Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 11 / 21 / 09
   Description of Event: Boxing Match
   Face Value of Ticket: $ __160.50__
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darryl Stewart</td>
<td>2</td>
<td>To evaluate the ability of facility to attract business</td>
</tr>
</tbody>
</table>

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

   Name of Behesting Agency Official: Nate Miley, Supervisor District 4
   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: __________________________ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST __________
   Print Name: __________________________ Date: __________
   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  
Division, Department, or Region (if applicable)  
1221 OAK STREET, #555  
Street Address  
OAKLAND, CA. 94612  
Area Code/Phone Number  (510) 272-3682  
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: 01/08/10  
Description of Event: Basketball Game  
Face Value of Ticket: $15

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

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

Number of Tickets Received: 20  
Ticket(s) Provided to Agency: ☉ Gratuitously  ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Bazar</td>
<td>1</td>
<td>exemplary work performance</td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization:  
Number of Tickets:  
Description of Organization:  
Address of Organization:  
Number and Street  
City  
State  
Zip Code

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

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

Signature of Agency Head or Designee  
CRYSTAL HISHIDA GRAFF  
Print Name  
PRINCIPAL ANALYST  
Title  
11/23/09  
(month, day, year)

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

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

1. Agency Name
   COUNTY OF ALAMEDA

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

   Street Address
   OAKLAND, CA. 94612

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

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

   Date Stamp

   California Form 802
   For Official Use Only

2. Event For Which Tickets Were Distributed

   Date(s) of Event: 2 / 21 / 10
   Description of Event: Basketball Game

   Agency Event
   □ Yes
   □ No

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

   Number of Tickets Received: 20
   Ticket(s) Provided to Agency:
   □ Gratuitously
   □ Pursuant to Contract

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

   Name of Official
   (Last, First)  Number of Tickets
   Darryl Stewart  2

   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   EXEMPLARY WORK PERFORMANCE

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

   Name of Behesting Agency Official: Nate Miley

   Name of Individual or Organization: ____________________________
   Number of Tickets: ____________

   Description of Organization: ________________________________

   Address of Organization:
   Number and Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________

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

5. Verification

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

   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF PRINT NAME PRINCIPAL ANALYST

   Title

   Date: 11/23/09 (month, day, year)

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

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

   Division, Department, or Region (if applicable)
   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: 2/21/10
   Description of Event: Basketball Game
   Face Value of Ticket: $9

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

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

   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☐ Gratuitously  ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robyn Hodges</td>
<td>2</td>
<td>exemplary work performance</td>
</tr>
</tbody>
</table>

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

   Name of Behesting Agency Official: Nate Miley
   Supervisor  District 4

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

   Description of Organization: 

   Address of Organization: ________________________
   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
   ________________________
   CRISTAL HISHIDA GRAFF
   Print Name
   ________________________
   PRINCIPAL ANALYST
   Title
   11/23/09
   (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)**
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 of Original Filing:**
(month, day, year)

---

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

**Date(s) of Event:** 01 / 15 / 10  
**Description of Event:** Basketball Game

**Face Value of Ticket:** $95

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

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

**Number of Tickets Received:** 20  
**Ticket(s) Provided to Agency:**  
Yes  
No (Identify source of tickets below.)

---

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

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

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

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

**Name of Individual or Organization:** St. Mary’s Center

**Number of Tickets:** 4

**Description of Organization:** Feeds the homeless a hot meal

**Address of Organization:** 925 Brockhurst Ave, Oakland, CA 94607

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

volunteer contribution to 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:**
11/23/09

(month, day, year)

---

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

volunteer contribution to community

---

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**
510-272-3862

**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:** 02 / 08 / 10
   - **Description of Event:** Warriors v. Mavericks
   - **Face Value of Ticket:** $95

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

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

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

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

   **Name of Individual or Organization:** League of Women Voters Eden Area
   **Number of Tickets:** 20

   **Description of Organization:** promotes voter participation and community involvement in civic affairs

   **Address of Organization:** P.O. Box 2234
   Castro Valley, CA 94546

   **Purpose for Distribution:** to reward a non-profit organization for its contributions to the community

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

   Signature of Agency Head or Designee: ________________________________
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   Date: 11/3/05

