**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   
   COUNTY OF ALAMEDA

   **Division, Department, or Region (If applicable)**
   
   1221 OAK STREET, #555

   **Street Address**
   
   OAKLAND, CA. 94612

   **Area Code/Phone Number**
   
   (510) 272-3882

   **E-mail**
   
   crystal.hishida@acgov.org

   **Agency Contact (name and title)**
   
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   **Date Stamp**
   
   California Form 802

   **TICKETS PROVIDED BY AGENCY REPORT**

   **Amendment (Must explain in Part 5)**

   **Date of Original Filing:**

2. **Event For Which Tickets Were Distributed**

   **Date(s) of Event:** 05 / 21 / 10

   **Description of Event:** Oakland A's

   **Face Value of Ticket:** $85.00

   **Agency Event**

   Yes ☐ No ☑

   (Identify source of tickets below.)

   **Name of Outside Source of Ticket(s) Provided to Agency:** Oakland A's

   **Number of Tickets Received:** 20

3. **Agency Official(s) Receiving Ticket(s) (Use a continuation sheet for additional names)**

   **Name of Official (Last, First)**

   **Number of Tickets**

   **State Whether the Distribution is Income to 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:** Supervisor Scott Haggerty, District 1

   **Name of Individual or Organization:** Matt Lillard

   **Number of Tickets:** 20

5. **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 Head or Designee**

   **Print Name**

   **Title**

   **Date:** 3/14/10

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
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   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/04/10
   Description of Event: Maxwell and Jill Scott
   Face Value of Ticket: $87.25
   Agency Event: [square checked] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: [square checked] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>2</td>
<td>To Reward an employee for exemplary service</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Number of Tickets: 
   Description of Organization: 
   Address of Organization: Number and Street, City, State, Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.
   [Signature and Title]
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

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   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05 / 21 / 10  Description of Event: Oakland A's vs. San Francisco Giants
   Face Value of Ticket: $ 40.00
   Agency Event  □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 1  Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   DeReyes, Amy 1  To reward an employee for exemplary service

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization:  Number of Tickets: 
   Description of Organization: 
   Address of Organization: Number and Street City State Zip Code Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. 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 Head or Designee
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   
   COUNTY OF ALAMEDA
   
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   **Area Code/Phone Number**
   
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   **E-mail**
   
   crystal.hishida@acgov.org
   
   **Agency Contact (name and title)**
   
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   
2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 06/09/10
   
   **Description of Event:** Baseball Game
   
   **Face Value of Ticket:** $85
   
   **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:** 4
   
   **Ticket(s) Provided to Agency:** ☑ Gratuitously  ☐ Pursuant to Contract
   
3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)
   
   **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
   
   **Name of Individual or Organization:** Community Prevention
   
   **Number of Tickets:** 4
   
   **Description of Organization:** Education and programs to reduce violence associated with alcohol and drugs
   
   **Address of Organization:** 1558 'B' St, Ste 201 - Hayward, CA 94541
   
   **Number and Street**
   
   **City**
   
   **State**
   
   **Zip Code**
   
   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   
   To reward a nonprofit organization for its contributions 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.
   
   [Signature]
   
   CRYSTAL HISHIDA GRAFF
   
   PRINCIPAL ANALYST
   
   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Tickets Provided by Agency Report

### 1. Agency Name
**COUNTY OF ALAMEDA**

**Division, Department, or Region (if applicable):**
1221 OAK STREET, #555

**Street Address:** OAKLAND, CA 94612

**Area Code/Phone Number:** (510) 272-3882

**E-mail:** crystal.hishida@acgov.org

**Agency Contact (name and title):**
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 05/21/10  
**Description of Event:** Oakland A’s vs. San Francisco Giants

**Face Value of Ticket:** $40.00

**Agency Event:** Yes  
**No (Identify source of tickets below):**

**Name of Outside Source of Ticket(s) Provided to Agency:** Oakland A’s

**Number of Tickets Received:** 2  
**Ticket(s) Provided to Agency:** Gratuitously  
**Pursuant to Contract**

### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

**Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:** Alex Desautels  
**Number of Tickets:** 2

**Description of Organization:**

**Address of Organization:**

**Purpose for Distribution:** To reward a County employee for his or her exemplary service to the public.

### 5. 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 Head or Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF  
**Title:** PRINCIPAL ANALYST

**Date:** 5/13/10  
(month, day, year)

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

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**FFPC Form 802 (Feb/09)**  
**FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
Tickets Provided by Agency Report
A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3862 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must explain in Part 5.)
Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 20 / 10 Description of Event: Oakland A's Game
Face Value of Ticket: $ 85.00

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: 4 Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3

Name of Individual or Organization: A.J. "Lil" Arnerich Number of Tickets: 2

Description of Organization:

Address of Organization:
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.

Signature of Agency Head, or Designee

CRystal Hishida Graff PRINCIPal ANALYST 5/13/10 (month, day, year)

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

FPPC Form 802 (Feb/09)
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   Area Code/Phone Number  E-mail
   (510) 272-3882       crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   Date Stamp

   California Form 802
   For Official Use Only

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/06/10  07/23/10
   Description of Event: Oakland A's Game
   Face Value of Ticket: $40.00

   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: 4

   Ticket(s) Provided to Agency:  Yes  No

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official  Number of Tickets  State Whether the Distribution is Income to the
   (Last, First)          (Number)                   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: Supervisor Alice Lai-Bitker, District 3

   Name of Individual or Organization: Four Paws Society
   Number of Tickets: 4

   Description of Organization: Advocates for pets and their families & promotes health, happiness and well being of pets

   Address of Organization: 1271 Washington Avenue, #422, Oakland, CA 94577

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

   To reward a school or nonprofit organization for its contributions 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.

   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   (Month, Day, Year)

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

   FPPC Form 802 (Feb/09)
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   510-272-3882
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 24 / 10
   Description of Event: A's v. White Sox
   Face Value of Ticket: $ 1,700
   Agency Event: □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 20  Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
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<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Gail Steele, District 2
   Name of Individual or Organization: Hispanic Community Affairs Council
   Number of Tickets: 20
   Description of Organization: provides scholarship opportunities to Hispanic students residing in Alameda County
   Address of Organization: 4335 Redwood Heights
   Number and Street: 4335 Redwood Heights
   City: Castro Valley,
   State: CA
   Zip Code: 94546
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   to reward a local non-profit which is helping 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.

