| Agency Report   |                        |                    | Data Stamp                  |  |
|---|------------------------|--------------------|-----------------------------|--|
| COUNTY OF ALAMEDA                                     |                        |                    | Date Stamp                  | California<br>Form 802   |
| Division, Department, or Region (if applicable)       |                        |                    | -                           | For Official Use Only  |
| 1221 OAK STREET, #555                                 |                        |                    |                             |  |
| Street Address  |                        |                    | -                           |  |
| OAKLAND, CA 94612                                     |                        |                    |                             |  |
| Area Code/Phone Number   E-mail                       |                        |                    |                             |  |
| (510) 272-3882 crystal.hishida@                       |                        |                    | Amendment (Must e           | explain in Part 5.)  |
| Agency Contact (name and title)                       | <u>gaogor.org</u>      |                    | Date of Original Filing:    | (and a start sta |
| Crystal Hishida Graff, Principal Analyst, Cou         | Intv Administra        | tor's Office       |                             | (month, day, year)   |
| Event For Which Tickets Were Distribu                 |                        |                    |                             |  |
| Date(s) of Event: <u>11 / 14 / 09</u> Des             |                        | nt. Billy Joel &   | Elton John Concert          |  |
|   |                        | 188                | , 10                        |  |
| / Fac   | e Value of Tick        | et: \$ <u>100</u>  | 173                         |  |
| Agency Event DYes No (Identify                        | source of ticke        | ets below.)        |                             |  |
| Name of Outside Source of Ticket(s) Provided          | to Agency: <u>G</u>    | olden State Wa     | arrirors                    |  |
| n   |                        |                    |                             |  |
| Number of Tickets Received:X                          | Licket(s) Pro          | ivided to Ageno    | cy: 🔲 Gratuitously          | Pursuant to Contract   |
| Agency Official(s) Receiving Ticket(s)                | (use a continuati      | on sheet for add   | itional names)              |  |
| Name of Official                                      | Number                 | State Whe          | ther the Distribution is In | come to the Official or  |
| (Last, First)   | of Tickets             | Descr              | ibe the Public Purpose for  | or the Distribution  |
| Miley, Nate   | 2                      | Ohtain over        | sight of facility           |  |
|   |                        |                    |                             |  |
|   |                        |                    |                             |  |
|   |                        |                    | - Marina a                  |  |
|   |                        |                    |                             |  |
| Individual or Organization Receiving T                | <b>icket(s)</b> (Provi | ded at the behes   | t of an agency official.)   | - Andread (1999)   |
| Name of Behesting Agency Official: <u>Nate Mile</u>   | ev Dist                | rict 4             | Suger viso                  |  |
| Name of Benesting Agency Unicial:                     |                        |                    |                             |  |
| Name of Individual or Organization:                   |                        |                    | Numb                        | er of Tickets:   |
|   |                        |                    |                             |  |
| Description of Organization:                          |                        |                    |                             |  |
| Address of Organization:                              |                        |                    |                             |  |
| Address of Organization:                              |                        | City               |                             | State Zip Code   |
| Purpose for Distribution: (Describe the public p      | urnose for the di      | stribution to the  | organization )              |  |
|   |                        | stibution to the t | organization.)              |  |
|   | ********               |                    | ***                         |  |
| Verification  |                        |                    |                             | -  |
| I have determined that the distribution of tickets se | t forth above is ir    | a accordance wit   | the provisions of EDD       | Pagulation 19044 1   |
|   |                        |                    |                             |  |
| IIA .   | HISHIDA GRA            |                    | ICIPAL ANALYST              |  |

| ickets Provided by<br>gency Report  | A Publ                              | ic Docume            | nt  | TICKETS PROVIDED B<br>AGENCY REPOR              |
|---|-------------------------------------|----------------------|---|---|
| Agency Name<br>COUNTY OF ALAMEDA<br>Division, Department, or Region (if applicable)   |                                     |                      | Date Stamp  | California<br>Form 802<br>For Official Use Only |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94   | 4612                                |                      |   |   |
| Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, Count | acgov.org                           | r's Office           | Amendment (Must e                                     | ,   |
| Event For Which Tickets Were Distribut  | ted                                 |                      |   |   |
| Date(s) of Event:       11       14       09       Desc   | e Value of Ticke<br>source of ticke | et: \$<br>ts below.) | 188.75  |   |
| Number of Tickets Received:2  |                                     |                      |   | ☑ Pursuant to Contract                          |
| Agency Official(s) Receiving Ticket(s)  | use a continuatio                   | n sheet for addi     | tional names)   |   |
| Name of Official<br>(Last, First)   | Number<br>of Tickets                |                      | her the Distribution is Ir<br>be the Public Purpose f |   |
|   |                                     |                      |   |   |
| . Individual or Organization Receiving Ti   | cket(s) (Provid                     | ed at the behes      | t of an agency official.)                             | <u></u>   |
| Name of Behesting Agency Official: Supervise  | or Alice Lai-Bitk                   | er, District 3       | ·   |   |
| Name of Individual or Organization: Bruce Gri   | imes                                |                      | Numl  | ber of Tickets: 2                               |
| Description of Organization:  |                                     |                      |   |   |
| Address of Organization:  |                                     | City                 | <u>,</u>  | State Zip Code                                  |
| Purpose for Distribution: (Describe the public purpose for Distribution: To promote attendance at an event held at a  |                                     |                      |   | e from concession sales                         |
| • Verification<br>I have determined that the distribution of lickets set  | t forth chore is in                 | anordanan wit        | h the provisions of EPP                               | C Regulation 18044 1                            |
| Thave determined that the distribution of tickets set   | CIORUI ADOVE IS II.                 | accordance Mit       | n me provisions of FFF                                | C Augulation 100TT. I.                          |

| Tickets Provided by<br>Agency Report  | A Publ                          | ic Document                     | TICKETS PROVIDED B<br>AGENCY REPOR                                   |
|---|---------------------------------|---------------------------------|--|
| . Agency Name   | ·······                         | Date                            | Stamp California 802   |
| COUNTY OF ALAMEDA   |                                 |                                 |  |
| Division, Department, or Region (if app   | licable)                        |                                 | For Official Use Only  |
| Street Address  |                                 |                                 |  |
| 1221 OAK STREET, #555, OAKLAI   | ND, CA 94612                    |                                 |  |
| Area Code/Phone Number E-mail   |                                 | Amendu                          | nent (Must explain in Part 5.)                                       |
| (510) 272-3882 crystal  | .hishida@acgov.org              |                                 |  |
| Agency Contact (name and title)   |                                 | Date of Orig                    | inal Filing:   |
| Crystal Hishida Graff, Principal Ana  | lyst, County Administrate       | or's Office                     |  |
| . Event For Which Tickets Were  |                                 |                                 |  |
| Date(s) of Event:010309   | Description of Ever             | nt: <u>Oakland Raiders Gam</u>  | •  |
|   | Face Value of Ticke             | 450.00                          |  |
|   |                                 |                                 |  |
|   | o (Identify source of ticke     |                                 |  |
| Name of Outside Source of Ticket(s)   | Provided to Agency: Oa          | akland Raiders                  |  |
| Number of Tickets Received:3  |                                 | vided to Agency: 🛛 Grat         | uitously 🛛 🗵 Pursuant to Contrac                                     |
| . Agency Official(s) Receiving Ti   | cket(s) (use a continuation     | on sheet for additional names   | )  |
| Name of Official<br>(Last, First)   | Number<br>of Tickets            | 1                               | ibution is Income to the Official or<br>Purpose for the Distribution |
| Wilson, Shawn   | 3                               | To promote attendance           | at event held at a County facility                                   |
| • ••• •• •• •• •• •• ••   |                                 |                                 |  |
|   |                                 | · ·                             |  |
| . Individual or Organization Rec  | eiving Ticket(s) (Provid        | led at the behest of an agend   | cy official.)  |
| Name of Behesting Agency Official:  | Supervisor Alice Lai-Bit        | ker, District 3                 |  |
|   |                                 |                                 | Number of Tickets:   |
| Name of Individual or Organization:   |                                 |                                 |  |
| Description of Organization:  |                                 |                                 |  |
| Address of Organization:  | treet                           | City                            | State Zip Code   |
| Purpose for Distribution: (Describe t   | he public purpose for the di    | stribution to the organization. | )  |
| 5. Verification   |                                 |                                 |  |
| I have determined that the distribution of the distributica distributica distributica distributica distributica distributic | f lickota ant forth chown in it | n accordance with the provisi   | ons of EPPC Regulation 18944 1                                       |
|   |                                 |                                 |  |
| 1 Anti  | CRÝSTAL HISHIDA GRA             |                                 |  |
| Signature of Agency Head of Designee  | Print Name                      | Ti                              | le (month, day   |

| Fickets Provided by<br>Agency Report   |  | A Publi                    | ic Docume   | ent                               | TICKETS PROVIDED B<br>AGENCY REPOR |
|--|--|----------------------------|---|-----------------------------------|------------------------------------|
| I. Agency Name   |  |                            |   | Date Stamp                        | California 802                     |
| COUNTY OF ALAMEDA  |  |                            |   |                                   | Form OUZ                           |
| Division, Department, or Regi  | on (if applicable)   |                            |   |                                   | For Official Use Only              |
| 1221 OAK STREET, #555  |  |                            |   |                                   |                                    |
| Street Address   |  |                            |   | 1                                 |                                    |
| 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, Princ   | ipal Analyst, Coun   | ty Administrate            | or's Office   |                                   |                                    |
| 2. Event For Which Tickets   |  |                            |   |                                   |                                    |
| Date(s) of Event: <u>11</u> / <u>3</u>   | 0 / 09 Desc  | ription of Even            | t: Golden Sta   | te Warriors vs. Indiana           | Pacers                             |
|  | Face   |                            |   | 95.00                             |                                    |
|  |  |                            |   |                                   |                                    |
| Agency Event   | 🗵 No (Identify s   |                            |   |                                   |                                    |
| Name of Outside Source of  | Ticket(s) Provided   | to Agency: Go              | lden State Wa   | arriors                           |                                    |
|  |  |                            |   |                                   |                                    |
| Number of Tickets Received   | · · · · · · · · · · · · · · · · · · ·  | licket(s) Prov             | ided to Ageno   | cy: 🔲 Gratuitously                | Pursuant to Contrac                |
| 3. Agency Official(s) Recei  | ving Ticket(s) (u  | se a continuatio           | n sheet for add   | itional names)                    |                                    |
| Name of Offic  | sial   | Number                     |   | ther the Distribution is Inc      |                                    |
| (Last, First)  |  | of Tickets                 | Desci   | ibe the Public Purpose fo         |                                    |
|  |  |                            |   |                                   |                                    |
|  |  |                            |   |                                   |                                    |
|  |  |                            |   |                                   |                                    |
|  |  |                            | . "   |                                   | ······                             |
|  |  |                            |   |                                   |                                    |
| 4. Individual or Organization  | on Receiving Tic   | :ket(s) (Provid            | ed at the behes   | t of an agency official.)         |                                    |
| -  | Alameda (  | County Superv              | isor Keith Car  | son, Brotricts                    | <br>}                              |
| Name of Behesting Agency   | Official:  | Soundy Superv              |   | , ocontext                        | ø<br>                              |
|  | itation. Hopalong  | Animal Rescu               | e   | Numbe                             | er of Tickets:4                    |
| Name of Individual or Organ  |  |                            |   |                                   |                                    |
| Name of Individual or Organ  |  |                            |   |                                   |                                    |
| Name of Individual or Organ<br>Description of Organization:  | Mission is to elimi  | nate the eutha             | nasia of cats   | and dogs through resci            | ue, spay/neuter & edu.             |
| Description of Organization:   | Mission is to elimi  | nate the eutha             | nasia of cats   | and dogs through rescu<br>ryville | ue, spay/neuter & edu.<br>CA 94608 |
| Description of Organization:   | Mission is to elimi<br>49 Doyle St.  | nate th <del>e</del> eutha | nasia of cats   |                                   | CA 94608                           |
| Description of Organization:<br>Address of Organization: 57<br>Nur                                 | Mission is to elimi<br>49 Doyle St.<br>nber and Street                           | nate the eutha             | nasia of cats<br>Eme<br><sup>City</sup>                     | ryville                           | CA 94608                           |
| Description of Organization:<br>Address of Organization: 57<br>Nur<br>Purpose for Distribution: (D | Mission is to elimi<br>49 Doyle St.<br>nber and Street<br>escribe the public pub | nate the eutha             | nasia of cats<br>Eme<br><sup>City</sup><br>tribution to the | ryville                           | CA 94608                           |
| Description of Organization:<br>Address of Organization: 57<br>Nur                                 | Mission is to elimi<br>49 Doyle St.<br>nber and Street<br>escribe the public pub | nate the eutha             | nasia of cats<br>Eme<br><sup>City</sup><br>tribution to the | ryville                           | CA 94608                           |

| 1st and                              | CRYSTAL HISHIDA GRAFF | PRINCIPAL ANALYST |
|--------------------------------------|-----------------------|-------------------|
| Signature of Agency Head of Designee | Print Name            | Title             |
|                                      |                       |                   |

[0]

(month, day, yea

| Tickets Provided by                     |                       |  |                                       |                             |                                      |
|---|-----------------------|--|---------------------------------------|-----------------------------|--------------------------------------|
| Agency Report                           |                       | A Pub                                  | lic Docume                            | ent                         | TICKETS PROVIDED BY<br>AGENCY REPORT |
| 1. Agency Name                          |                       |  |                                       | Date Stamp                  | California 802                       |
| COUNTY OF ALAMEDA                       |                       |  |                                       |                             | Form OUZ                             |
| Division, Department, or Region (if a   | applicable)           |  |                                       |                             | For Official Use Only                |
| 1221 OAK STREET, #555                   |                       |  |                                       |                             |                                      |
| Street Address                          |                       |  |                                       |                             |                                      |
| OAKLAND, CA 94612                       |                       |  |                                       |                             |                                      |
| Area Code/Phone Number E-ma             | il                    |  |                                       | Amendment (Must             | evolain in Part 5.)                  |
| (510) 272-3882 crys                     | tal.hishida@a         | acgov.org                              |                                       |                             | spian in r an oly                    |
| Agency Contact (name and title)         |                       |  |                                       | Date of Original Filing:    | (month, day, year)                   |
| Crystal Hishida Graff, Principal A      | nalyst, Coun          | ty Administrat                         | tor's Office                          |                             | 1                                    |
| 2. Event For Which Tickets Wei          | e Distribut           | ed                                     | · · · · · · · · · · · · · · · · · · · |                             |                                      |
| Date(s) of Event: <u>11 / 14 /</u>      | 09 Desc               | ription of Eve                         | nt: Billy Joel a                      | nd Elton John               |                                      |
|   | Face                  | Value of Tick                          | et: \$                                | 188.75                      |                                      |
|   |                       |  |                                       |                             |                                      |
| Agency Event 🗌 Yes 🗵                    | No (Identify s        | ource of ticke                         | ets below.)                           |                             |                                      |
| Name of Outside Source of Ticket        | (s) Provided (        | to Agency: G                           | olden State Wa                        | arriors                     |                                      |
|   |                       |  |                                       |                             |                                      |
| Number of Tickets Received:             | <u> </u>              | licket(s) Pro                          | vided to Agend                        | cy: 🔲 Gratuitously          | Pursuant to Contract                 |
| 3. Agency Official(s) Receiving         | Ticket(s) (u          | se a continuatio                       | on sheet for add                      | itional names)              |                                      |
| Name of Official                        |                       | Number                                 |                                       | ther the Distribution is Ir | come to the Official or              |
| (Last, First)                           |                       | of Tickets                             | + + + +                               | ibe the Public Purpose f    |                                      |
|   |                       |  |                                       |                             | 14.4                                 |
| Carson, Keith                           |                       | 4                                      | l o obtain ov                         | ersight of County faci      | lities.                              |
|   |                       |  |                                       |                             |                                      |
|   |                       |  | ·                                     |                             |                                      |
|   |                       |  |                                       |                             |                                      |
| 4. Individual or Organization Re        | eceivina Tic          | i<br>:ket(s) (Provid                   | l<br>ded at the behes                 | st of an agency official.)  |                                      |
| -                                       | -                     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                                       | District 5                  |                                      |
| Name of Behesting Agency Officia        | al: <u>Keiin Cars</u> | on , Ou                                | <u>p.e.v V VSTY_</u>                  | DISHLE V                    |                                      |
|   | _                     | ų,                                     | <b>i</b>                              | A la sum b                  |                                      |
| Name of Individual or Organization      | n:                    |  |                                       |                             | per of Tickets:                      |
| Description of Organization:            |                       |  |                                       |                             |                                      |
|   |                       |  |                                       |                             |                                      |
| Address of Organization:                |                       |  | 01                                    |                             | Otata Zin Code                       |
| Number and                              |                       |  | City                                  |                             | State Zip Code                       |
| Purpose for Distribution: (Describe     | e the public pu       | pose for the di                        | stribution to the                     | organization.)              |                                      |
|   |                       |  |                                       |                             |                                      |
|   |                       |  |                                       |                             |                                      |
| 5. Verification                         |                       |  |                                       |                             |                                      |
| I have determined that the distribution | of tickets set i      | forth above is ir                      | n accordance wi                       | th the provisions of FPP    | C Regulation 18944.1.                |
|   | CRYSTAL I             | HISHIDA GRA                            |                                       | ICIPAL ANALYST              |                                      |
| Signature of Agency Head or Designee    |                       | Print Name                             |                                       | Title                       | (month, day, year)                   |
| Comment: (Use this space or an attact   | ment for any ad       | ditional informatio                    | on including amen                     | dment explanation.)         |                                      |
|   | -                     |  |                                       |                             |                                      |

| gency Report                            | A Put                           | lic Document                          | TICKETS PROVIDED E<br>AGENCY REPOR      |
|---|---------------------------------|---------------------------------------|---|
| . Agency Name                           |                                 | Date Stamp                            | California                              |
| COUNTY OF ALAMEDA                       |                                 |                                       | Form 802                                |
| Division, Department, or Region (if     | applicable)                     |                                       | For Official Use Only                   |
| Street Address                          |                                 |                                       |   |
| 1221 OAK STREET, #555, OAK              | _AND, CA 94612                  |                                       |   |
| Area Code/Phone Number E-ma             | il                              | Amondmont (                           | Must explain in Part 5.)                |
|   | tal.hishida@acgov.org           |                                       |   |
| Agency Contact (name and title)         | 1992                            | Date of Original Fi                   | lling:(month, day, year)                |
| Crystal Hishida Graff, Principal A      | _                               | or's Office                           | (                                       |
| Event For Which Tickets We              | re Distributed                  |                                       |   |
| Date(s) of Event://///////              | 09 Description of Eve           | ent: Disney on Ice Presents Princ     | ess Classics                            |
|   | Face Value of Ticl              |                                       |   |
|   |                                 |                                       |   |
| Agency Event 📋 Yes 🗵                    | No (Identify source of tick     | ets below.)                           |   |
| Name of Outside Source of Ticket        | (s) Provided to Agency:         | olden State Warriors                  |   |
| Number of Tickets Received:             | 4 Ti-l-1/-) D-                  |                                       |   |
| Inditibel of fickets Received.          |                                 | ovided to Agency: Digratuitous        | ly I Pursuant to Contrac                |
| Agency Official(s) Receiving            | Ticket(s) (use a continuat      | on sheet for additional names)        |   |
| Name of Official                        | Number                          | State Whether the Distribution        | is Income to the Official or            |
| (Last, First)                           | of Tickets                      | Describe the Public Purpo             | ose for the Distribution                |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
| Individual or Organization Re           | eceiving Ticket(s) (Provi       | ded at the behest of an agency offici | al.)                                    |
| Name of Behesting Agency Officia        | al. Supervisor Alice Lai-Bit    | ker, District 3                       |   |
|   |                                 | · · · · · · · · · · · · · · · · · · · |   |
| Name of Individual or Organizatio       | n: <u>Karen Sakai</u>           | N                                     | umber of Tickets:4                      |
|   |                                 |                                       |   |
| Description of Organization:            |                                 |                                       | ······································  |
| Address of Organization:                |                                 |                                       |   |
| Number and                              | l Street                        | City                                  | State Zip Code                          |
| Purpose for Distribution: (Describe     | e the public purpose for the d  | stribution to the organization )      |   |
| To promote attendance at an eve         |                                 |                                       | onus from concession actor              |
|   |                                 |                                       | anue nom concession sales               |
| Verification                            |                                 |                                       | an an ann an |
| I have determined that the distribution | of tickets set forth above is i | n accordance with the provisions of t | EPPC Regulation 19044 4                 |
| 11/17                                   |                                 |                                       |   |
| Mest on the                             | CRYSTAL HISHIDA GR              |                                       |   |
| Signature of Agency As ad or Designee   | Print Name                      | Title                                 |   |