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 2/21/10
   Description of Event: Basketball Game
   Face Value of Ticket: $15
   Agency Event Yes
   No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: 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>
</tr>
</thead>
<tbody>
<tr>
<td>Nate Miley</td>
<td>2</td>
<td>evaluate the ability of facility to attract business</td>
</tr>
</tbody>
</table>

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

**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:**

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

**Date of Original Filing:**

### Event For Which Tickets Were Distributed

**Date(s) of Event:** 01/08/10

**Description of Event:** Basketball Game

**Face Value of Ticket:** $15

**Agency Event:**

- Yes
- No (Identify source of tickets below.)

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

**Number of Tickets Received:** 20

**Ticket(s) Provided to Agency:**

- Gratuitously
- Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nate Miley</td>
<td>2</td>
<td>Oversee facility</td>
</tr>
</tbody>
</table>

### Individual or Organization Receiving Ticket(s)

**Name of Behesting Agency Official:** Nate Miley

**Name of Individual or Organization:**

**Number of Tickets:**

**Description of Organization:**

**Address of Organization:**

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

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

### 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:** 11/23/09

**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) 272-3682
   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: 01/15/10
   Description of Event: Basketball Game
   Face Value of Ticket: $95
   Agency Event □ Yes ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☑ Gratuitously □ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Nate Miley, Supervisor District 4
   Name of Individual or Organization: Lend A Hand Foundation
   Number of Tickets: 2
   Description of Organization: Helps low income families with various needs
   Address of Organization: 8105 Capwell Drive, Oakland, CA, 94621
   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
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Volunteer contribution to community
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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 01 / 08 / 10
Description of Event: Basketball Game

Face Value of Ticket: $ ______ 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: 20
Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seth Kaplan</td>
<td>1</td>
<td>exemplary work performance</td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: ____________________________ Number of Tickets: _______

Description of Organization: ____________________________________________________________

Address of Organization: ________________________________________________________________

Number and Street City State Zip Code

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

5. Verification

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

Signature of Agency Head or Designee

CRystal HISHIDA GRAFF
Principal Analyst

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
   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: 11/30/09
   Description of Event: Golden State Warriors vs. Indiana Pacers
   Face Value of Ticket: $95.00
   Agency Event: No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: Pursuant to Contract

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

   Name of Official
   (Last, First)                      Number of Tickets


4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor District 5
   Name of Individual or Organization: Stan Bluitt
   Number of Tickets: 4
   Description of Organization:
   Address of Organization: 6323 San Pablo Ave
   Oakland, CA 94608-1231
   Purpose for Distribution: To reward a community volunteer for his or her service to the public.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 11/20/09
   Description of Event: Ward v. Kessler
   Face Value of Ticket: $160.50

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>James Robles</td>
<td>4</td>
<td>rewarding a county employee for exemplary service</td>
</tr>
</tbody>
</table>

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

   Name of Behesting Agency Official: Supervisor Gail Steele, District 9

   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
   [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)  

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

Area Code/Phone Number  
(510) 272-3882  

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

Date Stamp  
California Form 802  
For Official Use Only  

 tense: present

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 12/18/09  
Description of Event: Golden State Warriors Game  
Face Value of Ticket: $95.00  

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

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

Number of Tickets Received: 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>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Name of Individual or Organization: League of Women Voters of the Eden Area  
Number of Tickets: 4  

Description of Organization: A non-partisan organization encouraging the informed and active participation of citizens  

Address of Organization: P.O. Box 2234, Castro Valley, CA 94546  

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 non-profit organization for its contributions to the community  

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

Signature of Agency Head or Designee  
CRystal HISHIDA GRAFT  
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)
1. **Agency Name**
   COUNTY OF ALAMEDA

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 11 / 21 / 09  
   **Description of Event:** A. Ward vs. M. Kessler  
   **Face Value of Ticket:** $160.50
   **Agency Event:**  
   Yes  
   No (Identify source of tickets below.)

