			nt 💡	AGENCY REPOR
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-n	nail		Amendment (Must ex	plain in Part 5.)
(510) 272-3882 cm	/stal.hishida@acgov.or	g	_	
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Admin	istrator's Office		
. Event For Which Tickets W	ere Distributed			
Date(s) of Event:10	09 Description of	f Event: How Sweet	the Sound	
	Face Value of		20	
······································		ΠΟΛΟΙ. Ψ		
Agency Event 🔲 Yes 🛛	No (Identify source of	tickets below.)		
Name of Outside Source of Tick	et(s) Provided to Agenc		rriors	
Number of Tickets Received:	Ticket(s	b) Provided to Agency	/: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Receivin	a Ticket(s) (use a cont	invation sheet for addit	ional names)	_
			her the Distribution is Inc	ome to the Official or
Name of Official (Last, First)	Numb of Tick		be the Public Purpose fo	
Carson, Keith	4	To obtain ove	rsight of facilities that	have received County
	· ·			
		5		
				<u> </u>
Individual or Ornonization			of an economofficial)	· · · ·
-				· · · · · · · · · · · · · · · · · · ·
Individual or Organization I Name of Behesting Agency Office			on	
-	cial: <u>Alameda County S</u>	upervisor Keith Cars	on	er of Tickets:
Name of Behesting Agency Offic	cial: <u>Alameda County S</u>	upervisor Keith Cars	on	er of Tickets:
Name of Behesting Agency Office	cial: <u>Alameda County S</u>	upervisor Keith Cars	on	er of Tickets:
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization:	cial: <u>Alameda County S</u>	upervisor Keith Cars	on	er of Tickets:
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Alameda County S</u>	upervisor Keith Cars	on	
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Alameda County S</u> ion:	upervisor Keith Cars	onNumbe	
Name of Behesting Agency Office Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Alameda County S</u> ion:	upervisor Keith Cars	onNumbe	
Name of Behesting Agency Office Name of Individual or Organization Description of Organization: Address of Organization:	cial: <u>Alameda County S</u> ion:	upervisor Keith Cars	onNumbe	
Name of Behesting Agency Office Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Descr	cial: <u>Alameda County S</u> ion:	upervisor Keith Cars	onNumbe	
Name of Behesting Agency Office Name of Individual or Organization: Description of Organization: Address of Organization: Purpose for Distribution: (Description)	cial: <u>Alameda County S</u> ion: and Street ibe the public purpose for	upervisor Keith Cars City	on Numbe rganization.)	State Zip Code
Name of Individual or Organizat Description of Organization: Address of Organization:	cial: <u>Alameda County S</u> ion: and Street ibe the public purpose for ion of tickets set forth above	upervisor Keith Cars City the distribution to the o	on Number rganization.)	State Zip Code
Name of Behesting Agency Office Name of Individual or Organization: Address of Organization: Purpose for Distribution: (Description)	cial: <u>Alameda County S</u> ion: and Street ibe the public purpose for	City the distribution to the o ve is in accordance with	on Numbe rganization.)	State Zip Code

			<u> </u>	AGENCY REPOR
. Agency Name			Date Stamp	California Form 802
COUNTY OF ALAMEDA				For Official Use Only
Division, Department, or Region (i	f applicable)			r or otholdr odd only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-m	ail		Amendment (Must ex	plain in Part 5.)
. ,	stal.hishida@acgov.org			
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administra	tor's Office		
. Event For Which Tickets We				
Date(s) of Event:1 /09 /_	09 Description of Eve	ent: Basketball (Game	
//	Face Value of Tick		60,	
	No (Identify source of tick	-		
Name of Outside Source of Ticke	et(s) Provided to Agency: G	olden State Wa	rriors	
Number of Tickets Received:	4		y: 🔲 Gratuitously	Pursuant to Contract
. Agency Official(s) Receiving	Ticket(s) (use a continuat	ion sheet for addit	ional names)	
Name of Official	Number		her the Distribution is Inc	ome to the Official or
(Last, First)	of Tickets		be the Public Purpose fo	
. <u> </u>	1		······································	
. Individual or Organization R	locolying Tickot(s) (Broy	ided at the behavi	t of an agonay official)	
		-	- .	
Name of Behesting Agency Offic	ial: Nate Miley Supervis	or Distri	let 9	
		ols		
Name of Individual or Organization			Numbe	er of Tickets:4
Description of Organization: <u>Aca</u>	demic Facility			
	lorth Loop Road ~ Alameda	a. CA 94502		
		City		State Zip Code
Address of Organization: 1801 Number a	na street			
Address of Organization.		istribution to the o	rganization.)	
Purpose for Distribution: (Descrit	be the public purpose for the d	istribution to the o	rganization.)	
Address of Organization:	be the public purpose for the d	istribution to the o	rganization.)	
Purpose for Distribution: (Descrit volunteer contribution to commu	be the public purpose for the d	istribution to the o	rganization.)	
Address of Organization: <u>Number a</u> Purpose for Distribution: (Descrit volunteer contribution to commu Verification	be the public purpose for the d nity		· · · · · · · · · · · · · · · · · · ·	Regulation 18944 1
Purpose for Distribution: (Descrit	be the public purpose for the d nity	n accordance with	· · · · · · · · · · · · · · · · · · ·	Regulation 18944.1.

.

plaza level seats

Tickets Provided by Agency Report	A Publ	lic Document	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		Date Stam	Concernation and a second s
COUNTY OF ALAMEDA			Form 8U 2
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@	Dacgov.org		(Must explain in Part 5.)
Agency Contact (name and title)		Date of Original	Filing:
Crystal Hishida Graff, Principal Analyst, Co	unty Administrat	or's Office	(nonin, day, youry
2. Event For Which Tickets Were Distribution	uted		
Date(s) of Event:09 /_18 /_09 De	scription of Ever	nt. Miley Cyrus Concert	
		$\gamma t \gamma \gamma \gamma \gamma$	
Fac	ce Value of Ticke	et: \$	
Agency Event 🛛 Yes 🛛 🛛 No (Identify	/ source of ticke	ts below.)	· ·
Name of Outside Source of Ticket(s) Provide	d to Agency: Go	olden State Warriors	
Number of Tickets Received: <u>4</u>	Ticket(s) Pro	vided to Agency: 🔲 Gratuitou	usly IX Pursuant to Contract
		·····	
3. Agency Official(s) Receiving Ticket(s)	(use a continuatio	on sheet for additional names)	
Name of Official (Last, First)	Number		on is Income to the Official or
	of Tickets		pose for the Distribution
4. Individual or Organization Receiving T	icket(s) (Provid	led at the behest of an agency off	icial.)
Name of Behesting Agency Official: <u>Nate Mil</u>	ey		
			4-8-10 N-1100-00-00-00-00-00-00-00-00-00-00-00-0
Name of Individual or Organization: <u>Saeng S</u>	aephan		Number of Tickets:4
-			
Description of Organization:			
Address of Organization:		City	State Zip Code
Purpose for Distributions (Describe the public r	urnees for the dir	stribution to the enconimation)	
Purpose for Distribution: (Describe the public p	Surpose for the dis	subulon to the organization.)	
Volunteer contribution to his community		m	
5. Verification		· · · · · · · · · · · · · · · · · · ·	
	et torth above is in	accordance with the provisions c	T FPPC Regulation 18944.1.
I have determined that the distribution of tickets se		FF PRINCIPAL ANALYS	st <i>intrational</i>
CRYSTAL CRYSTAL	- HISHIDA GRA		<u></u>
Signature of Kgency Hand or Designee	Print Name	Title	(month, day, year)
CRYSTAL CRYSTAL	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publi	c Docume	ent 🦕	TICKETS PROVIDED B AGENCY REPOR
. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form 802
Division, Department, or Regio	n (if applicable)				For Official Use Only
	(
1221 OAK STREET, #555 Street Address					
OAKLAND, CA 94612 Area Code/Phone Number	-mail				
				Amendment (Muste)	(plain in Part 5.)
	crystal.hishida@ao	cgov.org		Data of Original Filing	
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Princip			r's Office		
. Event For Which Tickets	Nere Distribute	d			– 4 4 0
Date(s) of Event:0914	_/_09 Descri	iption of Event	Oakland Ra	aiders & San Diego Ch	argers Football Game
	_/ Face			450	
·			. Ψ		
Agency Event 🛛 Yes	🗵 No (Identify so	ource of tickets	s below.)		
Name of Outside Source of Ti	rket(s) Provided to	Agency. Oal	land Raiders		
Number of Tickets Received:	1	Ticket(s) Prov	ded to Agend	:y: 🔲 Gratuitously	☑ Pursuant to Contrac
. Agency Official(s) Receiv	ing Ticket(s) (us	e a continuatior	sheet for addi	itional names)	
Name of Officia		Number	State Whe	ther the Distribution is Inc	come to the Official or
(Last, First)		of Tickets	Descr	ibe the Public Purpose for	r the Distribution
Individual an Onemiation	- Dessiving Tiol	leat(a) (Desviol		t of an agangy official)	· · · · · · · · · · · · · · · · · · ·
Individual or Organization					
Name of Behesting Agency O	fficial: Keith Carso	on, Alameda C	ounty Superv	visor	
Name of Individual or Organiz	ation: <u>Michael Hu</u>	tchings		Numb	er of Tickets:1
Description of Organization: _					
Address of Organization:	er and Street		City		State Zip Code
				·	
Purpose for Distribution: (Des					
To promote attendance at a (County sponsored	event or even	t held at a Co	unty facility	
	·····				
. Verification					
I have determined that the distrib	ution of tickets set fo	orth above is in	accordance wi	th the provisions of FPPC	CRegulation 18944.1.
LIX R. Lo	CRYSTAL H	IISHIDA GRAI		ICIPAL ANALYST	1x hould

 \overline{v}_{ij}

1. Agency Name ColUNTY OF ALAMEDA Date Stamp California 802 Division, Department, or Region (#applicable) 1221 OAK STREET, #555 For Otheral Use Cety 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Image: Column of the stress For Otheral Use Cety Area Codol/Phone Number E-mail crystal Hishida @acgov.org Date of Original Filing: (month.dag.yes/) Agency Contact (mome and the) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: (month.dag.yes/) 2. Event For Which Tickets Were Distributed Date (s) of Event: 9 / 23 / 09 Description of Event: Oakland A's Game Junce of Tickets Received: — ////////////////////////////////////	Tickets Provided by Agency Report	A Pub	lic Docume	ent 💡	TICKETS PROVIDED B
COUNTY OF ALAMEDA Form CUU Division, Department, or Region (resplicable) Term CUU 121 OAK STREET, #565 Street Address OAKLAND, CA 94612 Area Code/Phone Number Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Agency For Which Tickets Wore Distributed Date of Originel Filing: Date(s) of Event: 9 / 23 / 09 Description of Event: Agency Event Yes No (dentify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contrain Michael Gillick 2 To reward an employee for outstanding service to public Joe Howardh 2 To reward an employee for outstanding service to public Joe Howardh 2 To reward an employee for outstanding service to public Joe Howardh 2 To reward an employee for outstanding service to public Joe Howardh<					
Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Codu/Phone Number Agency Contact (rame and Itbe) Crystal Hishida (@acgov.org Agency Contact (rame and Itbe) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 23 / 09 Description of Event: 9 / 0.0 Agency Contact (rame and Itbe) County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: Date(s) of Event: 9 / 23 / 09 Description of Event: 9 / 0.0 Agency Contact (rame and Itbe) County Administrator's Office				Date Stamp	
1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/From Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (nume and tible) crystal.hishida@acgov.org Crystal Hishida Graff, Frincipal Analyst, County Administrator's Office Date of Original Filing:					
Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: Crystal Hishida Graff, Principal Analyst, County Administrator's Office Deters (5) of Event; 9 / 23 / 09 Description of Event; 9 / 23 / 09 Agency Event Yes Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency; Oakland A's Number of Tickets Received: 6 Ticket(s) Provided to Agency; Number of Tickets Received: 6 Ticket(s) Provided to Agency; Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Michael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee f			,		
OAKLAND, CA 94612 Area Code/Phone Number (\$10) 272-3882 crystal.hishida@acgov.org Agency Contact (name and tibe) Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:					
Area Code/Phone Number (S10) 272-3882 E-mail crystal.hishida@acgov.org Amendment (Mud explain in Part 5.) Agency Contact (name and title) Crystal.hishida@acgov.org Date of Original Filing: (manth.deg.year) Crystal.Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing: (manth.deg.year) 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 23 / 09 Description of Event: Oakland A's Game					
(510) 272-3882 crystal.hishida@acgov.org □ Amendment (Musi explain in Part 5.) Agency Contact (name and title)					
Agency Contact (neme and title) Date of Original Filing:				Amendment (Must	explain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 9 / 23 / 09 Description of Event: Oakland A's Game		acgov.org		Date of Original Filing:	(month dour used)
Date(s) of Event: 9 23 09 Description of Event: Oakland A's Game		-	tor's Office		(monul, day, year)
					1 ⁹
	Date(s) of Event: <u>9 / 23 / 09</u> Desc	ription of Eve	nt: Oakland A's	s Game	
Agency Event I Yes I No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 6 Ticket(s) Provided to Agency: I Gratuitously I Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) I Contract I Contract I Contract Number of Tickets Receiving Ticket(s) (use a continuation sheet for additional names) I Contract I Contract I Contract Name of Official Number Of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Michael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Individual or Organization: Mame of Individual or Organization:				40.00	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contract Mare of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Michael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Number of Tickets:	// I ate	value of Huk	¢ι. ψ	<u> </u>	
Number of Tickets Received: 6 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image of Official or Official or Official or Official or Official or Official or Official (uset, First) Number State Whether the Distribution is Income to the Official or Official or Official or Official or Official (uset, First) Michael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Tickets: Image: Description of Organization: Description of Organization: Image: Description to the organization: State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) State Zip Code State City State Zip Code Distribution: Description of tickets set forth above is in accordance with the provisions of FPPC Regulation 18844.1. <td>Agency Event 🛛 Yes 🖾 No (Identify s</td> <td>source of ticke</td> <td>ets below.)</td> <td></td> <td></td>	Agency Event 🛛 Yes 🖾 No (Identify s	source of ticke	ets below.)		
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official (Last, First) Name of Official (Last, First) Nichael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 2 To reward an employee for outstanding service to public Leonid Shteyn 2 4. Individual or Organization Receiving Ticket(s) (Provided at the behast of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Individual or Organization:	Name of Outside Source of Ticket(s) Provided	to Agency: O	akland A's		
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Michael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public Leonid Shteyn 2 Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Individual or Organization:	Number of Tickets Received:6	Ticket(s) Pro	wided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
(Last, First) of Tickets Describe the Public Purpose for the Distribution Michael Gillick 2 To reward an employee for outstanding service to public Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Number of Tickets: Description of Organization:	3. Agency Official(s) Receiving Ticket(s) (u	se a continuati	on sheet for addi	tional names)	
Joe Howarth 2 To reward an employee for outstanding service to public Leonid Shteyn 2 To reward an employee for outstanding service to public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Number of Tickets: Name of Individual or Organization:					
Leonid Shteyn 2 To reward an employee for outstanding service to public 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Individual or Organization:	Michael Gillick	2	To reward a	n employee for outsta	nding service to public
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Individual or Organization: Number of Tickets: Description of Organization: Number of Organization: Address of Organization: City Number and Street City Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Juffactuation CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	Joe Howarth	2	To reward ar	n employee for outsta	nding service to public
Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency Name of Individual or Organization:	Leonid Shteyn	2	To reward ar	n employee for outsta	inding service to public
Name of Individual or Organization:	4. Individual or Organization Receiving Tid	cket(s) (Provi	ded at the behes	t of an agency official.)	
Description of Organization:	Name of Behesting Agency Official: Aki Nakao	, Director, Ge	neral Services	Agency	,
Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Image: Comparization of the distribution of the di	Name of Individual or Organization:			Numi	ber of Tickets:
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Lotron CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST	Description of Organization:				
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Lottando CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 10 22 0	Address of Organization:		City		State Zip Code
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Purpose for Distribution: (Describe the public pu	rpose for the di	stribution to the o	organization.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	5. Verification			a	
CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 10/22/0		forth above is i	n accordance wil	th the provisions of FPP	C Regulation 18944.1
					11/22/A
	Eigendung of Alenau Landras Designer	Print Name			