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

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

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Area Code/Phone Number
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E-mail
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: ________________ (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 05 / 10

Description of Event: A's v. Angels

Face Value of Ticket: $1,700

Agency Event

☐ Yes  ☑ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:

Oakland A's

Number of Tickets Received: 20

Ticket(s) Provided to Agency:

☐ Gratuitously  ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

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</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gail Steele, District 2

Name of Individual or Organization: League of Women Voters Eden Area

Number of Tickets: 20

Description of Organization: promotes civic involvement in the electoral process and educates about ballot box issues

Address of Organization: P.O. Box 2234

Castro Valley, CA 94546

State and Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) to reward a local non-profit which is helping 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.

[Signature]

[Print Name]

[Title]

5/12/10

(month, day, year)

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

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   1221 OAK STREET, #555
   OAKLAND, CA 94612
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 20 / 10
   Description of Event: A's v. Rays
   Face Value of Ticket: $1,700
   Agency Event: No
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official: Supervisor Gail Steele, District 2
   Name of Individual or Organization: Tri-Cities League of Volunteers
   Number of Tickets: 20
   Description of Organization: promotes volunteerism and enhances quality of life in Tri-Valley cities
   Address of Organization: 36120 Ruschin Dr. Newark, CA 94560
   Purpose for Distribution: to reward a local non-profit which is helping 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.
   Crystal Hishida Graff, Principal Analyst
   Signature of Agency Official or Designee

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

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   510-272-3882 crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event:  05 / 19 / 10
   Description of Event: A's v. Tigers
   Face Value of Ticket: $ 1,700
   Agency Event  □ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency:  □ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official
   (Last, First)  Number of Tickets  State Whether the Distribution is Income to 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: Supervisor Gail Steele, District 2
   Name of Individual or Organization: Alameda County Urban Male Health Initiative
   Description of Organization: collaboration of professional men who are concerned about the health of males at high risk
   Number of Tickets: 20
   Address of Organization: 1000 Broadway
   Oakland, CA 94612
   City
   Number and Street  State  Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   provide opportunities to those who are receiving services from County agencies...from Health Care Services/Pub.Health

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

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   E-mail
   crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05 / 20 / 10
   Description of Event: Oakland A's Game
   Face Value of Ticket: $ 85.00

   Agency Event
   ☑ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

   Number of Tickets Received: 4
   Ticket(s) Provided to Agency
   ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to 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:
   Supervisor Alice Lai-Bikert, District 3

   Name of Individual or Organization:
   San Lorenzo Senior Sociables

   Number of Tickets: 4

   Description of Organization:
   Helps individuals over 50 in San Lorenzo with a variety of social activities

   Address of Organization:
   377 Paseo Grande, San Lorenzo, CA 94580
   Number and Street
   City
   State Zip Code

   Purpose for Distribution:
   (Describe the public purpose for the distribution to the organization.)

   To reward a school or nonprofit organization for its contributions 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.

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

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report
A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/21/10
   Description of Event: Oakland A's Game
   Face Value of Ticket: $85.00
   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: 4
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to 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: Supervisor Alice Lai-Bitker, District 3
   Name of Individual or Organization: ACBA Volunteer Legal Services Corporation
   Number of Tickets: 4
   Description of Organization: Provides free legal assistance to low income and poor people in Alameda County
   Address of Organization: 70 Washington Street, Suite 200, Oakland, CA 94607
   Number and Street
   City
   State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a school or nonprofit organization for its contributions 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.

   Signature of Agency Official or Designee
   Print Name
   Title
   (month/day/year)

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

   FPPC Form 802 (Feb/05)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   
   COUNTY OF ALAMEDA
   
   **Division, Department, or Region (if applicable)**
   
   **Street Address**
   
   1221 OAK STREET, #555, OAKLAND, CA 94612
   
   **Area Code/Phone Number**
   
   (510) 272-3882
   
   **E-mail**
   
   crystal.hishida@acgov.org
   
   **Agency Contact (name and title)**
   
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office
   
   **Date Stamp**

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 06/21/10
   
   **Description of Event:** Oakland A’s Game
   
   **Face Value of Ticket:** $85.00
   
   **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:** 4
   
   **Ticket(s) Provided to Agency:**
   
   Top Gratuitously
   
   Pursuant to Contract
   
3. **Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**
   
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**
   
   **Name of Behesting Agency Official:** Supervisor Alice Lai-Bitker, District 3
   
   **Name of Individual or Organization:** Wardrobe for Opportunity
   
   **Number of Tickets:** 4
   
   **Description of Organization:**
   
   Assists low income individuals find a job, keep a job and build a career
   
   **Address of Organization:**
   
   570 - 14th Street, Suite 5, Oakland, CA 94612
   
   **Purpose for Distribution:**
   
   (Describe the public purpose for the distribution to the organization.)
   
   To reward a school or nonprofit organization for its contributions 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.*
   
   **Signature of Agency Head or Designee:**
   
   **Print Name:** CRYSTAL HISHIDA GRAFF
   
   **Title:** PRINCIPAL ANALYST
   
   **Date:** 5/11/10 (month, day, year)
   
   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3862 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 04 / 10 Description of Event: Maxwell/Jill Scott

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laws, Jeri</td>
<td>4</td>
<td>Promote attendance at County facility event to max sales</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3

Name of Individual or Organization: Number of Tickets:

Description of Organization:

Address of Organization:

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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

5. 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 Head or Designee

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
Print Name Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY OF ALAMEDA</td>
<td>California Form 802</td>
</tr>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1221 OAK STREET, #555, OAKLAND, CA 94612</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(510) 272-3882</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
</tbody>
</table>

