-11		
5. Verification				
	lion of tickets set forth above is in	accordance with the provisions of F	PPC Regulation 18944.1.	
1140 1	CRYSTAL HISHIDA GRA		2.1.2/2	
		FF PRINCIPAL ANALYST		
Signature of Agency Head or Designee				