| (510) 272-3882       crystal.hishida@acgov.org       Date         Agency Contact (name and title)       Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date       Date       Date         Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket        /       Face Value of Ticket: \$       1,9         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:       20       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional   | s<br>⊡ Gratuitously ⊠ Pursuant to Contrac  |
|--|--|
| Division, Department, or Region (if applicable)         1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date         . Event For Which Tickets Were Distributed       Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket   | For Official Use Only For Official Use Only Amendment (Must explain in Part 5.) te of Original Filing:(month, day, year) tball Luxury Suite 100 s Gratuitously Pursuant to Contrac |
| 1221 OAK STREET, #555         Street Address         OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date         Event For Which Tickets Were Distributed       Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket   | Amendment (Must explain in Part 5.)<br>te of Original Filing:(month, day, year)<br>tball Luxury Suite<br>00<br>s<br>Gratuitously I Pursuant to Contrac                             |
| Street Address       OAKLAND, CA 94612         Area Code/Phone Number       E-mail         (510) 272-3882       crystal.hishida@acgov.org         Agency Contact (name and title)       Date         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date         Event For Which Tickets Were Distributed       Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket        /       Face Value of Ticket: \$       1,9         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:       20       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional  | tball Luxury Suite   |
| OAKLAND, CA 94612       E-mail       Image: crystal.hishida@acgov.org         Area Code/Phone Number       E-mail       Image: crystal.hishida@acgov.org         (510) 272-3882       crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org         Agency Contact (name and title)       Image: crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Image: crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Image: crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Image: crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Image: crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Image: crystal.hishida@acgov.org       Image: crystal.hishida@acgov.org | tball Luxury Suite   |
| Area Code/Phone Number       E-mail       Image: Crystal.hishida@acgov.org       Image: Date         Agency Contact (name and title)       Crystal.hishida@acgov.org       Date         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date         Event For Which Tickets Were Distributed       Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket        /       Face Value of Ticket:       1,9         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:       20       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional  | tball Luxury Suite   |
| (510) 272-3882       crystal.hishida@acgov.org       □         Agency Contact (name and title)       □       □         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       □       □         Event For Which Tickets Were Distributed       □       □       □         Date(s) of Event:       03 / 11 / 10       □       □       □         Agency Event:       □       /       □       ↓       □         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:       20       Ticket(s) Provided to Agency:       □         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional       □       ↓  | tball Luxury Suite   |
| Agency Contact (name and title)       Date         Crystal Hishida Graff, Principal Analyst, County Administrator's Office       Date         Event For Which Tickets Were Distributed       Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket   | (month, day, year)<br>tball Luxury Suite<br>100<br>s<br>Gratuitously I Pursuant to Contrac   |
| Crystal Hishida Graff, Principal Analyst, County Administrator's Office         Event For Which Tickets Were Distributed         Date(s) of Event:       03 / 11 / 10 Description of Event:         Warrior's Basket        /         Face Value of Ticket:         Agency Event         Yes         No (Identify source of tickets below.)         Name of Outside Source of Ticket(s) Provided to Agency:         Golden State Warriors         Number of Tickets Received:         20         Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional   | (month, day, year)<br>tball Luxury Suite<br>100<br>s<br>Gratuitously I Pursuant to Contrac   |
| Event For Which Tickets Were Distributed Date(s) of Event: 03 / 11 / 10 Description of Event: Warrior's Basket/ Face Value of Ticket: \$1,9 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: 20 Ticket(s) Provided to Agency: [ . Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional   | s<br>⊡ Gratuitously ⊠ Pursuant to Contrac  |
| Date(s) of Event:       03 / 11 / 10       Description of Event:       Warrior's Basket        /       Face Value of Ticket:       1,9         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:       20       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional  | s<br>⊡ Gratuitously ⊠ Pursuant to Contrac  |
| 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: 20 Ticket(s) Provided to Agency: [ . Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional   | s<br>⊡ Gratuitously ⊠ Pursuant to Contrac  |
| 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: 20 Ticket(s) Provided to Agency: [ . Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional   | s<br>⊡ Gratuitously ⊠ Pursuant to Contrac  |
| 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:       20       Ticket(s) Provided to Agency:         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional)  | Gratuitously I Pursuant to Contrac   |
| Name of Outside Source of Ticket(s) Provided to Agency: <u>Golden State Warriors</u><br>Number of Tickets Received: <u>20</u> Ticket(s) Provided to Agency: [<br>. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional   | Gratuitously I Pursuant to Contrac   |
| Number of Tickets Received:       20       Ticket(s) Provided to Agency:       [         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional)  | Gratuitously I Pursuant to Contrac   |
| Number of Tickets Received:       20       Ticket(s) Provided to Agency:       [         Agency Official(s) Receiving Ticket(s)       (use a continuation sheet for additional)  | Gratuitously I Pursuant to Contrac   |
| . Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional  |  |
|  | I names)   |
|  | ···-····,  |
|  | he Distribution is Income to the Official or   |
|  | e Public Purpose for the Distribution  |
|  |  |
|  | · · · · · · · · · · · · · · · · · · ·  |
|  |  |
|  |  |
|  |  |
| Individual an Opposition Descripting Ticket(a) (Description details  |  |
| . Individual or Organization Receiving Ticket(s) (Provided at the behest of a  |  |
| Name of Behesting Agency Official: County Supervisor Scott Haggerty  | Orstrict 1   |
|  | 20   |
| Name of Individual or Organization:  | Number of Tickets:20   |
| Description of Organization:non-profit educational foundation that supports wor  | rthwhile programs and services   |
| Description of Organization:   |  |
| Address of Organization: 7471 Larkdale Avenue Dublin CA 94568-1599 (Amy M  | Miller)  |
| Audress of Organization  | State Zip Code   |
| Purpose for Distribution: (Describe the public purpose for the distribution to the organ   | nization.)   |
| to reward a school or nonprofit organization for its contributions to the communi  |  |
| to reward a solitor of nonpront organization for its contributions to the communi-   | · · /  |
| . Verification   | 1999-1999  |

14

Print Name

2 (month, day, year)

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

Title

| Fickets Provided by<br>Agency Report                           | A Publi   | ic Document                           | TICKETS PROVIDED B<br>AGENCY REPOR     |
|--|---|---------------------------------------|--|
| I. Agency Name   |   | Dat                                   | e Stamp California                     |
| COUNTY OF ALAMEDA  |   |                                       | Form 802                               |
| Division, Department, or Region (if applicat                   | b/e)  | · · · · · · · · · · · · · · · · · · · | For Official Use Only                  |
| 1221 OAK STREET, #555  | ·····   |                                       |  |
| Street Address   | · · · · · · · · · · · · · · · · · · ·   |                                       |  |
|  |   |                                       |  |
| OAKLAND, CA 94612 Area Code/Phone Number E-mail                |   |                                       |  |
|  |   | 🗌 Amen                                | dment (Must explain in Part 5.)        |
|  | hida@acgov.org  | Data of O                             |  |
| Agency Contact (name and title)                                |   |                                       | iginal Filing:(month, day, year)       |
| Crystal Hishida Graff, Principal Analyst,                      | a second s | or's Office                           | · · · · · · · · · · · · · · · · · · ·  |
| . Event For Which Tickets Were Dis                             |   |                                       |  |
| Date(s) of Event: <u>11 / 09 / 09</u>                          | Description of Even   | t: Basketball Game                    |  |
|  |   | t: \$                                 |  |
|  | Tace value of there   | ι. ψ                                  | —                                      |
| Agency Event Yes No (Id  | lentify source of ticket  | s below.)                             |  |
| Name of Outside Source of Ticket(s) Pro                        | ovided to Agenov: Go  | Iden State Warriors                   |  |
| Name of Outside Source of Ticket(s) Fit                        | Jvideu to Agency.   |                                       |  |
| Number of Tickets Received:                                    | _ Ticket(s) Prov  | ided to Agency: 🔲 Gra                 | tuitously I Pursuant to Contrac        |
| Agency Official(s) Receiving Ticke                             | t(s) (use a continuation  |                                       | ·                                      |
| Name of Official<br>(Last, First)                              | Number  |                                       | tribution is Income to the Official or |
| (Last, 11151)  | of Tickets  |                                       | ic Purpose for the Distribution        |
|  |   |                                       |  |
|  |   | ****                                  |  |
|  |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
| Individual or Organization Receivi                             | ing Ticket(s) (Provide  | ed at the behest of an age            | ucy official )                         |
| -  | - (   |                                       | A                                      |
| Name of Behesting Agency Official: Nat                         | te Miley Jupen  | 1800 Brothict                         | 4                                      |
| Dul  | / I   | tion                                  |  |
| Name of Individual or Organization: Dub                        |   |                                       | Number of Tickets: <u>4</u>            |
| Description of Organization: Support for                       |   |                                       |  |
| Description of Organization: <u>Support of</u>                 | Babinto oddoddondi  | System -                              |  |
| 6210 Woodva  | le Terrace Dublin CA  | 94568.                                |  |
| Address of Organization:                                       |   | City                                  | State Zip Code                         |
|  |   | ,                                     |  |
| Purpose for Distribution: (Describe the pu                     | ublic purpose for the dist  | ribution to the organization          | .)                                     |
| volunteer contribution to community                            |   |                                       |  |
|  |   |                                       |  |
|  |   |                                       |  |
| . Verification   |   |                                       |  |
| . Verification I have determined that the distribution of tick | ets set forth above is in   | accordance with the provis            | ions of FPPC Regulation 18944.1,       |
| A11.0  | ets set forth above is in<br>STAL HISHIDA GRAF  | -                                     |  |

| Tickets Provided by<br>Agency Report   |   | A Publ   | lic Docume  | ent   | TICKETS PROVIDED E<br>AGENCY REPOR               |
|--|---|--|---|---|--|
| 1. Agency Name<br>COUNTY OF ALAMEDA<br>Division, Department, or Reg<br>1221 OAK STREET, #555               | ion (if applicable)   |  | 999 (1999)<br>1999 - Maria Maria, 1999<br>1999 - Maria Maria, 1999 (1999) | Date Stamp                                  | California<br>Form 802<br>For Official Use Only  |
| Street Address<br>OAKLAND, CA 94612  |   |  | - a ranna merano, 'y <sup>-1780</sup>                                     |   |  |
| Area Code/Phone Number<br>(510) 272-3882<br>Agency Contact (name and title<br>Crystal Hishida Graff, Princ |   |  | or's Office   | Amendment (Must     Date of Original Filing |  |
| Agency Event 🛛 Yes   | 3 <u>, 09</u> Descr<br>/ Face <sup>№</sup><br>⊠ No (Identify se | iption of Ever<br>Value of Tickr<br>ource of tickr | et: \$<br>its below.)   | 150-  |  |
| Name of Outside Source of<br>Number of Tickets Received  | l:  | Ticket(s) Pro                                      | vided to Agend  | sy: □Gratuitously                           | ⊠ Pursuant to Contra                             |
| 3. Agency Official(s) Rece<br>Name of Offic<br>(Last, First)   |   | Number<br>of Tickets                               | State Whe   |   | ncome to the Official or<br>for the Distribution |
| <ol> <li>Individual or Organization</li> <li>Name of Behesting Agency</li> </ol>                           |   |  |   | t of an agency official.)<br>かみー (          | ne anna acumente como Aquator contenario anna    |
| Name of Benesting Agency   |   |  |   | 20.00m, 80.00                               | ber of Tickets:4                                 |
| Description of Organization:   | High School   |  |   | t   | - Mar (1) -                                      |
| Address of Organization.   | 151 Village Parkway   |  | City  | organization.)                              | State Zip Code                                   |
| To reward a School or non  |   |  |   |   |  |
| 5. Verification<br>I have determined that the distr  | ibution of tickets set fo                                       | orth above is ir                                   | n accordance wit  | h the provisions of FPF                     | PC Regulation 18944.1.                           |

Signature of Agency Head Designee CRYSTAL HISHIDA GRAFF Print Name Title

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

PRINCIPAL ANALYST

10/2

(month, day, yea

| Tickets Provided by<br>Agency Report |                          | A Publ                                | ic Docume           | ent   | TICKETS PROVIDED BY<br>AGENCY REPORT   |
|--------------------------------------|--------------------------|---------------------------------------|---------------------|---|--|
| . Agency Name                        |                          | · · · · · · · · · · · · · · · · · · · |                     | Date Stamp  | California 802                         |
| COUNTY OF ALAMEDA                    |                          |                                       |                     |   | Form OUZ                               |
| Division, Department, or Reg         | ion (if applicable)      |                                       |                     |   | For Official Use Only                  |
| 1221 OAK STREET, #555                |                          |                                       |                     |   |  |
| Street Address                       |                          |                                       |                     |   |  |
| OAKLAND, CA 94612                    |                          |                                       |                     |   |  |
| Area Code/Phone Number               | E-mail                   |                                       |                     | Amendment (Must ex                                      | alain in Part 5 )                      |
| (510) 272-3882                       | crystal.hishida@a        | icgov.org                             |                     |   | pian n'i ar o.y                        |
| Agency Contact (name and title       |                          |                                       |                     | Date of Original Filing: _                              | (month, day, year)                     |
| Crystal Hishida Graff, Princ         | ipal Analyst, Count      | ty Administrat                        | or's Office         |   | (,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Event For Which Tickets              | s Were Distribute        | ed                                    |                     |   | <u> </u>                               |
| Date(s) of Event: <u>10</u>          |                          |                                       | . Golden Sta        | te Warriors vs. Charlot                                 | te Hornets                             |
|                                      |                          |                                       |                     |   |  |
| /                                    | Face                     | Value of Ticke                        | et: \$              |   |  |
| Agency Event Ses                     | 🗵 No (Identify s         | ource of ticke                        | ts below.)          |   |  |
|                                      |                          |                                       | -                   | rriors  |  |
| Name of Outside Source of            | Licket(s) Provided t     | to Agency:                            |                     |   |  |
| Number of Tickets Received           | l:4                      | Ticket(s) Prov                        | vided to Agend      | y: 🔲 Gratuitously                                       | Pursuant to Contract                   |
| Agency Official(s) Rece              | iving Ticket(s) (u       | se a continuatio                      |                     |   |  |
| Name of Offic<br>(Last, First)       | cial                     | Number<br>of Tickete                  |                     | her the Distribution is Inc<br>be the Public Purpose fo |  |
| (200, 110)                           |                          | of Tickets                            | Descri              | be the rubic rupose to                                  |  |
|                                      |                          |                                       |                     |   |  |
|                                      |                          |                                       |                     |   | ·····                                  |
|                                      |                          |                                       |                     |   |  |
|                                      |                          |                                       |                     | 1   |  |
|                                      |                          |                                       |                     |   |  |
| . Individual or Organizati           | on Receiving Tic         | <b>ket(s)</b> (Provid                 | led at the behes    | t of an agency official.)                               |  |
|                                      | Keith Cars               |                                       | enisor              | Dratrict 5  |  |
| Name of Behesting Agency             | Official:                | J AM                                  | en user             | MAN TOL S   | 10 10 UNITE 100                        |
| Name of Individual or Orgar          | Shanicqura               | a Carter                              |                     | Numbe   | er of Tickets:4                        |
| Name of Individual of Organ          |                          |                                       | · · · · · · · · ·   |   |  |
| Description of Organization:         |                          |                                       |                     |   |  |
|                                      |                          |                                       |                     |   |  |
| Address of Organization:             | mber and Street          |                                       | City                | - Marcoller   | State Zip Code                         |
| Purpose for Distribution: (D         | escribe the public pur   | mose for the dis                      | stribution to the ( | organization.)  |  |
| •                                    |                          |                                       |                     | .,g,  |  |
| To reward a County employ            | vee tor his exempla      | iy service to ti                      | ie public.          |   |  |
| Varification                         |                          |                                       |                     |   |  |
| . Verification                       | dense fatter for         |                                       |                     | h the provisions of FPPC                                | Dogulation 19044 1                     |
| I have determined that the dist      | nbution of tickets set i | rorth above is ir                     | accordance wit      | in the provisions of FPPC                               | <sup>,</sup> rtegulalion 10944.1.      |
| 618 anto                             | CRYSTAL F                | HISHIDA GRA                           | AFF PRIN            | ICIPAL ANALYST  | 10/28/0                                |
| Signature of Agency Had or Design    | nee                      | Print Name                            |                     | Title   | (month, day, year)                     |

| Agency Name   |                                       | Data Stamp                            |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| COUNTY OF ALAMEDA   |                                       | Date Stamp                            | California<br>Form 802                |
| Division, Department, or Region (if applicable)                         |                                       |                                       | For Official Use Only                 |
| 1221 OAK STREET, #555   |                                       |                                       |                                       |
| Street Address  | · · · · · · · · · · · · · · · · · · · |                                       |                                       |
| OAKLAND, CA 94612   |                                       |                                       |                                       |
| Area Code/Phone Number   E-mail   |                                       |                                       |                                       |
|   | ora                                   | Amendment (Must                       | explain in Part 5.)                   |
| (510) 272-3882 crystal.hishida@acgov<br>Agency Contact (name and title) | .org                                  | Date of Original Filing:              |                                       |
| Crystal Hishida Graff, Principal Analyst, County Ad                     | ministrator's Office                  |                                       | (month, day, year)                    |
| Event For Which Tickets Were Distributed                                |                                       |                                       |                                       |
|   | . – Family F                          | Bridaes Concert                       |                                       |
| Date(s) of Event: <u>11 / 07 / 09</u> Description                       | · · · · · ·                           | 31 00                                 |                                       |
| //Face Value  | e of Ticket: \$                       | 38.00                                 |                                       |
| Agency Event Yes No (Identify source                                    | of tickets below.)                    |                                       |                                       |
|   | -                                     | Warrirors                             | ·                                     |
| Name of Outside Source of Ticket(s) Provided to Age                     | ency:                                 |                                       | · · · · · · · · · · · · · · · · · · · |
| Number of Tickets Received:4 Ticket                                     | et(s) Provided to Ag                  | ency: 🔲 Gratuitously                  | I Pursuant to Contract                |
|   |                                       |                                       |                                       |
| Agency Official(s) Receiving Ticket(s) (use a c                         | ontinuation sheet for a               | additional names)                     |                                       |
|   | E E                                   | Vhether the Distribution is Ir        |                                       |
| (Last, First) of  | Fickets De                            | escribe the Public Purpose f          | or the Distribution                   |
|   |                                       |                                       |                                       |
|   |                                       | *********                             |                                       |
|   |                                       |                                       |                                       |
|   |                                       | -7404                                 |                                       |
|   |                                       |                                       |                                       |
| Individual or Organization Receiving Ticket(                            | (Provided at the be                   | hest of an agency official.)          | ·                                     |
|   | ALL N.                                | Superviso                             | and and                               |
| Name of Behesting Agency Official: Nate Miley                           | etonici -                             |                                       |                                       |
| Name of Individual or Organization: Angela Chim                         |                                       | Niumak                                | per of Tickets:4                      |
|   |                                       |                                       | ber of fickets:                       |
| Description of Organization:  |                                       | :                                     |                                       |
|   |                                       |                                       |                                       |
| Address of Organization:  |                                       |                                       |                                       |
| Number and Street   |                                       | City                                  | State Zip Code                        |
| Purpose for Distribution: (Describe the public purpose                  | or the distribution to t              | he organization.)                     |                                       |
| Volunteer contribution to the community                                 | ···                                   | · · · · · · · · · · · · · · · · · · · |                                       |
|   |                                       |                                       |                                       |
| Verification  |                                       |                                       |                                       |
|   | bove is in accordance                 | with the provisions of FPP            | C Regulation 18944.1.                 |
| I have determined that the distribution of tickets set forth a          |                                       |                                       |                                       |
| Thave determined that the distribution of tickets set forth a           | DA GRAFF P                            | RINCIPAL ANALYST                      | internet                              |

