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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 18 / 10
   Description of Event: Oakland A's vs. Toronto Blue Jays and Tampa Bay Ray
   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)

   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: Emeryville Teen Center  Number of Tickets: 4

   Description of Organization: Afterschool programs, seasonal camps, and leaders in training programs.

   Address of Organization:
   4300 San Pablo Ave
   Emeryville, CA 94608

   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]  CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   (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 E-mail
(510) 272-3882 crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08/28/10 Description of Event: Raiders Game
Face Value of Ticket: $150
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>
</tr>
</thead>
<tbody>
<tr>
<td>Haggerty, Scott</td>
<td>4</td>
</tr>
</tbody>
</table>

State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:
To review facilities or events that may require County fund

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: ____________________________ 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: CRYSTAL HISHIDA GRAFF
Title: PRINCIPAL ANALYST
Date: 8/20/10 (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: 08 / 02 / 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>
</tr>
</thead>
<tbody>
<tr>
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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: Olivia and Alexandra Portez
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: 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/Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title 8/2/10
   (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
   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: 08/02/10
   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: 1
   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>
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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: Jon Portez
   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 contributions 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]

CRYSTAL HISHIDA GRAFF
PRINCIPAL ANALYST

9/10/10
(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
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
510-272-3822
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: 8 / 7 / 10
Description of Event: UFC
Face Value of Ticket: $_________ 300

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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</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

Name of Individual or Organization: Sasha Steele
Number of Tickets: 4

Description of Organization:

Address of Organization: 155 Marks Blvd.,
Pittsburg, CA 94565
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 service

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)
Tickets Provided by
Agency Report

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: 08/22/10
   Description of Event: Oakland A's vs. Tampa Bay Rays
   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 A's
   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>
<tbody>
<tr>
<td></td>
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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 officer.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: BioTech Partners
   Number of Tickets: 2
   Description of Organization: Help youth from populations underrepresented in the sciences.
   Address of Organization: P.O. Box 2186 Berkeley, CA 94702
   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.
   Crystal Hishida Graff, Principal Analyst
   (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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/20/10
   Description of Event: Oakland A's vs. Tampa Bay Rays
   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 A's
   Number of Tickets Received: 1
   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>
<tbody>
<tr>
<td>DeReyes, Amy</td>
<td>1</td>
<td>To reward a County employee for her 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: Supervisor Keith Carson, District 5
   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: _______________________
   Title: _______________________
   Date: 08/10
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
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Tickets Provided by
Agency Report

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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: 8/20/10 Description of Event: Oakland A's vs. Tampa Bay Rays
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: Gratulously 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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<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: 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: 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.)
Tickets Provided by Agency

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 / 19 / 10
   Description of Event: Oakland A’s vs. Tampa Bay Rays
   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) 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: Michael Andrews
   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.

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 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

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 / 16 / 10
Description of Event: Oakland A's vs. Toronto Blue Jays
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: 4
Ticket(s) Provided to Agency: □ Gratuitously X 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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Playworks
Number of Tickets: 4
Description of Organization: Improve the health & well-being of children by increasing opportunities for physical activity.
Address of Organization: 517 Fourth St. Oakland, CA 95607
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

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: OAFLAND, 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 / 08 / 10
- Description of Event: Oakland A's vs. Texas Rangers
- 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:  No  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>
<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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<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: Nathan Reyes  Number of Tickets: 2
- 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 potential County revenue.