Tickets Provided by Agency Report		A Pub	lic Docume	ent 🍹	TICKETS PROVIDED B AGENCY REPOR	
1. Agency Name		······································		Date Stamp	California 000	
COUNTY OF ALAMEDA	COUNTY OF ALAMEDA				Form OUZ	
Division, Department, or Region	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 (Muste	xnlain in Part 5)	
	crystal.hishida@a	icgov.org				
Agency Contact (name and title)				Date of Original Filing: .	(month, day, year)	
Crystal Hishida Graff, Princip	al Analyst, Count	ty Administrat	tor's Office			
2. Event For Which Tickets	Were Distribute	ed				
Date(s) of Event: 9 / 23	_/ <u>09</u> Desc	ription of Eve	nt: Oakland A's	s Game		
/	Face	Value of Tick	et s 40	.00		
Agency Event 🛛 Yes	No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Tid	cket(s) Provided t	o Agency: O	akland A's			
Number of Tickets Received:				ey: 🔲 Gratuitously	Pursuant to Contrac	
3. Agency Official(s) Receiv	i ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)		
Name of Officia (Last, First)	1	Number of Tickets		ther the Distribution is Inc be the Public Purpose fo		
Lazette Stewart		2	To reward ar	rd an employee for outstanding service to public		
4. Individual or Organization	•			a , ,		
Name of Behesting Agency Of	ficial: <u>Aki Nakao</u> ,	, Director, Ge	neral Services	Agency		
Name of Individual or Organiz	ation:			Numb	er of Tickets:	
Description of Organization: _						
Address of Organization:	er and Street		City		State Zip Code	
Purpose for Distribution: (Des	cribe the public pur	pose for the di	stribution to the c	organization.)		
5. Verification						
I have determined that the distribution	ution of tickets set f	orth above is ir	n accordance wit	h the provisions of FPPC	Regulation 18944.1.	
Joff Mass	CRYSTAL F	ISHIDA GRA	AFF PRIN	ICIPAL ANALYST	10/22/09	
Signature of Agency Head of Designee	i	Print Name		Title	(nonth, day, year)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
1. Agency Name			······	Date Stamp	
COUNTY OF ALAMEDA					Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must	ovalaia in Bart 5 \
(510) 272-3882	crystal.hishida@a	cqov.orq			explain in Part 5.7
Agency Contact (name and title	-	<u> </u>		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrat	or's Office		(month, oby, your)
2. Event For Which Ticket					
Date(s) of Event:09_/_1	8 / 09 Descr	intion of Ever	nt. Miley Cyru	S	
			#0E	0.00/ea	
/	/ Face '	Value of LICK	et: \$		
Agency Event 🛛 🗌 Yes	🗵 No (Identify se	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Drovided t	Agency. Go	olden State Wa	irriors-	
		o Agency			
Number of Tickets Received	i: <u> </u>	Ticket(s) Pro	vided to Agend	y: Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	iving Ticket(s) (us	e a continuatio	on sheet for add	tional names)	
Name of Offic (Last, First)	cial	Number of Tickets		ther the Distribution is Ir	
	,				
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	led at the behas	t of an agency official)	
-	-				
Name of Behesting Agency	Official: Supervisor	Scott Hagge	rty, DISTY	ict I	
Name of Individual or Orgar					ber of Tickets:4
Description of Organization:					
Address of Organization:	mber and Street		City		State Zip Code
		.	-		
Purpose for Distribution: (D				organization.)	
to reward a community volu	nteer for his or her	service to the	public		
	· · · · · · · · · · · · · · · · · · ·				
5. Verification					
I have determined that the dist	ribution of tickets set fo	orth above is ir	n accordance wit	h the provisions of FPP	C Regulation 18944.1.
د م در					

loff aren	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/22/09
Signature of Agency Head & Designee	Print Name	Title	(month, day, year)

Tickets Provided by		Δ Publ	ic Docume	ant	TICKETS PROVIDED BY
Agency Report				, , , , , , , , , , , , , , , , , , ,	AGENCY REPORT
1. Agency Name				Date Stamp	California Form 802
COUNTY OF ALAMEDA					For Official Use Only
Division, Department, or Region (if applicable)					
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			
Agency Contact (name and title)				Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princi		÷	or's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>10</u>	<u>5 / 09</u> Desc	ription of Ever	nt: Football Ga	ime	
/		Value of Ticke	1 CA	,00	
Agency Event	🛛 No (Identify s	source of ticke	ts below.)		1
Name of Outside Source of T	licket(s) Provided	to Agency: Oa	kland Raiders		4.5 × . • • • • •
Number of Tickets Received:	0			y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offic	ial	Number	State Whet	her the Distribution is In	come to the Official or
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
···					
4. Individual or Organizatio	n Receiving Tic	kot(s) (Provid	led at the behas	t of an agonov official)	
	-	Ċ			. /
Name of Behesting Agency (Official: <u>Nate Miley</u>	, supe	A V USUV	DISTRICT	· ~
			lation	-	Э
Name of Individual or Organi	zation:		100011	Numb	er of Tickets:3
Description of Organization:	Support for a Hos	pital			
Address of Opposite tion, 27	200 Calaroga Ave	nue ~ Haywar	d, CA 94545		
Address of Organization.	ber and Street		City	·	State Zip Code
Purpose for Distribution: (De	acribe the public pu	mana for the die	tribution to the c	Nachine V	
	•	pose for the us		nganization.)	
Volunteer contribution to the	community				
F. Varifiaatien					
5. Verification					
I have determined that the distri	bution of tickets set i	torth above is in	accordance wit	h the provisions of FPP0	C Regulation 18944.1.
los ant	CRYSTAL I	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	10/22/00
Signature of Agency Agad or Vesigna	9 0	Print Name		Title	(month, day, year)

Agency Report	711 461	ic Docume	4.	
1. Agency Name			Date Stamp	California Form
COUNTY OF ALAMEDA				For Official Use
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612 Area Code/Phone Number E-mail				
			Amendment (Must e	explain in Part 5.)
(510) 272-3882 crystal.hishin Agency Contact (name and title)	da@acgov.org		Date of Original Filing:	
•••	County Administrate	oria Offica		(month, day, year)
Crystal Hishida Graff, Principal Analyst,		JI'S Office		
2. Event For Which Tickets Were Dist	ributed	Oakland Ra	aiders & San Diego C	hargers Football
Date(s) of Event: <u>09 / 14 / 09</u>	Description of Ever			nargers r colbair
	Face Value of Ticke	;t:\$	150	
Agency Event 🔲 Yes 🗵 No (Ide	ntify source of ticket	ts helow)		
	-			
Name of Outside Source of Ticket(s) Prov	rided to Agency:			
Number of Tickets Received:1	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	I Pursuant to
3. Agency Official(s) Receiving Ticket	(S) (use a continuatio			
Name of Official (Last, First)	Number of Tickets		her the Distribution is Ir be the Public Purpose f	
	OF HEREIS	Descri	be the rabitor dipose r	
Brooks, Rodney	· 1	To reward a	County employee for	his exemplary se
				······································
4. Individual or Organization Receivin	-			
Name of Behesting Agency Official: <u></u>	Carson, Alameda	County Superv	visor	
Name of Individual or Organization:			Numb	per of Tickets:
Description of Organization:				
Address of Organization:				
Address of Organization:		City		State
Purpose for Distribution: (Describe the pub	lic purpose for the dis	stribution to the (organization.)	
To reward a County employee for his exe				
5. Verification				

Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OU
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address					
1221 OAK STREET, #555,	OAKLAND, CA 946	612			
Area Code/Phone Number	E-mail			Amendment (Muste	xolain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Agency Contact (name and title,)			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	r's Office		
Event For Which Tickets					
Date(s) of Event: <u>10</u>	<u>13 / 09 (</u> 2 Desci	ription of Even	t: <u>Oakland A'</u>	s Game	and the second
10 / 0	4 <u>, 09 (</u> 2) _{Face}	Value of Ticke	t:\$	10,00	
Agency Event 🛛 Yes	🛛 No (Identify s				
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	kland Athletic	S	
Number of Tickets Received				y: 🔲 Gratuitously	Pursuant to Contra
Agency Official(s) Recei	ving Ticket(s) (us	se a continuation	n sheet for add	itional names)	
Name of Offic	cial	Number		ther the Distribution is In	
(Last, First)		of Tickets	Desci	ibe the Public Purpose for	
			·		· · · · · · · · · · · · · · · · · · ·
Individual or Organization				t of an agency official.)	
Name of Behesting Agency	Official: Supervisor	r Alice Lai-Bitk	er, District 3		
rianie er beneeangrigeney	<u> </u>	ha libela Oakaa			λ
	ization: San Leand	fro High Schoo		amNumb	er of Tickets:4
Name of Individual or Organ				<u>.</u>	
Name of Individual or Organ Description of Organization:		oall Team			
Name of Individual or Organ Description of Organization:	High School Foott 326 Vista Grand Dr.				State Zin Cor
Name of Individual or Organ Description of Organization: Address of Organization: 13	High School Footb 326 Vista Grand Dr. nber and Street	., San Leandro	City		State Zip Coo
Name of Individual or Organ Description of Organization: Address of Organization: $\frac{13}{Nur}$ Purpose for Distribution: (D	High School Foott 326 Vista Grand Dr. nber and Street escribe the public pur	., San Leandro pose for the dis	City tribution to the		State Zip Cod
Name of Individual or Organ Description of Organization: Address of Organization: $\frac{13}{Nur}$	High School Foott 326 Vista Grand Dr. nber and Street escribe the public pur	., San Leandro pose for the dis	City tribution to the		State Zip Cod

Print Name
 Signalure of Agency Hearloy Designee
 Print Name
 Title

 Comment: (Use this space or an attachment for any additional information including amendment explanation.)
 Title
 'KII HISHIDA GRAFI INA

(month, day, year)

Tickets Provided by	A Publ	ic Document	TICKETS PROVIDED BY
Agency Report 1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applical 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612		Date Stamp	AGENCY REPORT California Form 802 For Official Use Only
Area Code/Phone Number E-mail	· •	Date of Original Fili	, ,
Date(s) of Event: <u>09 / 19 / 09</u> //	Description of Even Face Value of Ticke dentify source of ticket ovided to Agency: Oa	t: \$4○ , 0 つ is below.)	 ✓ Pursuant to Contract
3. Agency Official(s) Receiving Ticke Name of Official (Last, First)	et(s) (use a continuatio Number of Tickets	n sheet for additional names) State Whether the Distribution is Describe the Public Purpos	
 Individual or Organization Received Name of Behesting Agency Official: <u>Name of Individual or Organization</u>: <u>Un</u> Description of Organization: <u>Senior Adv</u> Address of Organization: <u>7200 Bancrof</u> Number and Street Purpose for Distribution: (Describe the p Volunteer contribution to the community 	te Miley , Super ited Seniors of Oaklar rocacy t Ave, Ste 178 ~ Oakla ublic purpose for the dis	nd & Alameda County Nu and, CA 94605	I.) mber of Tickets:2
5. Verification I have determined that the distribution of tick Signature of Agency Head or Designee Comment: (Use this space or an attachment for Plaza seats	STAL HISHIDA GRA	FF PRINCIPAL ANALYST	PPC Regulation 18944.1. /0/22/09 (month, day, year) EPPC Form 802 (Feb/09)

Tickets Provided by Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California QOO
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		·	Amendment (Mustex)	plain in Part 5.)
	crystal.hishida@a	icgov.org			·
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	<u>_</u>	-	tor's Office		
2. Event For Which Tickets					
Date(s) of Event:09 / 18	<u>, 09</u> Desci	ription of Eve	nt: <u>Baseball G</u>	ame	
	/ Face		2 - S	00	
Agency Event	🗵 No (Identify s	ource of ticke	ets below.)		
Name of Outside Oscilla of T		Ο	akland Athletic	5	
Name of Outside Source of Ti		o Agency:			
Number of Tickets Received:		Ticket(s) Pro	vided to Agend	y: 🔲 Gratuitously	☑ Pursuant to Contrac
3. Agency Official(s) Receiv	r ing Ticket(s) (us	se a continuatio		-	
Name of Officia (Last, First)	al	Number of Tickets		ther the Distribution is Inc be the Public Purpose for	
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	ded at the behes	t of an agency official.)	
Name of Behesting Agency O	fficial: <u>Nate Miley</u>	, Supe	er v yor		
Name of Individual or Organiz	ation: <u>United Sen</u>	iors of Oakla	nd & Alameda	County Numbe	r of Tickets:4
Description of Organization:	Senior Advocacy				
	00 Bancroft Ave, S	te 178 ~ Oak	land, CA 9460	5	State Zip Code
Purpose for Distribution: (Des	oribe the nublic num	nneo for tha di	stribution to the	vrannization \	
Volunteer contribution to the		pose for the di		figanization.)	
5. Verification					
I have determined that the distrib	ution of tickets set f	orth above is ir	1 accordance wit	h the provisions of FPPC	Regulation 18944 1
laff Map		IISHIDA GRA		ICIPAL ANALYST	10/22/0
Signature of Agency Aead or Designed	· · · · · ·	Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any adc	litional informatio	on including amend	Iment explanation.)	
Plaza seats					

Tickets Provided by				
Agency Report	A	Public Docum	ent 🕌	TICKETS PROVIDED AGENCY REPO
1. Agency Name			Date Stamp	California 801
COUNTY OF ALAMEDA				Form UU
Division, Department, or Region	if applicable)	•	1	For Official Use Only
1221 OAK STREET, #555				
Street Address			1	
OAKLAND, CA 94612				\$
Area Code/Phone Number E-r	nail		Amendment (Must exp	olaín in Part 5 }
(510) 272-3882 cr	ystal.hishida@acgov.o	org		ordin in Flare Day
Agency Contact (name and title)	A		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Adm	ninistrator's Office		
2. Event For Which Tickets W	ere Distributed			
Date(s) of Event: 27	09 Description	of Event. Oakland R	aiders & Denver Bronco	os Football Game
/	Face Value	of Ticket: \$		
Agency Event 🛛 Yes 🛛 [No (Identify source	of tickets below.)		
			S	
Name of Outside Source of Tick	et(s) Provided to Agei	ncy:		
Number of Tickets Received:	2 Ticket	t(s) Provided to Agen	cy: Gratuitously	☑ Pursuant to Contra
3. Agency Official(s) Receivin	g Ticket(s) (use a co	ntinuation sheet for add	titional names)	••••••••••••••••••••••••••••••••••••••
Name of Official			ether the Distribution is Inc	
(Last, First)	of I	ickets Desc	ribe the Public Purpose for	
	· · · · · · · · · · · · · · · · · · ·			
4. Individual or Organization	Receiving Ticket(s) (Provided at the behe	st of an agency official.)	
-	Koith Carson	St	-	
Name of Behesting Agency Offi		ouper visor		· · ·
	Madiaina Mamia	rs c/o Common Cour	isel Numbe	er of Tickets:2
Name of Individual or Organizat	1011		Humbe	
Description of Organization: <u>To</u>	promote health and v	vellness in Native cor	nmunities through tradit	ional ways.
Address of Organization.	3th Street		kland,	CA 94612
Number	and Street	City	1	State Zip Coo
Purpose for Distribution: (Descr	ibe the public purpose fo	or the distribution to the	organization.)	
To reward a school or nonprofit	organization for its co	ontributions to the co	mmunity.	
				<u></u>
5. Verification				
I have determined that the distribut	on of tickets set forth ab	ove is in accordance w	ith the provisions of FPPC	Regulation 18944.1.
1 14 AL				1shal.
Signature of Construction	CRYSTAL HISHIE		NCIPAL ANALYST	(month day year
Signature of Agency Head or Designee	Print Nar	10	1140	month, day, year

Signature of Agency Head or Designee ----

÷.,

(month, day, year)