| Tickets Provided by<br>Agency Report    | А                           | Public Docume               | ent                        | TICKETS PROVIDED B<br>AGENCY REPOR       |
|---|-----------------------------|-----------------------------|----------------------------|--|
| 1. Agency Name                          |                             |                             | Date Stamp                 | California <b>QOO</b>                    |
| 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-n              |                             |                             | Amendment (Muste           | explain in Part 5.)                      |
|   | /stal.hishida@acgov.o       | rg                          |                            |  |
| Agency Contact (name and title)         |                             |                             | Date of Original Filing:   | (month, day, year)                       |
| Crystal Hishida Graff, Principal        | -                           | inistrator's Office         |                            | · · · · · · · · · · · · · · · · · · ·    |
| 2. Event For Which Tickets W            |                             |                             | 0                          | <i>i</i>                                 |
| Date(s) of Event: <u>11</u> <u>9</u>    | Description (               |                             |                            |  |
| //                                      | Face Value of               | of Ticket: \$ 9 D           | 100 .                      |  |
| Agency Event                            | I No (Identify source o     | of tickata balaw )          |                            |  |
|   |                             |                             |                            |  |
| Name of Outside Source of Tick          | et(s) Provided to Agen      | icy: Golden State wa        | mors                       | ······                                   |
| Number of Tickets Received:             | <u> </u>                    | (s) Provided to Agenc       | y: 🔲 Gratuitously          | ☑ Pursuant to Contrac                    |
| . Agency Official(s) Receivin           | g Ticket(s) (use a cor      | ntinuation sheet for addit  | tional names)              | anna an |
| Name of Official                        | Nurr                        |                             | her the Distribution is In | come to the Official or                  |
| (Last, First)                           | of Tic                      |                             | be the Public Purpose f    |  |
|   |                             |                             |                            | · · · · · · · · · · · · · · · · · · ·    |
|   |                             |                             |                            |  |
|   |                             |                             |                            |  |
|   |                             |                             |                            |  |
|   |                             |                             |                            |  |
| . Individual or Organization F          | eceiving Ticket(s)          | (Provided at the behast     | of an agency official )    | ·····                                    |
| -                                       | ÷                           |                             |                            |  |
| Name of Behesting Agency Offic          | ial: <u>Nate Miley</u>      | istrict 4 2                 | mperion                    | WARGE 11                                 |
|   |                             |                             |                            | n  |
| Name of Individual or Organizati        | on: <u>Canara connecti</u>  | - <u></u>                   | Numb                       | er of Tickets: 2                         |
| Description of Organization:            |                             |                             |                            |  |
|   |                             |                             | *****                      |  |
| Address of Organization:                |                             |                             |                            |  |
| Number a                                | nd Street                   | City                        |                            | State Zip Code                           |
| Purpose for Distribution: (Descri       | pe the public purpose for   | r the distribution to the o | rganization.)              |  |
| volunteer contribution to commu         | nity                        |                             |                            |  |
|   |                             |                             | ······                     |  |
| 5. Verification                         |                             |                             |                            |  |
| I have determined that the distribution | on of tickets set forth abo | ve is in accordance with    | h the provisions of FPP    | C Regulation 18944.1.                    |
| 1 W Man                                 | CRYSTAL HISHID              |                             | CIPAL ANALYST              | in las 1                                 |
| Signature of Agenery Head of Designee   | Print Name                  |                             | Titte                      |  |
| Comment: (Use this space or an atta     |                             |                             |                            | (menth, uay, year)                       |
| ,                                       | in the any cooling in       |                             | ment explanatority         |  |

| . Agency Name  |  |                                       | ocument                   | AGENCY REPOR                           |
|--|--|---------------------------------------|---------------------------|--|
| . Agency Name  |  |                                       | Date Star                 | DP California QO2                      |
| COUNTY OF ALAMEDA  |  |                                       |                           | Form OUZ                               |
| Division, Department, or Reg   | <b>jion</b> (if applicable)  |                                       |                           | ' For Official Use Only                |
| 1221 OAK STREET, #555  |  |                                       |                           |  |
| Street Address   |  |                                       |                           |  |
| OAKLAND, CA 94612  |  | <b></b>                               |                           |  |
| Area Code/Phone Number   | E-mail   |                                       | 🗌 🔲 Amendmen              | t (Must explain in Part 5.)            |
| (510) 272-3882<br>Agency Contact (name and title   | crystal.hishida@a  | acgov.org                             | Date of Origina           | Filing                                 |
|  | -  |                                       | Date of Origina           | (month, day, year)                     |
| Crystal Hishida Graff, Prin  |  |                                       | flice                     |  |
| Event For Which Ticket   |  |                                       | skethall Game             |  |
| Date(s) of Event: <u>11</u> /  | <u>09 / 09 _</u> Desc  | ription of Event:                     |                           |  |
| /  | / Face   | Value of Ticket: \$ _                 | 75,00                     |  |
| Agency Event 🗌 Yes   | ⊠ No (Identify s   | ource of tickets belo                 | w.)                       |  |
| • • –  |  |                                       | •                         |  |
| Name of Outside Source of  | Ticket(s) Provided (   | to Agency: <u>Column</u>              |                           |  |
| Number of Tickets Receive  | d:X  | Ticket(s) Provided                    | o Agency: 🔲 Gratuito      | usly I Pursuant to Contrac             |
| Agency Official(s) Rece  | iving Ticket(s) (u   | se a continuation shee                | t for additional names)   |  |
| Name of Off<br>(Last, First)   |  |                                       |                           | on is Income to the Official or        |
| (Last, Filst)  |  | of Tickets                            | Describe the Public Pu    | rpose for the Distribution             |
|  |  |                                       |                           |  |
|  |  | · · · · · · · · · · · · · · · · · · · | · · · · ·                 |  |
|  |  |                                       |                           |  |
|  |  |                                       | · · · · ·                 |  |
|  |  | 1                                     |                           |  |
| -<br>  |  |                                       |                           |  |
| Individual or Organizati   | on Receiving Tic   | ket(s) (Provided at t                 | he behest of an agency of | ficial.)                               |
|  |  |                                       | C                         | ficial.)<br>V                          |
| Name of Behesting Agency   | Official: Nate Miley   | , Distric                             | C                         | ficial.)<br>b                          |
|  | Official: Nate Miley   | , Distric                             | C                         | ficial.)<br>tr<br>Number of Tickets:2  |
| Name of Behesting Agency<br>Name of Individual or Orga   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u>  | , Distric                             | C                         | )<br>C                                 |
| Name of Behesting Agency   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u>  | , Distric                             | C                         | )                                      |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u>  | , Distric                             | C                         | )                                      |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization; _   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u>  | , Distric                             | C                         | v2                                     |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization: _   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u>  | , Distric                             | + A Supervis              | v2                                     |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization:   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u><br>mber and Street                                       | , Distric                             | + A Supervis              | v2                                     |
| Name of Individual or Organ<br>Description of Organization<br>Address of Organization:<br><u>Nu</u><br>Purpose for Distribution: (E  | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u><br>mber and Street                                       | , Distric                             | + A Supervis              | v2                                     |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization:<br>Purpose for Distribution: (E<br>volunteer contribution to co | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u><br>mber and Street                                       | , Distric                             | + A Supervis              | v2                                     |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization: <sub>Nu</sub><br>Purpose for Distribution: (D                   | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u><br>mber and Street<br>lescribe the public pur<br>mmunity | pose for the distributio              | City                      | Number of Tickets: 2<br>State Zip Code |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization:<br>Purpose for Distribution: (E<br>volunteer contribution to co | Official: <u>Nate Miley</u><br>nization: <u>Nakia Nea</u><br>mber and Street<br>Pescribe the public pur<br>mmunity | pose for the distributio              | City                      | Number of Tickets: 2<br>State Zip Code |

| Agency Report  | l l   | Public Docume             | ent                                     | TICKETS PROVIDED I<br>AGENCY REPO |
|--|---|---------------------------|---|-----------------------------------|
| 1. Agency Name   |   |                           | Date Stamp                              | California                        |
| COUNTY OF ALAMEDA  |   |                           |   | Form OU2                          |
| Division, Department, or Region  | (if applicable)   |                           | 1                                       | For Official Use Only             |
| 1221 OAK STREET, #555  |   |                           |   |                                   |
| Street Address   |   |                           |   |                                   |
| OAKLAND, CA 94612  |   |                           |   |                                   |
| Area Code/Phone Number E-  | mail  |                           | Amendment (Must ex                      |                                   |
| (510) 272-3882 ci  | rystal.hishida@acgov.   | rg                        |   | olain în Part 5.)                 |
| Agency Contact (name and title)  |   |                           | Date of Original Filing: _              | (month. day, year)                |
| Crystal Hishida Graff, Principa  | I Analyst, County Adr   | nistrator's Office        |   | (monai, day, year)                |
| 2. Event For Which Tickets W   |   |                           |   | ···                               |
| Date(s) of Event: <u>11 /_09</u>   | , 09 Description  | af Evont. Basketball      | Game                                    |                                   |
|  | J Description   |                           | οD                                      |                                   |
| <i>_</i>   | J Face Value  | of Ticket: \$70           |   |                                   |
|  | No (Identify source   |                           |   |                                   |
|  |   |                           | rriors                                  |                                   |
| Name of Outside Source of Ticl   | <et(s) age<="" provided="" td="" to=""><td>cy:</td><td></td><td></td></et(s)> | cy:                       |   |                                   |
| Number of Tickets Received:  | Ticke   | s) Provided to Agenc      | y: 🔲 Gratuitously                       | ☑ Pursuant to Contra              |
| . Agency Official(s) Receivir  | ng Ticket(s) (use a co  | tinuation sheet for addi  | tional names)                           |                                   |
| Name of Official   |   |                           | her the Distribution is Inc             |                                   |
| (Last, First)  | of I  | kets Descri               | be the Public Purpose for               | the Distribution                  |
|  |   |                           |   |                                   |
|  |   |                           |   | - Twitting 1.                     |
|  |   |                           |   |                                   |
|  |   |                           |   |                                   |
|  |   |                           |   |                                   |
| I. Individual or Organization  | Receiving Ticket(s  | (Provided at the behesi   | of an agency official )                 |                                   |
|  | -1  | ~                         |   |                                   |
| Name of Behesting Agency Offi  | cial: $\frac{\text{Nate Miley}}{f}$   | Istrict 9?                | superviso                               | ·····                             |
|  |   | n                         |   | 2                                 |
| Name of Individual or Organiza   | lion:   | •<br>••••••               | Numbe                                   | r of Tickets: 2                   |
| Description of Organization:   |   |                           |   |                                   |
|  |   |                           |   | <u> </u>                          |
| Address of Organization:   |   |                           |   |                                   |
| Number   | and Street  | City                      |   | State Zip Code                    |
| Purpose for Distribution: (Descr   | ribe the public purpose fr  | the distribution to the a | rganization)                            |                                   |
| volunteer contribution to comm   |   |                           | · • • • • • • • • • • • • • • • • • • • |                                   |
|  |   |                           |   |                                   |
| . Verification   |   |                           |   |                                   |
| I have determined that the distribut   | ion of tickate est forth at   | vo ie in papardanae       | the provisions -15000                   | Domulation 100111                 |
| a nave determined that the distribut   | ion of donets set forth ad  |                           |   | rtegulation 18944.1.              |
| 111.0.   |   |                           |   | an la d                           |
| lof and  | CRYSTAL HISHIE  | GRAFF PRIN                | CIPAL ANALYST                           | 102310                            |
| Signature of Agericy Head of Designee<br>Comment: (Use this space or an att. | Print Nar   | )                         | Title                                   | (month, day, year                 |

| Tickets Provided by               |                         |                      | in Denume                             |   | TICKETS PROVIDED BY                               |
|-----------------------------------|-------------------------|----------------------|---------------------------------------|---|---|
| Agency Report                     |                         |                      | lic Docume                            | nt .  | AGENCY REPORT                                     |
| 1. Agency Name                    |                         |                      |                                       | Date Stamp  | California 802                                    |
| COUNTY OF ALAMEDA                 |                         |                      |                                       |   | Form OUZ  |
| Division, Department, or Reg      | ion (if applicable)     |                      |                                       |   | For Official Use Only                             |
| Street Address                    |                         |                      |                                       |   |   |
| 1221 OAK STREET, #555,            | OAKLAND, CA 9           | 4612                 |                                       |   |   |
| Area Code/Phone Number            | E-mail                  |                      |                                       |   | <b></b>   |
| (510) 272-3882                    | crystal.hishida@        | acgov.org            |                                       | Amendment (Must e                                     | ixplain in Part 5.)                               |
| Agency Contact (name and title    |                         |                      |                                       | Date of Original Filing:                              | (month, day, year)                                |
| Crystal Hishida Graff, Princ      | ipal Analyst, Cou       | nty Administrate     | or's Office                           |   | (nionin, day, year)                               |
| 2. Event For Which Ticket         | s Were Distribu         | ited                 |                                       | ······  |   |
| Date(s) of Event:10 / 2           | 22 / 09 Des             | scription of Eve     | nt. Golden Stat                       | e Warriors Game                                       |   |
| 11 / 1                            |                         |                      |                                       | 95.00   |   |
|                                   |                         | e Value of Tick      | et: ֆ                                 |   |   |
| Agency Event 🛛 🗌 Yes              | 🛛 No (Identify          | source of ticke      | ets below.)                           |   |   |
| Name of Outside Source of         | Ticket(s) Provider      | t to Agency: Go      | olden State Wai                       | rriors  |   |
|                                   | A                       |                      |                                       |   |   |
| Number of Tickets Received        | d:                      | Ticket(s) Pro        | vided to Agency                       | y: 🔲 Gratuitously                                     | Pursuant to Contract                              |
| 3. Agency Official(s) Rece        | iving Ticket(s)         | (use a continuatio   | on sheet for addit                    |   |   |
|                                   |                         |                      |                                       | -   | earne to the Official or                          |
| Name of Offi<br>(Last, First)     |                         | Number<br>of Tickets |                                       | ner the Distribution is In<br>be the Public Purpose f |   |
|                                   |                         |                      |                                       |   |   |
| Briones, Ruben                    |                         | 4                    | To promote a                          | ttendance at event a                                  | t County facility                                 |
|                                   |                         |                      |                                       |   |   |
|                                   |                         |                      |                                       |   |   |
|                                   |                         |                      |                                       |   |   |
| 4. Individual or Organizati       | on Receiving T          | icket(s) /Provi      | l                                     | of an agency official )                               |   |
|                                   |                         |                      |                                       | . or all agency official.)                            |   |
| Name of Behesting Agency          | Official: Supervis      | or Alice Lai-Bit     | ker, District 3                       |   | •   |
|                                   |                         |                      |                                       |   | · · · · ·   |
| Name of Individual or Organ       | nization:               |                      |                                       | Numt  | per of Tickets:                                   |
| Description of Organization       | •                       |                      |                                       |   |   |
|                                   |                         |                      |                                       |   |   |
| Address of Organization:          | Imber and Street        |                      |                                       |   |   |
| NL                                | Imber and Street        |                      | City                                  |   | State Zip Code                                    |
| Purpose for Distribution: (D      | Describe the public p   | ourpose for the di   | stribution to the o                   | rganization.)   |   |
|                                   |                         |                      |                                       |   |   |
|                                   |                         |                      | · · · · · · · · · · · · · · · · · · · |   |   |
| 5. Verification                   |                         |                      |                                       |   |   |
| I have determined that the dis    | tribution of tickets se | et forth above is i  | n accordance witl                     | h the provisions of FPP                               | C Regulation 18944.1.                             |
| Letton 14                         | CRYSTA                  | - HISHIDA GR         | AFF PRIN                              | CIPAL ANALYST   | malarla   |
| Signature of Agency Head of Desig |                         | Print Name           |                                       | Title   | (month, day, ýear)                                |
| Comment: (Use this space or a     | an attachment for any   | additional informati | ion including amend                   | Iment explanation.)                                   |   |
|                                   |                         |                      |                                       |   |   |
|                                   |                         | <u>_</u>             |                                       |   | · · · · · · · · · · · · · · · · · · ·             |
|                                   |                         |                      | I                                     | FPPC Toll-Free Helpline:                              | FPPC Form 802 (Feb/0<br>866/ASK-FPPC (866/275-377 |

| . Agency Name  |  |   | Date Stamp  | California<br>Form   | 802               |
|--|--|---|---|--|-------------------|
| COUNTY OF ALAMEDA  |  |   |   |  |                   |
| Division, Department, or Region (if applicable)  |  |   |   | For Official (   | Jse Only          |
| Street Address   |  |   |   |  |                   |
| 1221 OAK STREET, #555, OAKLAND, CA 94  | 4612   |   |   |  |                   |
| Area Code/Phone Number E-mail  |  |   | Amendment (Must   | explain in Part 5.)  |                   |
| (510) 272-3882 crystal.hishida@  | acgov.org  |   |   | 10/12/09   |                   |
| Agency Contact (name and title)  |  |   | Date of Original Filing:  | (month, day, yea   | n                 |
| Crystal Hishida Graff, Principal Analyst, Cour   | -  | r's Office  |   |  |                   |
| . Event For Which Tickets Were Distribu  |  | O aldan d Da  | idaa Carra  |  |                   |
| Date(s) of Event:/_22 /_09 Des   | cription of Even   |   |   |  |                   |
| / Fac  | e Value of Ticke   | t: \$   | 150.00  |  |                   |
| Agency Event 📋 Yes 🗵 No (Identify  | source of ticket   | s below.)   |   |  |                   |
| Name of Outside Source of Ticket(s) Provided   | to Agency. Oal   | kland Raiders   |   |  |                   |
|  |  |   |   |  |                   |
| Number of Tickets Received: <u>3</u>   | Ticket(s) Prov   | vided to Agenc  | y: 🔲 Gratuitously   | 🗵 Pursuant te  | o Contrac         |
| Agency Official(s) Receiving Ticket(s) (   | use a continuatio  | n sheet for addi  | tional names)   | · ·  |                   |
| Adding ouncing heading heading   |  |   |   |  |                   |
| Nome of Official   |  |   |   | come to the Offic  | rial or           |
| Name of Official<br>(Last, First)  | Number<br>of Tickets   | State Whet  | her the Distribution is Ir<br>be the Public Purpose f   |  |                   |
|  | Number   | State Whet  | her the Distribution is Ir  |  |                   |
|  | Number   | State Whet  | her the Distribution is Ir  |  |                   |
|  | Number   | State Whet  | her the Distribution is Ir  |  |                   |
|  | Number   | State Whet  | her the Distribution is Ir  |  |                   |
|  | Number   | State Whet  | her the Distribution is Ir  |  |                   |
| (Last, First)  | Number<br>of Tickets   | State Whet<br>Descri  | her the Distribution is Ir<br>be the Public Purpose f   |  |                   |
| (Last, First)  | Number<br>of Tickets   | State Whet<br>Descri  | her the Distribution is Ir<br>be the Public Purpose f   |  |                   |
| (Last, First)  | Number<br>of Tickets<br>icket(s) (Provide<br>or Alice Lai-Bitke  | State Whet<br>Descri<br>ed at the behes<br>er, District 3   | her the Distribution is Ir<br>be the Public Purpose f   |  |                   |
| (Last, First)<br>. Individual or Organization Receiving Ti<br>Name of Behesting Agency Official: <u>Supervise</u><br>Name of Individual or Organization: <u>Boys and</u> | Number<br>of Tickets<br>icket(s) (Provide<br>or Alice Lai-Bitke  | State Whet<br>Descri<br>ed at the behes<br>er, District 3<br>an Leandro   | her the Distribution is Ir<br>be the Public Purpose f<br>t of an agency official.)  | for the Distribution   | n<br>             |
| (Last, First)  | Number<br>of Tickets<br>icket(s) (Provide<br>or Alice Lai-Bitke  | State Whet<br>Descri<br>ed at the behes<br>er, District 3<br>an Leandro   | her the Distribution is Ir<br>be the Public Purpose f<br>t of an agency official.)  | for the Distribution   | n<br>             |
| (Last, First)  | Number<br>of Tickets<br>icket(s) (Provide<br>or Alice Lai-Bitke<br>d Girls Club of So<br>nable all young | State Whet<br>Descri<br>ed at the behes<br>er, District 3<br>an Leandro<br>people to reali  | her the Distribution is Ir<br>be the Public Purpose f<br>t of an agency official.)  | for the Distribution   | n<br>             |
| (Last, First)<br>. Individual or Organization Receiving Ti<br>Name of Behesting Agency Official: <u>Supervise</u><br>Name of Individual or Organization: <u>Boys and</u> | Number<br>of Tickets<br>icket(s) (Provide<br>or Alice Lai-Bitke<br>d Girls Club of So<br>nable all young | State Whet<br>Descri<br>ed at the behes<br>er, District 3<br>an Leandro<br>people to reali  | her the Distribution is Ir<br>be the Public Purpose f<br>t of an agency official.)  | for the Distribution   | n<br>3<br>itizens |
| (Last, First)  | Number<br>of Tickets   | State Whet<br>Descri<br>ed at the behes<br>er, District 3<br>an Leandro<br>people to reali<br>94577<br>City                         | her the Distribution is Ir<br>be the Public Purpose f<br>t of an agency official.)<br>Numl<br>ze their full potential                   | for the Distribution<br>ber of Tickets: _<br>as productive c | n<br>3<br>itizens |
| (Last, First)  | Number<br>of Tickets   | State Whet<br>Descri<br>ed at the behes<br>er, District 3<br>an Leandro<br>people to reali<br>\$94577<br>City<br>tribution to the c | her the Distribution is Ir<br>be the Public Purpose f<br>t of an agency official.)<br>Numl<br>ze their full potential<br>prganization.) | for the Distribution<br>ber of Tickets: _<br>as productive c | n                 |