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

<table>
<thead>
<tr>
<th>Signature of Agency Head/Designee</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRYSTAL HISHIDA GRAFF</td>
<td>PRINCIPAL ANALYST</td>
<td></td>
</tr>
</tbody>
</table>

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
For Official Use Only

### 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>08 / 07 / 10</td>
<td>UFC</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

**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>
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<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:**
Keith Clark - Word Assembly

**Number of Tickets:**
4

**Description of Organization:**
Community Church

**Address of Organization:**
410 14th St. Oakland, CA 94621

**State**
CA

**Zip Code**
94621

**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 18044.1

**Signature of Agency Head or Designee**

**Print Name**
CRYSTAL HISHIDA GRAFF

**Title**
PRINCIPAL ANALYST

**Date**
8/10

**FPPC Form 882 (Feb/09)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Tickets Provided by Agency: 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 / 15 / 10
Description of Event: Barnum and Bailey Circus
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: 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>
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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: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Marques Barlow
Number of Tickets: 4

Description of Organization:

Address of Organization:
4428 Fleming Ave, Oakland CA 94619
Number and Street City State Zip Code

Purpose for Distribution: 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 of Designee: [Signature]
CRystal Hishida Graff
PRINCIPAL ANALYST

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: 08/11/10 Description of Event: Barnum and Bailey Circus
   08/12/10 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: Golden State Warriors
   Number of Tickets Received: 8 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>
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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: OBUGS
   Number of Tickets: 8
   Description of Organization: Build healthy communities through programs in of school and neighborhood gardens.
   Address of Organization: 1724 Mandela Parkway, Suite 1 Oakland, CA 94607
   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: CRISTAL 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: 08/13/10
   Description of Event: Barnum and Bailey Circus
   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: Golden State Warriors
   Number of Tickets Received: 8
   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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: OBUGS
   Number of Tickets: 8
   Description of Organization: Build healthy communities through programs in and around school and neighborhood gardens.
   Address of Organization:
   1724 Mandela Parkway, Suite 1
   Oakland, CA 94607
   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/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
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: 09 / 11 / 10
Description of Event: Oakland A's vs. Red Sox and Rangers

09 / 26 / 10
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: 8
Ticket(s) Provided to Agency:  ☒ 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>
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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: Tom Frainier - Semifreddi's

Number of Tickets: 8

Description of Organization:

Address of Organization: 1980 North Loop Road
Alameda
CA
94502

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

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

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

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

Date(s) of Event: 09/07/10

Description of Event: A's v. Mariners

Face Value of Ticket: $40

**Agency Event**
Yes [ ] No [x] (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) (use a continuation sheet for additional names)**

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<th>Name of Official</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 Gail Steele, District 2

Name of Individual or Organization: Newark Memorial High School Boosters Club

Number of Tickets: 2

Description of Organization: promotes business opportunities for large and small businesses in Hayward area

Address of Organization: 39375 Cedar Blvd.

Newark, CA 94560

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 18044.1.

Signature of Agency Head or Designee: [Signature]

CRISTAL HISHIDA GRAFF  PRINCIPAL ANALYST

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
   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: 8/16/10
   Description of Event: Ringling Brothers and Barnum & Bailey Circus
   Face Value of Ticket: $40
   Agency Event
   ☐ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 8
   Ticket(s) Provided to Agency:
   ☐ Gratuitously  ☒ Pursuant to Contract

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

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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
   Name of Individual or Organization: Eden Youth & Family Center
   Number of Tickets: 8
   Description of Organization: provides multi-services to disadvantaged youth and families from Hayward environs
   Address of Organization: 680 W. Tennyson Road
   Hayward
   CA 94144
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   to reward a non-profit 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.)
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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 06 / 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: 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>
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<tr>
<th>Name of Official</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:
Mercedes Alcala

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 Official]

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.)
**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: 09/07/10
   - 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>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization: Women on the Way to Recovery</td>
</tr>
<tr>
<td>Number of Tickets: 2</td>
</tr>
<tr>
<td>Description of Organization: Programs for women to prevent recidivism</td>
</tr>
<tr>
<td>Address of Organization: 20424 Haviland Avenue - Hayward, CA 94541</td>
</tr>
<tr>
<td>Purpose for Distribution: To reward a non profit for their service to the community</td>
</tr>
</tbody>
</table>

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] [PRINCIPAL ANALYST] 8/3/10

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:** 08/19/10
- **Description of Event:** Oakland A’s Game
- **Face Value of Ticket:** $40.00
- **Agency Event:** No (Identify source of tickets below.)
- **Number of Tickets Received:** 4
- **Ticket(s) Provided to Agency:** Pursuant to Contract