**Agency Contact (name and title)**

Crystal Hishida Graff, Principal Analyst, County Administrator's Office

<table>
<thead>
<tr>
<th>Amendment</th>
<th>Date of Original Filling:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Event For Which Tickets Were Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) of Event: 06 / 05 / 10</td>
</tr>
<tr>
<td>Description of Event: Tom Petty and the Heartbreakers</td>
</tr>
<tr>
<td>Face Value of Ticket: $133.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Event</th>
<th>☐ Yes</th>
<th>☒ No (Identify source of tickets below.)</th>
</tr>
</thead>
</table>

| Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors |

| Number of Tickets Received: | 4 |
| Ticket(s) Provided to Agency: | ☐ Gratuitously | ☒ Pursuant to Contract |

<table>
<thead>
<tr>
<th>3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Official</td>
</tr>
<tr>
<td>(Last, First)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3</td>
</tr>
</tbody>
</table>

| Name of Individual or Organization: Bernardino Briones | Number of Tickets: | 4 |
|------------------------------------------------------|-------------------|

<table>
<thead>
<tr>
<th>Description of Organization:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and Street</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote attendance at an event held at a County facility in order to maximize County revenue from concession sales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee:</th>
<th>CRYSTAL HISHIDA GRAFF</th>
<th>PRINCIPAL ANALYST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>08/10</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comment: (Use this space or an attachment for any additional information including amendment explanation.)</th>
</tr>
</thead>
</table>

FPPC Form 802 (Feb/09)
FPPC Toll-Free Hotline: 866/ASK-FPPC (666/275-3772)
1. **Agency Name**
   
   COUNTY OF ALAMEDA
   
   **Division, Department, or Region (if applicable)**
   
   1221 OAK STREET, #555
   
   **Street Address**
   
   OAKLAND, CA, 94612
   
   **Area Code/Phone Number**
   
   510-272-3882
   
   **E-mail**
   
   crystal.hishida@acgov.org
   
   **Agency Contact (name and title)**
   
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   
   **Date Stamp**
   
   California Form 802
   
   **Amendment** (Must explain in Part 5.)
   
   **Date of Original Filing**
   
   (month, day, year)

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 07/07/10
   
   **Description of Event:** A's v. Yankees
   
   **Face Value of Ticket:** $1,700
   
   **Agency Event**
   
   ☑ Yes  ☐ No (Identify source of tickets below.)
   
   **Name of Outside Source of Ticket(s) Provided to Agency:** Oakland A's
   
   **Number of Tickets Received:** 20
   
   **Ticket(s) Provided to Agency:** ☑ Gratuitously  ☑ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**
   
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**
   
   **Name of Behesting Agency Official:** Supervisor Gail Steele  
   
   **District:** 2
   
   **Name of Individual or Organization:** Eden Medical Center Foundation
   
   **Number of Tickets:** 20
   
   **Description of Organization:** Fundraises for Eden Medical Center to provide services for low-income patients, etc.
   
   **Address of Organization:** 20103 Lake Chabot Road  
   
   Castro Valley, CA 94546
   
   **State**  
   
   **Zip Code**
   
   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   
   To reward a local non-profit which is helping 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.
   
   **Signature of Agency Head or Designee**
   
   [Signature]
   
   **Print Name**
   
   CRYSTAL HISHIDA GRAFF
   
   **Title**
   
   PRINCIPAL ANALYST
   
   (month, day, year)
   
   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

   FPPC Form 802 (Feb/09)
   
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   E-mail: crystal.hishida@acgov.org
   Agency Contact: Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 10
   Description of Event: Oakland A's Skybox & 3 parking passes
   Face Value of Ticket: $ 1,700
   Agency Event: ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: OAKLAND A'S
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☑ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official
   Number of Tickets
   State Whether the Distribution is Income to 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: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: SANTA CLARA WOMEN'S SOCCER PROG.
   Number of Tickets: 20
   Description of Organization: SANTA CLARA UNIVERSITY WOMEN'S SOCCER TEAM EXPENSES
   Address of Organization: Santa Clara Univ. Dept. of Athletics 500 El Camino Real Santa Clara CA 95053
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   to reward a school or nonprofit organization for its contributions 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.
   Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF
   Print Name: PRINCIPAL ANALYST
   Title: 5/7/10
   (month, day, year)

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

FPPC Form 892 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)

Street Address
1221 OAK STREET, #555, OAKLAND, CA 94612

Area Code/Phone Number   E-mail
(510) 272-3882   crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

Amendment (Must explain in Part 5)

Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 08 / 10
Description of Event: Oakland A's Game

Face Value of Ticket: $ 85.00

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: 4
Ticket(s) Provided to Agency: ☑ Gratuitously  ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>4</td>
<td>To promote attendance at County facility to max revenues</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3

Name of Individual or Organization: __________________________ Number of Tickets: __________

Description of Organization: ____________________________________________

Address of Organization: ________________________________________________
Number and Street  City  State  Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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

Signature of Agency Chief or Designee  Print Name  Title

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

5/6/10

(month, day, year)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05 / 23 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   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: 1
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official
   (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Miley, Nate 1 To promote attendance at a County facility in order to
   maximize potential County revenue from parking and
   concession sales

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: ________________________________ Number of Tickets: _______
   Description of Organization: ________________________________
   Address of Organization: ________________________________
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 16944.1.
   Signature of Agency Head or Designee
   CRystAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05/22/10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00
   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: 1
   Ticket(s) Provided to Agency: □ Gratuitously
   ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Tyler Stewart
   Number of Tickets: 1
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a student for outstanding scholastic achievement

5. 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 Head or Designee
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Print Name
   Title
   (Month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05/22/10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00
   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: 1

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Stewart, Darryl 1 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: ___________________________ Number of Tickets: __________
   Description of Organization: ____________________________
   Address of Organization: ____________________________
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. 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 Official or Designee
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report
A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number E-mail
(510) 272-3832 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)
Date of Original Filing: ____________ (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05 / 21 / 10  Description of Event: Baseball Game

___ / ___ / ___  Face Value of Ticket: $ 40.00

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 Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaplan, Seth</td>
<td>1</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Bazar, Chris</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: __________________________________________ Number of Tickets: _________

Description of Organization: _____________________________________________________________

Address of Organization: _______________________________________________________________

Number and Street  City  State  Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

____________________________________________________________________________________

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

Signature of Agency Head or Designee  Print Name  Title

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report
A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/06/10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00
   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:
   Ticket(s) Provided to Agency:
   □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First)  Number of Tickets  State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Hayward Area Recreation & Park District Fndtn
   Number of Tickets:
   Description of Organization: Funds to support outdoor recreation in the unincorporated area
   Address of Organization:
   1099 'E' Street - Hayward, CA 94541
   Number and Street  City  State  Zip Code
   Purpose for Distribution: To reward a nonprofit organization for its contributions 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.