| Joff MM                              | CRYSTAL HISHIDA GRAFF                        | PRINCIPAL ANALYST            | 10/21/0            |
|--------------------------------------|--|------------------------------|--------------------|
| Signature of Agency Head Alpesignee  | Print Name                                   | Title                        | (month, day, year) |
| Comment: (Use this space or an attac | shment for any additional information includ | (ing amendment explanation.) |                    |

| Tickets Provided by                     |                    |   | ic Docume                             | ant                                    | TICKETS PROVIDED BY                   |
|---|--------------------|---|---------------------------------------|--|---------------------------------------|
| Agency Report                           |                    |   |                                       | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | AGENCY REPORT                         |
| 1. Agency Name                          |                    |   |                                       | Date Stamp                             | California 802                        |
| COUNTY OF ALAMEDA                       |                    |   |                                       |  | Form OUZ                              |
| Division, Department, or Region         | (if applicable)    |   |                                       |  | For Official Use Only                 |
| 1221 OAK STREET, #555                   |                    |   |                                       |  |                                       |
| Street Address                          |                    |   |                                       | 1                                      |                                       |
| OAKLAND, CA 94612                       |                    |   |                                       |  |                                       |
| Area Code/Phone Number E-n              | nail               | -   | · · · · · · · · · · · · · · · · · · · | Amendment (Must e                      | velois is Part 5 )                    |
| 510-272-3882 cm                         | ystal.hishida@a    | acaov.ora                                   |                                       |  | xpraimin ran 0.j                      |
| Agency Contact (name and title)         |                    | <u> </u>                                    |                                       | Date of Original Filing:               | (month, day, year)                    |
| Crystal Hishida Graff, Principal        | Analyst, Count     | v Administrate                              | or's Office                           | ·                                      | (monu), day, you)                     |
| 2. Event For Which Tickets W            | -                  |   |                                       |  |                                       |
| Date(s) of Event: <u>11</u> <u>15</u>   |                    |   | nt. Raiders v.                        | Kansas City                            |                                       |
|   | / Face             |   |                                       | 1-0                                    |                                       |
|   | 1400               | value of field                              | σι. ψ                                 |  |                                       |
| Agency Event 🛛 Yes 🛛                    | 🗵 No (Identify s   | ource of ticke                              | ts below.)                            |  |                                       |
| Name of Outside Source of Tick          | et(s) Provided (   | to Agency. Oa                               | akland Raiders                        | i                                      |                                       |
|   |                    |   |                                       |  |                                       |
| Number of Tickets Received:             |                    | Ticket(s) Pro                               | vided to Agend                        | cy: 🔲 Gratuitously                     | Pursuant to Contract                  |
| 3. Agency Official(s) Receivin          | a Ticket(s) (u     | se a continuatio                            | on sheet for add                      | itional names)                         |                                       |
| Name of Official                        | <b>J</b>           | Number                                      |                                       | ther the Distribution is In            | come to the Official or               |
| (Last, First)                           |                    | of Tickets                                  |                                       | ibe the Public Purpose for             |                                       |
|   |                    |   |                                       |  |                                       |
|   |                    |   |                                       |  |                                       |
|   |                    |   |                                       |  |                                       |
|   |                    |   |                                       |  |                                       |
| - Linder MR venuere -                   |                    | *****                                       |                                       | 24 11/10 <b>1</b> /00                  |                                       |
|   |                    |   |                                       |  |                                       |
| 4. Individual or Organization           | Receiving Tic      | <b>ket(s)</b> (Provid                       | ded at the behes                      | st of an agency official.)             |                                       |
| Name of Behesting Agency Offi           |                    | r Gail Steele                               | horid                                 | · 2                                    |                                       |
|   |                    |   |                                       |  | · · · · · · · · · · · · · · · · · · · |
| Name of Individual or Organizat         | tion. Children's   | Fund of San I                               | Mateo                                 | Numb                                   | er of Tickets: <u>2</u>               |
| Name of MuMuual of Organizat            | JUII               |   |                                       |  |                                       |
| Description of Organization: pro        | motes the bett     | erment of chil                              | dren and supp                         | ort services to them; h                | ealth and development.                |
|   |                    |   |                                       |  |                                       |
| Address of Organization:                | larbor Blvd.       |   | San Mateo                             | o, CA 94002                            |                                       |
| Number                                  | and Street         |   | City                                  |  | State Zip Code                        |
| Purpose for Distribution: (Descr        | ibe the public pu  | rpose for the dis                           | stribution to the                     | organization.)                         | 4                                     |
| provide opportunities to those v        | vho are receivin   | ng services fro                             | m County age                          | nciesfrom Health Ca                    | re Services/Pub.Health                |
|   |                    |   |                                       | ÷                                      | <u></u>                               |
| 5. Verification                         |                    | a yan ana kata kata kata kata kata kata kat |                                       |  |                                       |
| I have determined that the distribut    | ion of tickets set | forth above is ir                           | 1 accordance wi                       | th the provisions of FPP(              | C Regulation 18944.1.                 |
| , have determined that the distribution |                    |   |                                       |  | J                                     |
|   | CRYSTAL I          | HISHIDA GRA                                 |                                       | NCIPAL ANALYST                         |                                       |
| Signature of Agency Head or Designee    |                    | Print Name                                  |                                       | Title                                  | (month, day, year)                    |
| Comment: (Use this space or an atta     | achment for any ad | lditional information                       | on including amen                     | dment explanation.)                    |                                       |
|   |                    |   |                                       |  |                                       |

| Fickets Provided by<br>Agency Report |                          | A Publ                | ic Docume          | ent                        | TICKETS PROVIDED B<br>AGENCY REPOR     |
|--------------------------------------|--------------------------|-----------------------|--------------------|----------------------------|--|
| . Agency Name                        |                          |                       |                    | Date Stamp                 | California<br>Form 802                 |
| COUNTY OF ALAMEDA                    |                          |                       |                    |                            |  |
| Division, Department, or Reg         | on (if applicable)       |                       |                    |                            | For Official Use Only                  |
| 1221 OAK STREET, #555                |                          |                       |                    |                            |  |
| Street Address                       |                          |                       |                    |                            |  |
| OAKLAND, CA 94612                    |                          |                       |                    |                            |  |
| Area Code/Phone Number               | E-mail                   |                       |                    | Amendment (Must e          | volain in Part 5 \                     |
| (510) 272-3882                       | crystal.hishida@a        | cgov.org              |                    |                            | xpiain in Fait 0.j                     |
| Agency Contact (name and title       | )                        |                       |                    | Date of Original Filing:   | (month, day, year)                     |
| Crystal Hishida Graff, Princ         | ipal Analyst, Count      | y Administrate        | or's Office        |                            | ······································ |
| Event For Which Tickets              | Were Distribute          | ed                    | ······             |                            | · · · · · · · · · · · · · · · · · · ·  |
| Date(s) of Event:10 /1               | 7 / 09 Desci             | ription of Even       | t. Disney on l     | ce                         |  |
|                                      | / Face                   |                       | 89                 | .00                        |  |
| /                                    | / ⊦ace                   | Value of Licke        | et: \$ t           |                            |  |
| Agency Event 🛛 🗌 Yes                 | 🛛 No (Identify s         | ource of ticke        | ts below.)         |                            |  |
| Name of Outside Source of            | Ticket(s) Provided t     | o Agency:             |                    |                            |  |
| Number of Tickets Received           | :4                       | Ticket(s) Prov        | vided to Agenc     | y: 🔲 Gratuitously          | ☑ Pursuant to Contra                   |
| Agency Official(s) Recei             | ving Ticket(s) (us       | se a continuatio      | n sheet for addi   | tional names)              |  |
| Name of Offic                        | zial                     | Number                | State Whet         | her the Distribution is In | come to the Official or                |
| (Last, First)                        |                          | of Tickets            | Descri             | be the Public Purpose for  | or the Distribution                    |
|                                      |                          |                       |                    |                            |  |
|                                      |                          |                       |                    |                            |  |
|                                      |                          |                       |                    |                            |  |
|                                      |                          |                       |                    |                            |  |
|                                      |                          |                       |                    |                            |  |
| Individual or Organization           | on Receiving Tic         | <b>ket(s)</b> (Provid | ed at the behes    | t of an agency official.)  |  |
| -                                    | _                        |                       |                    |                            |  |
| Name of Behesting Agency             | Official: Supervisor     | Scott Hagger          | rty, District One  | e Supervisor               |  |
|                                      |                          |                       |                    |                            |  |
| Name of Individual or Organ          | ization:                 |                       |                    | Numb                       | er of Tickets:                         |
| Description of Organization:         |                          |                       |                    |                            |  |
| Description of Organization:         |                          |                       |                    |                            |  |
| Address of Organization:             |                          |                       |                    |                            |  |
| Nur Nur                              | nber and Street          |                       | City               |                            | State Zip Cod                          |
| Purpose for Distribution: (De        | escribe the public pur   | pose for the dis      | tribution to the c | organization.)             |  |
| To promote attendance at a           |                          | •                     |                    | -                          | n parking &concesson                   |
|                                      | county aponaoreu         |                       | ninzo potentida    |                            | panting abonocodon.                    |
| Verification                         |                          |                       |                    |                            |  |
| I have determined that the distr     | ibution of tickets set f | orth abovo is in      | accordance wit     | h the provisions of EDD    | C Regulation 18044 1                   |
|                                      |                          |                       |                    |                            |  |
| _ AS MM                              |                          | IISHIDA GRA           | FF PRIN            |                            | <i>[0]16]</i> C                        |
| Signature of Agency Head of Design   | ee                       | Print Name            |                    | Title                      | (moħlh, daý, year)                     |

| Fickets Provided by<br>Agency Report   | A Public Doc  | ument   | TICKETS PROVIDED E<br>AGENCY REPOR    |
|--|---|---|---------------------------------------|
| . Agency Name  |   | Date Stamp  | California                            |
| COUNTY OF ALAMEDA  |   |   | Form OU2                              |
| Division, Department, or Region (if appl   | licable)  |   | For Official Use Only                 |
| 1221 OAK STREET, #555  |   |   |                                       |
| Street Address   |   |   |                                       |
| OAKLAND, CA 94612  |   |   |                                       |
| Area Code/Phone Number E-mail  |   | Amendment (Must ex  | Jain in Part 5 1                      |
| (510) 272-3882 crystal.  | hishida@acgov.org   |   | ······                                |
| Agency Contact (name and title)  | · · · · · · · · · · · · · · · · · · ·   | Date of Original Filing: _                                      | (month, day, year)                    |
| Crystal Hishida Graff, Principal Analy   | yst, County Administrator's Offic   | e   | ······                                |
| . Event For Which Tickets Were I   | Distributed   |   |                                       |
| Date(s) of Event: <u>12</u> 05 09  | Description of Event: Baske   | etball Game -Warrion  | -8-                                   |
| Date(s) of Event: <u>12 / 05 / 09</u><br>//  | Face Value of Ticket: \$  | 95.00   |                                       |
|  | (Identify source of tickets below.  |   |                                       |
| Name of Outside Source of Ticket(s)  | Provided to Agency: Golden Sta  | te Warriors   |                                       |
| Number of Tickets Received:  |   |   | ☑ Pursuant to Contrac                 |
| Agency Official(s) Receiving Tio   | <b>ket(s)</b> (use a continuation sheet for   | or additional names)  |                                       |
| Name of Official   | Number State  | Whether the Distribution is Inc.                                | ome to the Official or                |
| (Last, First)  | of Tickets  | Describe the Public Purpose for                                 | the Distribution                      |
|  |   |   |                                       |
|  |   | · · · · · · · · · · · · · · · · · · ·                           |                                       |
|  |   |   |                                       |
|  |   |   |                                       |
|  |   |   |                                       |
| . Individual or Organization Rece  | iving Ticket(s) (Provided at the  | behest of an agency official.)                                  |                                       |
| -  |   | District 4  |                                       |
| Name of Behesting Agency Official:   | Vale Miley , Onfer 01301  | eristiict q   |                                       |
| Name of Individual or Organization:  | Phebia Richardson / Calloto   | Orantes Numbe   | r of Tickets:4                        |
|  |   |   |                                       |
| Description of Organization:   | e Park Time Banking c/o Commu   | unity Reformed Church   |                                       |
| Description of Organization:   | rano Drive ~ Oakland, CA 94603  | 3   | State Zin Code                        |
| Description of Organization: Sobrante<br>Address of Organization: 457 Capsite<br>Number and Stree  | rano Drive ~ Oakland, CA 94603<br>eet   | 3<br>City   | State Zip Code                        |
| Description of Organization: Sobrant<br>Address of Organization: $\frac{457 \text{ Capsitus}}{\text{Number and Stree}}$<br>Purpose for Distribution: (Describe the   | rano Drive ~ Oakland, CA 94603<br>eet   | 3<br>City   | State Zip Code                        |
| Description of Organization: Sobrant<br>Address of Organization: 457 Capsitu<br>Number and Stree   | rano Drive ~ Oakland, CA 94603<br>eet   | 3<br>City   | State Zip Code                        |
| Description of Organization: Sobrant<br>Address of Organization: $\frac{457 \text{ Capsitus}}{\text{Number and Stree}}$<br>Purpose for Distribution: (Describe the   | rano Drive ~ Oakland, CA 94603<br>eet   | 3<br>City   | State Zip Code                        |
| Description of Organization: Sobrant<br>Address of Organization: 457 Capsitu<br>Number and Stree<br>Purpose for Distribution: (Describe the<br>volunteer contribution to community   | rano Drive ~ Oakland, CA 94603<br>eet<br>e public purpose for the distribution to   | }<br>City<br>o the organization.)                               | · · · · · · · · · · · · · · · · · · · |
| Description of Organization: Sobrant<br>Address of Organization: 457 Capsitu<br>Number and Stree<br>Purpose for Distribution: (Describe the<br>volunteer contribution to community<br>. Verification<br>I have determined that the distribution of the | rano Drive ~ Oakland, CA 94603<br>eet<br>e public purpose for the distribution to<br>tickets set forth above is in accordan | City<br>o the organization.)<br>nce with the provisions of FPPC | · · · · · · · · · · · · · · · · · · · |
| Description of Organization: Sobrant<br>Address of Organization: 457 Capsitu<br>Number and Stree<br>Purpose for Distribution: (Describe the<br>volunteer contribution to community<br>. Verification<br>I have determined that the distribution of the | rano Drive ~ Oakland, CA 94603<br>eet<br>e public purpose for the distribution to   | }<br>City<br>o the organization.)                               | · · · · · · · · · · · · · · · · · · · |

| Agency Report  | A Public I  | Document   | TICKETS PROVIDED E<br>AGENCY REPOR               |
|--|---|--|--|
| . Agency Name  | ····  | Date Stamp   | California 802                                   |
| COUNTY OF ALAMEDA  |   |  | Form OUZ   |
| Division, Department, or Region (if applicable   | le)   |  | For Official Use Only                            |
| 1221 OAK STREET, #555  |   |  |  |
| Street Address   |   |  |  |
| OAKLAND, CA 94612  |   |  |  |
| Area Code/Phone Number E-mail  |   | Amendment (Must  | ovalois is Port 5.)                              |
| (510) 272-3882 crystal.hist  | nida@acgov.org  |  | explain in Fall 3.j                              |
| Agency Contact (name and title)  |   | Date of Original Filing  | (month, day, year)                               |
| Crystal Hishida Graff, Principal Analyst,  | County Administrator's  | Office   |  |
| Event For Which Tickets Were Dis   | -   |  |  |
| Date(s) of Event: 27 10  | Description of Event:   | Varriors Game  |  |
| 02 , 10 , 10   | Face Value of Ticket: \$  | 95.00  |  |
|  | Face value of ficket. \$  |  |  |
| Agency Event Yes No (Ide   | entify source of tickets be   | elow.)   |  |
| Name of Outside Source of Ticket(s) Pro  | wided to Agency. Golder   | n State Warriors   |  |
|  |   | · · · · · · · · · · · · · · · · · · ·  |  |
| Number of Tickets Received:4   | . Ticket(s) Provide   | d to Agency: 🔲 Gratuitously  | Pursuant to Contrac                              |
| Agency Official(s) Receiving Ticke   | <b>t(s)</b> (use a continuation sh  | eet for additional names)  |  |
| Name of Official   | Number  | State Whether the Distribution is I  |  |
| (Last, First)  | of Tickets  | Describe the Public Purpose  | for the Distribution                             |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| ······   |   |  | ·····  |
|  |   | ,  |  |
|  | teres and the second   |  |  |
| Individual or Organization Receivi   | ng Ticket(s) (Provided a  | at the behest of an agency official.)  |  |
|  |   |  |  |
| Individual or Organization Receivi   |   | , District 1   |  |
| Name of Behesting Agency Official:   | pervisor Scott Haggerty   | , District 1   | 1  |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist   | er's of the Holy Family   | Bister Num   | ber of Tickets:4                                 |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist   | er's of the Holy Family   | Bister Num   | ber of Tickets:4                                 |
| Name of Individual or Organization: <u>Sist</u><br>Description of Organization: <u>Providing re</u>  | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social   | , Drstrict )<br>Sister<br>Gladyp Guerther Num<br>I services to children and famili   | ber of Tickets:4                                 |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washington   | er's of the Holy Family   | District   | ber of Tickets: <u>4</u><br>es                   |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re  | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social   | , Drstrict )<br>Sister<br>Gladyp Guerther Num<br>I services to children and famili   | ber of Tickets:4                                 |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washington   | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social<br>on Bl. PO Box 3248 Fren  | District<br>Sister<br>Gladyp Guerther Num<br>I services to children and famili<br>nont CA<br>City  | ber of Tickets: <u>4</u><br>es                   |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washington<br>Number and Street  | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social<br>on Bl. PO Box 3248 Frem<br>ublic purpose for the distribu                                  | <u>MSTRICT</u> Num<br><u>Gladyp Guerther</u> Num<br>I services to children and famili<br>nont CA<br><u>City</u><br>ution to the organization.) | ber of Tickets: <u>4</u><br>es                   |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washington<br>Number and Street<br>Purpose for Distribution: (Describe the purpose   | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social<br>on Bl. PO Box 3248 Frem<br>ublic purpose for the distribu                                  | <u>MSTRICT</u> Num<br><u>Gladyp Guerther</u> Num<br>I services to children and famili<br>nont CA<br><u>City</u><br>ution to the organization.) | ber of Tickets: <u>4</u><br>es                   |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washington<br>Number and Street<br>Purpose for Distribution: (Describe the put<br>to reward a school or nonprofit organization)  | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social<br>on Bl. PO Box 3248 Frem<br>ublic purpose for the distribu                                  | <u>MSTRICT</u> Num<br><u>Gladyp Guerther</u> Num<br>I services to children and famili<br>nont CA<br><u>City</u><br>ution to the organization.) | ber of Tickets: <u>4</u><br>es                   |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washington<br>Number and Street<br>Purpose for Distribution: (Describe the put<br>to reward a school or nonprofit organization)  | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social<br>on Bl. PO Box 3248 Fren<br>ublic purpose for the distribu-<br>tion for its contributions t | Mont CA<br>City<br>City<br>Distribution<br>City<br>City<br>City<br>City<br>City<br>City<br>City<br>City  | ber of Tickets: <u>4</u><br>es<br>State Zip Code |
| Name of Behesting Agency Official: Sup<br>Name of Individual or Organization: Sist<br>Description of Organization: Providing re<br>Address of Organization: 159 Washingto<br>Number and Street<br>Purpose for Distribution: (Describe the put<br>to reward a school or nonprofit organization)<br><b>. Verification</b><br>I have determined that the distribution of tick | ervisor Scott Haggerty<br>er's of the Holy Family<br>eligious education, social<br>on Bl. PO Box 3248 Fren<br>ublic purpose for the distribu-<br>tion for its contributions t | Mont CA<br>City<br>City<br>Distribution<br>City<br>City<br>City<br>City<br>City<br>City<br>City<br>City  | ber of Tickets: <u>4</u><br>es<br>State Zip Code |