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

Tickets Provided by		ic Docume	nf (TICKETS PROVIDED BY
Agency Report	Агил		;IIL ;	AGENCY REPORT
1. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Street Address				
	_			· · · · · · · · · · · · · · · · · · ·
1221 OAK STREET, #555, OAKLAND, CA 94612	2			
Area Code/Phone Number E-mail			Amendment (Must	t explain in Part 5.)
(510) 272-3882 crystal.hishida@acg	ov.org			
Agency Contact (name and title)			Date of Original Filing	;(month, day, year)
Crystal Hishida Graff, Principal Analyst, County A	dministrate	or's Office		(······, ···) , / -···,
2. Event For Which Tickets Were Distributed				
		Golden Stat	te Warriors Game	
Date(s) of Event: <u>10 / 4 / 09</u> Descript	tion of Ever	nt: <u>Conden ora</u>		
/ Face Va	lue of Ticke	et: \$	95.00	
	- ·· ·			
Agency Event 🔲 Yes 🖾 No (Identify sou	rce of ticke	ts below.)		
Name of Outside Source of Ticket(s) Provided to A	Agency: Go	olden State Wa	rriors	
	.3,			
Number of Tickets Received: <u>4</u> Ti	cket(s) Pro	vided to Agenc	y: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (use a	a continuatio	on sheet for addi	tional names)	
Name of Official	Number	State Whet	her the Distribution is	Income to the Official or
	of Tickets		be the Public Purpose	
· · · · · · · · · · · · · · · · · · ·			·	
4 Individual or Organization Bassiving Ticks	t(a) (Decuis		t of on anonou official)	· · · · · · · · · · · · · · · · · · ·
4. Individual or Organization Receiving Ticke			t of an agency official.)	}
Name of Behesting Agency Official: Supervisor A	lice Lai-Bitk	er, District 3		
Name of Benesting Agency Official.			1.	
Name of Individual or Organization: <u>Alanna Rayfo</u>	ord		Num	ber of Tickets:4
Name of Individual of Organization.				
Description of Organization:				
Address of Organization:				
Address of Organization:		City		State Zip Code
Dumpers for Distributions. (Describe the multi-	fouther stir	tuile, tiens to the c	contration \	
Purpose for Distribution: (Describe the public purpose				
To promote attendance at an event held at a Cou	nty facility i	in order to max	imize County revenu	ue from concession sales
				1
5. Verification				
I have determined that the distribution of tickets set fort	h above is ir	n accordance wit	h the provisions of FPI	PC Regulation 18944.1.
CRYSTAL HIS		FF PRIN	ICIPAL ANALYST	10/22/09
	nt Name	···· ·	Title	(nonth, day, year)
Comment: (Use this space or an attachment for any addition	onal informatio	on including amend	Iment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED
1. Agency Name				Date Stamp	
COUNTY OF ALAMEDA				Due orang	Form 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	E-mail			Amendment (Mus	st evolain in Part 5)
(510) 272-3882	crystal.hishida@ac	gov.org			
Agency Contact (name and title)			Date of Original Filin	g:(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, County	v Administrat	or's Office		
2. Event For Which Tickets	Were Distribute	d		· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event:09 /_2	.7 <u>/ 09</u> Descri	ption of Ever	nt: Raider's Ga	ame	1. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	/ Face V			50.00	
		alue of floke	σι. ψ		
Agency Event	🛛 No (Identify so	ource of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided to	Agency:			
Number of Tickets Received				sy: 🔲 Gratuitously	⊠ Pursuant to Contra
2 America Official/a) Deca	wing Tickot(a)		n aboat far add	itional namoo)	
3. Agency Official(s) Recei					Income to the Official or
Name of Offic (Last, First)		Number of Tickets		ibe the Public Purpose	
				·····	
4. Individual or Organizati	on Receiving Tick	(et(s) (Provid	led at the behes	t of an agency official	l.)
Name of Behesting Agency	Supervisor	Scott Hagge	rty		
Name of Benesting Agency				1 - 1 - 1 - 1	· · · · · · · · · · · · · · · · · · ·
Name of Individual or Orgar	ization: Brad Onste	ad- Individua	I, County Res	dent Nur	mber of Tickets:4
Description of Organization:	ų			and the second	
Address of Organization:	nber and Street		City		State Zip Coc
Purpose for Distribution: (D		occ for the dir	stribution to the	organization)	
				organization./	
To reward a community volu	unteer for his or her	service to the		111/2001	
5. Verification	<u></u>	·····			

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

Signature of Agency Head of Designee

CRYSTAL HISHIDA GRAFF Print Name

PRINCIPAL ANALYST

Title

109

Tickets Provided by Agency Report		A Public	: Docume	nt		PROVIDED B ENCY REPOR
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	ion (if applicable)				For Official	Use Only
ł						
Street Address						
1221 OAK STREET, #555,		612		<u></u>		
Area Code/Phone Number	E-mail			Amendment (Mus	t explain in Part 5.)	
(510) 272-3882	crystal.hishida@a	acgov.org		Defended of the LEWIS		
Agency Contact (name and title	-			Date of Original Filing	g:(month, day, ye	ar)
Crystal Hishida Graff, Princ			s Office			
2. Event For Which Ticket				0		
Date(s) of Event:09_/_1	17 <u>/ 09</u> Desc	ription of Event:		Game	www.	
/	<u> </u>	Value of Ticket:	\$ 401	00		
Agency Event 🛛 Yes	⊠ No (Identify s	source of tickets	helow)			
	, -					
Name of Outside Source of	Ticket(s) Provided 1	to Agency: Oak	anu America			
	.,					
Number of Tickets Received	4			r: 🔲 Gratuitously	X Pursuant	to Contrac
Number of Tickets Received 3. Agency Official(s) Rece	t:4 iving Ticket(s) (u	Ticket(s) Provid	ded to Agenc	r: Gratuitously		
Number of Tickets Received 3. Agency Official(s) Rece Name of Official	t:4 iving Ticket(s) (u	Ticket(s) Providuse a continuation	ded to Agenc sheet for addit State Whet	y: ☐ Gratuitously ional names) her the Distribution is	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece	t:4 iving Ticket(s) (u	Ticket(s) Provid	ded to Agenc sheet for addit State Whet	r: Gratuitously	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece	t:4 iving Ticket(s) (u	Ticket(s) Providuse a continuation	ded to Agenc sheet for addit State Whet	y: ☐ Gratuitously ional names) her the Distribution is	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece	t:4 iving Ticket(s) (u	Ticket(s) Providuse a continuation	ded to Agenc sheet for addit State Whet	y: ☐ Gratuitously ional names) her the Distribution is	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece	t:4 iving Ticket(s) (u	Ticket(s) Providuse a continuation	ded to Agenc sheet for addit State Whet	y: ☐ Gratuitously ional names) her the Distribution is	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official	t:4 iving Ticket(s) (u	Ticket(s) Providuse a continuation	ded to Agenc sheet for addit State Whet	y: ☐ Gratuitously ional names) her the Distribution is	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece	l: <u>4</u> iving Ticket(s) (u	Ticket(s) Provid	ded to Agency sheet for addit State Whet Descril	y: ☐ Gratuitously ional names) her the Distribution is be the Public Purpose	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece	t:4 iving Ticket(s) (ש cial on Receiving Tic	Ticket(s) Provided	ded to Agence sheet for addit State Whet Descrif	y: ☐ Gratuitously ional names) her the Distribution is be the Public Purpose	Income to the Off	icial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ	t:4 iving Ticket(s) (units cial on Receiving Tic Official: Supervisor Difficial: Alameda H	Ticket(s) Provid se a continuation Number of Tickets Sket(s) (Provided r Alice Lai-Bitket Hospital Founda	ded to Agency sheet for addit State Whet Descrif d at the behest r, District 3	y: ☐ Gratuitously ional names) her the Distribution is be the Public Purpose of an agency official.	Income to the Off for the Distribution) nber of Tickets:	icial or on 4
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organizati Name of Behesting Agency	t:4 iving Ticket(s) (units cial on Receiving Tic Official: Supervisor Difficial: Alameda H	Ticket(s) Provid se a continuation Number of Tickets Sket(s) (Provided r Alice Lai-Bitket Hospital Founda	ded to Agency sheet for addit State Whet Descrif d at the behest r, District 3	y: ☐ Gratuitously ional names) her the Distribution is be the Public Purpose of an agency official.	Income to the Off for the Distribution) nber of Tickets:	icial or on 4
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: 20	t:4 iving Ticket(s) (un- cial on Receiving Tic Official: Supervisor hization: Alameda H Nonprofit dedicate 070 Clinton Avenue	Ticket(s) Provid se a continuation Number of Tickets Stet(s) (Provided r Alice Lai-Bitket Hospital Founda	ded to Agence sheet for addit State Whet Descril d at the behest r, District 3 tion Alameda Ho 94501	y: ☐ Gratuitously ional names) her the Distribution is be the Public Purpose of an agency official.	Income to the Off of the Distribution) nber of Tickets: y healthcare in <i>i</i>	icial or on 4 Alameda.
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{2i}{Nu}$	t:4 iving Ticket(s) (units cial on Receiving Tick Official: Supervisor nization: Alameda H Nonprofit dedicate 070 Clinton Avenue mber and Street	Ticket(s) Provid se a continuation Number of Tickets Stet(s) (Provided r Alice Lai-Bitket Hospital Founda ed to supporting	ded to Agency sheet for addit State Whet Descrif d at the behest r, District 3 tion Alameda Ho 94501 City	y: ☐ Gratuitously ional names) her the Distribution is be the Public Purpose of an agency official.	Income to the Off for the Distribution) nber of Tickets:	icial or on 4 Alameda.
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organ Description of Organization: 20	t:4 iving Ticket(s) (units iving Ticket(s) (units iving Ticket(s) (units iving Ticket(s) (units on Receiving Ticket Official: Supervisor Official: Supervisor iving Ticket(s) (units Official: Supervisor Alameda H Nonprofit dedicate O70 Clinton Avenue mber and Street escribe the public public	Ticket(s) Provid se a continuation Number of Tickets Cket(s) (Provided r Alice Lai-Bitken Hospital Founda ed to supporting a, Alameda, CA, rpose for the distri	ded to Agency sheet for addit State Wheti Descrif d at the behest r, District 3 tion Alameda Ho 94501 City ibution to the o	<pre>/: □ Gratuitously ional names) ner the Distribution is be the Public Purpose of an agency official</pre>	Income to the Off of the Distribution) nber of Tickets: y healthcare in <i>i</i>	icial or on 4

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

CRYSTAL HISHIDA GRAFF Signature of Agency Herd or Designee Print Name

PRINCIPAL ANALYST

dav

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

Title

Fickets Provided by Agency Report		A Publ	lic Docume	F1 # L	AGEI	NCY REPOI
1. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
Division, Department, or Reg	ion (if applicable)				For Official U	lse Only
Street Address						
1221 OAK STREET, #555,	OAKLAND, CA 946	612				
Area Code/Phone Number	E-mail			Amendment (Must ex	plain in Part 5.)	
(510) 272-3882	crystal.hishida@a	icgov.org		Defend Original Differen		
Agency Contact (name and title				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ			or's Office	J		
2. Event For Which Ticket			Ookland P	aiders Como		
Date(s) of Event: <u>10</u>	18 / 09 Desc	ription of Ever				
/	/ Face	Value of Ticke	et: \$	150.00		
Agency Event 🛛 Yes	🛛 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided t	O Agency. Oa	akland Raiders			
Name of Outside Obulce of	Tioket(s) Tovided (o Ageney. <u> </u>				
	^ '					
Number of Tickets Received	1:3	Ticket(s) Pro		cy: 🔲 Gratuitously	I Pursuant to	o Contra
			vided to Agend	cy: □Gratuitously	⊠ Pursuant to	o Contra
3. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	ovided to Agence on sheet for add	y: ☐ Gratuitously itional names)		
	iving Ticket(s) (u		ovided to Agend on sheet for add State Whe	cy: □Gratuitously	come to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (u	se a continuatio	ovided to Agend on sheet for add State Whe	y: ☐ Gratuitously itional names) ther the Distribution is Inc	come to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (u	se a continuatio	ovided to Agend on sheet for add State Whe	y: ☐ Gratuitously itional names) ther the Distribution is Inc	come to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (u	se a continuatio	ovided to Agend on sheet for add State Whe	y: ☐ Gratuitously itional names) ther the Distribution is Inc	come to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (u	se a continuatio	ovided to Agend on sheet for add State Whe	y: ☐ Gratuitously itional names) ther the Distribution is Inc	come to the Offic	ial or
3. Agency Official(s) Rece Name of Offi	iving Ticket(s) (u	se a continuatio	ovided to Agend on sheet for add State Whe	y: ☐ Gratuitously itional names) ther the Distribution is Inc	come to the Offic	ial or
B. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (u	se a continuation	on sheet for add	y: ☐ Gratuitously itional names) ther the Distribution is Inc ibe the Public Purpose fo	come to the Offic	ial or
3. Agency Official(s) Rece Name of Offi (Last, First)	iving Ticket(s) (u cial on Receiving Tic	se a continuation of Tickets ket(s) (Provid	on sheet for add State Whe Descr	y: ☐ Gratuitously itional names) ther the Distribution is Inc ibe the Public Purpose fo	come to the Offic	ial or
Agency Official(s) Rece Name of Official(s) Name of Official(s) Name of Official(s) Name of Behesting Agency	iving Ticket(s) (u cial on Receiving Tic Official: <u>Supervisor</u>	se a continuation of Tickets (Provident of Tickets)	on sheet for add State Whe Descr ded at the behes ker, District 3	y: ☐ Gratuitously itional names) ther the Distribution is Inc ibe the Public Purpose fo	come to the Offic	ial or
Agency Official(s) Rece Name of Official(s) Name of Official(s) Name of Official(s) Name of Behesting Agency	iving Ticket(s) (u cial on Receiving Tic Official: <u>Supervisor</u>	se a continuation of Tickets (Provident of Tickets)	on sheet for add State Whe Descr ded at the behes ker, District 3	titional names) ther the Distribution is Inc ibe the Public Purpose fo	come to the Offic r the Distribution	ial or
Agency Official(s) Rece Name of Official(s) Name of Official(s) Name of Official(s) Name of Behesting Agency Name of Individual or Organizati	iving Ticket(s) (u cial on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda H</u>	se a continuation Number of Tickets Stet(s) (Provident Alice Lai-Bith Hospital Found	on sheet for add State Whe Descr ded at the behes ker, District 3 dation	titional names) ther the Distribution is Inc ibe the Public Purpose fo to f an agency official.)	come to the Offic r the Distribution	ial or
Agency Official(s) Rece Name of Official(s) Name of Official(s) Name of Official(s) Name of Behesting Agency	iving Ticket(s) (u cial on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda H</u>	se a continuation Number of Tickets Stet(s) (Provident Alice Lai-Bith Hospital Found	on sheet for add State Whe Descr ded at the behes ker, District 3 dation	titional names) ther the Distribution is Inc ibe the Public Purpose fo to f an agency official.)	come to the Offic r the Distribution	ial or
Agency Official(s) Rece Name of Behesting Agency Name of Behesting Agency Name of Individual or Organization Description of Organization	iving Ticket(s) (u cial on Receiving Tic Official: Supervisor nization: Alameda H	se a continuation Number of Tickets Ret(s) (Provident Alice Lai-Bith Hospital Found	on sheet for add State Whe Descr ded at the behes ker, District 3 dation	titional names) ther the Distribution is Inc ibe the Public Purpose fo to f an agency official.)	come to the Offic r the Distribution	ial or
Agency Official(s) Rece Name of Offi (Last, First) (Last, First) Andividual or Organizati Name of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: 2	iving Ticket(s) (u cial on Receiving Tic Official: <u>Supervisor</u> nization: <u>Alameda H</u>	se a continuation Number of Tickets Ret(s) (Provident Alice Lai-Bith Hospital Found	on sheet for add State Whe Descr ded at the behes ker, District 3 dation	titional names) ther the Distribution is Inc ibe the Public Purpose fo to f an agency official.)	come to the Offic r the Distribution	ial or 3 lameda
Agency Official(s) Rece Name of Organization Name of Behesting Agency Name of Individual or Organization Description of Organization: 2/ Nu	iving Ticket(s) (u cial on Receiving Tic Official: Supervisor nization: Alameda H Nonprofit dedicate 070 Clinton Avenue mber and Street	se a continuation Number of Tickets Stet(s) (Provider Alice Lai-Bith Hospital Found to supporting Alameda, Ca	on sheet for add State Whe Descr ded at the behes ker, District 3 dation ng Alameda Ho A, 94501 City	ey: ☐ Gratuitously itional names) ther the Distribution is Inc ibe the Public Purpose fo st of an agency official.) Number pospital provide quality h	come to the Offic r the Distribution er of Tickets: nealthcare in A	ial or
Agency Official(s) Rece Name of Offi (Last, First) (Last, First) Ame of Behesting Agency Name of Individual or Organization Description of Organization: Address of Organization: 2	iving Ticket(s) (un cial on Receiving Tick Official: Supervisor hization: Alameda H Nonprofit dedicate 070 Clinton Avenue mber and Street	se a continuation Number of Tickets Ket(s) (Provident Alice Lai-Bith Hospital Found to supporting Alameda, Ca pose for the disc	on sheet for add State Whe Descr ded at the behes ker, District 3 dation ng Alameda Ho A, 94501 City stribution to the	ey: ☐ Gratuitously itional names) ther the Distribution is Inc ibe the Public Purpose fo at of an agency official.) Number pospital provide quality for proganization.)	come to the Offic r the Distribution er of Tickets: nealthcare in A	ial or 3 lameda