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

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report
A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/23/10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00
   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 Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Hayward Area Recreation & Park District Fndtn
   Number of Tickets: 2
   Description of Organization: Funds to support outdoor recreation in the unincorporated area
   Address of Organization: 1099 'E' Street - Hayward, CA 94541
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions 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.
   ____________________________ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   (Signature of Agency Head or Designee) (Print Name) (Title) 5/10
   (Month, Day, Year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   PLAZA SEATS
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 04 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $85.00
   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: 4
   Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Associated Community Action Program
   Number of Tickets: 4
   Description of Organization: Fund and support programs that reduce poverty in the Unincorporated Area
   Address of Organization: 24100 Amador Street, 3rd Fl - Hayward, CA 94544
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions 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.

   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (month/day/year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   1 parking pass
## Tickets Provided by Agency Report

### 1. Agency Name
- **COUNTY OF ALAMEDA**
- **1221 OAK STREET, #555**
- **OAKLAND, CA 94612**
- **E-mail**: crystal.hishida@acgov.org
- **Agency Contact (name and title)**: Crystal Hishida Graff, Principal Analyst, County Administrator's Office

### 2. Event For Which Tickets Were Distributed
- **Date(s) of Event**: 05/18/10
- **Description of Event**: Baseball Game
- **Face Value of Ticket**: $85.00

### 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official**: Alameda County Supervisor Nate Miley, District 4
- **Name of Individual or Organization**: Deputy Sheriff's Activities League
- **Description of Organization**: Provides activities for youth in Unincorporated Area
- **Address of Organization**: 16378 East 14th Street #101 - San Leandro, CA 94578
- **Number of Tickets**: 20
- **Purpose for Distribution**: To reward a nonprofit organization for its contributions 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.*

**Signature**: CRYSTAL HISHIDA GRAFF  
**Print Name**: CRYSTAL HISHIDA GRAFF  
**Title**: PRINCIPAL ANALYST  
**Date**: 5/10/10 (Month, Day, Year)

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

3 parking pass
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number  (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10   Description of Event: Baseball Game
   Face Value of Ticket: $85.00
   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 Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</thead>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Alameda County Health Care Foundation
   Number of Tickets: 2
   Description of Organization: Funds to support the Alameda County Medical Center
   Address of Organization: 2001 Broadway, Suite M - Oakland, CA 94612
   Number and Street
   City
   State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions 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.
   CRISTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   Signature of Agency Head/Designee Print Name Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

## 1. Agency Name
- **COUNTY OF ALAMEDA**
- **Division, Department, or Region (if applicable):**
- **1221 OAK STREET, #555**
- **Street Address:**
- **OAKLAND, CA 94612**
- **Area Code/Phone Number:** (510) 272-3882
- **E-mail:** crystal.hishida@acgov.org
- **Agency Contact (name and title):** Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**Date Stamp:**
- **California Form 802**
- **For Official Use Only**

## 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:** 05 / 07 / 10
- **Description of Event:** Baseball Game
- **Face Value of Ticket:** $ 85.00
- **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:** 4
- **Ticket(s) Provided to Agency:**
  - □ Gratuitously
  - ☑ Pursuant to Contract

## 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

## 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
- **Name of Individual or Organization:** Associated Community Action Program
- **Number of Tickets:** 4
- **Description of Organization:** Fund and support programs that reduce poverty in the Unincorporated Area
- **Address of Organization:** 24100 Amador Street, 3rd Fl - Hayward, CA 94544
- **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
  - To reward a nonprofit organization for its contributions 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._

[Signature]

**CRYSTAL HISHIDA GRAFF**

**PRINCIPAL ANALYST**

[Print Name]

[Title]

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

---

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-3772)
1. **Agency Name**
   COUNTY OF ALAMEDA

   **Division, Department, or Region (if applicable)**
   1221 OAK STREET, #555

   **Street Address**
   OAKLAND, CA 94612

   **Area Code/Phone Number**
   (510) 272-3882

   **Agency Contact (name and title)**
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 05 / 22 / 10
   **Description of Event:** Oakland A's Tickets
   **Face Value of Ticket:** $40.00

   **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 Contract

3. **Agency Official(s) Receiving Ticket(s)**
   (Use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**
   (Provided at the behest of an agency official.)

   **Name of Behesting Agency Official:** Alameda County Supervisor Scott Haggerty, District 1

   **Name of Individual or Organization:** Raymond Thorstensen

   **Number of Tickets:** 2

   **Description of Organization:**

   **Address of Organization:**
   Number and Street
   City
   State
   Zip Code

   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   To provide opportunities for those receiving services from County agencies

5. **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 Head or Designee**
   CRISTAL HISHIDA GRAFF
   PRINCIPAL ANALYST

   **Print Name**
   PRINCIPAL ANALYST

   **Title**
   (Month/Day/Year)
1. **Agency Name**
   - COUNTY OF ALAMEDA
   - Division, Department, or Region (if applicable)
     - 1221 OAK STREET, #555
   - Street Address
     - OAKLAND, CA. 94612
   - Area Code/Phone Number
     - (510) 272-3882
   - E-mail
     - crystal.hishida@acgov.org
   - Agency Contact (name and title)
     - Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 06/07/10
   - Description of Event: Oakland A's Tickets
   - Face Value of Ticket: $40.00
   - Agency Event
     - Yes
     - No (Identify source of tickets below.)
   - Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   - Number of Tickets Received: 2
   - Ticket(s) Provided to Agency: Gratuitously
     - Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   - Name of Official (Last, First)
     - [Space for names and dates]
   - Number of Tickets
     - [Space for numbers]
   - Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
     - [Space for descriptions]