| jency Report   |                       | ic Docume              | int                        | TICKETS PROVIDED E<br>AGENCY REPOR     |
|--|-----------------------|------------------------|----------------------------|--|
| Agency Name  |                       |                        | Date Stamp                 | California 802                         |
| COUNTY OF ALAMEDA  |                       |                        |                            | Form OUZ                               |
| Division, Department, or Region (if applicable)          |                       |                        |                            | For Unidar Use Only                    |
| Street Address   |                       |                        |                            |  |
| 1221 OAK STREET, #555, OAKLAND, CA 946                   | 612                   |                        |                            |  |
| Area Code/Phone Number E-mail                            |                       |                        | Amendment (Must e          | explain in Part 5.}                    |
| (510) 272-3882 crystal.hishida@a                         | cgov.org              |                        |                            | 10/12/09                               |
| Agency Contact (name and title)                          |                       |                        | Date of Original Filing:   | (month, day, year)                     |
| Crystal Hishida Graff, Principal Analyst, County         | y Administrato        | r's Office             |                            | •                                      |
| Event For Which Tickets Were Distribute                  |                       |                        |                            |  |
| Date(s) of Event: <u>10 / 18 / 09</u> Descr              | ription of Even       | it: <u>Disney on l</u> | ce Presents Princess       | Classics                               |
| / Face   |                       |                        | ~~ ~~                      |  |
| Agency Event 🔲 Yes 🗵 No (Identify s                      |                       |                        |                            |  |
| Name of Outside Source of Ticket(s) Provided t           | o Agency: <u>Go</u>   | lden State Wa          | rriors                     |  |
| A  |                       |                        | y: 🔲 Gratuitously          | Pursuant to Contract                   |
| Agency Official(s) Receiving Ticket(s) (us               | se a continuatio      | n sheet for addi       | tional names)              |  |
| Name of Official   | Number                |                        | her the Distribution is In |  |
| (Last, First)  | of Tickets            | Descri                 | be the Public Purpose f    | or the Distribution                    |
|  |                       |                        |                            |  |
|  |                       |                        |                            |  |
|  |                       |                        |                            |  |
| ······   |                       |                        |                            | · · · · · · · · · · · · · · · · · · ·  |
|  |                       | -                      |                            |  |
| Individual or Organization Receiving Tic                 | <b>ket(s)</b> (Provid | ed at the behes        | t of an agency official.)  |  |
| Name of Behesting Agency Official: Supervisor            | · Alice Lai-Bitk      | er, District 3         |                            |  |
|  |                       |                        |                            | 4                                      |
| Name of Individual or Organization: <u>Emily Char</u>    |                       |                        | Numt                       | per of Tickets: <u>4</u>               |
| Description of Organization:                             |                       |                        |                            |  |
| Address of Organization:                                 |                       |                        |                            |  |
| Number and Street  |                       | City                   |                            | State Zip Cod                          |
| Purpose for Distribution: (Describe the public pur       | pose for the dis      | stribution to the c    | organization.)             |  |
| To promote attendance at an event held at a C            | ounty facility i      | n order to max         | imize County revenue       | e from concession sales                |
|  |                       |                        |                            | ······································ |
| Verification   |                       |                        |                            |  |
| I have determined that the distribution of tickets set f | forth above is in     | accordance wit         | h the provisions of FPP    | C Regulation 18944.1.                  |
|  |                       |                        |                            |  |

| ickets Provided by<br>gency Report   | A Publi   | ic Docume  | ent   | TICKETS PRO<br>AGENC                      | VIDED B               |
|--|---|--|---|---|-----------------------|
| Agency Name  |   |  | Date Stamp  |   |                       |
| COUNTY OF ALAMEDA  |   |  |   | Form C                                    | 302                   |
| 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 (Mus  | f evelop in Dert 5 l                      |                       |
| 510-272-3882 crystal.hishida@  | Dacgov.org  |  |   |   |                       |
| Agency Contact (name and title)  |   |  | Date of Original Filing   | ;   | _                     |
| Crystal Hishida Graff, Principal Analyst, Cou  | nty Administrato  | r's Office   |   | (, 223, 302.)                             |                       |
| Event For Which Tickets Were Distribu  | uted  |  |   |   |                       |
| Date(s) of Event: <u>11 / 28 / 09</u> Des  | scription of Even   | <sub>tt</sub> . Warriors v.  | Lakers  |   |                       |
|  |   |  | ~ -   |   |                       |
| / Fac  | e value of licke  | et: ֆ  |   |   |                       |
| Agency Event Des No (Identify  | / source of ticket  | ts below.)   |   |   |                       |
| Name of Outside Source of Ticket(s) Provided   | d to Agency. Go   | lden State Wa  | rriors  |   |                       |
|  |   |  |   |   |                       |
| Number of Tickets Received:4   | Ticket(s) Prov  | vided to Agenc   | y: 🛛 Gratuitously   | ☑ Pursuant to C                           | ontrac                |
| Agency Official(s) Receiving Ticket(s)   | (use a continuatio  | n sheet for addi   | tional names)   |   |                       |
| Name of Official   | Number  |  | her the Distribution is   | Income to the Official                    | 07                    |
|  |   |  |   | noome to the Onicial                      | 01                    |
| (Last, First)  | of Tickets  |  | be the Public Purpose   | for the Distribution                      |                       |
| (Last, First)  | of Tickets  |  |   | for the Distribution                      |                       |
| (Last, First)  | of Tickets  |  |   | for the Distribution                      |                       |
| (Last, First)  | of Tickets  |  |   | for the Distribution                      |                       |
| (Last, First)  | of Tickets  |  |   | for the Distribution                      |                       |
| (Last, First)  | of Tickets  |  |   | for the Distribution                      |                       |
|  |   | Descri   | be the Public Purpose   |   |                       |
| Individual or Organization Receiving T   | icket(s) (Provid  | Descri   | be the Public Purpose   |   |                       |
| Individual or Organization Receiving T   | icket(s) (Provid  | Descri   | be the Public Purpose   |   |                       |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervis  | Ticket(s) (Provid   | Descri   | be the Public Purpose   |   |                       |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervis<br>Name of Individual or Organization: Trí-Cities  | icket(s) (Provid<br>sor Gail Steele   | ed at the behes  | be the Public Purpose<br>t of an agency official.<br>- 그<br>Num   | )<br>hber of Tickets:                     | 4                     |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervis<br>Name of Individual or Organization: Trí-Cities  | icket(s) (Provid<br>sor Gail Steele   | ed at the behes  | be the Public Purpose<br>t of an agency official.<br>- 그<br>Num   | )<br>hber of Tickets:                     | 4                     |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervis  | icket(s) (Provid<br>sor Gail Steele   | ed at the behes  | be the Public Purpose<br>t of an agency official.<br>- 그<br>Num   | )<br>hber of Tickets:                     | 4                     |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: <u>Supervis</u><br>Name of Individual or Organization: <u>Tri-Cities</u><br>Description of Organization: <u>promotes volunt</u><br>Address of Organization: <u>36120 Ruschin Dr.</u>  | icket(s) (Provid<br>sor Gail Steele   | ed at the behes  | be the Public Purpose<br>t of an agency official.<br>- 그<br>Murr<br>of life in Tri-Valley cit   | )<br>Iber of Tickets:<br>ies              | 4                     |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervis<br>Name of Individual or Organization: Trí-Cities<br>Description of Organization: promotes volunt  | icket(s) (Provid<br>sor Gail Steele   | ed at the behes<br>Descri<br>Defenses<br>unteers<br>ances quality of   | be the Public Purpose<br>t of an agency official.<br>- 그<br>Murr<br>of life in Tri-Valley cit   | )<br>hber of Tickets:<br>ies<br>CA 94     | 4<br>4560<br>Zip Code |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervis<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.  | Ticket(s) (Providesor Gail Steele   | ed at the behes<br>Descri<br>Descri<br>ed at the behes<br>Defenses<br>unteers<br>ances quality of<br>News<br>City                | t of an agency official.<br>- A<br>Murr<br>of life in Tri-Valley citark   | )<br>hber of Tickets:<br>ies<br>CA 94     |                       |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervise<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.<br>Number and Street<br>Purpose for Distribution: (Describe the public p  | Ticket(s) (Provides or Gail Steele steague of Volute seerism and enha   | ed at the behes<br>behavior<br>inteers<br>ances quality of<br>News<br>city<br>tribution to the of                                | t of an agency official.<br>- A<br>Murr<br>of life in Tri-Valley citark   | )<br>hber of Tickets:<br>ies<br>CA 94     |                       |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervise<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.<br>Number and Street  | Ticket(s) (Provides or Gail Steele steague of Volute seerism and enha   | ed at the behes<br>behavior<br>inteers<br>ances quality of<br>News<br>city<br>tribution to the of                                | t of an agency official.<br>- A<br>Murr<br>of life in Tri-Valley citark   | )<br>hber of Tickets:<br>ies<br>CA 94     |                       |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervise<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.<br>Number and Street<br>Purpose for Distribution: (Describe the public p<br>to reward a non-profit organization for its con   | Ticket(s) (Provides or Gail Steele steague of Volute seerism and enha   | ed at the behes<br>behavior<br>inteers<br>ances quality of<br>News<br>city<br>tribution to the of                                | t of an agency official.<br>- A<br>Murr<br>of life in Tri-Valley citark   | )<br>hber of Tickets:<br>ies<br>CA 94     |                       |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervise<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.<br>Number and Street<br>Purpose for Distribution: (Describe the public p<br>to reward a non-profit organization for its con<br>Verification   | Ticket(s) (Provides<br>Ficket(s) (Provides Ficket(s) (Provides<br>Ficket(s) (Provides Ficket(s) (Provides Ficket                            | Descri   | be the Public Purpose<br>t of an agency official.<br>ーーー Nurr<br>of life in Tri-Valley cit<br>ark   | iber of Tickets:<br>ies<br>CA 94<br>State | Zip Code              |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervise<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.<br>Number and Street<br>Purpose for Distribution: (Describe the public p<br>to reward a non-profit organization for its com<br>Verification<br>I have determined that the distribution of tickets set | Ticket(s) (Provides<br>Ficket(s) (Provides Ficket(s) (Provides<br>Ficket(s) (Provides Ficket(s) (Provides Ficket | ed at the behes<br>Descri<br>ances quality of<br>ances quality of<br>City<br>tribution to the of<br>community<br>accordance with | be the Public Purpose<br>t of an agency official.<br>- A<br>Num<br>of life in Tri-Valley cit<br>ark<br>organization.)<br>h the provisions of FP | iber of Tickets:<br>ies<br>CA 94<br>State | Zip Code              |
| Individual or Organization Receiving T<br>Name of Behesting Agency Official: Supervise<br>Name of Individual or Organization: Tri-Cities<br>Description of Organization: promotes volunt<br>Address of Organization: 36120 Ruschin Dr.<br>Number and Street<br>Purpose for Distribution: (Describe the public p<br>to reward a non-profit organization for its com<br>Verification<br>I have determined that the distribution of tickets set | Ticket(s) (Provides<br>Ficket(s) (Provides Ficket(s) (Provides<br>Ficket(s) (Provides Ficket(s) (Provides Ficket                            | ed at the behes<br>Descri<br>ances quality of<br>ances quality of<br>City<br>tribution to the of<br>community<br>accordance with | be the Public Purpose<br>t of an agency official.<br>ーーー Nurr<br>of life in Tri-Valley cit<br>ark   | iber of Tickets:<br>ies<br>CA 94<br>State | Zip Code              |

| Tickets Provided by                |                          | A Publ                | ic Docume           | ont  | TICKETS PROVIDED BY                           |
|------------------------------------|--------------------------|-----------------------|---------------------|--|---|
| Agency Report                      |                          |                       |                     | F71L   | AGENCY REPORT                                 |
| 1. Agency Name                     |                          | -                     |                     | Date Stamp   | California 802                                |
| COUNTY OF ALAMEDA                  |                          |                       |                     |  | Form OUZ                                      |
| Division, Department, or Regi      | on (if applicable)       |                       |                     |  |   |
| 1221 OAK STREET, #555              |                          |                       |                     |  |   |
| Street Address                     |                          |                       | •                   |  | · ·   |
| OAKLAND, CA 94612                  |                          |                       |                     |  |   |
| Area Code/Phone Number             | E-mail                   |                       |                     | Amendment (Mustex)                                       | plain in Part 5.)                             |
| (510) 272-3882                     | crystal.hishida@a        | acgov.org             |                     |  |   |
| Agency Contact (name and title)    |                          |                       |                     | Date of Original Filing: _                               | (month, day, year)                            |
| Crystal Hishida Graff, Princi      | pal Analyst, Count       | ty Administrate       | or's Office         |  |   |
| 2. Event For Which Tickets         | Were Distribute          | ed                    |                     | · · · · · · · · · · · · · · · · · · ·                    |   |
| Date(s) of Event: <u>10 / 2</u>    | 5 / 09 Desc              | ription of Ever       | t: Oakland Ra       | aiders & New York Jets                                   |   |
|                                    |                          |                       |                     | 450  |   |
| ·/                                 | / Face                   | value of TICKE        | et: ֆ               |  |   |
| Agency Event 🛛 Yes                 | 🗵 No (Identify s         | ource of ticke        | ts below.)          |  |   |
| Name of Outside Source of          | Tickot(s) Provided (     | to Agency, Oa         | kland Raiders       |  |   |
|                                    |                          | io Agency             |                     |  |   |
| Number of Tickets Received         | : <u>1</u>               | Ticket(s) Prov        | vided to Agenc      | y: Gratuitously  | Pursuant to Contract                          |
| 3. Agency Official(s) Recei        | ving Ticket(s) (u        | se a continuatio      | n sheet for addi    | tional names)  |   |
| Name of Offic<br>(Last, First)     | ial                      | Number<br>of Tickets  |                     | her the Distribution is Inc<br>be the Public Purpose for |   |
|                                    |                          |                       |                     | i  |   |
|                                    |                          |                       |                     |  | 1000-1000-1000-1000-1000-1000-1000-100        |
|                                    |                          |                       |                     |  |   |
|                                    |                          |                       | **                  |  |   |
|                                    |                          |                       |                     |  |   |
| 4. Individual or Organization      | on Receiving Tic         | <b>ket(s)</b> (Provid | led at the behes    | t of an agency official.)                                |   |
| Name of Behesting Agency           | Official: Keith Cars     | ion , Sur             | renvisor            | mstriet 5  |   |
| Name of Individual or Organ        |                          | •                     |                     | Numbe  | er of Tickets: <u>1</u>                       |
| Name of manual of Organ            | 1280011.                 |                       |                     | (10000   |   |
| Description of Organization:       |                          |                       |                     |  |   |
| Address of Organization:           | nber and Street          |                       | City                |  | State Zip Code                                |
| Purpose for Distribution: (De      | escribe the public our   | roose for the dis     | stribution to the d | organization.)   |   |
| To promote attendance at a         |                          |                       |                     |  | revenue                                       |
| To promote allendance al a         |                          |                       |                     |  |   |
| 5. Verification                    |                          |                       |                     | <u></u>  | a ta yang ang ang ang ang ang ang ang ang ang |
| I have determined that the distr   | ibution of tickets set : | forth above is in     | Laccordance wil     | h the provisions of FPPC                                 | Regulation 18944.1.                           |
|                                    |                          |                       |                     |  |   |
| Jok mit                            |                          | HISHIDA GRA           | F PRIN              |  |   |
| Signature of Agenov Head of Design | ee                       | Print Name            |                     | Title  | (pfonth, day, year)                           |

| ickets Provided by<br>Agency Report    | A Pub                                     | lic Document                  |                   | TICKETS PROVIDED E<br>AGENCY REPOR     |
|--|---|-------------------------------|-------------------|--|
| . Agency Name                          |   | Da                            | te Stamp          | California 000                         |
| COUNTY OF ALAMEDA                      |   |                               |                   | Form 802                               |
| Division, Department, or Region        | (if applicable)                           |                               |                   | For Official Use Only                  |
| 1221 OAK STREET, #555                  | ,   |                               |                   |  |
| Street Address                         | <u></u>                                   |                               |                   |  |
| OAKLAND, CA 94612                      |   |                               |                   |  |
|  | mail                                      |                               |                   |  |
|  | ystal.hishida@acgov.org                   | Amer                          | ndment (Must expl | lain in Part 5.)                       |
| Agency Contact (name and title)        | ystai.msinua@acgov.org                    | Date of C                     | )riginal Filing:  |  |
| Crystal Hishida Graff, Principa        | Analyst County Administrat                |                               |                   | (month, day, year)                     |
| Event For Which Tickets M              |   |                               |                   |  |
|  |   | . Basketball Game             | - Dani            | DT-Y                                   |
| Date(s) of Event: <u>12</u> <u>05</u>  | <u>Jos</u> Description of Eve             | nt:                           |                   | · ·                                    |
| /                                      | / Face Value of Tick                      | et: \$75, 00                  |                   |  |
|  | ⊠ No (Identify source of ticke            |                               |                   |  |
| - •                                    | •   |                               |                   |  |
| Name of Outside Source of Ticl         | (et(s) Provided to Agency:                |                               |                   |  |
| Number of Tickets Received:            | 4 Ticket(s) Pro                           | vided to Agency: 🛛 Gr         | atuitously        | Pursuant to Contract                   |
| Agency Official(s) Receivir            | ng Ticket(s) (use a continuation          | on sheet for additional nam   | es)               |  |
| Name of Official<br>(Last, First)      | Number                                    | State Whether the Dis         |                   |  |
|  | of Tickets                                | Describe the Put              | IC Purpose for    |  |
|  |   |                               |                   |  |
|  |   |                               |                   |  |
|  |   |                               |                   |  |
| •••••••••••••••••••••••••••••••••••••• |   |                               |                   | ······································ |
|  |   |                               |                   |  |
| Individual or Organization             | Receiving Ticket(s) (Provid               | ded at the behest of an age   | ncy official.)    |  |
|  | Nate Miley Super                          | risor District                | 4                 |  |
| Name of Behesting Agency Off           | cial:                                     |                               |                   |  |
| Name of Individual or Organiza         | tion. Dublin High School                  |                               | Number            | of Tickets:4                           |
|  |   |                               | , Number          |  |
| Description of Organization:           | Iblic School                              |                               |                   |  |
|  |   | 0.4500                        |                   |  |
| Address of Organization.               | Village Parkway, Dublin, CA<br>and Street |                               |                   |  |
| Number                                 |   | City                          |                   | State Zip Code                         |
| Purpose for Distribution: (Desc        | ibe the public purpose for the dis        | stribution to the organizatio | n.)               |  |
| volunteer contribution to comm         | unity                                     |                               |                   |  |
|  | · · · · · · · · · · · · · · · · · · ·     |                               |                   |  |
| Verification                           |   |                               |                   |  |
| I have determined that the distribut   | ion of tickets set forth above is in      | accordance with the provi     | sions of FPPC F   | Regulation 18944.1.                    |
| 6H G.M                                 | CRYSTAL HISHIDA GRA                       | FF PRINCIPAL AI               | VALYST            | (Alsel)                                |
| Signature of Agency Head or Designee   | Print Name                                |                               | Title             | (month, day vear)                      |
| Comment: (Use this space or an att     |   |                               |                   | (                                      |
|  | section any account invittade             |                               |                   |  |