Print Name

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST

 Signature of Approx Head of Designee
 Print Name
 Title

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

Title

Tickets Provided by Agency Report	. А	Public Docum	ient	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name			Date Stamp	California 000
COUNTY OF ALAMEDA				Form OU
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address		· · ·		
OAKLAND, CA 94612				
Area Code/Phone Number E-	mail		Amendment (Must ex	nlain in Part 5 1
(510) 272-3882 cr	ystal.hishida@acgov.c	org		plain in Fait 0.y
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Adm	inistrator's Office		(
2. Event For Which Tickets W	/ere Distributed			
Date(s) of Event:09 / _21	09 Description	of Event: Baseball	Game	
/		of Ticket: \$4D	.00	
/		οι πακει. φ <u> </u>		
Agency Event 🛛 Yes	No (Identify source	of tickets below.)		
Name of Outside Source of Tick	<pre><et(s) ager<="" pre="" provided="" to=""></et(s)></pre>	ncy: Oakland Athleti	CS	
Number of Tickets Received:	Ticket	(s) Provided to Ager	ncy: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivir	1g Ticket(s) (use a co	ntinuation sheet for ad	ditional names)	
Name of Official (Last, First)			ether the Distribution is Inc cribe the Public Purpose for	····· ··· ···· ···· ··· ···
	,			
				Herrori.
4. Individual or Organization	Receiving Ticket(s)	(Provided at the beha	est of an agency official.)	
Name of Behesting Agency Offi	cial: <u>Nate Miley</u>	ruper v levov		
Name of Individual or Organiza	tion: United Seniors of	Oakland & Alameda	a County Numbe	er of Tickets: 2
Description of Organization: <u>Sec</u>	nior Advocacy		·····	
Address of Organization:	Bancroft Ave, Ste 178	~ Oakland, CA 946		State Zip Code
Purpose for Distribution: (Desc			•	
			organization.)	
Volunteer contribution to the co	mmunity			
5. Verification				· · · · · · · · · · · · · · · · · · ·
	ion of tickste ant fait at at	ovo io in anart	it the provisions of FORO	
I have determined that the distribut				regulation 18944.1.
lef men	CRYSTAL HISHID		NCIPAL ANALYST	10/22/09
Signature of Agency Head or Designee	Print Nam		Title	(month, day, year)
Comment: (Use this space or an att	acnment for any additional in	ntormation including ame	ndment explanation.)	
Plaza seats				

Tickets Provided by Agency Report		A Publi	ic Docum	ent 💡	TICKETS PI AGEN	ROVIDED I
. Agency Name			····· ,	Date Stamp	California	802
COUNTY OF ALAMEDA					Form	002
Division, Department, or Reg	ion (if applicable)			1	For Official U	se Only
1221 OAK STREET, #555						
Street Address				1		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must ex	olain in Part 5)	
(510) 272-3882	crystal.hishida@a	acgov.org			prant in trait 0.y	
Agency Contact (name and title		<u> </u>		Date of Original Filing:	(month, day, year))
Crystal Hishida Graff, Princ	pal Analyst, Coun	ty Administrate	or's Office		1	
. Event For Which Ticket	s Were Distribut	ed				···· ·· · · · · ·
Date(s) of Event:09/			., Raider's G	ame		
			1	5D,00		
//	/ Face	Value of Ticke	t:\$			
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticket	ts below.)			
Name of Outside Source of	Ticket(s) Provided	to Agency:		· · · · · · · · · · · · · · · · · · ·		
					— — — — — — — — — — — — — — — — — — —	. .
Number of Tickets Received	d:	Ticket(s) Prov	ided to Agen	cy: Gratuitously	Pursuant to	Contra
Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for add	litional names)		
Name of Offi		Number		ether the Distribution is Inc	ome to the Offic	ial or
(Last, First)		of Tickets	Desc	ribe the Public Purpose fo	r the Distribution	
X						
. Individual or Organizati	on Receiving Tid	ket(s) (Provid	ed at the hehe	st of an agency official)		
individual os organizad	on recording in		nict	viot i		
Name of Behesting Agency	Official: _Superviso	r Scott Hagger		ricti		
						А
		م المطابية طبيحا				4
	nization: Lou Pinior	n- Individual		Numbe	er of Tickets:	
Name of Individual or Organ					er of Tickets:	
					er of Tickets:	
Name of Individual or Organ Description of Organization					er of Tickets:	
Name of Individual or Organ			City		er of Tickets:	Zip Cod
Name of Individual or Organ Description of Organization Address of Organization: _{Nu}	mber and Street		City	,		Zip Code
Name of Individual or Organ Description of Organization Address of Organization: Nu Purpose for Distribution: (D	mber and Street Describe the public pu	rpose for the dis	City tribution to the	,		Zip Code
Name of Individual or Organ Description of Organization Address of Organization: _{Nu}	mber and Street Describe the public pu	rpose for the dis	City tribution to the	,		Zip Cod

Soff marks	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/22/09
Signature of Agency year or Designee	Print Name	Title	(month, day, year)

ickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B
. Agency Name	·····			Date Stamp	California
COUNTY OF ALAMEDA				·	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
510-272-3882	crystal.hishida@a	acaov.ora		Amendment (Must	explain in Part 5.)
Agency Contact (name and title	-			Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analvst. Count	v Administrato	r's Office		(month, day, year)
Event For Which Ticket		-			
			Warriors v.	Lakers	
Date(s) of Event:				05	
/	/ Face	Value of Ticke	et: \$	90	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of ticket	ts below.)		
			-	rriors	
Name of Outside Source of	Ticket(s) Provided	to Agency:		11013	<u>.</u>
Number of Tickets Received	<u>4</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contrac
Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	n sheet for addit	tional names)	
Name of Offi	cial	Number	+ + + + + + + + + + + + + + + + + + + +		ncome to the Official or
(Last, First)		of Tickets	Desch	be the Public Purpose I	
	· · · · ·				
Individual or Organizati	on Receivina Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
•	-				
Name of Behesting Agency	Official: Supervisor	r Gall Steele			
			ation		
Name of Individual or Organ					ber of Tickets:4
Description of Organization	fund raising arm c	f St. Rose Hos	spital, which pr	ovides services to lo	w-income and indigent.
Description of Organization					
Address of Organization: 2	7200 Calaroga Ave	nue	Нау	/ward,	CA 94545
Nutress of Organization.	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public pu	pose for the dis	tribution to the c	proanization.)	
to promote health, motivate				- ·	a county
	and provide expan				, oounty
Verification					
	ribution - f H-1 t (forth above to to		h the provisions of FPF	C Bogulation 490444
I have determined that the dist	ribution of tickets set :	rorth above is in	accordance wit	n the provisions of FPF	с кедиалоп 18944.1.
Las muts	CRYSTAL I	HISHIDA GRA	FF PRIN	ICIPAL ANALYST	10/22/1
				Title	

Tickets Provided by Agency Report	A Public	Document		TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if a	pplicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mai	I			<u> </u>
	-		Amendment (Must exp	olain in Part 5.)
(510) 272-3882 cryst Agency Contact (name and title)	al.hishida@acgov.org	Dat	te of Original Filing:	
	abuat Caunty Administratori		· · · · · · · · · · · · · · · · · · ·	(month, day, year)
Crystal Hishida Graff, Principal Ar	• •			
2. Event For Which Tickets Wer				
Date(s) of Event: <u>09_/_03_/_</u>	09 Description of Event: .	Basebali Game	~~~	
//	Face Value of Ticket: 3	1 & 2 > >	<u>) </u>	
Agency Event 🗌 Yes 🖾 🛛	No (Identify source of tickets I	pelow.)		
Name of Outside Source of Ticket	s) Provided to Agency: Oakla	and Athletics		
Number of Tickets Received:	D Ticket(s) Provide		Gratuitously	Pursuant to Contract
3. Agency Official(s) Receiving	Ticket(s) (use a continuation s	heet for additiona	l names)	
Name of Official	Number	State Whether t	ne Distribution is Inc	ome to the Official or
(Last, First)	of Tickets	Describe th	e Public Purpose for	the Distribution
4. Individual or Organization Re	ceiving Ticket(s) (Provided	at the behest of a	n agency official.)	
Name of Behesting Agency Officia	, Nate Miley , Super	VIS		
Name of Denesting Agency Officia	··			
Name of Individual or Organizatior	, Kunio Okui		Numbe	r of Tickets: <u>6</u>
Description of Organization:				
Address of Organization:				
Number and	Street	City		State Zip Code
Purpose for Distribution: (Describe	the public purpose for the distrib	ution to the organ	ization.)	
volunteer contribution to communi	tv			
5. Verification				
I have determined that the distribution	of fickets set forth above is in ac	cordance with the	provisions of FPPC	Regulation 18944 1
Jandel & mills	CRYSTAL HISHIDA GRAFF		AL ANALYST	/0/22/0°
Signature of Agency Head or Devigned	Print Name		Title	(mónth, daý, year)

gency Report	A Publ	ic Docume	ent	TICKETS PROVIDED E AGENCY REPOR
. Agency Name			Date Stamp	California 802
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
1221 OAK STREET, #555				
Street Address				
OAKLAND, CA 94612				
Area Code/Phone Number E-mail			Amendment (Must	explain in Part 5.)
(510) 272-3882 crystal.hishida	@acgov.org		Data of Original Filing	
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Principal Analyst, Co		or's Office		
Event For Which Tickets Were Distrib		football com		
Date(s) of Event:09 / 27 / 090	escription of Even			
/ Fa	ace Value of Ticke	et: \$	150.00	
Agency Event 🗍 Yes 🛛 No (Identi	fy source of ticket	te helow)		
- •	•	,		
Name of Outside Source of Ticket(s) Provide	ed to Agency:	Manu Taluers		
Number of Tickets Received: <u>3</u>	Ticket(s) Prov	vided to Agenc	y: 🔲 Gratuitously	
Agency Official(s) Receiving Ticket(s)) (use a continuatio	n sheet for addi	tional names)	
Name of Official	Number	State Milest	hor the Distribution is I	
	Number			ncome to the Official or
(Last, First)	of Tickets		be the Public Purpose	
	of Tickets	Descri	be the Public Purpose	for the Distribution
(Last, First)	of Tickets Ticket(s) (Provid	Descri	t of an agency official.)	for the Distribution
(Last, First)	of Tickets	Descri	t of an agency official.)	for the Distribution
(Last, First)	of Tickets	Descri	t of an agency official.)	for the Distribution
(Last, First)	of Tickets Ticket(s) (Provid ley , Suger seniors of oakland	Descri	t of an agency official.)	for the Distribution
(Last, First)	of Tickets Ticket(s) (Provid ley , Suger seniors of oakland	Descri	t of an agency official.)	for the Distribution
(Last, First)	of Tickets	Descri ed at the behest ۲ ۷ تعمیر d and alameda	t of an agency official.)	for the Distribution
(Last, First)	of Tickets	Descri ed at the behest ۲ ۷ تعمیر d and alameda	t of an agency official.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street	of Tickets	Descri ed at the behest CV USC d and alameda id, ca 94605 City	t of an agency official.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street Purpose for Distribution: (Describe the public	of Tickets	Descri ed at the behest CV USC d and alameda id, ca 94605 City	t of an agency official.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street	of Tickets	Descri ed at the behest CV USC d and alameda id, ca 94605 City	t of an agency official.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street Purpose for Distribution: (Describe the public	of Tickets	Descri ed at the behest CV USC d and alameda id, ca 94605 City	t of an agency official.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street Purpose for Distribution: (Describe the public non-profit contribution to community Verification	of Tickets	Descri ed at the behest ر ب تح d and alameda id, ca 94605 City tribution to the o	t of an agency official.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street Purpose for Distribution: (Describe the public non-profit contribution to community Verification I have determined that the distribution of tickets s	of Tickets	Descri ed at the behest CV CV and alameda id, ca 94605 City tribution to the o	t of an agency official.) County Num Organization.)	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: nate mi Name of Individual or Organization: united s Description of Organization: senior advocad Address of Organization: 7200 bancroft ave Number and Street Purpose for Distribution: (Describe the public non-profit contribution to community Verification I have determined that the distribution of tickets s Mammade	of Tickets	Descri ed at the behest CV CV and alameda id, ca 94605 City tribution to the o	t of an agency official.) county Num rganization.) h the provisions of FPF CIPAL ANALYST	for the Distribution
(Last, First) Individual or Organization Receiving Name of Behesting Agency Official: <u>nate mi</u> Name of Individual or Organization: <u>united s</u> Description of Organization: <u>senior advocad</u> Address of Organization: <u>7200 bancroft ave</u> Number and Street Purpose for Distribution: (Describe the public non-profit contribution to community Verification I have determined that the distribution of tickets s	of Tickets	Descri ed at the behest CV CV d and alameda id, ca 94605 City tribution to the o accordance with FF PRIN	t of an agency official.) county Num rganization.) h the provisions of FPF CIPAL ANALYST Title	for the Distribution

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name		·····		Date Stamp	California 000
COUNTY OF ALAMEDA				· · · · · · · · · · · · · · · · · · ·	Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555	,				
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				
				Amendment (Must	explain in Part 5.)
(510) 272-3882	crystal.hishida@a	icgov.org		Doto of Original Filing	
Agency Contact (name and title				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ		····	or's Office		
2. Event For Which Ticket					
Date(s) of Event: _09 _/1	18 <u>/ 09</u> Desci	ription of Even	it: Miley Cyrus	i	
	/ Face			250	
Agency Event 🛛 🗌 Yes	🛛 No (Identify s	ource of tickel	ts below.)		
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Go</u>	lden State Wa	rriors	
Number of Tickets Received	:	Ticket(s) Prov	vided to Agenc	y: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Rece		se a continuatio		-	
Name of Offic (Last, First)	cial	Number of Tickets		her the Distribution is I be the Public Purpose	ncome to the Official or
		OFFICKERS	Desch		
	,				
				<u> </u>	
4. Individual or Organizati	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	
-	-	• • •		,	
Name of Behesting Agency	Official: Kenn Cars	- arper	V (301- 0	and J	
					Λ
Name of Individual or Orgar	hization:		Dynoo	Num	ber of Tickets:4
Description of Organization					
Description of Organization:	<u></u>	<u>_</u>		<u></u>	
Address of Organization:					
Nuress of Organization.	mber and Street		City		State Zip Code
Purpose for Distribution: (D	escribe the public our	nose for the dis	tribution to the c	organization)	
- ,		-		Jgamzalon.)	
To reward a community vol	unteer for his or her	service to the	public.		
5. Verification	******		and a subscription of the		1999 - Carrier ann an Anna ann an Anna ann an Anna ann an Anna
I have determined that the dist	ribution of tickets set f	orth above is in	accordance wit	h the provisions of FPF	C Regulation 18944.1.
A11-A 1				-	
-65 (non)	CRYSTAL	IISHIDA GRA	FF PRIN	CIPAL ANALYST	<u> </u>
Signature of Acency Head of Design		Print Name		Title	

Tickets Provided by					
Agency Report		A Publ	lic Docume	ent ,	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name	······			Date Stamp	California QO 2
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regio	n (if applicable)			1	For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	E-mail			Amendment (Must	explain in Part 5.)
	crystal.hishida@a	icgov.org			
Agency Contact (name and title)				Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	ty Administrat	tor's Office		
2. Event For Which Tickets					
Date(s) of Event: <u>10</u> / <u>18</u>	_/_ ⁰⁹ Desci	ription of Ever	nt: <u>Oakland R</u>	aiders Football Game	
/	_/ Face			450	
Agency Event 🛛 Yes	🛛 No (Identify s				
Name of Outside Source of Ti	cket(s) Provided t	o Agency: <u>Oa</u>	akland Raiders	;	
Number of Tickets Received:					I Pursuant to Contrac
3. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Officia		Number		ther the Distribution is I	ncome to the Official or
(Last, First)		of Tickets		ibe the Public Purpose	
0			Ta abtain a	ensight of facilities or	overte
Carson, Keith		4	TO Obtain OV	ersight of facilities or	events
4. Individual or Organization	n Receiving Tic	ket(s) (Provid	ded at the behes	st of an agency official.)	
-	- Koith Cars	on Alameda	County Super	visor	
Name of Behesting Agency O	fficial:		County Super		
Name of Individual or Organiz	ration.			Num	ber of Tickets:
Name of mundual of Organiz	.auon.				
Description of Organization: _					
Address of Organization:	per and Street		City	·	State Zip Code
			atribution to the	organization)	
Purpose for Distribution: (Des	-				
	s or events that h	ave received	County fundin	g or support.	
To obtain oversight of facilitie					
· · · · · · · · · · · · · · · · · · ·	-				
5. Verification			n accordance w		C Regulation 18944 1
To obtain oversight of facilitie 5. Verification I have determined that the distrib	oution of tickets set t				PC Regulation 18944.1.