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)
   - Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   - Name of Individual or Organization: Mission Valley R.O.P.
   - Number of Tickets: 2
   - Description of Organization: Alameda County Resident
   - Address of Organization: 5019 Stevenson Blvd. Fremont CA 94538
   - Number and Street
     - [Space for numbers]
   - City
     - [Space for cities]
   - State
     - [Space for states]
   - Zip Code
     - [Space for zip codes]
   - Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
     - To reward a school for its contributions 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.
   - Signature of Agency Head
     - [Signature]
   - PRINCIPAL ANALYST
     - Print Name
     - Title
     - Date
       - 05/14/10
       - (month, day, year)
   - Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   COUNTY OF ALAMEDA
   **Division, Department, or Region (if applicable)**
   
   **Street Address**
   1221 OAK STREET, #555, OAKLAND, CA 94612
   
   **Area Code/Phone Number**
   (510) 272-3862
   
   **E-mail**
   crystal.hishida@acgov.org
   
   **Agency Contact (name and title)**
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   
   **Date Stamp**
   
   **California Form 802**
   For Official Use Only
   
   **Amendment (Must explain in Part 5)**
   
   **Date of Original Filing:** 04/30/10
   (month, day, year)

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 05/08/10
   
   **Description of Event:** Oakland A's Game
   
   **Face Value of Ticket:** $85.00
   
   **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:** 4
   **Ticket(s) Provided to Agency:**
   Gratuitously
   Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   
<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calderon, Gene</td>
<td>4</td>
<td>To promote attendance at County facility to max revenues</td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)
   
   **Name of Behesting Agency Official:** Supervisor Alice Lai-Bitker, District 3
   
   **Name of Individual or Organization:**
   
   **Number of Tickets:**
   
   **Description of Organization:**
   
   **Address of Organization:**
   
   **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.
   
   **Signature of Agency Head or Designee**
   
   **Print Name**
   CRYSTAL HISHIDA GRAFF
   
   **Title**
   PRINCIPAL ANALYST
   
   **Date:** 5/3/10
   (month, day, year)

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

---

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number  E-mail
   (510) 272-3882  crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   Date Stamp California Form 802
   [For Official Use Only]

   Amendment (Must explain in Part 5.)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05 / 23 / 10  Description of Event: Baseball Game
   ______________________  ______________________
   Face Value of Ticket: $ 40.00

   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: 1  Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official  Number of Tickets  State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   (Last, First)  ______________________

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

   Name of Individual or Organization: Community Prevention
   Number of Tickets: 1

   Description of Organization: Education and programs to reduce violence associated with alcohol and drugs

   Address of Organization: 1558 'B' St, Ste 201 - Hayward, CA 94541
   Number and Street  City  State  Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions 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 16944.1.

   [Signature of Designee or Designee]
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   [Print Name]  [Title]
   [Month, Day, Year]

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
2. Event For Which Tickets Were Distributed

   Date(s) of Event: 06 / 09 / 10  Description of Event: Baseball Game
   Face Value of Ticket: $85.00

   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: 4  Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

   Name of Individual or Organization: Oakland Firefighters Random Acts  Number of Tickets: 4

   Description of Organization: Funds for Oakland firefighters to give back to the community

   Address of Organization: 746 E 19th St, Oakland, CA 94606

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions 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.

   Signature of Authorized or Designee  CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST  3/6/10
   Print Name  Title

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - COUNTY OF ALAMEDA
   - 1221 OAK STREET, #555
   - OAKLAND, CA 94612
   - Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 06 / 22 / 10
   - Description of Event: Oakland A's Tickets
   - Face Value of Ticket: $40.00
   - Agency Event: ☑ Yes  ☐ No (Identify source of tickets below.)
   - Name of Outside Source of Ticket(s) Provided to Agency: OAKLAND A's
   - Number of Tickets Received: 2
   - Ticket(s) Provided to Agency: ☑ Gratuitoously  ☑ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   - Name of Official: 
     - (Last, First)
   - Number of Tickets
   - State Whether the Distribution is Income to 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: Alameda County Supervisor Scott Haggerty, District 1
   - Name of Individual or Organization: Lilybell Nakamura
   - Number of Tickets: 2
   - Description of Organization:
   - Address of Organization: 
     - Number and Street
     - City
     - State
     - Zip Code
   - Purpose for Distribution: To reward a community volunteer for her service to the public.

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
   - Signature  Print Name  Title  (month, day, year)
   - Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   - COUNTY OF ALAMEDA
   - Division, Department, or Region (if applicable)
   - 1221 OAK STREET, #555
   - Street Address
   - OAKLAND, CA 94612
   - Area Code/Phone Number (510) 272-3882
   - E-mail crystal.hishida@acgov.org
   - Agency Contact
     - Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 06/23/10
     - Description of Event: Oakland A's Tickets
   - 06/25/10
     - Face Value of Ticket: $ 40.00
   - Agency Event
     - ☐ Yes
     - ☐ No (Identify source of tickets below.)
   - Name of Outside Source of Ticket(s) Provided to Agency: OAKLAND A's
   - Number of Tickets Received: 4
   - Ticket(s) Provided to Agency: ☐ Gratuitously
     - ☒ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

   - Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   - Name of Individual or Organization: Livermore and Granada High School
   - Description of Organization: Safe and Sober Grad Night
   - Address of Organization: Livermore High School 600 Maple Street, Livermore CA 94550
   - Number of Tickets: 4

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   | Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   | To reward a community volunteer for her service to the public. |

5. **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 Official or Designee**
   **Print Name**
   **Title**
   **(month, day, year)**

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

---

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
510-272-3882

E-mail
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 05 / 10

Description of Event: Tom Petty concert

Face Value of Ticket: $ 133.50

Agency Event: Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

Number of Tickets Received: 4
Ticket(s) Provided to Agency: Gratuitously Yes Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gail Steele, District 2

Name of Individual or Organization: Ananda Marga Universal Relief Team

Number of Tickets: 4

Description of Organization: provides Haiti relief efforts

Address of Organization: 27160 Moody Road
Los Altos Hills, CA 94022

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
to reward non-profit which is helping 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

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

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 26 / 10
   Description of Event: AR Rahman Jai Ho Concert
   Face Value of Ticket: $160.50

3. Agency Official(s) Receiving Ticket(s)
   Name of Official
   (Last, First)  Number of Tickets
   __________________________  __________________________

4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: boona cheoma, BOSS
   Number of Tickets: 4
   Description of Organization: helping homeless, poor and disabled people in our community of Alameda County
   Address of Organization: 2065 Kittredge Street, Suite E Berkeley, CA 94704
   Purpose for Distribution: To reward a school or nonprofit organization for its contributions 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.