| Tickets Provided by Agency Report     |                                | A Pub               | lic Docume         | nt                          | TICKETS PROVIDED BY<br>AGENCY REPORT  |
|---------------------------------------|--------------------------------|---------------------|--------------------|-----------------------------|---------------------------------------|
| 1. Agency Name                        |                                |                     |                    | Date Stamp                  | California 000                        |
| COUNTY OF ALAMEDA                     |                                |                     |                    | -                           | Form OUZ                              |
| Division, Department, or Region       | ı (if applicable)              |                     |                    |                             | For Official Use Only                 |
| 1221 OAK STREET, #555                 |                                |                     |                    |                             |                                       |
| Street Address                        |                                |                     |                    |                             |                                       |
| OAKLAND, CA 94612                     |                                |                     |                    |                             |                                       |
| Area Code/Phone Number E              | -mail                          |                     |                    | Amendment (Must e)          | volain in Part 5 1                    |
| (510) 272-3882 c                      | rystal.hishida@a               | cgov.org            |                    |                             | (plan in Fait 0.)                     |
| Agency Contact (name and title)       | ······                         |                     |                    | Date of Original Filing: .  | (month, day, year)                    |
| Crystal Hishida Graff, Principa       | il Analyst, Count              | y Administrat       | or's Office        |                             |                                       |
| . Event For Which Tickets V           | Vere Distribute                | ed                  |                    | <u></u>                     |                                       |
| Date(s) of Event: <u>12 / 05</u>      | _/09Descr                      | iption of Eve       | nt: Basketball (   | Same - Warnon               | <u>5</u>                              |
|                                       | Face '                         | Volue of Tick       | 95.                | GO                          |                                       |
| /                                     |                                | Value of them       | ει, φ              |                             |                                       |
| Agency Event 🛛 Yes                    | ⊠ No (Identify se              | ource of ticke      | ets below.)        |                             |                                       |
| Name of Outside Source of Tic         | ket(s) Provided to             | o Agency: <u>G</u>  | olden State Wa     | rriors                      |                                       |
|                                       | Л                              |                     |                    |                             |                                       |
| Number of Tickets Received: _         |                                | Ticket(s) Pro       | vided to Agency    | y: 🔲 Gratuitously           | Pursuant to Contrac                   |
| . Agency Official(s) Receivi          | ng Ticket(s) (us               | se a continuatio    | on sheet for addit | ional names)                |                                       |
| Name of Official<br>(Last, First)     |                                | Number              |                    | her the Distribution is Inc |                                       |
| (                                     |                                | of Tickets          | Deschi             | be the Public Purpose fo    |                                       |
|                                       |                                |                     |                    |                             |                                       |
|                                       |                                |                     |                    |                             |                                       |
|                                       |                                |                     |                    |                             |                                       |
|                                       |                                |                     |                    |                             |                                       |
| · · · · · · · · · · · · · · · · · · · |                                |                     |                    |                             |                                       |
| . Individual or Organization          | Receiving Tic                  | ket(s) (Provid      | ded at the behest  | of an agency official.)     |                                       |
| Name of Behesting Agency Off          | <sub>ficial</sub> . Nate Miley | Super               | 1200 Dis           | strict 1                    |                                       |
|                                       |                                |                     |                    |                             | ж <u> </u>                            |
| Name of Individual or Organiza        | ation: Jason Carr              | nichael             |                    | Numb                        | er of Tickets:4                       |
|                                       |                                |                     |                    |                             |                                       |
| Description of Organization:          |                                |                     |                    |                             |                                       |
|                                       |                                |                     | •                  |                             |                                       |
| Address of Organization:              | r and Street                   |                     | City               | ······                      | State Zip Code                        |
| Purpose for Distribution: (Desc       | vibo the public pur            | nona fariba di      | tribution to the e | reprinction )               |                                       |
|                                       |                                | oose tor the als    |                    | rganization.)               |                                       |
| volunteer contribution to comm        | lunity                         |                     |                    |                             |                                       |
| M                                     |                                |                     |                    |                             | · · · · · · · · · · · · · · · · · · · |
| . Verification                        |                                |                     |                    |                             |                                       |
| I have determined that the distribu   | tion of tickets set fo         | orth above is in    | accordance with    | the provisions of FPPC      | Regulation 18944.1.                   |
| Loft Onethi                           | CRYSTAL H                      | IISHIDA GRA         | FF PRIN            | CIPAL ANALYST               | Inhg/                                 |
| Signature of Agency Hear of Designee  | — — F                          | Print Name          |                    | Title                       | (month, day,/year)                    |
| Comment: (Use this space or an at     | tachment for any add           | litional informatio | on including amend | ment explanation.)          |                                       |
| 1 parking pass                        |                                |                     |                    |                             |                                       |

| Tickets Provided by<br>Agency Report |                               | A Publ  | ic Docume          | ent                        | TICKETS PROVIDED B<br>AGENCY REPOR  |
|--------------------------------------|-------------------------------|---|--------------------|----------------------------|---|
| 1. Agency Name                       |                               |   |                    | Date Stamp                 | California 000  |
| COUNTY OF ALAMEDA                    |                               |   |                    |                            | Form OUZ  |
| Division, Department, or Reg         | jion (if applicable)          | <u></u>                                       |                    |                            | For Official Use Only   |
| 1221 OAK STREET, #555                |                               |   |                    |                            |   |
| Street Address                       |                               |   |                    |                            |   |
| OAKLAND, CA 94612                    |                               |   |                    |                            |   |
| Area Code/Phone Number               | E-mail                        |   | - <del></del>      | Amendment (Must e          | untain in Darf E L  |
| (510) 272-3882                       | crystal.hishida@a             | cgov.org                                      |                    |                            | xpiain in Part 5.7  |
| Agency Contact (name and title       | _                             | <u> </u>                                      |                    | Date of Original Filing:   | (month, day, year)  |
| Crystal Hishida Graff, Princ         | cipal Analyst, Count          | y Administrate                                | or's Office        | · ·                        | (monal, day, year)  |
| 2. Event For Which Ticket            | s Were Distribute             | d   |                    |                            |   |
| Date(s) of Event: <u>10</u> /        | 18 / 09 Descr                 | intion of Ever                                | ., Football Ga     | ime                        |   |
|                                      |                               |   | . 6                | 50.00                      |   |
| /                                    | / Face '                      | Value of Ticke                                | et: \$ <i>L</i> -  | 50-00                      |   |
| Agency Event 🛛 Yes                   | 🗵 No (Identify so             | ource of ticke                                | ts below.)         |                            |   |
|                                      | <b>T I (() D ·</b> ) <b>I</b> | . Oa  | kland Raiders      |                            |   |
| Name of Outside Source of            | HCKet(s) Provided to          | o Agency:                                     |                    |                            |   |
| Number of Tickets Receive            | d:3                           | Ticket(s) Prov                                | vided to Agenc     | y: 🔲 Gratuitously          | Revealed a Pursuant to Contract   |
| 3. Agency Official(s) Rece           | iving Ticket(s) (us           | e a continuatio                               | n sheet for addi   | tional names)              |   |
| Name of Off<br>(Last, First)         |                               | Number  |                    | her the Distribution is In |   |
| (200, 110)                           |                               | of Tickets                                    | Desch              | be the Public Purpose for  |   |
|                                      |                               |   |                    |                            |   |
|                                      |                               |   |                    |                            |   |
|                                      |                               |   |                    |                            |   |
|                                      |                               |   |                    |                            |   |
|                                      |                               |   |                    |                            |   |
| 4. Individual or Organizati          | on Receiving Ticl             | ket(s) (Provid                                | ed at the behes    | t of an agency official.)  |   |
|                                      | Official. Nate Miley          | Super   | Nor D              | nstrict4                   |   |
| Name of Behesting Agency             | Official:                     | , <u>, , , , , , , , , , , , , , , , , , </u> |                    |                            |   |
| Name of Individual or Orga           | Malachi De                    | Vries   |                    | Nu mah                     | er of Tickets:1   |
| Name of antividual of Organ          | nzauon                        |   |                    |                            | er of fickets:  |
| Description of Organization          | -                             |   |                    |                            |   |
|                                      |                               |   |                    |                            |   |
| Address of Organization:             | -                             |   |                    |                            |   |
| - Nu                                 | mber and Street               |   | City               |                            | State Zip Code  |
| Purpose for Distribution: (D         | escribe the public purp       | oose for the dis                              | tribution to the c | organization.)             |   |
| outstanding academic achi            | evement                       |   |                    |                            |   |
|                                      |                               |   |                    |                            | Hereit and the second se |
| 5. Verification                      |                               |   |                    |                            |   |
| I have determined that the dist      | ribution of tickets set fo    | orth above is in                              | accordance wit     | h the provisions of EPP(   | C Regulation 18944 1  |
| a IIA his                            |                               |   |                    |                            |   |
| left north                           |                               | IISHIDA GRA                                   | FF PRIN            | ICIPAL ANALYST             | 10/8/09   |
| Signature of Agency Head & Desig     | nee F                         | Print Name                                    |                    | Title                      | (month, day, year)  |

| Agoney Namo  |  | Date Stan                              | AGENCY REPORT                         |
|--|--|--|---------------------------------------|
| . Agency Name<br>COUNTY OF ALAMEDA                                 |  | Date Star                              | Form 802                              |
| Division, Department, or Region (if applicab                       | le)  |  | For Official Use Only                 |
| 1221 OAK STREET, #555  | · · · ·  |  |                                       |
| Street Address   |  |  |                                       |
| OAKLAND, CA 94612  |  |  |                                       |
| Area Code/Phone Number E-mail                                      |  | —————————————————————————————————————— | A (14 oct availation in Dank 5.)      |
| (510) 272-3882 crystal.hisl  | nida@acgov.org                                   | -                                      | t (Must explain in Part 5.)           |
| Agency Contact (name and title)                                    |  | Date of Origina                        | l Filing:                             |
| Crystal Hishida Graff, Principal Analyst,                          | County Administrator                             |  | (, eeg) yeery                         |
| . Event For Which Tickets Were Dis                                 |  |  |                                       |
| Date(s) of Event: <u>10 / 25 / 09</u>                              | Description of Event:                            | Oakland Raiders & New Y                | ork Jets                              |
|  | Face Value of Ticket:                            |  |                                       |
|  |  |  |                                       |
|  | entify source of tickets                         |  |                                       |
| Name of Outside Source of Ticket(s) Pro                            | ovided to Agency: Oak                            | and Raiders                            |                                       |
|  |  |  | ush                                   |
| Number of Tickets Received:1                                       |  | led to Agency: 🔲 Gratuito              | usly I Pursuant to Contract           |
| . Agency Official(s) Receiving Ticke                               | t(s) (use a continuation                         | sheet for additional names)            |                                       |
| Name of Official   | Number   | State Whether the Distribut            | ion is Income to the Official or      |
| (Last, First)  | of Tickets                                       | Describe the Public Pu                 | rpose for the Distribution            |
| Alsha Brown  | Ì  | Exemplanyen                            | ployee service To                     |
|  |  | public-1                               | 1 0                                   |
|  |  |  |                                       |
|  |  | 1 15 0 <b>7000 - 0</b> - 0             | · · · · · · · · · · · · · · · · · · · |
|  |  |  |                                       |
| . Individual or Organization Receivi                               | ng Ticket(s) (Provide                            | d at the behest of an agency o         | fficial.)                             |
| Name of Behesting Agency Official: Kei                             | th Carson , Surge                                | VINON BISTIC                           | <i>t</i> 5                            |
| Name of Benesting Agency Official.                                 | f  |  |                                       |
| Name of Individual or Organization:                                |  |  | Number of Tickets:                    |
| _  |  |  |                                       |
| Description of Organization:                                       |  |  |                                       |
|  |  |  |                                       |
| Address of Organization:   |  | City                                   | State Zip Code                        |
| Purpose for Distribution: (Describe the pu                         | ublic number for the distr                       | ibution to the organization )          |                                       |
| Fulpose for Distribution. (Describe the pr                         | apric purpose for the distr                      | busin to the organization.             |                                       |
|  | · · · ·  |  | <u></u>                               |
|  |  |  |                                       |
| Verification   |  |  |                                       |
|  | nto ont forth above is in a                      | anordance with the provisions          | of EDBC Dogulation 19044 1            |
| 5. Verification<br>I have determined that the distribution of tick | ets set forth above is in a<br>STAL HISHIDA GRAF |  | , ,                                   |

۰.

| Fickets Provided by<br>Agency Report        | A Pub                                 | lic Docume          | nt                         | TICKETS PROVIDED B<br>AGENCY REPOR |
|---|---------------------------------------|---------------------|----------------------------|------------------------------------|
| . Agency Name                               | , , , , , , , , , , , , , , , , , , , |                     | Date Stamp                 | California                         |
| COUNTY OF ALAMEDA                           |                                       |                     |                            | Form OU2                           |
| Division, Department, or Region (i          | fapplicable)                          |                     |                            | For Official Use Only              |
| 1221 OAK STREET, #555                       |                                       |                     |                            |                                    |
| Street Address                              |                                       |                     |                            |                                    |
| OAKLAND, CA 94612                           |                                       |                     |                            |                                    |
| Area Code/Phone Number E-m                  | ail                                   |                     | Amendment (Must ex         | niain in Part 5 1                  |
| (510) 272-3882 cry                          | stal.hishida@acgov.org                |                     |                            | plain in Fan 5.)                   |
| Agency Contact (name and title)             |                                       |                     | Date of Original Filing: _ | (month, day, year)                 |
| Crystal Hishida Graff, Principal /          | Analyst, County Administra            | tor's Office        |                            | (monn), uay, year)                 |
| Event For Which Tickets We                  | are Distributed                       |                     |                            |                                    |
| Date(s) of Event: $12 / 05 / $              | 09 Description of Euro                |                     | Jame - Warn                | 378                                |
| Date(s) of Event:                           | Description of Eve                    | ап.<br>Ос           | <u>ັ</u> ກງີງ              |                                    |
| //_   | Face Value of Tick                    | :et: \$ (           |                            |                                    |
|   | ] No (Identify source of ticke        |                     |                            |                                    |
|   |                                       |                     | riors                      |                                    |
| Name of Outside Source of Ticke             | t(s) Provided to Agency:              |                     |                            |                                    |
| Number of Tickets Received:                 | Ticket(s) Pro                         | ovided to Agency    | /: 🔲 Gratuitously          | Pursuant to Contrac                |
| . Agency Official(s) Receiving              | <b>J Ticket(s)</b> (use a continuati  | on sheet for addit  | ional names)               |                                    |
| Name of Official<br>(Last, First)           | Number                                |                     | er the Distribution is Inc |                                    |
|   | of Tickets                            | Descrit             | be the Public Purpose fo   | r the Distribution                 |
|   |                                       |                     | •                          |                                    |
|   |                                       |                     |                            |                                    |
|   |                                       |                     |                            |                                    |
|   | ····· ,                               |                     |                            |                                    |
|   |                                       |                     |                            |                                    |
| . Individual or Organization R              | eceiving Ticket(s) (Provi             | ded at the behest   | of an agency official.)    |                                    |
|   | Nate Miley Clarker                    | VLOUY DI            | strict 1                   |                                    |
| Name of Behesting Agency Offic              |                                       | VLOUP OIL           |                            |                                    |
| Name of Individual or Organization          | Women on the Way to I                 | Recoverv            | . <i>.</i> .               | (T) 4                              |
|   |                                       | ,                   | Numbe                      | er of Tickets:4                    |
| Description of Organization: <u>Re-</u>     | entry program for women               |                     |                            |                                    |
| · p · · - · · - · g · · · · - · · · · · · · | · · · · · · · · · · · · · · · · · · · | -                   |                            |                                    |
| Address of Organization.                    | Haviland Ave, Hayward, CA             | 4 94541             |                            |                                    |
| Number a                                    | nd Street                             | City                |                            | State Zip Code                     |
| Purpose for Distribution: (Describ          | e the public purpose for the di       | stribution to the o | rganization.)              |                                    |
| volunteer contribution to commu             | nity                                  |                     |                            |                                    |
|   |                                       |                     |                            |                                    |
| Verification                                |                                       |                     |                            | ·····                              |
| I have determined that the distribution     | n of tickets set forth shows is i     | n accordance with   | the provisions of EDDC     | Regulation 18044 1                 |
|   |                                       |                     |                            | / m                                |
| los profi                                   | CRYSTAL HISHIDA GRA                   | AFF PRING           | CIPAL ANALYST              |                                    |
| Signature of Agency Head or Designee        | Print Name                            |                     | Title                      | (month, day, year)                 |
| Comment: (Use this space or an attac        | hment for any additional informati    | on including amendi | ment explanation.)         |                                    |
| 2 parking passes                            |                                       |                     |                            |                                    |

|   |  | A Public  | Docume   | nt                        | TICKETS PROVIDED I<br>AGENCY REPOI            |
|---|--|---|--|---------------------------|---|
| gency Report  |  |   |  | Date Stamp                | California                                    |
| COUNTY OF ALAMEDA   |  |   |  |                           | Form <b>ÖU</b> 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@a  |   |  | Amendment (Must           | explain in Part 5.)                           |
| Agency Contact (name and title  |  |   |  | Date of Original Filing:  | ·   |
| Crystal Hishida Graff, Princ  |  | tv Administrator'   | s Office   |                           | (month, day, year)                            |
| Event For Which Ticket  | -  | •   |  |                           | · · · · · · · · · · · · · · · · · · ·         |
|   |  |   | Basketball G                                       | ame - Waxon               | 17  |
| Date(s) of Event: <u>12</u>   | <u>Desci</u>   | ription of Event: .   | <u> </u>   | D/)                       | , <u>, , , , , , , , , , , , , , , , , , </u> |
| /   | / Face   | Value of Ticket:  | \$   |                           |   |
| Agency Event 🛛 Yes  | 🗵 No (Identify s   |   |  |                           |   |
| •••   |  |   | •  | rioro                     |   |
| Name of Outside Source of   | Ticket(s) Provided t   | o Agency:   | en State war                                       | riors                     |   |
| Number of Tickets Received  | :_2  | Ticket(s) Provid  | ed to Agency                                       | : 🔲 Gratuitously          | Pursuant to Contra                            |
| Agency Official(s) Rece   | iving Ticket(s) (u:  | se a continuation s   | sheet for additi                                   | onal names)               |   |
| Name of Offi  | cial   | Number  | State Wheth  | er the Distribution is Ir | ncome to the Official or                      |
| (Last, First)   |  | of Tickets  | Describ  | e the Public Purpose f    | for the Distribution                          |
|   |  |   |  |                           |   |
|   | · · · · · · · · · · · · · · · · · · ·  |   |  |                           |   |
|   |  |   |  |                           |   |
|   |  |   |  |                           | ****  |
|   |  |   |  |                           |   |
|   | on Receiving Tic   |   | -445 - 114   | of an agency official )   |   |
| Individual or Organizati  |  | Ketisi (Provided  |  |                           |   |
| Individual or Organizati  | •  |   | at the benest                                      | And i h                   |   |
| -   | Nata Milau   |   | at the benest                                      | nstrict 4                 |   |
| Name of Behesting Agency  | Official: <u>Nate Miley</u>  | , Sipern  | son Te   | nstrict 4                 |   |
| Name of Behesting Agency  | Official: <u>Nate Miley</u>  | , Sipern  | son Te   | nstrict 4                 | per of Tickets:2                              |
| Name of Behesting Agency<br>Name of Individual or Orgar   | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u>   | Siparri<br>ark Neighborhoo  | son Te   | nstrict 4                 | per of Tickets:2                              |
| Name of Behesting Agency<br>Name of Individual or Orgar   | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u>   | Siparri<br>ark Neighborhoo  | son Te   | nstrict 4                 | per of Tickets:2                              |
| Name of Behesting Agency<br>Name of Individual or Orgar<br>Description of Organization:   | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u>   | Siparri<br>ark Neighborhoo<br>ne prevention                                 | d Crime Prev                                       | nstrict 4                 | per of Tickets:2                              |
| Name of Behesting Agency<br>Name of Individual or Orgar<br>Description of Organization:<br>Address of Organization: <u>30</u>   | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u> neighborhood crim   | Siparri<br>ark Neighborhoo<br>ne prevention                                 | d Crime Prev                                       | nstrict 4                 |   |
| Name of Behesting Agency<br>Name of Individual or Orgar<br>Description of Organization:<br>Address of Organization: 30  | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u><br>neighborhood crim<br>036 Monticello Ave A  | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9                         | d Crime Prev<br>d Crime Prev<br>04619<br>City      | rention Numb              |   |
| Name of Behesting Agency<br>Name of Individual or Orgar<br>Description of Organization:<br>Address of Organization: 30<br>Nu<br>Purpose for Distribution: (D  | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u><br>neighborhood crim<br>036 Monticello Ave -<br>nber and Street<br>escribe the public pur                                       | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9                         | d Crime Prev<br>d Crime Prev<br>04619<br>City      | rention Numb              |   |
| Name of Behesting Agency<br>Name of Individual or Orgar<br>Description of Organization:<br>Address of Organization: 30<br>Nu<br>Purpose for Distribution: (D  | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u><br>neighborhood crim<br>036 Monticello Ave -<br>nber and Street<br>escribe the public pur                                       | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9                         | d Crime Prev<br>d Crime Prev<br>04619<br>City      | rention Numb              |   |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization:<br>Address of Organization: $\frac{36}{Nu}$<br>Purpose for Distribution: (D<br>volunteer contribution to co | Official: <u>Nate Miley</u><br>nization: <u>Maxwell Pa</u><br>neighborhood crim<br>036 Monticello Ave -<br>nber and Street<br>escribe the public pur                                       | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9                         | d Crime Prev<br>d Crime Prev<br>04619<br>City      | rention Numb              |   |
| Name of Individual or Organ<br>Description of Organization:<br>Address of Organization: $\frac{30}{Nu}$<br>Purpose for Distribution: (D<br>volunteer contribution to co                             | Official: Nate Miley<br>nization: Maxwell Pa<br>neighborhood crim<br>036 Monticello Ave<br>mber and Street<br>escribe the public pur<br>mmunity  | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9<br>pose for the distric | ad Crime Prev<br>04619<br>City                     | rention Numb              | State Zip Code                                |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization:<br>Address of Organization: $\frac{36}{Nu}$<br>Purpose for Distribution: (D<br>volunteer contribution to co | Official: Nate Miley<br>nization: Maxwell Pa<br>neighborhood crim<br>036 Monticello Ave<br>mber and Street<br>escribe the public pur<br>mmunity  | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9<br>pose for the distric | ad Crime Prev<br>04619<br>City                     | rention Numb              | State Zip Code                                |
| Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization:<br>Address of Organization: $\frac{3(}{Nu}$<br>Purpose for Distribution: (D<br>volunteer contribution to co | Official: Nate Miley<br>nization: Maxwell Pa<br>neighborhood crim<br>036 Monticello Ave<br>nber and Street<br>escribe the public pur<br>mmunity<br>ibution of tickets set for<br>CRYSTAL H | ark Neighborhoo<br>ne prevention<br>~ Oakland, CA 9<br>pose for the distric | ad Crime Prev<br>04619<br>City<br>oution to the or | rention Numb              | State Zip Code                                |