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

<table>
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<th>Name of Official</th>
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### 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official:** Supervisor Alice Lai-Bitker, District 3
- **Name of Individual or Organization:** Carmen Guerrero
- **Number of Tickets:** 4
- **Purpose for Distribution:** To promote attendance at an event held at a County facility in order to maximize 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/Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 8/14/10

**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: 8/21/10
   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:
   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: Supervisor Nate Miley, District 4
   Name of Individual or Organization: United Seniors of Oakland & Alameda County
   Number of Tickets: 2
   Description of Organization: Senior Advocacy
   Address of Organization: 7200 Bancroft Ave, Ste 178, Oakland, CA 94605
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a non-profit for its contribution to the community

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/20/10
   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) 272-3882
   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: 09 / 24 / 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:
   ☒ Pursuant to Contract
   □ Gratuitously

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

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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:
   Cherryland Community Association
   Number of Tickets: 2
   Description of Organization:
   Advocacy for the residence of the Cherryland area
   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 non profit for their service 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]
   CRISTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (month, day, year)

   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: 11/07/10
   Description of Event: Football Game
   Face Value of Ticket: $150.00
   Agency Event ☒ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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<th>Name of Official</th>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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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: St. Mary's Center
   Number of Tickets: 3
   Description of Organization: Services to elder homeless population
   Address of Organization: 925 Brockhurst Street, Oakland, CA 94608
   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.
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   8/24/10
   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

**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

**Date Stamp**
- California Form 802 (For Official Use Only)

---

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 08 / 28 / 10

**Description of Event:** Football Game

**Face Value of Ticket:** $150.00

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

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

**Number of Tickets Received:** 2

**Ticket(s) Provided to Agency:**
- Pursuant to Contract
- (Identify source of tickets below.)

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

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

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### 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:** Clarence Traywick & Darrell Sanders

**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 county revenue from parking and concession sales - 1 parking pass

---

### 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 Agent/Agency Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 08/24/12

**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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 08 / 28 / 10
Description of Event: Football Game
Face Value of Ticket: $ 150
Agency Event
☐ Yes  ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
Number of Tickets Received: 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 (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>
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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: Angelina Rodriguez
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 promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales.

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
Print Name
PRINCIPAL ANALYST
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) 272-3882
   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: 09/02/10
   Description of Event: Football Game
   Face Value of Ticket: $150
   Agency Event [ ] Yes [X] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: [ ] Gratuitously [X] 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>
<tbody>
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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: United Seniors of Oakland & Alameda County
   Number of Tickets: 3
   Description of Organization: Senior Advocacy
   Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605
   Number and Street | City | State | Zip Code
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>7200 Bancroft Ave, Ste 178</td>
<td>Oakland</td>
<td>CA</td>
<td>94605</td>
</tr>
</tbody>
</table>
   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 parking

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
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   (and concession sales - 1 parking pass)
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: 09 / 21 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00

3. Agency Official(s) Receiving Ticket(s)
<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>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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</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: Maxwell Park Neighborhood Coordinator
   Number of Tickets: 2
   Description of Organization: Keeps neighborhood informed and safe
   Address of Organization: c/o Barbara Taylor 3036 Monticello Ave, Oakland, CA 94619
   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
   Date: 8/24/10

   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) 272-3882
   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: 09/20/10
   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
   HOPE Collaborative
   Number of Tickets: 2
   Description of Organization
   Promotes health and environmental initiatives for the residents of Oakland
   Address of Organization
   221 Oak Street, Suite D - Oakland, CA 94607
   Purpose for Distribution
   (Describe the public purpose for the distribution to the organization.)
   To reward a non profit for their service 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)  
   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:** 09 / 06 / 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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</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:** Bing, Max, Vivian, and Josh Isenberg  
   **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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales - 1 parking pass

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.)