   Signature of Agency Head or Designee
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA, 94612

Area Code/Phone Number (510) 272-3862
E-mail crystal.hishida@acgov.org
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/12/10 Description of Event: Sesame Street Live
Face Value of Ticket: $31.50

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Juan Lopez Number of Tickets: 4

Description of Organization:

Address of Organization:
Number and Street
City
State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession

5. 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 Head or Designee
CRystal HISHIDA GRAFF
Print Name
PRINCIPAL ANALYST
Title
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 04 / 10  Description of Event: Oakland A's vs. Minnesota Twins
   __________ / __________ / __________  Face Value of Ticket: $ 40.00
   Agency Event ☐ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2  Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official Number of Tickets State Whether the Distribution is Income to 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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Amir Arman
   Number of Tickets: 2
   Description of Organization: ___________________________
   Address of Organization:
   ___________________________ ___________________________
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his or her service to the public.

5. 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 Head or Designee  Print Name  Title
   (Month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## 1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number  E-mail
(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

## 2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event:</th>
<th>Face Value of Ticket:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 05 / 10</td>
<td>Oakland A's vs. New York Yankees</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

Number of Tickets Received: 2  Ticket(s) Provided to Agency: Gratuitously  Pursuant to Contract

## 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

## 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Amir Arman  Number of Tickets: 2

Description of Organization:

Address of Organization:

Number and Street  City  State  Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

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

CRISTAL HISHIDA GRAFF  PRINCIPAL ANALYST

Signature of Agency Head or Designee  Print Name  Title

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Tickets Provided by Agency Report

**Agency Name:** COUNTY OF ALAMEDA  
**Division, Department, or Region (if applicable):** 1221 OAK STREET, #555  
**Street Address:** OAKLAND, CA 94612  
**Area Code/Phone Number:** (510) 272-3882  
**E-mail:** crystal.hishida@acgov.org  
**Agency Contact (name and title):** Crystal Hishida Graff, Principal Analyst, County Administrator's Office

## 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 07 / 19 / 10  
**Description of Event:** Oakland A's vs. Boston Red Sox

**Face Value of Ticket:** $40.00

**Agency Event:** [ ] Yes  [X] No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Oakland A's

**Number of Tickets Received:** 2  
**Ticket(s) Provided to Agency:** [ ] Gratuitously  [X] Pursuant to Contract

## 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## 4. Individual or Organization Receiving Ticket(s)

**Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:** Amir Arman  
**Number of Tickets:** 2

**Description of Organization:**

**Address of Organization:**

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

To reward a community volunteer for his or her service to the public.

## 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  
**Print Name:** Crystal Hishida Graff  
**Principal Analyst:**

**Title:**

___ (month, day, year)  
**FPPC Form 802 (Feb/09)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed

   Date(s) of Event: 07 / 23 / 10
   Description of Event: Oakland A's vs. Chicago White Sox
   Face Value of Ticket: $40.00

   Agency Event
   □ Yes  □ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official:
   Keith Carson, Supervisor Fifth District

   Name of Individual or Organization:
   Amir Arman
   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his or her service to the public.

5. 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 Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   COUNTY OF ALAMEDA

   **Division, Department, or Region (If applicable)**
   1221 OAK STREET, #555

   **Street Address**
   OAKLAND, CA 94612

   **Area Code/Phone Number**
   (510) 272-3882

   **E-mail**
   crystal.hishida@acgov.org

   **Agency Contact (Name and Title)**
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   **Date Stamp**
   California Form 802

   **Date of Original Filing**
   (Month, day, year)

2. **Event For Which Tickets Were Distributed**

   **Date(s) of Event:** 06 / 04 / 10

   **Description of Event:** Maxwell & Jill Scott

   **Face Value of Ticket:** $ 87.25

   **Agency Event**
   ☐ Yes
   ☒ No (Identify source of tickets below.)

   **Name of Outside Source of Ticket(s) Provided to Agency:** Golden State Warriors

   **Number of Tickets Received:** 2

   **Ticket(s) Provided to Agency:** ☐ Gratuitously
   ☒ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s) (Use a continuation sheet for additional names)**

   **Name of Official (Last, First)**
   Carson, Keith

   **Number of Tickets**
   2

   **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution**
   To promote attendance at a County facility in.

4. **Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**

   **Name of Behesting Agency Official:** Supervisor Keith Carson, District 5

   **Name of Individual or Organization:**
   
   **Number of Tickets:**

   **Description of Organization:**
   
   **Address of Organization:**
   Number and Street
   City
   State
   Zip Code

   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

5. **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 Head or Designee:**
   Crystal Hishida Graff

   **Print Name:**
   Principal Analyst

   **Title:**
   (Month, day, year)

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

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/725-3772)
# Tickets Provided by Agency Report

**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**
1221 OAK STREET, #555

**Street Address**
OAKLAND, CA 94612

**Area Code/Phone Number**
(510) 272-3882

**E-mail**
crystal.hishida@acgov.org

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**Date Stamp**

---

**2. Event For Which Tickets Were Distributed**

**Date(s) of Event:** 06 / 19 / 10

**Description of Event:** Andre Ward vs. Green

**Face Value of Ticket:** $81.75

**Agency Event**
☐ Yes  ☑ No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Golden State Warriors

**Number of Tickets Received:** 2

**Ticket(s) Provided to Agency:** ☐ Gratuitously  ☑ Pursuant to Contract

---

**3. Agency Official(s) Receiving Ticket(s)**

(Use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>2</td>
<td>To promote attendance at a County facility.</td>
</tr>
</tbody>
</table>

**4. Individual or Organization Receiving Ticket(s)**

(Provided at the behest of an agency official)

**Name of Behesting Agency Official:** Supervisor Keith Carson, District 5

**Name of Individual or Organization:**

**Number of Tickets:**

**Description of Organization:**

**Address of Organization:**

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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.