COUNTY OF ALAMEDA Form OUL Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (610) 272-3882 crystal.hishida@acgov.org Agency Contact (name and title) crystal.hishida@acgov.org Crystal Hishida Graff, Principal Analyst, County Administrator's Office Date of Original Filing:	Agency Report		A Publi	c Docume	ent 🐰	TICKETS PROVIDED E AGENCY REPOR
Division, Department, or Region (# applicable) 1221 OAK STREET, #555 Street Address OAKLAND, CA 94612 Area Code/Phone Number E-mail (510) 272-3882 crystal.hishida@acgov.org Agency Contact (mare and fib) crystal.hishida@acgov.org Agency Event O J 22 / 09 Description of Event: Baseball Game Agency Event Ves No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Received:	1. Agency Name				Date Stamp	
Distribution Description Distribution						
Street Address OAKLAND, CA 94612 Area Codd/Phone Number E-mail (510) 272-3882 crystal Hishida @acgov.org Agency Contact (name and tile) Crystal Hishida @raff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 22 / 09 Agency Event Yes Yes El No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athietics Number of Tickets Second to Agency Contact (name source) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Outside Source of Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Agency Official(s) Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Name of Individual or Organization: United Seniors of Oakland & Alameda County Name of Individual or Organization: Senior Advocacy Address of Organization: Zenior Advocacy Address of Organization: Zenior Advocacy Au	Division, Department, or Regio	n (if applicable)				For Official Use Only
OAKLAND, CA 94612 Area Code/Phone Number (510) 272-3882 crystal.hishida@acgov.org Agency Contact (name and the) Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 22 / 09 Description of Event: Baseball Game						
Area Code/Phone Number (510) 272-3882 E-mail crystal hishida@acgov.org Amendmont (Must explain in Part 5.) Agency Contact (name and title) Crystal hishida@acgov.org Date of Original Filing:						
(510) 272-3882 crystal.hishida@acgov.org Date of Original Filing:						
Agency Contact (name and title) Date of Original Filing:(month, day, year) Crystal Hishida Graft, Principal Analyst, County Administrator's Office Date of Original Filing:(month, day, year) 2. Event For Which Tickets Were Distributed Description of Event:	Area Code/Phone Number	-mail			Amendment (Mustexp	plain in Part 5.)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office Crystal Hishida Graff, Principal Analyst, County Administrator's Office 2. Event For Which Tickets Were Distributed Date(s) of Event: 09 / 22 / 09 Description of Event; Baseball Game		crystal.hishida@a	cgov.org			
2. Event For Which Tickets Were Distributed Date(s) of Event:	, ,				Date of Original Filing: _	(month, day, year)
Date(s) of Event: 09 / 22 / 09 Description of Event: Baseball Game			-	r's Office		
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official or Describe the Public Purpose for the Official or Describe the Public Purpose for the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Mathematical State Whether the Distribution Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number and Steet City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod State State City State Zip Cod Number of Distribution: Chescribe the public purpose for the distribution to the organiz						
Agency Event Yes No (Identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official or Describe the Public Purpose for the Official or Describe the Public Purpose for the Official or Describe the Public Purpose for the Distribution 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Mathematical State Whether the Distribution Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number and Steet City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod State State City State Zip Cod Number of Distribution: Chescribe the public purpose for the distribution to the organiz	Date(s) of Event:09 /_22	_/ <u>09</u> Descr	ription of Event	Baseball Ga	ame	
Agency Event Yes No (identify source of tickets below.) Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Contract of Contract of Contract of Tickets Image of Official Number of Tickets Describe the Public Purpose for the Distribution Image: Contract of Contr	········	_/ Face	Value of Ticket	:: \$ 40	,00,	
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Image: Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contract Image: Pursuant to Contract 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Pursuant to Contract Image: Pursuant Contract Name of Official Number State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Image: Purpose for the Distribution Image: Purpose for the Distribution Image: Purpose for the Distribution Andre of Behesting Agency Official: Nate Miley Image: Purpose for Tickets: 2 Description of Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Image: Purpose for Distribution: Zup Cod Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Image: Purpose for Distribution: Cleverible public purpose for the distribution to the organization.) Volunteer contribution to the community Supplification Image: Purpose for Distribution of lickets set forth above is in accordance with						
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contra 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Image: Contrast of C						
Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names) Name of Official Name of Official Of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Andress of Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number of Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Senior Advocacy Address of Organization: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Sentification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. <u>CRYSTAL HISHIDA GRAFF</u> PRINCIPAL ANALYST <u>(month, dby, year)</u>	Name of Outside Source of Tie	cket(s) Provided to	o Agency: Oak	land Athletics	6	
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod State City State Zip Cod Description of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Important, dby, year	Number of Tickets Received:	2	Ticket(s) Provi	ded to Agenc	y: Gratuitously	Pursuant to Contra
(Last, First) of Tickets Describe the Public Purpose for the Distribution Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State City State Zip Cod Purpose for Distribution to the community City State Zip Cod I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Import Name Import Name Signature of Agency Health Designee Print Name PRINCIPAL ANALYST Import Name	8. Agency Official(s) Receiv	ing Ticket(s) (us	se a continuation	sheet for addit	tional names)	
Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.) Name of Behesting Agency Official: Nate Miley Name of Individual or Organization: United Seniors of Oakland & Alameda County Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number and Steet City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community S. Verification I have determined that the distribution of lickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signalure of Agency Header Designee City Title		1				
Name of Behesting Agency Official: Nate Miley Number of Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod Stignature of Agery Header Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Description 18944.1.			UTTICKELS	Descin		
Name of Behesting Agency Official: Nate Miley Number of Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Log 200 (month, day, year) Signature of Agency Header Designee Print Name Title Colored (month, day, year)						
Name of Behesting Agency Official: Nate Miley Number of Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Log 200 (month, day, year) Signature of Agency Header Designee Print Name Title Colored (month, day, year)		· · · · ·				
Name of Behesting Agency Official: Nate Miley Number of Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Log 200 (month, day, year) Signature of Agency Header Designee Print Name Title Colored (month, day, year)						
Name of Behesting Agency Official: Nate Miley Number of Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Log 200 (month, day, year) Signature of Agency Header Designee Print Name Title Colored (month, day, year)	, water and a s					
Name of Behesting Agency Official: Nate Miley Number of Miley Number of Tickets: 2 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Number of Tickets: 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod Stignature of Agery Header Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Description 18944.1.						·····
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy 2 Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 2 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Headler CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 16/20/20 Wonth, day, year, Title (month, day, year)	I. Individual or Organization	Receiving Tic	ket(s) (Provide	d at the behest	t of an agency official.)	
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2 Description of Organization: Senior Advocacy Image: Constraint of Column and Street State Zip Cod Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod State Involution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agency Hadded Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature, Month, day, year, Month, day, year, Month, day, year, Signature of Agency Hadded Designee	Name of Behesting Agency Of	ficial: Nate Miley	, Supe	NVY	A CONTRACTOR OF	、
Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumper of Agency Headed Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Print Name Title Month, day, year,						
Description of Organization: Senior Advocacy Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Jumpared To Agend Headed Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Print Name Title Month, day, year,	Name of Individual or Organiz	ation: United Sen	iors of Oaklan	d & Alameda	County Numbe	r of Tickets: <u>2</u>
Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605 Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community State Zip Cod S. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. J. J. J. J. J. J. J. J. J. J						
Address of Organization: Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Volunteer contribution to the community State Zip Cod State Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agence Headler Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST D6/D2/Graph Print Name Title (month, day, year)	Description of Organization:	in a roodey				
Number and Street City State Zip Cod Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) Volunteer contribution to the community Volunteer contribution to the community Volunteer contribution of the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Address of Organization, 720	0 Bancroft Ave, St	te 178 ~ Oakla	nd, CA 94605	5	
Volunteer contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Number	er and Street		City		State Zip Code
Volunteer contribution to the community 5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.	Purpose for Distribution: (Des	cribe the public purr	oose for the dist	ribution to the o	roanization)	
5. Verification I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of the provision of the provisi					gunzator.)	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agerog Heroobr Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 10/22/0 Signature of Agerog Heroobr Designee Print Name Title (month, day, year)		Sommunity			, 	
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1. Signature of Agerog Heroobr Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 10/22/0 Signature of Agerog Heroobr Designee Print Name Title (month, day, year)	5 Verification				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Signature of Ageror Herotor Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST <u>P6/22/0</u> Print Name Title (month, day, year)		ution of tickets act f	orth abovo is in r	anordance will	h tha provisions of EDDO	Dogulation 190111
Signature of Agency Headler Designee Print Name Title (month, day, year)					-	regulation 18944.1.
	_ Lot and			F PRIN		16/22/0
						(mónth, dấy, year)
	Plaza seats					

cable)		Date Stamp	AGENCY REPOR	
cable)				
	1221 OAK STREET, #555 Street Address OAKLAND, CA 94612			
********		Amendment (Must exc	lain in Part 5.)	
ishida@acgov.org		Date of Original Filing: _	(month, day, year)	
st, County Administrato	or's Office		(month, day, year)	
(A)Face Value of Ticke	t:\$40.	s 00		
identity source of ticket	s below.)			
Ticket(s) Prov		· ·	⊠ Pursuant to Contrac	
Number of Tickets	State Whe	her the Distribution is Inco		
ving Ticket(s) (Provide	ed at the behes	t of an agency official.)	·····	
cott Haggerty , Supe	ervisor "	District 1	1.02.000 gammarra - 1	
Pathways to Wellness			r of Tickets: <u>6</u>	
f programs that service	mentally ill ch	Idren and adults in Disl	. 1	
11 D.1 D.1 440 F	Pleasanton C/	\ 94588		
ridge Drive, Suite 116, F _{et}	City		State Zip Code	
	st, County Administrato istributed (4 Description of Even (3)Face Value of Ticket (identify source of ticket Provided to Agency:	st, County Administrator's Office istributed (4) Description of Event: Oakland A's (3) Face Value of Ticket: \$ 40. (identify source of tickets below.) Provided to Agency: Ticket(s) Provided to Agence ket(s) (use a continuation sheet for addi Number State Whet of Tickets Description ving Ticket(s) (Provided at the behes cott Haggerty Supervision Pathways to Wellness	Date of Original Filing:	

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Signature of Agence Head Mossignee Title Print Name (month, day, year) Comment: (Use this space or an attachment for any additional information including amendment explanation.)

		ic Document	涍	TICKETS PROVIDED AGENCY REPO
Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				
Division, Department, or Region (ii	f applicable)			For Official Use Only
Street Address				
1221 OAK STREET, #555, OAK	(LAND, CA 94612			
Area Code/Phone Number E-m			nendment (Mustexp	lain in Part 51
(510) 272-3882 crys	stal.hishida@acgov.org		renument (must exp	ann an o.y
Agency Contact (name and title)	<u> </u>	Date o	f Original Filing:	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, County Administrate	or's Office		(nona), day, year)
Event For Which Tickets We				
Date(s) of Event:0927	09 Description of Ever	nt: Oakland Raiders C	3ame	
	Face Value of Ticke	et: \$150.00		
	No (Identify source of ticke			
Name of Outside Source of Ticke	et(s) Provided to Agency: Oa	akland Raiders		
Number of Tickets Received:		vided to Agency:	Gratuitously [E Pursuant to Contra
Agency Official(s) Receiving	g Ticket(s) (use a continuation	on sheet for additional na	imes)	
Name of Official	Number			ome to the Official or
(Last, First)	of Tickets	Describe the F	Public Purpose for	
• • • • • • • • • • • • • • • • • • •				
				·····
Individual or Organization R			gency official.)	
Name of Behesting Agency Offic	ial: Supervisor Alice Lai-Bit	ker, District 3		
				3
Name of Individual or Organization	on:		Number	r of Tickets:
Description of Organization:				
	•			
Address of Organization:	nd Street	City		State Zip Co
Purpose for Distribution: (Descrit	be the public purpose for the dis	stribution to the organiza	tion.)	
To promote attendance at an eve	ent held at a County facility	in order to maximize C	County revenue f	from concession sale
				·····
Verification I have determined that the distribution	on of tickets set forth above is ir	n accordance with the pr	ovisions of FPPC I	Regulation 18944.1.