   [Comment: ]
**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**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event: Baseball Game</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 25 / 10</td>
<td>Face Value of Ticket: $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 Athletics

**Number of Tickets Received:** 2

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

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

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

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

**Name of Individual or Organization:**
American Indian Contemporary Arts

**Number of Tickets:** 2

**Description of Organization:**
Offers art programs to residents of Alameda County.

**Address of Organization:**
c/o Seven Generations Consulting - 3746 - 39th Avenue - Oakland, CA 94619

**Purpose for Distribution:**
(Describe the public purpose for the distribution to the organization.)
To reward a non profit for their service 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**
8/24/10
(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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10/03/10
   Description of Event: Football Game
   Face Value of Ticket: $150
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

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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: United Seniors of Oakland & Alameda County

Number of Tickets: 3

Description of Organization: Senior Advocacy

Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605

Number and Street City State Zip Code

Purpose for Distribution: To promote attendance at an event held at a County facility in order to maximize potential county 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 18944.1.

Signature of Agency Official
CRystal HISHIDA GRAFF
Print Name
Title PRINCIPAL ANALYST

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales - 1 parking pass
2. Event For Which Tickets Were Distributed

Date(s) of Event: 9/22/10  
Description of Event: A's Game

Facce Value of Ticket: $1700.00

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: 24  
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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</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: East Bay Innovations

Number of Tickets: 24

Description of Organization: provides individuals with disabilities living and working skills to become independent

Address of Organization: 303 W. Joaquin Avenue, Suite 110, San Leandro, CA 94577

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.

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.)
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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 10
   Description of Event: Summer Jam
   Face Value of Ticket: $14.25
   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: 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 (Last, First)</th>
<th>Number of Tickets</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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Kristina Veasely
   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 promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and 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 □ Designee
   Signature: CRISTAL 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
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
   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 / 04 / 10
   Description of Event: Summer Jam
   Face Value of Ticket: $142.85
   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: Sarah Miley
   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 promote attendance at an event held at a County facility in order to maximize potential County 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 18944.1.
   Signature of Agency Head or Designee
   CRISTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales
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  
For Official Use Only

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 04 / 10  
Description of Event: Summer Jam  
Face Value of Ticket: $ 142.00  
Agency Event □ Yes  
☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
Number of Tickets Received: 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>
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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: Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization: United Seniors of Oakland & Alameda County  
Number of Tickets: 2  
Description of Organization: Senior Advocacy  
Address of Organization: 7200 Bancroft Ave, Sto 178 - Oakland, CA 94605  
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 parking

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

Date: 08/25/10

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/07/10
   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: □ 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: Harmon Gee
   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 an event held at a County facility in order to maximize 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
   Print Name
   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)
2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>09 / 04 / 10</th>
<th>Description of Event:</th>
<th>Summer Jam 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Ticket:</td>
<td>$ 142.85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agency Event

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</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:

<table>
<thead>
<tr>
<th>Gratuitously</th>
<th>Pursuant to Contract</th>
</tr>
</thead>
</table>

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>
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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: Supervisor Alice Lai-Bitker, District 3

Name of Individual or Organization: Dottie Teixeira

Number of Tickets: 4

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: 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 18944.1.

Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF

Print Name: PRINCIPAL ANALYST

Date: 8/25/10 (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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 29 / 10
   Description of Event: Oakland Raiders vs. San Francisco 49ers
   Face Value of Ticket: $150.00
   Agency Event: ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 1
   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</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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</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: General Tucker
   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 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
   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)
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-3882
   crystal.hishida@acgov.org
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 29 / 10
   Description of Event: Oakland Raiders vs. San Francisco 49ers
   Face Value of Ticket: $150.00
   Agency Event □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 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 (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>
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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: Jean Lewis
   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 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  PRINCIPAL ANALYST
   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
   Date(s) of Event: 08 / 29 / 10  Description of Event: Oakland Raiders vs. San Francisco 49ers
   Face Value of Ticket: $150.00
   Agency Event  □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 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>
<tbody>
<tr>
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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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Mildred Whitfield & Calvin Whitfield
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   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 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: 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