| Fickets Provided by<br>Agency Report  | A Pub                                 | lic Docume          | nt                          | TICKETS PROVIDED B'<br>AGENCY REPOR |
|---|---------------------------------------|---------------------|-----------------------------|-------------------------------------|
| I. Agency Name  |                                       |                     | Date Stamp                  | California                          |
| COUNTY OF ALAMEDA   |                                       |                     |                             | Form <b>OU</b>                      |
| 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  | @acgov.org                            |                     |                             |                                     |
| Agency Contact (name and title)   |                                       |                     | Date of Original Filing: _  | (month, day, year)                  |
| Crystal Hishida Graff, Principal Analyst, Co  | ounty Administrat                     | or's Office         |                             |                                     |
| . Event For Which Tickets Were Distrib  | outed                                 |                     |                             |                                     |
| Date(s) of Event: $2 / 17 / 10$ Detection Det | escription of Eve                     | nt: Basketball C    | Same-Warcors                |                                     |
| Date(s) of Event: <u>2</u> <u>17</u> <u>10</u> De   | ace Value of Tick                     | et \$ 95            | .00                         |                                     |
|   |                                       | σι. φ               |                             |                                     |
| Agency Event 🔲 Yes 🖾 No (Identi   | fy source of ticke                    | ts below.)          |                             |                                     |
| Name of Outside Source of Ticket(s) Provid  | ed to Agency: Go                      | olden State Wa      | rriors                      |                                     |
| Number of Tickets Received:   |                                       |                     | y: 🔲 Gratuitously           | Rursuant to Contract                |
| . Agency Official(s) Receiving Ticket(s   | ) (use a continuatio                  | on sheet for addit  | ional names)                |                                     |
| Name of Official<br>(Last, First)   | Number                                |                     | ner the Distribution is Inc |                                     |
|   | of Tickets                            | Descrit             | be the Public Purpose fo    | r the Distribution                  |
|   |                                       |                     |                             |                                     |
| · · · · · · · · · · · · · · · · · · ·   |                                       |                     |                             |                                     |
|   |                                       |                     |                             |                                     |
| · · · · · · · · · · · · · · · · · · ·   |                                       |                     |                             | - 11 M - 12 Weiter - 14             |
|   |                                       |                     | ter minere                  |                                     |
| . Individual or Organization Receiving  | Ticket(s) (Provid                     | led at the behest   | of an agency official.)     |                                     |
| Name of Behesting Agency Official: <u>Nate M</u>  | iley Super                            | visor D             | strict 4                    |                                     |
|   | ų                                     |                     | ·····                       |                                     |
| Name of Individual or Organization: Lightho   | use Community                         | Center              | Numbe                       | er of Tickets: 2                    |
|   |                                       |                     |                             |                                     |
| Description of Organization: Provide substa   | nce free program                      | is and educatio     | n to community              |                                     |
| Address of Organization, 1217 'A' Street ~ I  | Havavard CA QA                        | 5/1                 |                             |                                     |
| Address of Organization:  | aywalu, CA 94                         | City                |                             | State Zip Code                      |
|   |                                       | -                   |                             |                                     |
| Purpose for Distribution: (Describe the public  | purpose for the dis                   | stribution to the o | rganization.)               |                                     |
| volunteer contribution to community   |                                       |                     |                             |                                     |
|   |                                       |                     |                             |                                     |
| . Verification  |                                       |                     |                             |                                     |
| I have determined that the distribution of tickets s  | set forth above is in                 | accordance with     | n the provisions of FPPC    | Regulation 18944.1.                 |
| laff math CRYSTA  | AL HISHIDA GRA                        | FF PRIN             | CIPAL ANALYST               | 10/28/0                             |
| Signature of Agency Head or Design ye   | Print Name                            |                     | Title                       | (month, day, year)                  |

| Tickets Provided by<br>Agency Report    |                         | A Public [            | Docume                                | ent  | TICKETS PROVIDED B<br>AGENCY REPOR      |
|---|-------------------------|-----------------------|---------------------------------------|--|---|
| 1. Agency Name                          |                         |                       |                                       | Date Stamp                                   | California 002                          |
| COUNTY OF ALAMEDA                       |                         |                       |                                       |  | Form OU2                                |
| Division, Department, or Region         | ı (if applicable)       |                       |                                       |  | For Official Use Only                   |
| 1221 OAK STREET, #555                   |                         |                       |                                       |  |   |
| Street Address                          | · · · · · ·             |                       |                                       |  |   |
| OAKLAND, CA 94612                       |                         |                       |                                       |  |   |
| Area Code/Phone Number E                | -mail                   |                       |                                       | Amendment (Must                              | avalain in Bort E                       |
| (510) 272-3882                          | rystal.hishida@a        | cgov.org              |                                       |  | xpiairin Fan 0.j                        |
| Agency Contact (name and title)         |                         |                       |                                       | Date of Original Filing:                     | (month, day, year)                      |
| Crystal Hishida Graff, Principa         | al Analyst, Count       | y Administrator's     | Office                                |  | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 2. Event For Which Tickets              | Nere Distribute         | d                     |                                       | <b>,</b> , , , , , , , , , , , , , , , , , , |   |
| Date(s) of Event: <u>10</u> / <u>18</u> | , 09 Descr              | iption of Event:      | ootball Ga                            | ime  |   |
|   |                         |                       | 150                                   | 7.0D   | <u> </u>                                |
| /                                       |                         | Value of Ticket: \$   | , , , , ,                             |  |   |
| Agency Event 🛛 Yes                      | 🗵 No (Identify se       | ource of tickets be   | elow.)                                |  |   |
| Name of Outside Source of Tid           | kot(s) Provided t       | o Agency, Oaklan      | d Raiders                             | · .  |   |
|   |                         | o Agency.             |                                       |  |   |
| Number of Tickets Received: -           | 3                       | Ticket(s) Provided    | d to Agenc                            | y: Gratuitously                              | Pursuant to Contract                    |
| 3. Agency Official(s) Receivi           | ng Ticket(s) (us        | e a continuation sh   | eet for addi                          | tional names)                                |   |
| Name of Officia                         |                         |                       |                                       | her the Distribution is Ir                   |   |
| (Last, First)                           |                         | of Tickets            | Descri                                | be the Public Purpose f                      | or the Distribution                     |
|   |                         |                       |                                       |  |   |
|   |                         |                       |                                       |  |   |
|   |                         |                       |                                       |  |   |
| ·                                       |                         |                       |                                       |  |   |
|   |                         |                       |                                       |  |   |
| 4. Individual or Organization           | Receiving Tic           | ket(s) (Provided a    | t the behes                           | t of an agency official.)                    |   |
| _                                       | Nate Milev              | District              | - AL S                                | u o a o t o                                  |   |
| Name of Behesting Agency Of             | ficial:                 | , worth               | 4 0                                   | M30VVVS                                      | Martin Party and Antonio                |
| Name of Individual or Organiz           | stien. Joe DeVrie       | S                     |                                       | N1   | 1                                       |
| Name of Individual of Organiz           | allon                   |                       |                                       | Numt   | per of Tickets:                         |
| Description of Organization: _          |                         |                       |                                       |  |   |
|   |                         |                       |                                       |  | 2                                       |
| Address of Organization:                |                         |                       | ······                                | 5.<br>                                       |   |
| - Numbe                                 | er and Street           |                       | City                                  |  | State Zip Code                          |
| Purpose for Distribution: (Des          | cribe the public pur    | pose for the distribu | tion to the o                         | organization.)                               |   |
| Volunteer contribution to the c         | ommunity                |                       |                                       |  |   |
| ······                                  |                         |                       | · · · · · · · · · · · · · · · · · · · |  |   |
| 5. Verification                         |                         |                       |                                       |  |   |
| I have determined that the distribute   | ıtion of tickets set fo | orth above is in acco | ordance witi                          | h the provisions of FPP                      | C Regulation 18944.1.                   |
| 11/m. V                                 | CRYSTAL H               | IISHIDA GRAFF         | PRIN                                  | CIPAL ANALYST                                | 10/8/09                                 |
| Signature of Ageric Head or Designee    |                         | Print Name            |                                       | Title  | (month, day, year)                      |
| Comment: (Use this space or an a        |                         |                       | luding amend                          | Iment explanation.)                          |   |

|  |  | , <b>G</b>                                      | cume                     | ni                                    | AGENCY REPOR                           |
|--|--|---|--------------------------|---------------------------------------|--|
| 1. Agency Name   |  |   |                          | Date Stamp                            | California                             |
| COUNTY OF ALAMEDA  |  |   |                          |                                       | Form OUZ                               |
| Division, Department, or Reg   | ion (if applicabl <del>e</del> )   |   |                          |                                       | 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@acg  | ov.org  |                          |                                       | ann no r uic oly                       |
| Agency Contact (name and title   | )  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |                          | Date of Original Filing: _            | (month, day, year)                     |
| Crystal Hishida Graff, Princ   | ipal Analyst, County /   | Administrator's Off                             | ice                      |                                       |  |
| 2. Event For Which Ticket  | s Were Distributed   |   |                          |                                       | ·······                                |
| Date(s) of Event: <u>10</u>  | 8 / 09 Descript  | ion of Event. Fool                              | tball Ga                 | me                                    |  |
|  | Face Va  |   |                          | . 00                                  |  |
| /  | / Face va  |   |                          |                                       |  |
| Agency Event 🛛 🗌 Yes   | 🗵 No (Identify sou   | rce of tickets below                            | N.)                      |                                       |  |
| Name of Outside Source of  | Ticket(s) Provided to A  | Oakland F                                       | Raiders                  |                                       |  |
|  |  | gency.  |                          |                                       |  |
| Number of Tickets Received   | • · · · · · · · · · · · · · · · · · · ·  |   |                          | · · · · · · · · · · · · · · · · · · · | Pursuant to Contrac                    |
| 3. Agency Official(s) Rece   | iving Ticket(s) (use a   | a continuation sheet                            | for addit                | ional names)                          |  |
| Name of Offi<br>(Last, First)  |  |   |                          | ner the Distribution is Inc           |  |
| (Edəl, 1 83)   |  | of Tickets                                      | Descrit                  | be the Public Purpose for             |  |
|  |  |   |                          |                                       |  |
| <b>N</b> 111111111111111111111   |  |   |                          |                                       | ************************************** |
|  |  |   |                          |                                       |  |
| ••••••••••••••••••••••••••••••••••••••   | , , , , , , , , , , , , , , , , , , ,  |   |                          |                                       |  |
|  |  |   |                          |                                       |  |
|  |  |   |                          |                                       |  |
| 4. Individual or Organizati  | on Receiving Ticke   | t(s) (Provided at the                           | e behest                 | of an agency official.)               |  |
|  |  | • • •   | · · ·                    | . <b>* *</b> /                        |  |
| 4. Individual or Organization  |  | t(s) (Provided at the<br>, DSTV LC <del>A</del> | · · ·                    | . <b>* *</b> /                        |  |
| Name of Behesting Agency   | Official: <u>Nate Miley</u>  | District  | · · ·                    | ypervisor                             | r of Tickoto: 1                        |
|  | Official: <u>Nate Miley</u>  | District  | · · ·                    | ypervisor                             | r of Tickets:1                         |
| Name of Behesting Agency   | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u> j  | , District                                      | - 4 8                    | <u>Mpervistr</u><br>Numbe             | r of Tickets:1                         |
| Name of Behesting Agency<br>Name of Individual or Organ  | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u> j  | , District                                      | - 4 8                    | <u>Mpervistr</u><br>Numbe             | r of Tickets:1                         |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization:  | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u> j  | , District                                      | - 4 8                    | <u>Mpervistr</u><br>Numbe             |  |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization:  | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u> j  | , District                                      | - 4 8                    | <u>Mpervistr</u><br>Numbe             | er of Tickets:1<br>State Zip Code      |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization:  | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u>  | , District                                      | City                     | <u>Numbe</u>                          |  |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization:  | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u><br>nber and Street<br>escribe the public purpos  | , District                                      | City                     | <u>Numbe</u>                          |  |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization: <sub>Nu</sub><br>Purpose for Distribution: (D                                    | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u><br>nber and Street<br>escribe the public purpos  | , District                                      | City                     | <u>Numbe</u>                          |  |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization:<br>Purpose for Distribution: (D<br>outstanding academic achie                    | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zende</u><br>nber and Street<br>escribe the public purpos  | , District                                      | City                     | <u>Numbe</u>                          |  |
| Name of Individual or Organ<br>Description of Organization:<br>Address of Organization:<br>Num<br>Purpose for Distribution: (D   | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zendej</u><br>nber and Street<br>escribe the public purpos | ias   | City                     | MPEVVL&UV                             | State Zip Code                         |
| Name of Behesting Agency<br>Name of Individual or Örgar<br>Description of Organization:<br>Address of Organization:<br>Purpose for Distribution: (D<br>outstanding academic achie<br>5. Verification | Official: <u>Nate Miley</u><br>ization: <u>Eliseo Zendej</u><br>nber and Street<br>escribe the public purpos | as for the distribution                         | City<br>City<br>to the o | MPEVVL&UV                             | State Zip Code                         |

| Tickets Provided by<br>Agency Report  |  | A Publ   | ic Docume  | ent  | TICKETS PROVIDED E<br>AGENCY REPOR                |
|---|--|--|--|--|---|
| 1. Agency Name  | ·····  |  |  | Date Stamp   | California  |
| COUNTY OF ALAMEDA   |  |  |  |  | Form OUZ  |
| Division, Department, or Reg  | ion (if applicable)  |  | ·  |  | For Official Use Only                             |
| 1221 OAK STREET, #555   |  |  |  |  |   |
| Street Address  |  |  |  |  |   |
| OAKLAND, CA 94612   |  |  |  |  |   |
| Area Code/Phone Number  | E-mail   |  |  | Amendment (Must  | t explain in Part 5.)                             |
| (510) 272-3882  | crystal.hishida@a  | cgov.org   |  |  |   |
| Agency Contact (name and title  | )  |  |  | Date of Original Filing  | (month, day, year)                                |
| Crystal Hishida Graff, Princ  | ipal Analyst, Count  | y Administrate   | or's Office  |  |   |
| 2. Event For Which Ticket   |  |  | ·. · · · · · · · · · · · · · · · · · ·   |  | ······································            |
| Date(s) of Event: <u>10</u>   | 17 <u>/ 09</u> Descr   | ription of Ever  | nt: Disney On  | Ice - Princess Classi  | ics   |
|   | Face '   |  |  | 00   |   |
| /   |  | value of ficke   | ει. φ  | *****  |   |
| Agency Event 🛛 🗋 Yes  | 🛛 No (Identify so  | ource of ticke   | ts below.)   |  |   |
| Name of Outside Source of   | Ticket(s) Provided to  | ο Agency. Go   | olden State Wa   | arriors  |   |
| Name of Outside Source of   | nokel(3) i tovided k   | o rigency  |  | ·  |   |
|   | 4  |  |  |  |   |
| Number of Tickets Received  |  |  |  | cy: 🔲 Gratuitously   | Pursuant to Contrac                               |
| Number of Tickets Received<br>3. Agency Official(s) Rece  |  |  | on sheet for add   | itional names)   |   |
| 3. Agency Official(s) Rece<br>Name of Offi  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | tional names)<br>ther the Distribution is I  | Income to the Official or                         |
| 3. Agency Official(s) Rece  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | itional names)   | Income to the Official or                         |
| 3. Agency Official(s) Rece<br>Name of Offi  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | tional names)<br>ther the Distribution is I  | Income to the Official or                         |
| 3. Agency Official(s) Rece<br>Name of Offi  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | tional names)<br>ther the Distribution is I  | Income to the Official or                         |
| 3. Agency Official(s) Rece<br>Name of Offi  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | tional names)<br>ther the Distribution is I  | Income to the Official or                         |
| 3. Agency Official(s) Rece<br>Name of Offi  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | tional names)<br>ther the Distribution is I  | Income to the Official or                         |
| 3. Agency Official(s) Rece<br>Name of Offi  | iving Ticket(s) (us  | se a continuatio   | on sheet for add   | tional names)<br>ther the Distribution is I  | Income to the Official or                         |
| 3. Agency Official(s) Rece<br>Name of Offi<br>(Last, First)   | iving Ticket(s) (us<br>cial  | se a continuatio<br>Number<br>of Tickets   | on sheet for add<br>State Whe<br>Descr   | tional names)<br>ther the Distribution is I<br>ibe the Public Purpose                                | Income to the Official or<br>for the Distribution |
| 3. Agency Official(s) Rece<br>Name of Offi<br>(Last, First)   | iving Ticket(s) (us<br>cial  | se a continuatio<br>Number<br>of Tickets   | on sheet for add<br>State Whe<br>Descr   | tional names)<br>ther the Distribution is I<br>ibe the Public Purpose                                | Income to the Official or<br>for the Distribution |
| 3. Agency Official(s) Rece<br>Name of Offi<br>(Last, First)   | iving Ticket(s) (us<br>cial  | se a continuatio<br>Number<br>of Tickets   | on sheet for add<br>State Whe<br>Descr   | tional names)<br>ther the Distribution is I<br>ibe the Public Purpose                                | Income to the Official or<br>for the Distribution |
| 3. Agency Official(s) Rece<br>Name of Offi<br>(Last, First)   | iving Ticket(s) (us<br>cial<br>on Receiving Tic<br>Official: <u>Keith Carso</u>  | se a continuation<br>Number<br>of Tickets<br><b>ket(s)</b> (Provide<br>on        | on sheet for add<br>State Whe<br>Descr   | itional names)<br>ther the Distribution is I<br>ibe the Public Purpose<br>st of an agency official.) | Income to the Official or<br>for the Distribution |
| 3. Agency Official(s) Rece<br>Name of Offi<br>(Last, First)<br>4. Individual or Organizati<br>Name of Behesting Agency  | iving Ticket(s) (us<br>cial<br>on Receiving Tic<br>Official: <u>Keith Carso</u><br>hization: <u>Sylvia Sou</u>                   | se a continuation<br>Number<br>of Tickets<br><b>ket(s)</b> (Provice<br>on        | on sheet for add<br>State Whe<br>Descr   | itional names)<br>ther the Distribution is I<br>ibe the Public Purpose<br>st of an agency official.) | Income to the Official or<br>for the Distribution |
| Agency Official(s) Rece     Name of Offi     (Last, First)     Cast, First)     Andividual or Organizati     Name of Behesting Agency     Name of Individual or Organization  | iving Ticket(s) (us<br>cial<br>on Receiving Tic<br>Official: <u>Keith Carso</u><br>hization: <u>Sylvia Sou</u>                   | se a continuation<br>Number<br>of Tickets<br><b>ket(s)</b> (Provice<br>on        | on sheet for add<br>State Whe<br>Descr<br>led at the behes                                       | itional names)<br>ther the Distribution is I<br>ibe the Public Purpose<br>st of an agency official.) | Income to the Official or<br>for the Distribution |
| <ul> <li>Agency Official(s) Rece<br/>Name of Official(s) Rece<br/>(Last, First)</li> <li>Last, First)</li> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organization</li> <li>Description of Organization</li> <li>Address of Organization: C</li> </ul> | iving Ticket(s) (us<br>cial<br>on Receiving Tic<br>Official: <u>Keith Carse</u><br>nization: <u>Sylvia Sou</u>                   | se a continuation<br>Number<br>of Tickets<br><b>ket(s)</b> (Provice<br>on        | on sheet for add<br>State Whe<br>Descr   | itional names)<br>ther the Distribution is I<br>ibe the Public Purpose<br>st of an agency official.) | Income to the Official or<br>for the Distribution |
| <ul> <li>Agency Official(s) Rece<br/>Name of Official(s) Rece<br/>(Last, First)</li> <li>Last, First)</li> <li>Individual or Organizati</li> <li>Name of Behesting Agency</li> <li>Name of Individual or Organization</li> <li>Description of Organization</li> <li>Address of Organization: C</li> </ul> | iving Ticket(s) (us<br>cial<br>on Receiving Tic<br>Official: Keith Carso<br>hization: Sylvia Soul<br>HC 20203<br>mber and Street | se a continuation<br>Number<br>of Tickets<br>ket(s) (Provice<br>on ) Dr &        | on sheet for add<br>State Whe<br>Descr<br>ded at the behes<br>truct 5                            | itional names)<br>ther the Distribution is I<br>ibe the Public Purpose<br>at of an agency official.) | Income to the Official or<br>for the Distribution |
| 3. Agency Official(s) Rece<br>Name of Offi<br>(Last, First)<br>4. Individual or Organizati<br>Name of Behesting Agency<br>Name of Individual or Organ<br>Description of Organization<br>Address of Organization: G  | iving Ticket(s) (us<br>cial<br>on Receiving Tic<br>Official: Keith Carso<br>hization: Sylvia Soul<br>HC 20203<br>mber and Street | se a continuation<br>Number<br>of Tickets<br>ket(s) (Provide<br>on , Dr&<br>blet | on sheet for add<br>State Whe<br>Descr<br>Jed at the behes<br>MCC 5<br>City<br>stribution to the | itional names)<br>ther the Distribution is I<br>ibe the Public Purpose<br>at of an agency official.) | Income to the Official or<br>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.