---

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date**

---

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

---

_FPPC Form 892 (Feb/09)_

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number: (510) 272-3882
E-mail: crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/04/10
Description of Event: Maxwell and Jill Scott

Face Value of Ticket: $87.25

Agency Event

☐ Yes ☐ No

(Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:
Golden State Warriors

Number of Tickets Received: 2
Ticket(s) Provided to Agency:

☐ Gratuitously ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
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<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official:
Keith Carson, Supervisor Fifth District

Name of Individual or Organization:
Seth Steward
Number of Tickets: 2

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize County revenue from parking and concessions.

5. 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 Head or Designee

CRystal Hishida Graff

PRINCIPAL ANALYST

Print Name

Title

5/25/10
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**  
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**  
1221 OAK STREET, #555

**Street Address**  
OAKLAND, CA 94612

**Area Code/Phone Number**  
(510) 272-3882

**E-mail**  
crystal.hishida@acgov.org

**Agency Contact (name and title)**  
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. **Event For Which Tickets Were Distributed**

**Date(s) of Event:** 06 / 19 / 10  
**Description of Event:** Andre Ward vs. Green

**Face Value of Ticket:** $81.75

**Agency Event**  
☑ Yes  ☐ No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Golden State Warriors

**Number of Tickets Received:** 2  
**Ticket(s) Provided to Agency:** ☑ Gratuitously  ☐ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**

**Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:** Seth Steward  
**Number of Tickets:** 2

**Description of Organization:**

**Address of Organization:**  
Number and Street City State Zip Code

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

To promote attendance at a County facility in order to maximize potential County revenue from parking and concession.

5. **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 Head/Designee**  
CRystal HISHIDA GRAFF  
PRINCIPAL ANALYST

**Print Name**  
Title

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

---

FPCC Form 802 (Feb/09)  
FPCC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (If applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/05/10 Description of Event: Tom Petty & the Heartbreakers
Face Value of Ticket: $ 133.50
Agency Event
☐ Yes ☐ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
Number of Tickets Received: 4 Ticket(s) Provided to Agency:
☐ Gratuitously ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Kim Gillette Number of Tickets: 4
Description of Organization: 
Address of Organization:
Number and Street
City
State
Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

5. 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 Head or Designee CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
Print Name
Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-3862
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 05/23/10
   Description of Event: Oakland A's vs. San Francisco Giants
   Face Value of Ticket: $40.00
   Agency Event: No
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: Yes

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to 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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Matt Watson
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential revenue from parking.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.
   Signature: CRYSTAL HISHIDA GRAFF
   Print Name: PRINCIPAL ANALYST
   Title: (month/day/year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**
1221 OAK STREET, #555

**Street Address**
OAKLAND, CA 94612

**Area Code/Phone Number** (510) 272-3882

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**Date Stamp**
California Form 802

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 / 07 / 10</td>
<td>Oakland A's Skybox &amp; 3 parking passes</td>
<td>$ 1,700</td>
</tr>
<tr>
<td>06 / 10 / 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**
- Yes
- No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Oakland A's

**Number of Tickets Received:** 40

**Ticket(s) Provided to Agency:**
- Gratuitously
- Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

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<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

**Name of Behesting Agency Official:** Alameda County Supervisor Scott Haggerty, District 1

**Name of Individual or Organization:** DUBLIN LITTLE LEAGUE

**Number of Tickets:** 40

**Description of Organization:** NON PROFIT LITTLE LEAGUE TEAM

**Address of Organization:** P.O. Box 2037 Dublin, CA 94568

**Purpose for Distribution:** TO REWARD A NONPROFIT ORGANIZATION FOR ITS CONTRIBUTIONS 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.

**Signature of Agency Official or Designee:** CRYSTAL HISHIDA GRAFF

**Print Name:** PRINCIPAL ANALYST

**Title:** 5/20/10 (Month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

□ Amendment (Must explain in Part 5.)

Date of Original Filing: ____________________________ (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 05/21/10

Description of Event: Oakland A's vs. San Francisco Giants

Face Value of Ticket: $40.00

Agency Event
□ Yes
☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency:
Oakland A's

Number of Tickets Received: 1
Ticket(s) Provided to Agency:
□ Gratuitously
☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Ethan Shrago

Number of Tickets: 1

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for his or her service to the public.

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

Print Name

Principal Analyst

Title

Signature of Agency Head or Designee

(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

**1. Agency Name**
COUNTY OF ALAMEDA

**Division, Department, or Region (if applicable)**

**Street Address**
1221 OAK STREET, #555, OAKLAND, CA 94612

**Area Code/Phone Number** (510) 272-3882

**E-mail** crystal.hishida@acgov.org

**Agency Contact (name and title)**
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event: 05 / 21 / 10</th>
<th>Description of Event: Oakland A's Game</th>
</tr>
</thead>
</table>

| Face Value of Ticket: $40.00 |

**Agency Event** 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:** Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

**Name of Behesting Agency Official:** Supervisor Alice Lai-Bitker, District 3

**Name of Individual or Organization:** Mcl Medeiros

**Number of Tickets:** 2

**Description of Organization:**

**Address of Organization:**
Number and Street
City
State
Zip Code

**Purpose for Distribution:** To reward a community volunteer for his or her service to the public

**5. 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 Head or Designee**

**Print Name** CRYSTAL HISHIDA GRAFF

**Title** PRINCIPAL ANALYST

**Date:** 5/17/10 (month, day, year)

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (If applicable)
   (510) 272-3882
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/04/10
   Description of Event: Maxwell/Jill Scott Concert
   Face Value of Ticket: $87.25
   Agency Event: ☐ Yes   ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☐ Gratuitously   ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First)   Number of Tickets   State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Charlotte and Darryl Victorian
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for their service to the public

5. 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 Head or Designee
   Signature
   Print Name
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Title
   Date
   3/18/10