3. **Agency Official(s) Receiving Ticket(s)**
   **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:** Supervisor Alice Lai-Bitker, District 3
   **Name of Individual or Organization:** Miguel Briones  
   **Number of Tickets:** 4
   **Description of Organization:**
   **Address of Organization:**
   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)  
   To promote attendance at an event held at a County facility in order to maximize County revenue from concession sales

5. **Verification**
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   **Signature of Agency Head or Designee:**  
   **Print Name:** CRYSTAL HISHIDA GRAFF  
   **Title:** 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)**

### 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:** 02/23/10  
**Description of Event:** Golden State Warriors Game  
**Face Value of Ticket:** $95.00

- **Agency Event:**  
  - [X] 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:**  
    - [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>Description of Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</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:** Janna Huboi  
  - **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 County revenue from concession sales

### 5. Verification

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

**Signature of Agency Head or Designee:**

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

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

---

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

**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  

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

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

**Date(s) of Event:** 11/14/09  
**Description of Event:** Elton John & Billy Joel  
**Face Value of Ticket:** $188.75  

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

**Name of Outside Source of Ticket(s) Provided to Agency:** Golden State Warriors  
**Number of Tickets Received:** 2  
**Ticket(s) Provided to Agency:**  
☐ Gratuitously  
☒ Pursuant to Contract  

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</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:** Henry Rosales  
**Number of Tickets:** 2  
**Description of Organization:**  

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

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

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

**5. Verification**

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

[Signature]  
CRISTAL HISHIDA GRAFF  
PRINCIPAL ANALYST  

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: 11/30/09
   Description of Event: Warriors Basketball Games
   Face Value of Ticket: $95.00
   Agency Event: ☒ Yes, ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 8
   Ticket(s) Provided to Agency: ☐ 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>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson
   Name of Individual or Organization: Berkeley Boosters/Police Activity League
   Description of Organization: Educate and prepare young people to become productive members of our society
   Address of Organization: 8001 Monadnock Way #3, Oakland, CA 94605
   Number of Tickets: 8
   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: ☐
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   (month, day, year) 11/24/09

   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 Hishi da Graff, Principal Analyst, County Administrator's Office

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
</table>

**California Form 802**
For Official Use Only

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

   **Date(s) of Event:** 11 / 22 / 09
   **Description of Event:** KISS concert

   **Face Value of Ticket:** $135.25

**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:** 4

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Robles</td>
<td>4</td>
<td>exemplary work performance</td>
</tr>
</tbody>
</table>

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

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

   **Name of Individual or Organization:**

   **Number of Tickets:**

   **Description of Organization:**

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

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

5. **Verification**

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

   ![Signature]
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST

   **(month, day, year)**

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

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

1. Agency Name
   COUNTY OF ALAMEDA
   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: 12 / 05 / 09
   Description of Event: Basketball Game
   Face Value of Ticket: $ 95
   Agency Event: □ Yes  ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: □ Gratuitously  ☑ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Nate Miley
   Name of Individual or Organization: Danny Cooperman
   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.)
   volunteer contribution to 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
   (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

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

3. **Street Address**
   OAKLAND, CA 94612

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

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

6. **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:** 11/21/09
   - **Description of Event:** Boxing Match
   - **Face Value of Ticket:** $100.50

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>Nate Miley, Supervisor District 4</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:** Nate Miley
   - **Name of Individual or Organization:** Geoffrey Pete
   - **Number of Tickets:** 2

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

<table>
<thead>
<tr>
<th>Purpose for Distribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Describe the public purpose for the distribution to the organization.) volunteer contribution to community</td>
</tr>
</tbody>
</table>

5. **Verification**

   - **Signature of Agency Head or Designee:** [Signature]
   - **CRystal Hishida Graff**
   - **Principal Analyst:** [Signature]
   - **Title:**

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

---

**FPPC Form 802 (Feb/99)**

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

**1. Agency Name**
COUNTY OF ALAMEDA

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

**Street Address**
OAKLAND, CA. 94612

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

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

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

**Date Stamp**
[Blank]

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

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

**Date(s) of Event:** 11 / 22 / 09

**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:** ☒ Pursuant to Contract

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

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

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

**Name of Behesting Agency Official:** Nate Miley

**Signature:**

**Name of Individual or Organization:** Patricia Brooks

**Number of Tickets:** 3

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

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

**Volunteer contribution to the community**

**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:** 11/16/09

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

parking pass
**Tickets Provided by Agency Report**

**1. Agency Name**
COUNTY OF ALAMEDA

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

**Street Address**
OAKLAND, CA. 94612

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

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

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

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

**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>12/13/09</td>
<td>Football Game</td>
<td>$150</td>
</tr>
</tbody>
</table>