 $\frac{1}{2} + \frac{1}{2}$

Agency Report		APUD	lic Docume	ent	TICKETS PROVIDED
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Reg	ion (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address			·		
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail			Amendment (Mus	st explain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org		Data of Original Filin	<i></i>
Agency Contact (name and title				Date of Original Filin	g:
Crystal Hishida Graff, Princ			tor's Office		· · · · · · · · · · · · · · · · · · ·
2. Event For Which Ticket			Oakland P	aiders Football Gam	
Date(s) of Event: <u>11</u>	15 <u>09</u> Des	cription of Eve	nt:		···
/	/ Face	e Value of Tick	et: \$	150	
Agency Event	🗵 No (Identify	source of ticke	ets below.)		
Name of Outside Source of					
 Name of Outside Source of 	Ticket(s) Provided	to Agency: 🚢			
		0 ,			
Number of Tickets Received					⊠ Pursuant to Contra
Number of Tickets Received	1:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	⊠ Pursuant to Contra
Number of Tickets Received	i:4 iving Ticket(s) (Ticket(s) Pro	ovided to Agend on sheet for add	ry: ☐ Gratuitously tional names)	Income to the Official or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official	i:4 iving Ticket(s) (Ticket(s) Pro use a continuation	ovided to Agenco on sheet for addi State Whe Descr	y: ☐ Gratuitously tional names) ther the Distribution is be the Public Purpose	Income to the Official or
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First)	i:4 iving Ticket(s) (Ticket(s) Pro use a continuation Number of Tickets	ovided to Agenco on sheet for addi State Whe Descr	y: ☐ Gratuitously tional names) ther the Distribution is be the Public Purpose	Income to the Official or e for the Distribution
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First) Carson, Keith	l:4 iving Ticket(s) (cial	Ticket(s) Pro use a continuation Number of Tickets 4	ovided to Agend on sheet for addi State Whe Descr To promote t	ry: ☐ Gratuitously tional names) ther the Distribution is the the Public Purpose tourism as a form of	Income to the Official or e for the Distribution f economic development
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First) Carson, Keith 4. Individual or Organizati	i:4 iving Ticket(s) (r cial on Receiving Ti	Ticket(s) Pro use a continuation Number of Tickets 4 4 cket(s) (Provid	ovided to Agend on sheet for addi State Whe Descr To promote to ded at the behes	tional names) ther the Distribution is ther the Public Purpose tourism as a form of	Income to the Official or e for the Distribution f economic development
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First) Carson, Keith	i:4 iving Ticket(s) (r cial on Receiving Ti	Ticket(s) Pro use a continuation Number of Tickets 4 4 cket(s) (Provid	ovided to Agend on sheet for addi State Whe Descr To promote to ded at the behes	tional names) ther the Distribution is ther the Public Purpose tourism as a form of	Income to the Official or e for the Distribution f economic development
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First) Carson, Keith 4. Individual or Organizati	i:4 iving Ticket(s) (cial on Receiving Ti Official: <u>Keith Car</u>	Ticket(s) Pro use a continuation of Tickets 4 cket(s) (Providence son, Alameda	ovided to Agend on sheet for add State Whe Descr To promote to ded at the behes County Superv	ry: ☐ Gratuitously tional names) ther the Distribution is ibe the Public Purpose tourism as a form of tourism as a form of	Income to the Official or e for the Distribution f economic development
Number of Tickets Received 3. Agency Official(s) Rece Name of Offic (Last, First) Carson, Keith 4. Individual or Organizati Name of Behesting Agency	i:4 iving Ticket(s) (cial on Receiving Ti Official: <u>Keith Car</u> hization:	Ticket(s) Pro use a continuation Number of Tickets 4 4 cket(s) (Provious son, Alameda	ovided to Agend on sheet for addi State Whe Descr To promote to ded at the behes County Superv	ry: ☐ Gratuitously tional names) ther the Distribution is be the Public Purpose tourism as a form of tourism as a form of tourism as a form of Num	Income to the Official or e for the Distribution f economic development
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Rece Carson, Keith A. Individual or Organizati Name of Behesting Agency Name of Individual or Organizati	i:4 iving Ticket(s) (cial on Receiving Ti Official: <u>Keith Car</u> hization:	Ticket(s) Pro use a continuation Number of Tickets 4 4 cket(s) (Provious son, Alameda	ovided to Agend on sheet for addi State Whe Descr To promote to ded at the behes County Superv	ry: ☐ Gratuitously tional names) ther the Distribution is be the Public Purpose tourism as a form of tof an agency official. risor Nun	Income to the Official or e for the Distribution f economic development
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece Carson, Keith 4. Individual or Organizati Name of Behesting Agency Name of Individual or Organization:	iving Ticket(s) (iving Ticket(s) (cial on Receiving Ti Official: <u>Keith Car</u> nization:	Ticket(s) Pro use a continuation Number of Tickets 4 Cket(s) (Provious son, Alameda	ovided to Agend on sheet for addi State Whe Descr To promote to ded at the behes County Superv	ry: ☐ Gratuitously tional names) ther the Distribution is be the Public Purpose tourism as a form of tourism as a form of 	Income to the Official or e for the Distribution f economic development .)

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

Signature of Agericy Hogd or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST Title Print Name

				1	AGENCY REPOR
1. Agency Name				Date Stamp	California 802
COUNTY OF ALAMEDA					Form 002
Division, Department, or Regior	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612	*1				_
	mail			Amendment (Must e	xplain in Part 5.)
(510) 272-3882 c Agency Contact (name and title)	rystal.hishida@a	icgov.org		Date of Original Filing:	
	Analyst Count	h. A aluainintentent	0#	Date of Original I ling.	(month, day, year)
Crystal Hishida Graff, Principa	-	-	Office		
2. Event For Which Tickets V			Racoball Gr		
Date(s) of Event: <u>09</u> <u>24</u>	_/09 Desci	ription of Event: .			
/	_/ Face	Value of Ticket: \$	6 40.	00	
Agency Event 🛛 Yes	⊠ No (Identify s	ource of tickets t	elow)		
-			,		
Name of Outside Source of Tic	ket(s) Provided t	o Agency: Oak			
Number of Tickets Received: _	4	Ticket(s) Provide	ed to Agenc	y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivi	ng Ticket(s) (us	se a continuation s	heet for addit	ional names)	
Name of Official		Number		ner the Distribution is In	
(Last, First)		of Tickets	Descril	be the Public Purpose for	or the Distribution
			.		
4. Individual or Organization	Receiving Tic	ket(s) (Provided	at the behest	of an agency official.)	
Name of Behesting Agency Of	icial: <u>Nate Miley</u>	, Super	vuso-		
			9 Alamada	County	
Name of Individual or Organiza	ition: <u>United Ser</u>		x Alameda	Numb	er of Tickets: 4
Description of Organization: <u>S</u>	enior Advocacy				
Address of Organization,	Bancroft Ave, S	te 178 ~ Oakland	d, CA 94605	• •	01-1-
					State Zip Code
Purpose for Distribution: (Desc		pose for the distrib	ution to the o	rganization.)	
Volunteer contribution to the c	ommunity				
5. Verification	-		•		
I have determined that the distribu	tion of tickets set f	orth above is in ac	cordance with	n the provisions of FPP0	C Regulation 18944.1.
1 1X and					AA J.
RAIN LIVIANT		IISHIDA GRAFF	PRIN	CIPAL ANALYST	10133 1111
Signature of Agency Head of Designee		Print Name		Title	(fronth day year)

Tickets Provided by Agency Report		A Publ	lic Docume	ent	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name				Date Stamp	California 000
COUNTY OF ALAMEDA					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E-m	nail				
(510) 272-3882 cm	ystal.hishida@a	caov.ora		Amendment (Mustex	(plain in Part 5.)
Agency Contact (name and title)	,	-33		Date of Original Filing: .	(month, day, year)
Crystal Hishida Graff, Principal	Analyst, Count	y Administrat	or's Office		(monur, day, year)
2. Event For Which Tickets W	-	-			"·····································
Date(s) of Event: <u>12</u> / <u>13</u>	, 09 Descr	ription of Ever	nt. Oakland Ra	aiders Football Game	
/				400	
/	Face		et: \$		
Agency Event 🛛 Yes 🛛	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tick	et(s) Provided t	o Agency: Oa	akland Raiders		
Number of Tickets Received:				cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Receivin	g Ticket(s) (us	se a continuatio	on sheet for add	itional names)	
Name of Official (Last, First)	- www.	Number of Tickets		ther the Distribution is Ind ibe the Public Purpose fo	
Carson, Keith		4	To evaluate	the ability of a facility/c	operator/sports team
	``				
4. Individual or Organization	-				
Name of Behesting Agency Offi	cial: <u>Keith Carso</u>	on, Alameda	County Superv	/isor	······
Name of Individual or Organizat	ion:			Numb	er of Tickets:
Description of Organization:					
Address of Organization:	and Street		City		State Zip Code
Purpose for Distribution: (Descr	ibe the public pur	pose for the dis	stribution to the	organization.)	
To evaluate the ability of a facil					to the local econonmy
5. Verification					
I have determined that the distributi	ion of tickate set fi	orth above is ir	t accordance wit	th the provisions of FPP(Regulation 18944 1
Signature of Agency Head of Designee		ISHIDA GRA		ICIPAL ANALYST	(fnonth, day, year)

7

Agency Report		A Publ	ic Docume	ent 🍦	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
1221 OAK STREET, #555,	OAKLAND CA 94	612			
Area Code/Phone Number	E-mail	012	·		
(510) 272-3882	crystal.hishida@a	acdov.ord		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title				Date of Original Filing:	(month day year)
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		(monur, day, year)
2. Event For Which Ticket					
Date(s) of Event: <u>10</u>	25 <u>/ 09</u> Desc	ription of Ever	nt: Oakland Ra	iders Game	
	Face			150.00	
Agency Event 🛛 Yes	🛛 No (Identify s				
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	akland Raiders		
Number of Tickets Received	:3	Ticket(s) Pro	vided to Agenc	y: Gratuitously	Pursuant to Contrac
. Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Office	cial	Number		her the Distribution is In	
(Last, First)		of Tickets	Descri	be the Public Purpose for	or the Distribution
Calderon, Gene	· · · · ·······	3	To reward a	County employee for	his exemplary service
	·		to the public		
I. Individual or Organizati	-			t of an agency official.)	
Name of Behesting Agency	Official: <u>Superviso</u>	r Alice Lai-Bitl	ker, District 3		
Name of Denesting Agency					
Name of Individual or Organ				Numb	er of Tickets:
	ization:			Numb	er of Tickets:
Name of Individual or Orgar Description of Organization: Address of Organization:	lization:			Numb	
Name of Individual or Orgar Description of Organization: Address of Organization:	nization:		City		
Name of Individual or Organ Description of Organization: Address of Organization:	nization:		City		
Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	nization:		City		
Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	nization:	rpose for the dis	City stribution to the o	organization.)	State Zip Code
Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	nization:	rpose for the dis	City stribution to the o	organization.)	State Zip Code

0

Tickets Provided by Agency Report	AP	ublic Docume	ent 👘		PROVIDED B
1. Agency Name			Date Stamp	California	802
COUNTY OF ALAMEDA				Form	
Division, Department, or Regi	on (if applicable)			For Official	Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail		Amendment (Must exp	plain in Part 5.}	
(510) 272-3882	crystal.hishida@acgov.org			,	
Agency Contact (name and title,)		Date of Original Filing: _	(month, day, yea	r)
Crystal Hishida Graff, Princ	ipal Analyst, County Adminis	trator's Office			
2. Event For Which Tickets	Were Distributed				
Date(s) of Event:09 /_1	4 / 09 Description of B	Event: Oakland Ra	iders & San Diego Cha	argers Footba	ll Game
	Face Value of 1				
Agency Event 🛛 Yes	No (Identify source of t	ckets below.)			
Name of Outside Source of	Ticket(s) Provided to Agency	Oakland Raiders			
					a 1
Number of Tickets Received	Ticket(s)	Provided to Agend	y: 🔲 Gratuitously	Pursuant t	o Contrac
3. Agency Official(s) Recei	wing Ticket(a) (upp a contin	untion aboat for addi	tional compa)		
			her the Distribution is Inc	and to the Off	
Name of Offic (Last, First)	cial Numbe		be the Public Purpose for		
				· • • • • • • • • • • • • • • • • • • •	

4. Individual or Organization					
Name of Behesting Agency	Official Keith Carson	pervisor			
		• •			<u> </u>
Name of Individual or Organ	ization: First Place Fund for	Youth	Numbe	er of Tickets: _	2
	Support youth in their transi	lion from foster ca	re to successful adultho	ood.	
Description of Organization:	Oupport youar in alon a dator		e to ouococial datain		
51	19 17th Street, Suite 600	Oak	and	CA	94612
Audress of Organization.	mber and Street	City		State	Zip Code
Purpose for Distribution: (D	escribe the public purpose for th	e distribution to the	organization.)		
, ,	rofit organization for its contr				
TO reward a school of honp					
5. Verification	······				
	ibution of tickets set forth above	ie in geoordanee wi	h the provisions of EPDC	Regulation 18	944 1
I have determined that the dist					/ /~

 Signature of Agercy Heid by Designee
 CRYSTAL HISHIDA GRAFF
 PRINCIPAL ANALYST

(month, day, year)

Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED E
1. 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				-	
OAKLAND, CA 94612					
Area Code/Phone Number	E-mail				evolain in Part 5.)
(510) 272-3882	crystal.hishida@a	acgov.org			explan nn an o.y
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	or's Office		······
2. Event For Which Tickets	Were Distribut	ed			
Date(s) of Event:	0,09 Desc	ription of Ever	nt. Oakland A'	s	
				40.00	
/	/ Face	Value of LICK	ət: ֆ		
Agency Event 🛛 🗌 Yes	🗵 No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received		Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	Pursuant to Contract
3. Agency Official(s) Recei	vina Ticket(s) (u	se a continuatio	on sheet for add	itional names)	
					ncome to the Official or
3. Agency Official(s) Recei Name of Offic (Last, First)		se a continuatio Number of Tickets	State Whe		ncome to the Official or for the Distribution
Name of Offic		Number	State Whe	ther the Distribution is I	
Name of Offic		Number	State Whe	ther the Distribution is I	
Name of Offic		Number	State Whe	ther the Distribution is I	
Name of Offic		Number	State Whe	ther the Distribution is I	
Name of Offic		Number	State Whe	ther the Distribution is I	
Name of Offic (Last, First)	ial .	Number of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First)	on Receiving Tic	Number of Tickets ket(s) (Provid	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First)	on Receiving Tic	Number of Tickets	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency	o n Receiving Ti d	Number of Tickets ket(s) (Provid pervisor Scott	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency	o n Receiving Ti d	Number of Tickets ket(s) (Provid pervisor Scott	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ	on Receiving Tic Official:	Number of Tickets cket(s) (Provid pervisor Scott	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency	on Receiving Tic Official:	Number of Tickets cket(s) (Provid pervisor Scott	State Whe Descr	ther the Distribution is I ibe the Public Purpose	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization:	on Receiving Tid Official: ization: Cornersto Fellowship Church	Number of Tickets cket(s) (Provid upervisor Scott ne Church	State Whe Descr ded at the behes t Haggerty	ther the Distribution is I ibe the Public Purpose st of an agency official.)	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: ³⁴	on Receiving Tic Official:	Number of Tickets cket(s) (Provid upervisor Scott ne Church	State Whe Descr ded at the behes t Haggerty	ther the Distribution is I ibe the Public Purpose at of an agency official.) Num	for the Distribution
Name of Offic (Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: $\frac{34}{Nur}$	on Receiving Tid Official:	Number of Tickets cket(s) (Provid pervisor Scott ne Church h Parkway Liver	State Whe Descr ded at the behes t Haggerty more CA 9455 City	ther the Distribution is I ibe the Public Purpose st of an agency official.) Num	for the Distribution
(Last, First) 4. Individual or Organization Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: ³⁴	on Receiving Tid Official: ization: Cornersto Fellowship Church 18 North Canyons I nber and Street escribe the public pu	Number of Tickets Cket(s) (Provid Ipervisor Scott ne Church h Parkway Liven	State Whe Descr ded at the behes t Haggerty more CA 9455 City stribution to the	ther the Distribution is I ibe the Public Purpose st of an agency official.) Num	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.

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

Tickets Provided by Agency Report	A Pub	lic Docume	ent	TICKETS PROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Region (if applicable) 1221 OAK STREET, #555 Street Address			Date Stamp	AGENCY REPORT California 802 For Official Use Only
Area Code/Phone NumberE-mail(510) 272-3882crystal.hishida@Agency Contact (name and title)	(510) 272-3882 crystal.hishida@acgov.org			
Date(s) of Event: <u>10 / 03 / 09</u> Des	e Value of Even source of ticke to Agency: <u>Oa</u>	et: \$40 its below.) akland Athletics	,00	E Pursuant to Contract
3. Agency Official(s) Receiving Ticket(s) (Name of Official (Last, First)	use a continuatio	State Whet	tional names) her the Distribution is In be the Public Purpose f	
 Individual or Organization Receiving Tick Name of Behesting Agency Official: <u>Nate Mile</u> Name of Individual or Organization: <u>United Sec</u> Description of Organization: <u>Senior Advocacy</u> Address of Organization: <u>7200 Bancroft Ave,</u> Number and Street 	eniors of Oakla / Ste 178 ~ Oak	er ۷ نیں nd & Alameda land, CA 94608 ^{City}	County Numb	per of Tickets:2
Purpose for Distribution: (Describe the public p Volunteer contribution to the community 5. Verification I have determined that the distribution of tickets se CRYSTAL Signature of Agency Head or Designee Comment: (Use this space or an attachment for any a	t forth above is ir HISHIDA GRA Print Name	accordance with	h the provisions of FPP CIPAL ANALYST Title	C Regulation 18944.1.
Plaza seats	uununa mornalio	an maaang amend	ment explanation.)	