   Email
   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: 09/10/10
   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 TicketsReceived: 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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<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:
   Friends of the San Lorenzo Library

   Number of Tickets:
   4

   Description of Organization:
   To preserve and enhance the facilities and services of the San Lorenzo Library

   Address of Organization:
   P.O. Box 152, 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
   (Month, day, year)

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

**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

## 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 08/28/10  
**Description of Event:** Oakland Raiders Game  
**Face Value of Ticket:** $150.00

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

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

**Number of Tickets Received:** 3  
**Ticket(s) Provided to Agency:**  
- [ ] Gratuitously  
- [X] 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>Briones, Ruben</td>
<td>3</td>
<td>To promote attendance at event held 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 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.

---

**Signature of Agency Head or Designee**
CRYSTAL HISHIDA GRAFF  
PRINCIPAL ANALYST

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/02/10
   Description of Event: Raiders Game
   Face Value of Ticket: $150
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 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>
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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: Alameda County Supervisor Scott Haggerty, District One
   Name of Individual or Organization: Marco Pacho
   Number of Tickets: 4
   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.
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Signature of Agency Head or Designee
   Print Name
   (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

   **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

   **TICKETS PROVIDED BY**
   - AGENCY REPORT

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 10 / 03 / 10
   - **Description of Event:** Oakland Raiders Game
   - **Face Value of Ticket:** $150.00

   **Agency Event**
   - Yes

   **No (Identify source of tickets below.)**

   **Name of Outside Source of Ticket(s) Provided to Agency:**
   - Oakland Raiders

   **Number of Tickets Received:** 3

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:**
   - Al. County Deputy Sheriffs' Activities League

   **Number of Tickets:** 3

   **Description of Organization:**
   - To create recreational and educational opportunities for children in the unincorporated area

   **Address of Organization:**
   - 16378 East 14th Street, Suite 101, San Leandro, CA 94578

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 19 / 10
   Description of Event: Oakland Raiders Game
   Face Value of Ticket: $ 150.00
   Agency Event: ☑ Yes  ☐ No (identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: ☑ Gratuitously  ☐ Pursuant to 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: Supervisor Alice Lai-Bitker, District 3
   Name of Individual or Organization: Alameda Hospital Foundation
   Number of Tickets: 3
   Description of Organization: To support Alameda Hospital's mission of providing quality health care close to home.
   Address of Organization: 2070 Clinton Avenue, Alameda, CA 94501
   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 16944.1.
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (Signature of Agency Head or Designee)
   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

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 09 / 07 / 10
   - Description of Event: Oakland A's vs. Seattle Mariners
   - Face Value of Ticket: $ 40.00

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
   - 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)**
   - Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   - Name of Individual or Organization: Legal Assistance for Seniors
   - Number of Tickets: 4
   - Description of Organization: Ensuring the independence and dignity of seniors by protecting their legal rights.
   - Address of Organization: 464-7th Street, Oakland, CA 94607
   - 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 18044.1.
   - Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF
   - Print Name: PRINCIPAL ANALYST
   - Title: (month, day, year) 03/11/10
   - 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 E-mail
   (510) 272-3882 crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 03 / 10 Description of Event: Oakland A's vs. Los Angeles Angels
   09 / 05 / 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)

   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: Emeryville Senior Center
   Number of Tickets: 4
   Description of Organization: Senior Services Center
   Address of Organization: 4321 Salem Street Emeryville, CA 94608
   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 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name Title 03/10
   (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
A Public Document

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/10/10
   Description of Event: A's v. Red Sox
   Face Value of Ticket: $1,700

   Agency Event
   ☑ 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: ☑ 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
   Number of Tickets: 20

   Description of Organization: collaboration of professional men who are concerned about the health of males at high risk

   Address of Organization: 1000 Broadway
   Oakland, CA 94612

   Purpose for Distribution: 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 18044.1.

   Signature of Agency Head/Designee: Crystal Hishida Graff, Principal Analyst

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