PRINCIPAL ANALYST CRYSTAL HISHIDA GRAFF 
 Signature of Agency flead
 Print Name
 Title

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

(m

.

| Agency Report  |  | A Publ             | ic Docume             | ent   | TICKETS PROVIDED B<br>AGENCY REPOR    |  |
|--|--|--------------------|-----------------------|---|---------------------------------------|--|
| 1. Agency Name   |  |                    |                       | Date Stamp                                    | California                            |  |
| COUNTY OF ALAMEDA  |  |                    |                       |   | Form OUZ                              |  |
| Division, Department, or Reg   | <b>jion</b> (if applicable)                |                    |                       |   | For Official Use Only                 |  |
| Street Address   |  |                    |                       |   |                                       |  |
| 1221 OAK STREET, #555,   | OAKLAND, CA 94                             | 612                |                       |   |                                       |  |
| Area Code/Phone Number   | E-mail                                     |                    |                       | Amendment (Mustex                             | nlain in Pert 5 )                     |  |
| (510) 272-3882   | crystal.hishida@                           | acgov.org          |                       |   |                                       |  |
| Agency Contact (name and title   | e)   |                    |                       | Date of Original Filing: _                    | (month, day, year)                    |  |
| Crystal Hishida Graff, Princ   | cipal Analyst, Coun                        | ty Administrato    | or's Office           |   |                                       |  |
| 2. Event For Which Ticket  |  |                    |                       |   |                                       |  |
| Date(s) of Event: <u>12</u>  | <u>13 / 09</u> Dese                        | cription of Ever   | nt: <u>Oakland Ra</u> | aiders Game                                   |                                       |  |
|  | / Face                                     |                    |                       | 150.00  |                                       |  |
| Agency Event 🛛 Yes   | 🗵 No (Identify                             |                    |                       |   |                                       |  |
| Name of Outside Source of  | Ticket(s) Provided                         | to Agency: Oa      | kland Raiders         | ·   | · · · · · · · · · · · · · · · · · · · |  |
| Number of Tickets Received   | -  |                    |                       |   | Pursuant to Contrac                   |  |
| 3. Agency Official(s) Rece   | iving Ticket(s) (                          | use a continuatio  | on sheet for addi     | tional names)                                 |                                       |  |
| Name of Off<br>(Last, First)   |  | Number             |                       | ther the Distribution is Inc                  |                                       |  |
|  | ·····                                      | of Tickets         | Desci                 | cribe the Public Purpose for the Distribution |                                       |  |
| Bazar, Chris   |  | 3                  | To promote a          | attendance at event he                        | ld at a County facility               |  |
|  |  |                    |                       |   |                                       |  |
| 4. Individual or Organizati  | -  |                    |                       | t of an agency official.)                     |                                       |  |
| Name of Behesting Agency   | Official: Supervise                        | or Alice Lai-Bith  | ker, District 3       |   |                                       |  |
| Name of Individual or Orga   | nization:                                  | ·····              |                       | Numbe   | er of Tickets:                        |  |
| Description of Organization  | :  |                    |                       |   |                                       |  |
|  |  |                    | City                  |   | State Zip Code                        |  |
| Address of Organization:   | mber and Street                            |                    | ONJ                   |   |                                       |  |
| Address of Organization: <sub>Nu</sub><br>Purpose for Distribution: (E | imber and Street<br>Describe the public pu | irpose for the dis | stribution to the o   | organization.)                                |                                       |  |
| Nurpose for Distribution: (E   |  | urpose for the dis | stribution to the o   | organization.)                                |                                       |  |
| Nurpose for Distribution: (E   | Describe the public pu                     |                    |                       |   | Regulation 18944.1.                   |  |
| Purpose for Distribution: (E   | Describe the public pu                     |                    | accordance wit        |   | Regulation 18944.1.                   |  |

| Agency Report                         |                         | AT UNIC             | Docume         | 116  | AGENCY REPOR            |  |
|---------------------------------------|-------------------------|---------------------|----------------|--|-------------------------|--|
| 1. Agency Name                        |                         |                     |                | Date Stamp   | California 002          |  |
| COUNTY OF ALAMEDA                     |                         |                     |                |  | Form OU2                |  |
| Division, Department, or Regior       | ı (if applicable)       | 10.00%              |                |  | For Official Use Only   |  |
| 1221 OAK STREET, #555                 |                         |                     |                |  |                         |  |
| Street Address                        | <u></u>                 |                     |                |  |                         |  |
| OAKLAND, CA 94612                     |                         |                     |                |  |                         |  |
| Area Code/Phone Number E              | -mail                   |                     |                | Amendment (Must ex   | (nlain in Part 5.)      |  |
| (510) 272-3882 c                      | rystal.hishida@ac       | gov.org             |                |  | plantin'i art oly       |  |
| Agency Contact (name and title)       |                         |                     |                | Date of Original Filing:   | (month, day, year)      |  |
| Crystal Hishida Graff, Principa       | al Analyst, County      | Administrator's     | Office         |  | (                       |  |
| 2. Event For Which Tickets V          | Vere Distribute         | d                   |                |  |                         |  |
| Date(s) of Event: <u>11 / 15</u>      | L <sup>09</sup> Descri  | otion of Event:     | Football Ga    | me   |                         |  |
|                                       | Face V                  | falue of Tiekets f  | 150.           | SD.  |                         |  |
|                                       |                         |                     | 100            | · · · · · · · · · · · · · · · · · · ·  |                         |  |
| Agency Event 🛛 Yes                    | No (Identify so         | urce of tickets b   | elow.)         |  |                         |  |
| Name of Outside Source of Tic         | ket(s) Provided to      | Agency: Oakla       | nd Raiders     |  |                         |  |
|                                       |                         |                     |                | ··· ··································   |                         |  |
| Number of Tickets Received: _         |                         | Ficket(s) Provide   | d to Agency    | y: 🔲 Gratuitously  | Pursuant to Contrac     |  |
| 3. Agency Official(s) Receivi         | na Ticket(s) (use       | a continuation s    | neet for addit | ional names)   |                         |  |
| Name of Official                      |                         | Number              |                |  | ome to the Official or  |  |
| (Last, First)                         |                         | of Tickets          |                | ther the Distribution is Income to the Official or ibe the Public Purpose for the Distribution |                         |  |
| · · · · · · · · · · · · · · · · · · · |                         |                     |                | Martin and a   |                         |  |
|                                       |                         |                     |                |  |                         |  |
|                                       |                         |                     |                |  |                         |  |
|                                       |                         |                     |                |  |                         |  |
|                                       |                         |                     |                |  |                         |  |
| A Individual an Organization          | Deceiving Tiel          |                     |                |  |                         |  |
| 4. Individual or Organization         |                         |                     | at the behest  | of an agency official.)  |                         |  |
| Name of Behesting Agency Off          | ficial: Nate Miley      | , Instrict          | - 4 SIL        | perver   |                         |  |
|                                       |                         |                     |                | 1  |                         |  |
| Name of Individual or Organiza        | ation: Dublin Partr     | iers in Educatio    | <u>n</u> ,     | Numbe  | er of Tickets: <u>3</u> |  |
| Description of Organization: <u>S</u> |                         |                     |                |  |                         |  |
|                                       |                         |                     |                |  |                         |  |
| Address of Organization.              | 0 Calaroga Avenu        | ie ~ Hayward, C     | A 94545        |  | State Zip Code          |  |
| Purpose for Distribution: (Desc       | ribe the public purp    | ose for the distrib |                | ranization )   |                         |  |
|                                       |                         |                     |                | iganization.)  |                         |  |
| Volunteer contribution to the co      | ommunity                |                     |                |  |                         |  |
| 5. Verification                       |                         |                     |                |  |                         |  |
| I have determined that the distribu   | tion of tickets set for | rth above is in an  | ordance with   | the provisions of EPPC   | Regulation 18944 1      |  |
| IIVA. H                               |                         |                     |                |  | -                       |  |
| JOH UNMA                              | URISTAL HI              | SHIDA GRAFF         | PRIN           | CIPAL ANALYST  | 09/24/09                |  |
| Signature of Agency Head on Designee  |                         | int Name            |                | Title  | (month, day, year)      |  |

| Tickets Provided by<br>Agency Report            | A Public Docum                                | ent   | TICKET\$ PROVIDED B<br>AGENCY REPOR |
|---|---|---|-------------------------------------|
| 1. Agency Name<br>COUNTY OF ALAMEDA             |   | Date Stamp  | California<br>Form <b>802</b>       |
| Division, Department, or Region (if applicab    | le)   |   | For Official Use Only               |
| 1221 OAK STREET, #555                           |   |   |                                     |
| Street Address                                  |   |   |                                     |
| OAKLAND, CA 94612                               |   |   |                                     |
| Area Code/Phone Number E-mail                   |   | Amendment (Must ex  | (plain in Part 5.)                  |
| • •   | nida@acgov.org                                |   |                                     |
| Agency Contact (name and title)                 | Date of Original Filing: _                    | (month, day, year)  |                                     |
| Crystal Hishida Graff, Principal Analyst,       |   |   |                                     |
| 2. Event For Which Tickets Were Dis             |   |   |                                     |
| Date(s) of Event: <u>10 / 18 / 09</u>           | Description of Event: Disney on               | Ice - Princess Classics                                     |                                     |
|   | Face Value of Ticket: \$                      | 00  |                                     |
|   |   |   |                                     |
| -   | entify source of tickets below.)              |   |                                     |
| Name of Outside Source of Ticket(s) Pro         | wided to Agency: Golden State W               | arriors   |                                     |
| Number of Tickets Received:4                    | . Ticket(s) Provided to Agen                  | cy: 🔲 Gratuitously  | Pursuant to Contract                |
| 3. Agency Official(s) Receiving Ticke           | <b>t(s)</b> (use a continuation sheet for add | ditional names)   |                                     |
| Name of Official<br>(Last, First)               |   | ether the Distribution is Inc<br>ribe the Public Purpose fo |                                     |
|   |   |   |                                     |
|   | ······································        |   |                                     |
| · · · · · · · · · · · · · · · · · · ·           |   | Weikk companyed a seco                                      |                                     |
| 4. Individual or Organization Receivi           | na Tiakat(a) (Denvided et the beha            |   |                                     |
| -   | •       |   |                                     |
| Name of Behesting Agency Official: Keit         | th Carson, LASMICH 5                          | mpervan   |                                     |
| Name of Individual or Organization: <u>Soc</u>  |   | er of Tickets:4   |                                     |
| Description of Organization: <u>Advocates</u>   | for social justice by fostering and           | supporting a network of                                     | strategic relationships             |
| Address of Organization:                        |   | dand  | CA 94610                            |
| Number and Street                               | Cit   | <b>y</b> .  | State Zip Code                      |
| Purpose for Distribution: (Describe the pu      | blic purpose for the distribution to the      | organization.)  |                                     |
| To reward a school or nonprofit organiza        | ation for its contributions to the co         | mmunity   |                                     |
| 5. Verification                                 |   |   |                                     |
| I have determined that the distribution of tick | ets set forth above is in accordance w        | ith the provisions of FPPC                                  | Regulation 18944.1.                 |
| ad the set                                      |   | NCIPAL ANALYST  | -                                   |
| Signature of Agency Heat or Designee            | Print Name                                    | Title   | (month, day, year)                  |

|   | Are   | iblic Docume  | IL   | AGE                            | NCY REPO         |
|---|---|---|--|--------------------------------|------------------|
| . Agency Name   |   |   | Date Stamp   | California                     | 202              |
| COUNTY OF ALAMEDA   |   |   |  | Form                           | 002              |
| Division, Department, or Region   | ı (if applicable)   |   |  | For Official U                 | Jse Only         |
| 1221 OAK STREET, #555   |   |   |  |                                |                  |
| Street Address  |   |   |  |                                |                  |
| OAKLAND, CA 94612   |   |   |  |                                |                  |
| Area Code/Phone Number E  | -mail   |   | Amendment (Must exp  | lain in Part 5.)               |                  |
| (510) 272-3882 c  | rystal.hishida@acgov.org  |   | ш,   | ,                              |                  |
| Agency Contact (name and title)   |   |   | Date of Original Filing: _                                       | (month, day, year              | 7                |
| Crystal Hishida Graff, Principa   | al Analyst, County Adminis  | trator's Office   |  |                                |                  |
| . Event For Which Tickets V   | Vere Distributed  |   |  |                                | *                |
| Date(s) of Event: <u>10 / 16</u>  | / <sup>09</sup> Description of E  | vent: Disney on Id  | e - Princess Classics  |                                |                  |
|   |   |   | 00   |                                |                  |
| /   | _/ Face Value of T  | іскеі: Ф  |  |                                |                  |
| Agency Event 🛛 Yes  | No (Identify source of ti   | ckets below.)   |  |                                |                  |
| Name of Outside Source of Tic   | ket(s) Provided to Agency:  | Golden State War  | riors  |                                |                  |
| Number of Tickets Received:   |   |   |  | M Dursuant t                   | Contra           |
| Number of Tickets Received: _   |   | Provided to Agency  | r: 🔲 Gratuitously  | Pursuant to                    | Contra           |
| . Agency Official(s) Receivi  | ng Ticket(s) (use a continu   | ation sheet for addit   | ional names)   |                                |                  |
| Name of Official  | Number  |   | ner the Distribution is Inc                                      |                                |                  |
| (Last, First)   | of Ticket   | s Descrit   | e the Public Purpose for   | the Distributior               | ١                |
|   |   |   |  |                                |                  |
|   |   |   |  |                                |                  |
|   |   |   |  |                                |                  |
|   |   |   |  |                                |                  |
|   |   |   |  |                                |                  |
|   |   |   |  |                                |                  |
| . Individual or Organization  | Receiving Ticket(s) (Pr   | ovided at the behest  | of an agency official.)  |                                |                  |
|   |   |   |  |                                |                  |
|   |   |   |  |                                |                  |
| Name of Behesting Agency Of   | ficial: Keith Carson, D   | strut 5   |  | or of Tickets:                 | 4                |
| Name of Behesting Agency Of<br>Name of Individual or Organiza   | ficial: <u>Keith Carson</u> , <u>Da</u> ation: <u>Socially Responsible</u>  | Network   | Numbe  | er of Tickets: _               | 4                |
| Name of Behesting Agency Of<br>Name of Individual or Organiza   | ficial: <u>Keith Carson</u> , <u>Da</u> ation: <u>Socially Responsible</u>  | Network   | Numbe  |                                | 4<br>ionships    |
| Name of Behesting Agency Of<br>Name of Individual or Organiza<br>Description of Organization: <u>A</u>  | ficial: <u>Keith Carson</u> , <u>Da</u> ation: <u>Socially Responsible</u><br>dvocates for social justice I   | Network   | Numbe  | strategic relat                |                  |
| Name of Behesting Agency Of<br>Name of Individual or Organiza<br>Description of Organization: <u>A</u><br>Address of Organization: <u>360</u>   | ficial: <u>Keith Carson</u><br>ation: <u>Socially Responsible</u><br>dvocates for social justice I<br>Grand Ave. #57  | Network<br>by fostering and su<br>Oakla   | Numbe  | strategic relat<br>CA          | 94610            |
| Name of Behesting Agency Of<br>Name of Individual or Organiza<br>Description of Organization: <u>A</u><br>Address of Organization: <u>360</u>   | ficial: <u>Keith Carson</u> , <u>Da</u> ation: <u>Socially Responsible</u><br>dvocates for social justice I   | Network   | Numbe  | strategic relat                |                  |
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| Name of Behesting Agency Of<br>Name of Individual or Organizat<br>Description of Organization: $\frac{A}{Number}$<br>Address of Organization: $\frac{360}{Number}$  | ficial: <u>Keith Carson</u><br>ation: <u>Socially Responsible</u><br>dvocates for social justice I<br>Grand Ave. #57<br>er and Street<br>cribe the public purpose for the                             | Network Dy fostering and su Oakla City E distribution to the o  | Numbe<br>pporting a network of<br>nd<br>rganization.)            | strategic relat<br>CA          | 94610            |
| Name of Behesting Agency Of<br>Name of Individual or Organizat<br>Description of Organization: $\frac{A}{A}$<br>Address of Organization: $\frac{360}{Number}$<br>Purpose for Distribution: (Desc<br>To reward a school or nonprot | ficial: <u>Keith Carson</u><br>ation: <u>Socially Responsible</u><br>dvocates for social justice I<br>Grand Ave. #57<br>er and Street<br>cribe the public purpose for the                             | Network Dy fostering and su Oakla City E distribution to the o  | Numbe<br>pporting a network of<br>nd<br>rganization.)            | strategic relat<br>CA          | 94610            |
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| Name of Behesting Agency Of<br>Name of Individual or Organizat<br>Description of Organization: $\frac{A}{A}$<br>Address of Organization: $\frac{360}{Number}$<br>Purpose for Distribution: (Desc<br>To reward a school or nonprot | ficial: Keith Carson, Data<br>ation: Socially Responsible<br>dvocates for social justice I<br>Grand Ave. #57<br>For and Street<br>cribe the public purpose for the<br>fit organization for its contri | Network<br>by fostering and su<br>Oakla<br>City<br>e distribution to the o<br>butions to the com                                  | Numbe<br>pporting a network of<br>nd<br>rganization.)<br>munity. | strategic relat<br>CA<br>State | 94610<br>Zip Cod |
| Name of Individual or Organization: <u>A</u><br>Description of Organization: <u>A</u><br>Address of Organization: <u>360</u><br>Number<br>Purpose for Distribution: (Desc<br>To reward a school or nonprot                        | ficial: Keith Carson, Data<br>ation: Socially Responsible<br>dvocates for social justice I<br>Grand Ave. #57<br>For and Street<br>cribe the public purpose for the<br>fit organization for its contri | Network<br>by fostering and su<br>Oakla<br>City<br>e distribution to the o<br>butions to the comm<br><i>is in accordance with</i> | Numbe<br>pporting a network of<br>nd<br>rganization.)<br>munity. | strategic relat<br>CA<br>State | 94610<br>Zip Cod |