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED I
1. Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California OOC
COUNTY OF ALAMEDA					Form ÖU Z
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
	mail	· · · · · · · · · · · · · · · · · · ·			
(510) 272-3882 c	rystal.hishida@aco	aov ora		Amendment (Mus	t explain in Part 5.)
Agency Contact (name and title)	yotal.monda@ac	gov.org		Date of Original Filing	g:
Crystal Hishida Graff, Principa	Analyst County	Administrat	or's Office		(month, day, year)
2. Event For Which Tickets V				I	annorse anno 1997 a suite anno 1997 a s
Date(s) of Event:09 /24			, Baseball G	ame	
Date(s) of Evenit.	Descrip		1.	<u></u>	
	J Face Va	alue of Ticke	et: \$ <u>1,7 C</u>		
	🗵 No (Identify sou		•		
Name of Outside Source of Tic	ket(s) Provided to	Agency: Oa	kland Athletics	3	
Number of Tickets Received:	04			y: 🔲 Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivi	ng Ticket(s) (use	a continuatio	on sheet for addi	tional names)	
Name of Official (Last, First)		Number of Tickets		her the Distribution is be the Public Purpose	Income to the Official or for the Distribution
	,				
				······································	
4. Individual or Organization	Receiving Tick	et(s) (Provid	led at the behes	t of an agency official.))
Name of Behesting Agency Off	icial: <u>Nate Miley</u>	, Supe	ervisor	نر.	
Name of Individual or Organiza		he Way to R	lecovery	Nurr	nber of Tickets: <u>24</u>
Description of Organization: <u>R</u>	e-entry program fo	r women			·····
Autress of Organization.	E. Lewelling Blvd # r and Street	≠2~ Haywar	d, CA 94541 _{City}		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpo	se for the die		vrappization)	
Volunteer contribution to the co				nganization.)	
	· · · · · · · · · · · · · · · · · · ·				······
5. Verification					
I have determined that the distribu	tion of tickets set for	th above is in	accordance wit	h the provisions of FPI	PC Regulation 18944.1.
					· · · · · · · · · · · · · · · · · · ·
o i V Mar M	CRYSTAL HIS			CIPAL ANALYST	1 - 1 1

Agency Report		A Public I	Jocume	nt	TICKETS PROVIDED I
. Agency Name				Date Stamp	California 202
COUNTY OF ALAMEDA					Form 002
Division, Department, or Regio	on (if applicable)			. ·	For Official Use Only
Street Address			-	•	
1221 OAK STREET, #555, 0	DAKLAND, CA 94612				
	E-mail	-			
(510) 272-3882	crystal.hishida@acg	ov.ora		Amendment (Must	explain in Part 5.)
Agency Contact (name and title)				Date of Original Filing	:
Crystal Hishida Graff, Princip	oal Analyst, County A	dministrator's 0	Office		(monur, day, year)
. Event For Which Tickets			1		
Date(s) of Event:1	5 / 09 Descript	ion of Event:	akland Ra	iders Game	
	/ Face Va			150.00	
<i>_</i>					
Agency Event 🛛 Yes	No (Identify sou	rce of tickets be	elow.)		
Name of Outside Source of T	icket(s) Provided to A	gency: Oaklar	nd Raiders		
Number of Tickets Received:	-			/: 🔲 Gratuitously	S Pursuant to Contract
. Agency Official(s) Receiv	ling Tickot(e) (use	- continuation ch	oot for oddit	ional namos)	· · · · · · · · · · · · · · · · · · ·
					income to the Official or
Name of Offici (Last, First)		Number of Tickets		be the Public Purpose	ncome to the Official or for the Distribution
					•
Individual or Organizatio	n Receiving Ticke	t(s) (Provided a	it the behast	of an agency official)	
. •	-			of all agency official.)	
Name of Behesting Agency C	Official: Supervisor Al	ice Lai-Bitker, I	District 3		
	files and the	mber of Comm		m. Ctv.	han of Tickston 3
Name of Individual or Organia	zation: <u>Inspanie ona</u>		0100 017 44	Num	ber of Tickets:
Description of Organization: .	Promotes economic	development fo	r the Lating	o Community	
		te d0d. Oeldere		C	
Address of Organization:	40 Embarcadero, Sui	te 101, Oakland	City	0	State Zip Code
		.			
Purpose for Distribution: (De	• • •			-	
To reward a school or nonpre-	ofit organization for it	s contributions	to the com	munity	
\/:C'4					2117-0
	to the second second second	r		. (h	
Verification	bution of tickets set fort	h above is in acc	ordance with	n the provisions of FPI	PC Regulation 18944.1.

Tickets Provided by Agency Report		A Publ	ic Docume	ent		ROVIDED BY
1. Agency Name COUNTY OF ALAMEDA Division, Department, or Reg	ion (if applicable)			Date Stamp	California Form For Official L	802
1221 OAK STREET, #555						
Street Address						
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					
(510) 272-3882	crystal.hishida@a	caov.ora		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title	•			Date of Original Filing	(month, day, year	1
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrate	or's Office		(monin, ouy, yea	,
2. Event For Which Ticket						
Date(s) of Event: <u>10</u>	25 <u>/ 09</u> Desci	ription of Ever	nt: Oakland Ra	aiders & New York Je	ets Football Gam	ie i
1			et: \$	150		
Agency Event 🛛 Yes	🗵 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	o Agency: <u>Oa</u>	kland Raiders	·		
Number of Tickets Received	2			cy: 🔲 Gratuitously	🗵 Pursuant to	o Contrac
3. Agency Official(s) Rece	iving Ticket(s) (us	se a continuatio	on sheet for addi	itional names)		
Name of Offi (Last, First)	cial	Number of Tickets		ther the Distribution is I ibe the Public Purpose		
 Individual or Organizati Name of Behesting Agency 	-		ded at the behes	st of an agency official.)		- 100 - 100
						2
Name of Individual or Organ	nization: Lend A Ha	nd Foundatio	n	Num	ber of Tickets: _	2
Description of Organization	To enhance the qu	uality of life of	our less fortur	nate youth		
Address of Ordanization:	105 Capwell Drive		Oakla	and	CA State	94621 Zip Code
Purpose for Distribution: (D		nace for the dir	-	organization)		
To reward a school or nonp						
				and ney.		
5. Verification		·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
I have determined that the dist	ribution of tickets set f	orth above is ir	n accordance wi	th the provisions of FPF	PC Regulation 189	944.1.
loft mith	CRYSTAL H	HISHIDA GRA		NCIPAL ANALYST	10	122/0

19. S.

let mith	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/22/0
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)

Tickets Provided by Agency Report		A Publ	ic Docume	ent	TICKETS PROVIDED B AGENCY REPOR
1. Agency Name				Date Stamp	California
COUNTY OF ALAMEDA					Form OUZ
Division, Department, or Regio	n (if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address					
OAKLAND, CA 94612					
Area Code/Phone Number E	-mail			Amendment (Must ex	intain in Part 5.)
(510) 272-3882	crystal.hishida@a	cgov.org			plain in Fan 5.7
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princip	al Analyst, Count	y Administrat	or's Office		(monni, day, your)
2. Event For Which Tickets					
Date(s) of Event:09 / 21	_/_09 Descr	iption of Ever	nt: <u>Baseball G</u> a	ame	
		· Value of Ticke		υΟ	
Agency Event	⊠ No (Identify s	ource of ticke	ts below.)		
Name of Outside Source of Tie	cket(s) Provided t	o Agency: Oa	kland Athletics	3	
Number of Tickets Received:				y: 🔲 Gratuitously	
3. Agency Official(s) Receiv	i ng Ticket(s) (us	se a continuatio	on sheet for addi	tional names)	
Name of Officia (Last, First)	1	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
· ····································	·				
4. Individual or Organization	Receiving Tic	ket(s) (Provid	led at the behesi	t of an agency official.)	
Name of Behesting Agency Of	ficial: <u>Nate Miley</u>	, Super	ws-		
Name of Individual or Organiz	ation: League of	Women Voter			er of Tickets: <u>24</u>
Description of Organization: _	ducation and Info	rmation rega	rding elections		- water
	Box 2234 ~ Castr er and Street	o Valley, CA	94546 City		State Zip Code
Purpose for Distribution: (Des	cribe the public pur	pose for the dis	stribution to the a	organization.)	
Volunteer contribution to the c	community				
		<u> </u>			
5. Verification					
I have determined that the distribute	ution of tickets set f	orth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
Colt no As	CRYSTAL H	IISHIDA GRA	FF PRIN	CIPAL ANALYST	10/00/0

Tickets Provided by Agency Report	A Pub	lic Docume	nt	TICKETS PROVIDED E AGENCY REPOR
1. Agency Name			Date Stamp	California
COUNTY OF ALAMEDA				Form OUZ
Division, Department, or Region	(if applicable)			For Official Use Only
1221 OAK STREET, #555				
Street Address		······································		
OAKLAND, CA 94612				
	mail			I I
(510) 272-3882 c	rystal.hishida@acgov.org		Amendment (Must exp	iain in Part 5.)
Agency Contact (name and title)	,,,,,,,,,,,,,		Date of Original Filing:	(month, day, year)
Crystal Hishida Graff, Principa	I Analyst, County Administrat	tor's Office		(monin, day, year)
2. Event For Which Tickets V				
Date(s) of Event:0905		Baseball Ga	ime	
		10	.00	
/	./ Face Value of Tick	et: \$40		
Agency Event	No (Identify source of ticke	ets below.)		
	, -	-		
Name of Outside Source of Tic	ket(s) Provided to Agency:			
Number of Tickets Received: _	Ticket(s) Pro	vided to Agency	/: 🔲 Gratuitously	➤ Pursuant to Contra-
. Agency Official(s) Receivi	ng Ticket(s) (use a continuation	on sheet for addit	ional names)	
Name of Official			ner the Distribution is Inco	ome to the Official or
(Last, First)	of Tickets		be the Public Purpose for	
· · ·				
	-			
(Individual en Orneniastica	Desciving Ticket(c) (Desci	 	c	
I. Individual or Organization	C	ded at the benest	of an agency official.)	
Name of Behesting Agency Off	ficial: Nate Miley , Shap	www	New Control Control	
Name of Individual or Organiza	ation: United Seniors of Oakla	ind & Alaméda (County Number	r of Tickets:4
Description of Organization:				
7200) Bancroft Ave, Ste 178 ~ Oak	land, CA 94605	i	
Address of Organization.	r and Street	City		State Zip Code
Purpose for Distribution: (Desc	ribe the public purpose for the di	stribution to the o	ragnization)	
•			iganization./	
Volunteer contribution to the co	ommunity			
5. Verification	·			
	tion of tickate out forth chave is in	n accordance with	the provisions of ERRO	Degulation 19044 4
I have determined that the distribu	uon of tickets set forth above is if	n accordance with	i the provisions of PPC	Regulation 18944.1,
lett mappi	CRYSTAL HISHIDA GRA	AFF PRIN	CIPAL ANALYST	
Signature of Agency Head or designee	Print Name		. Title	(month, day, year)
Comment: (Use this space or an at	tachment for any additional information	on including amend	ment explanation.)	
Plaza seats				

1. Agency Name				Date Stamp		Y REPOR
COUNTY OF ALAMEDA				Date Stamp	Form	302
Division, Department, or Reg	ion (if applicable)				For Official Use	Oniy
1221 OAK STREET, #555						
Street Address				-		
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail					·
(510) 272-3882	crystal.hishida@a	acqov.org		Amendment (Muste	xplain in Part 5.)	
Agency Contact (name and title		<u> </u>		Date of Original Filing:	(month, day, year)	_
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrat	tor's Office		(monni, bay, year)	
2. Event For Which Ticket	s Were Distribute	ed	<u></u>			
Date(s) of Event:	27 / 09 Desc	ription of Eve	nt. Raiders Fo	otball Game		
				150.00		
<u></u>	/ Face	value of LICK	et: ֆ	· · · · · · · · · · · · · · · · · · ·		
Agency Event	🛛 No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of	Ticket(s) Provided (ho Agency: O	akland Raiders			
Number of Tickets Received	t:	Ticket(s) Pro	vided to Agenc	cy: 🔲 Gratuitously	Pursuant to C	Contract
3. Agency Official(s) Rece	iving Ticket(s) (u	eo o continuativ	on choot for odd	itional nomaa)		
				ther the Distribution is In		
Name of Offi (Last, First)	CIAI	Number of Tickets	1	ther the Public Purpose for		or
				· · · · · · · · · · · · · · · · · · ·		··
Amy De Reyes	·	1	To reward a	n employee for outstar	nding service to p	ublic
4. Individual or Organizati	on Receiving Tic	kot(e) (Broui	l	t of an agapay official \		
_	-			a or an agency official.)		
Name of Behesting Agency	Official: Supervisor	Keith Carsor	n, District 5			
						1
Name of Individual or Organ	nization:		, <u>, , , , , , , , , , , , , , , , </u>	Numb	er of Tickets:	ł
Deceription of Organization						
Descontion of Undanization;						-
Description of Organization:						
Address of Organization:						Zip Code
Address of Organization:	mber and Street		City		State	
Address of Organization:		pose for the di		organization.)	State	
Address of Organization:		pose for the di		organization.)	State	
Address of Organization:		pose for the dis		organization.)	State	
Address of Organization: Purpose for Distribution: (D		pose for the di		organization.)	State	
Address of Organization:	escribe the public pur	a a state a sta	stribution to the o	azana ana ana ang ang ang ang ang ang ang		.1.

Agency Report		A Publ	ic Docume	ent	AGE	ROVIDED 8
1. Agency Name				Date Stamp	California Form	802
COUNTY OF ALAMEDA						
Division, Department, or Regi	on (if applicable)				For Official U	JSE Olay
Street Address						
1221 OAK STREET, #555,	OAKLAND, CA 946	612				
Area Code/Phone Number	E-mail			Amendment (Must	evnlain in Part 5)	
(510) 272-3882	crystal.hishida@a	cgov.org			explain art art o.y	
Agency Contact (name and title,				Date of Original Filing:	(month, day, year	7
Crystal Hishida Graff, Princ	ipal Analyst, Count	y Administrato	r's Office			
2. Event For Which Tickets						
Date(s) of Event: <u>11</u>	<u>9 / 09</u> Desc	ription of Ever	t: Golden Sta	te Warriors Game		
/	/ Face	Value of Ticke	et: \$			
Agency Event 🛛 Yes	X No (Identify s		• ·			
Name of Outside Source of	Ticket(s) Provided t	o Agency: 00				
Number of Tickets Received	4	Ticket(s) Prov	vided to Agend	cy: 🔲 Gratuitously	🗵 Pursuant to	o Contrac
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	n sheet for add	itional names)		
Name of Offic (Last, First)	ial	Number of Tickets		ther the Distribution is li ibe the Public Purpose		
	,			- 1999 March 1997		
4. Individual or Organizatio	on Receiving Tic	ket(s) (Provid	ed at the behes	t of an agency official.)	·····	
Name of Behesting Agency	Official: Supervisor	Alice Lai-Bitk	er, District 3		10179-00	
Name of Individual or Organ	ization: <u>Chinese C</u>	hristian Schoo	ols		ber of Tickets: _	4
Description of Organization:	A K-8 academic fa	cility working	to prepare yoι	ing people in academ	nic excellence	
Address of Ordanization:	01 North Loop Roa	ad, Alameda, (CA 94502 City		State	Zip Code
1141		e 11 bi			<i>child</i>	
	escribe the public pur	pose for the dis	tribution to the	organization.)		
Purpose for Distribution: (De To reward a school or non-p		nilla annih d	iona ta tha a	mmunitu		

Jall and	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	10/22/09
Signature of Agency Hear of Designee	Print Name	Title	(mónth, daý, year)
Comment: (Use this space or an attac	hment for any additional information includ	ling amendment explanation.)	