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

1. **Agency Name**
   - COUNTY OF ALAMEDA
   - 1221 OAK STREET, #555
   - OAKLAND, CA 94612

   **Area Code/Phone Number**
   - (510) 272-3882

   **E-mail**
   - crystal.hishida@acgov.org

   **Agency Contact (name and title)**
   - Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 06 / 04 / 10
   - **Description of Event:** Maxwell/Jill Scott Concert
   - **Face Value of Ticket:** $87.25
   - **Agency Event:** Yes
   - **Name of Outside Source of Ticket(s) Provided To Agency:** Golden State Warriors
   - **Number of Tickets Received:** 1
   - **Ticket(s) Provided to Agency:** Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(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**
     - [ ]
     - [ ]
     - [ ]
     - [ ]

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
   - **Name of Individual or Organization:** Diana Henderson
   - **Number of Tickets:** 1
   - **Description of Organization:**
   - **Address of Organization:**
     - Number and Street
     - City
     - State
     - Zip Code
   - **Purpose for Distribution:** To reward a community volunteer for her service to the public

5. **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 Head or Designee**
   - [Signature]
   - **Print Name:** CRYSTAL HISHIDA GRAFF
   - **Title:** PRINCIPAL ANALYST
   - **Date:** 3/10/10

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3832
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must explain in Part 5.)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/04/10
   Description of Event: Maxwell/Jill Scott Concert
   Face Value of Ticket: $87.25
   Agency Event
   □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Provided to Agency: 1
   Number of Tickets Received: 1
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Hodges, Robyn 1 To reward a County employee for her exemplary service to the public

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization:
   Number of Tickets:
   Description of Organization:
   Address of Organization: Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. 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 Official or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   Date (Month, Day, Year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA, 94612
   Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 04 / 10
   Description of Event: Maxwell and Jill Scott
   Face Value of Ticket: $87.25
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Melanie Bynes-Brooks
   Number of Tickets: 4

5. 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 Head or Designee: [Signature]
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   Date: 07 / 18 / 10
   (month, day, year)

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

FPPC Form 892 (Feb’09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

Date Stamp
California Form 802
For Official Use Only

Amendment (Must explain in Part 5.)
Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 05 / 10 Description of Event: Baseball Game
Face Value of Ticket: $ 40.00
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 Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Alameda County Public Health Care Agency Number of Tickets: 2
Description of Organization: Nutrition Services - Education of Healthy Living
Address of Organization: 1000 Broadway, Suite 500 - Oakland, CA 94607
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To provide opportunities to those who are receiving services from County agencies consistent with the agency’s goals

5. 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 Official: [Signature]
Print Name CRYSTAL HISHIDA GRAFF
Title PRINCIPAL ANALYST
Date 5/8/10 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
for the particular population - PLAZA SEATS

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3832
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)
Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 06 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   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 Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Alameda County Public Health Care Agency
   Number of Tickets: 2
   Description of Organization: Nutrition Services - Education of Healthy Living
   Address of Organization: 1000 Broadway, Suite 500 - Oakland, CA 94607
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals

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

Signature of Agency Head or Designee (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
for the particular population - PLAZA SEATS

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3832

E-mail
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/26/10
Description of Event: AR Rahman

Face Value of Ticket: $160.50

Agency Event
☐ Yes  ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors

Number of Tickets Received: 4
Ticket(s) Provided to Agency:
☐ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: Gina Vidhun
Number of Tickets: 4

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at a County facility in order to maximize potential County revenue from parking & concessions

5. 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 Head or Designee: CRYSTAL HISHIDA GRAFF
Print Name: PRINCIPAL ANALYST
Title: 5/18/10
(month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Tickets Provided by Agency Report

### 1. Agency Name
- COUNTY OF ALAMEDA
- Division, Department, or Region (if applicable): 1221 OAK STREET, #555
- Street Address: OAKLAND, CA 94612
- Area Code/Phone Number: (510) 272-3882
- E-mail: crystal.hishida@acgov.org
- Agency Contact (name and title): Crystal Hishida Graff, Principal Analyst, County Administrator's Office

### 2. Event For Which Tickets Were Distributed
- Date(s) of Event: 06/12/10
- Description of Event: Sesame Street Live
- Face Value of Ticket: $31.50
- Agency Event: Yes
- Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
- Number of Tickets Received: 4
- Ticket(s) Provided to Agency: Gratuitously

### 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s)
- Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
- Name of Individual or Organization: United Seniors of Oakland & Alameda County
- Number of Tickets: 4
- Description of Organization: Senior Advocacy
- Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605
- Purpose for Distribution: To reward a non profit organization for its contributions 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.

**Signature of Agency Head or Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 5/18/10

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Ticket Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-3832
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 05 / 10
   Description of Event: Tom Petty/Heart Breakers
   Agency Event
   □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Mark Friedman & Caryl ön Said
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for their service to the public

5. 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 Agent or Designee
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   Print Name
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 05 / 10
   Description of Event: Tom Petty/Heart Breakers
   Face Value of Ticket: $133.50

   Agency Event □ Yes  ☒ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 1
   Ticket(s) Provided to Agency: ☒ Gratuitously  □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official
   (Last, First)  Number of Tickets  State Whether the Distribution is Income to 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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Lily Meyers-Kaplan
   Number of Tickets: 1
   Description of Organization:
   Address of Organization:
   Purpose for Distribution: To reward a community volunteer for her service to the public

5. 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 Head or Designee
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   (Month, day, year)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

**Agency Name**
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number
(510) 272-3882
E-mail
crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

**Date Stamp**
California Form 802
For Official Use Only

**Event For Which Tickets Were Distributed**
Date(s) of Event: 06 / 05 / 10
Description of Event: Tom Petty/Heart Breakers
Face Value of Ticket: $133.50

Agency Event
☐ Yes
☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
Number of Tickets Received: 1
Ticket(s) Provided to Agency:
☐ Gratuitously
☒ Pursuant to Contract

**Agency Official(s) Receiving Ticket(s)**
(use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaplan, Seth</td>
<td>1</td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
</tbody>
</table>

**Individual or Organization Receiving Ticket(s)**
(Provided at the behest of an agency official.)

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4

Name of Individual or Organization: __________________________________________
Number of Tickets: ______

Description of Organization: ________________________________________________

Address of Organization: ____________________________________________________
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) __________________________________________________________

**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 Head or Designee

CRystal Hishida Graff
PRINCIPAL ANALYST

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

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