Fickets Provided by Agency Report		A Publ	ic Docume	nt		ROVIDED I
I. Agency Name				Date Stamp	California	802
COUNTY OF ALAMEDA					Form	
Division, Department, or Reg	ion (if applicable)				For Official L	/se Only
1221 OAK STREET, #555		·				
Street Address						
OAKLAND, CA 94612 Area Code/Phone Number	E-mail			·· · · · · · · · · · · · · · · · · · ·	1	
(510) 272-3882	crystal.hishida@a			Amendment (Musi	t explain in Part 5.)	
Agency Contact (name and title		icgov.org		Date of Original Filing	g:	-1
Crystal Hishida Graff, Princ	-	ty Administrate	or's Office		(monin, day, year)
. Event For Which Ticket						
Date(s) of Event:	27 / 09 Desc	ription of Ever	t: Oakland Ra	iders & Denver Broi	ncos Football Ga	me
	/ Face					
Agency Event 🛛 🗌 Yes	🛛 No (Identify s					
Name of Outside Source of	Ticket(s) Provided t	to Agency: <u>Oa</u>	akland Raiders			
Name of Outside Source of Number of Tickets Received				y: Gratuitously	⊠ Pursuant to	o Contra
Number of Tickets Received	d:1	Ticket(s) Prov	vided to Agend	y: Gratuitously	⊠ Pursuant to	o Contra
Number of Tickets Received	d:1 iving Ticket(s) (us	Ticket(s) Prov	vided to Agenc	y: Gratuitously tional names)		
Number of Tickets Received	d:1 _ iving Ticket(s) (u: cial	Ticket(s) Prov	vided to Agenco on sheet for addi State Whet	y: Gratuitously	Income to the Offic	ial or
Number of Tickets Receive Agency Official(s) Rece Name of Offi	d:1 _ iving Ticket(s) (u: cial	Ticket(s) Prov se a continuatio Number	vided to Agenco on sheet for addi State Whet	y: Gratuitously tional names) her the Distribution is	Income to the Offic	ial or
Number of Tickets Receive Agency Official(s) Rece Name of Offi	d:1 _ iving Ticket(s) (u: cial	Ticket(s) Prov se a continuatio Number	vided to Agenco on sheet for addi State Whet	y: Gratuitously tional names) her the Distribution is	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Offi	d:1 _ iving Ticket(s) (u: cial	Ticket(s) Prov se a continuatio Number	vided to Agenco on sheet for addi State Whet	y: Gratuitously tional names) her the Distribution is	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece	d:1 _ iving Ticket(s) (u: cial	Ticket(s) Prov se a continuatio Number	vided to Agenco on sheet for addi State Whet	y: Gratuitously tional names) her the Distribution is	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official (Last, First)	d:1 .iving Ticket(s) (u cial	Ticket(s) Prov se a continuatio Number of Tickets	vided to Agenco on sheet for addi State Whet Descri	y: Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official(clast, First)	d:1 .iving Ticket(s) (u cial	Ticket(s) Prov se a continuation Number of Tickets	vided to Agence on sheet for addi State Whet Descri	y: Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Last, First I. Individual or Organizat	d:1 iving Ticket(s) (un cial	Ticket(s) Prov se a continuation Number of Tickets	vided to Agenco on sheet for addi State Whet Descri	y: Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Rece (Last, First) I. Individual or Organization Name of Behesting Agency	d:1 iving Ticket(s) (us cial on Receiving Tic Official: Keith Cars	Ticket(s) Provident	vided to Agence on sheet for addi State Whet Descri	y: Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Rece (Last, First) I. Individual or Organization Name of Behesting Agency	d:1 iving Ticket(s) (us cial on Receiving Tic Official: Keith Cars	Ticket(s) Provident	vided to Agence on sheet for addi State Whet Descri	y: ☐ Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Rece (Last, First) I. Individual or Organization Name of Behesting Agency Name of Individual or Organization	iving Ticket(s) (us cial con Receiving Tic Official: <u>Keith Cars</u> nization: <u>Ethan Shra</u>	Ticket(s) Prov se a continuation Number of Tickets Stet(s) (Provid con , Super ago	vided to Agence on sheet for addi State Whet Descri ded at the behes	y: ☐ Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic for the Distribution	ial or
Number of Tickets Received 3. Agency Official(s) Rece Name of Official(s) Rece (Last, First) 4. Individual or Organization Name of Behesting Agency	iving Ticket(s) (us cial con Receiving Tic Official: <u>Keith Cars</u> nization: <u>Ethan Shra</u>	Ticket(s) Prov se a continuation Number of Tickets Stet(s) (Provid con , Super ago	vided to Agence on sheet for addi State Whet Descri ded at the behes	y: ☐ Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic for the Distribution	ial or
Number of Tickets Received Agency Official(s) Rece Name of Organization	t:1 iving Ticket(s) (use cial ion Receiving Tic Official: Keith Cars nization: Ethan Shra :	Ticket(s) Prov se a continuation Number of Tickets Stet(s) (Provid con , Super ago	vided to Agend on sheet for addi State Whet Descri	y: ☐ Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic for the Distribution)) nber of Tickets: _	ial or
Number of Tickets Received Agency Official(s) Rece Name of Official(s) Rece (Last, First) I. Individual or Organization Name of Behesting Agency Name of Individual or Organization	t:1 iving Ticket(s) (use cial ion Receiving Tic Official: Keith Cars nization: Ethan Shra :	Ticket(s) Prov se a continuation Number of Tickets Stet(s) (Provid con , Super ago	vided to Agence on sheet for addi State Whet Descri ded at the behes	y: ☐ Gratuitously tional names) her the Distribution is be the Public Purpose	Income to the Offic for the Distribution	ial or
Number of Tickets Received Agency Official(s) Rece Name of Offi (Last, First) A. Individual or Organizati Name of Behesting Agency Name of Individual or Orga Description of Organization	iving Ticket(s) (us cial cial on Receiving Tic Official: <u>Keith Cars</u> nization: <u>Ethan Shra</u> :	Ticket(s) Prov se a continuation Number of Tickets Stet(s) (Provide son Super ago	vided to Agence on sheet for addi State Whet Descri	y: Gratuitously tional names) her the Distribution is be the Public Purpose t of an agency official. Num	Income to the Offic for the Distribution)) nber of Tickets: _	ial or

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

PRINCIPAL ANALYST Signature of Agency Head & Designee **CRYSTAL HISHIDA GRAFF** Title Print Name (ma th, day,

gency Report		711 0101	ic Docume		AGENCY REPOR
. 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	plain in Part 5.)
(510) 272-3882	crystal.hishida@	acgov.org			
Agency Contact (name and title)	·		Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Princ		-	or's Office		
Event For Which Tickets					
Date(s) of Event:09 /0	<u>03 / 09</u> Desc	cription of Ever	nt: <u>Baseball Ga</u>	ame	
/	/ Face			00	
. <u> </u>			·		
Agency Event 🛛 Yes	X No (Identify		-		
Name of Outside Source of	Ticket(s) Provided	to Agency: Oa	kland Athletics	;	
Number of Tickets Received	10			y: 🔲 Gratuitously	Pursuant to Contrac
Agency Official(s) Rece	iving Ticket(s) (ເ	use a continuatio	n sheet for addit	ional names)	
Name of Offic (Last, First)	cial	Number		her the Distribution is Inc	
		of Tickets	Descri	be the Public Purpose fo	r the Distribution
	• <u>.</u> .				
,					
			****		····
					- 11- S-140000
Individual or Organization	on Receiving Tie	cket(s) (Provid	led at the behest	of an agency official.)	
	ore I Nate Mile	y Sup	ervis	Seferatory Sugar Constants and a constant of the	
Name of Behesting Agency					
Name of Individual or Orgar	ization: Eden Unit	ed Church of (Christ	Numbe	er of Tickets: <u>10</u>
Description of Organization:	Faith Based Orga	inzation			
0.	1455 Birch St ~ Ha				
Address of Organization.	nber and Street	ywaru, CA 940	City		State Zip Code
					Grate Zip Code
Purpose for Distribution: (D	escribe the public pu	rpose for the dis	tribution to the a	rganization.)	
Volunteer contribution to the	e community				
Verification					
				h the provisions of CODO	Demulation 400444
I have determined that the distr	ibution of tickets set	forth above is in	accordance with	i the provisions of FPPC	Regulation 18944.1.
I have determined that the distr		forth above is in HISHIDA GRA		CIPAL ANALYST	10/7.2/

~

Agency Report		A Publ	ic Docum	ent	TICKETS	ENCY REPO
. Agency Name				Date Stamp	California	002
COUNTY OF ALAMEDA					Form	002
Division, Department, or Regi	on (if applicable)	· · • • • • • • • • • • • • • • • • • •			For Official	Use Only
1221 OAK STREET, #555						
Street Address			········			
OAKLAND, CA 94612						
Area Code/Phone Number	E-mail		<u> </u>	Amendment (Must	evolain in Part 5 }	
(510) 272-3882	crystal.hishida@a	acgov.org				
Agency Contact (name and title	-			Date of Original Filing	:	ar)
Crystal Hishida Graff, Princ	ipal Analyst, Coun	ty Administrate	or's Office		(,
Event For Which Tickets	Were Distribut	ed			-	
Date(s) of Event: <u>11</u>	2 / 09 Desc	ription of Ever	t. Oakland R	aiders & Cincinnati Be	engals Football	Game
				100		
······································	Face	Value of Ticke	et: ֆ	. · · · ·		
Agency Event 🛛 Yes	🗵 No (Identify s	source of ticket	ts below.)			
Name of Outside Source of	Ticket(a) Provided	o Agonovi Oa	kland Raiders	3		
		to Agency.		······		
						0.11.1
Number of Tickets Received	: <u> </u>	Ticket(s) Prov	vided to Agen	cy: 🔲 Gratuitously	🛛 Pursuant t	o Contra
	- 					o Contra
Number of Tickets Received A Agency Official(s) Received	- 					
Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is l	ncome to the Offi	cial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names)	ncome to the Offi	cial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is l	ncome to the Offi	cial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is l	ncome to the Offi	cial or
Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is l	ncome to the Offi	cial or
. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is l	ncome to the Offi	cial or
Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	on sheet for add	itional names) ther the Distribution is l	ncome to the Offi	cial or
. Agency Official(s) Receins Name of Official (Last, First)	ving Ticket(s) (u sial	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offi for the Distributio	cial or
Agency Official(s) Receins Name of Official (Last, First)	ving Ticket(s) (u ^{sial} on Receiving Tic	se a continuatio Number of Tickets	on sheet for add State Whe Description	itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offi for the Distributio	cial or
Agency Official(s) Recein Name of Offic (Last, First)	ving Ticket(s) (u ^{sial} on Receiving Tic	se a continuatio Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offi for the Distributio	cial or
Agency Official(s) Received and the second s	ving Ticket(s) (u sial on Receiving Tic Official: <u>Keith Cars</u>	se a continuatio	on sheet for add State Whe Described at the beher	itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offi for the Distributio	cial or
Agency Official(s) Receins Name of Official (Last, First)	ving Ticket(s) (u bial on Receiving Tic Official: <u>Keith Cars</u> ization: <u>Bay Area</u>	se a continuatio	ecreation Proc	itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.)	ncome to the Offi for the Distributio	cial or n
Agency Official(s) Received and the second stress of the second stress o	ving Ticket(s) (u sial on Receiving Tic Official: <u>Keith Cars</u> sization: <u>Bay Area</u>	se a continuatio	ecreation Proc	itional names) ther the Distribution is l ibe the Public Purpose	ncome to the Offi for the Distributio	cial or n
Agency Official(s) Receins Name of Official (Last, First)	ving Ticket(s) (u sial on Receiving Tic Official: <u>Keith Cars</u> sization: <u>Bay Area</u>	se a continuatio	ecreation Proc	itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.)	ncome to the Offi for the Distributio	cial or n 2 es
Agency Official(s) Received and a second secon	ving Ticket(s) (u sial on Receiving Tic Official: <u>Keith Cars</u> sization: <u>Bay Area</u> Provider of access	se a continuatio	on sheet for add State Whe Descri- ted at the behes אין אין אין ecreation Prog ad recreation c Be	itional names) ther the Distribution is l ibe the Public Purpose st of an agency official.) gram Num opportunities for peop rkeley,	ncome to the Offi for the Distributio ber of Tickets: . le with disabilitie CA	cial or n 2 es 94710
Agency Official(s) Received and the second structure of the second struct	ving Ticket(s) (u sial on Receiving Tic Official: <u>Keith Cars</u> ization: <u>Bay Area</u> Provider of access	se a continuatio	ecreation Prog	itional names) ther the Distribution is l ibe the Public Purpose st of an agency official.) gram Num opportunities for peop rkeley,	ncome to the Offi for the Distributio	cial or n 2 es 94710
Agency Official(s) Received and the second structure of the second structure o	ving Ticket(s) (u bial on Receiving Tic Official: Keith Cars Dization: Bay Area Provider of access 00 Bancroft Way	se a continuation	ecreation Prog direcreation c Be City	itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) gram Num opportunities for peop rkeley,	ncome to the Offi for the Distributio ber of Tickets: . le with disabilitie CA	cial or n 2 es 94710
Agency Official(s) Received and a second sec	ving Ticket(s) (u sial on Receiving Tic Official: <u>Keith Cars</u> ization: <u>Bay Area</u> Provider of access 00 Bancroft Way mber and Street escribe the public pu	se a continuatio	on sheet for add State Whe Described at the behes عرب المحي ecreation Prog ad recreation co Be City stribution to the	itional names) ther the Distribution is li ibe the Public Purpose st of an agency official.) gram Num opportunities for peop rkeley, organization.)	ncome to the Offi for the Distributio ber of Tickets: . le with disabilitie CA	cial or n

Signature of Agency lead or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST ///22/09

A A			Docume		AGENCY REPO
1. Agency Name	·······			Date Stamp	California
COUNTY OF ALAMEDA					Form OU2
Division, Department, or Region	(if applicable)				For Official Use Only
1221 OAK STREET, #555					
Street Address	· · · · · · · · · · · · · · · · · · ·				
OAKLAND, CA 94612					
Area Code/Phone Number E-	mail			Amendment (Must ex	nlain in Part 5)
(510) 272-3882					plain hi r alt 5.j
Agency Contact (name and title)				Date of Original Filing: _	(month, day, year)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			Office		
2. Event For Which Tickets V	Vere Distribute	d			
Date(s) of Event: <u>10 / 10</u>	/ 09 Descr	intion of Event.	low Sweet	the Sound Concert	
	/ D000/		21	$\gamma \cap O$	
······································	J Face	Value of Ticket: \$			
Agency Event 🛛 Yes	🗵 No (Identify s	ource of tickets b	elow.)		
Name of Outside Source of Tic	kot(a) Dravidad t	Golder	n State Wai	rirors	
		o Agency.		***************************************	
Number of Tickets Received: _	4	Ticket(s) Provide	d to Agency	: Gratuitously	Pursuant to Contrac
3. Agency Official(s) Receivin	ng Ticket(s) (us	e a continuation sh	leet for addit	onal names)	
Name of Official		Number		er the Distribution is Inc	
(Last, First)		of Tickets	Descrit	e the Public Purpose for	the Distribution
)			· · · · · · · · · · · · · · · · · · ·	······································
4. Individual or Organization	Receiving Tic	ket(s) (Provided a	it the behest	of an agency official.)	
	Nate Milev	DISTA	V VOUN	and the second se	
Name of Behesting Agency Off	icial: <u>Hate Miley</u>) 800000	1.00.1		
	tion. Youth UpR	ising		Numbe	r of Tickoto, 4
Name of Individual or Organiza					r of Tickets:4
Name of Individual or Organiza					
	npowerment for (Oakland Youth			
Description of Organization: <u>er</u>					
Description of Organization: <u>er</u> Address of Organization: <u>8711</u>	Mac Arthur Blvd	Oakland Youth			
Description of Organization: <u>er</u> Address of Organization: <u>8711</u>			94605 City		State Zip Code
Description of Organization: <u>er</u> Address of Organization: <u>8711</u>	Mac Arthur Blvd	~ Oakland, CA	City	rganization.)	State Zip Code
Description of Organization: <u>er</u> Address of Organization: <u>8711</u>	Mac Arthur Blvd and Street ribe the public purp	~ Oakland, CA	City	rganization.)	State Zip Code
Description of Organization: er Address of Organization: 8711 Number Purpose for Distribution: (Desc Volunteer contribution to the co	Mac Arthur Blvd and Street ribe the public purp	~ Oakland, CA	City	rganization.)	State Zip Code
Description of Organization: er Address of Organization: 8711 Number Purpose for Distribution: (Desc Volunteer contribution to the co 5. Verification	Mac Arthur Blvd and Street ribe the public purp ommunity	~ Oakland, CA	City Ition to the o		
Description of Organization: er Address of Organization: 8711 Number Purpose for Distribution: (Desc	Mac Arthur Blvd and Street ribe the public purp ommunity	~ Oakland, CA	City Ition to the o		
Description of Organization: er Address of Organization: 8711 Number Purpose for Distribution: (Desc Volunteer contribution to the co 5. Verification	Mac Arthur Blvd and Street ribe the public purp ommunity	~ Oakland, CA	City ition to the o ordance with		