**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:**
- Sensorlytly
- Pursuant to Contract

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

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

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

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

**Name of Individual or Organization:** Alan Dones

**Number of Tickets:** 1

**Description of Organization:** Developer

**Address of Organization:**
1210 Excelsior Street ~ Oakland, CA 94610

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

**5. Verification**

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date** (month, day, year)

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

---

FPPC Form 802 (Feb/09)

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

**Agency Name**

COUNTY OF ALAMEDA

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

1221 OAK STREET, #555

**Street Address**

OAKLAND, CA. 94612

**Area Code/Phone Number**

(510) 272-3882

**E-mail**

crystal.hishida@acgov.org

**Agency Contact**

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

---

**Event For Which Tickets Were Distributed**

**Date(s) of Event:** 12/13/09  
**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

---

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Miley</td>
<td>1</td>
<td>Evaluate ability of facility to attract business</td>
</tr>
</tbody>
</table>

---

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

Provided at the behest of an agency official.

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

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

**Description of Organization:**

**Address of Organization:**

Number and Street  
City  
State  
Zip Code

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

---

**Verification**

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

[Signature]  
CRystal Hishida Graff  
Principal Analyst

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

---

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

   Division, Department, or Region (if applicable)
   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: 12/13/09
   Description of Event: Football Game
   Face Value of Ticket: $150
   Agency Event: 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: 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>Nate Miley</td>
<td>1</td>
<td>Evaluate ability of facility to attract business</td>
</tr>
</tbody>
</table>

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

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   ________________________________
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title 11/16/09
   (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: 01 / 27 / 10  
Description of Event: Warriors Game  
Face Value of Ticket: $95.00  
Agency Event: [ ] Yes  [x] No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency:  
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)  
<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: Supervisor Scott Haggerty, [ ] District 7  
Name of Individual or Organization: Pathways to Wellness  
Number of Tickets: 4  
Description of Organization: To be used to open the George Hurskin Memorial Wellness Resource Centers  
Address of Organization: 5674 Stoneridge Drive, Suite 116 Pleasanton CA 94588  
Number and Street | City | State | Zip Code |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
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/Designee] 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)**

### 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

<table>
<thead>
<tr>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 11/07/09  
**Description of Event:** Family Bridges  
**Face Value of Ticket:** $138.00

**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)

<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>Gee, Anna</td>
<td>4</td>
<td>To promote attendance at a County facility event</td>
</tr>
</tbody>
</table>

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

**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:**

<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 County revenue from concession sales

### 5. Verification

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

**Signature of Agency Finance Designee**

**Print Name**

**Title**

**Date (month, day, year):** 11/5/09

**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)

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

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

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: 11/06/09 Description of Event: Golden State Warriors Game
Face Value of Ticket: $ 95.00

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

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

Number of Tickets Received: 3 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>Laws, Jerl</td>
<td>3</td>
<td>To promote attendance at an event in 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: Alice Lai-Barker, District 3

Name of Individual or Organization: Number of Tickets: 

Description of Organization: 

Address of Organization: 

Number and Street City State Zip Code

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

5. Verification

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

Crystal Hishida Graff, Principal Analyst

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

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

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) 272-3988

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: 11/4/09
(month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11/22/09
Description of Event: Kiss with Buckcherry

Face Value of Ticket: $135.25

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: 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>
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</tbody>
</table>

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

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

Name of Individual or Organization: Bernardino Briones
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 County revenue from concession sales

5. Verification

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

Signature of Agency Head or Designee

PRINT NAME

PRINCIPAL ANALYST

Title

Date (month, day, year)

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

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

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

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 11/06/09 Description of Event: Golden State Warriors Game
Face Value of Ticket: $95.00

Agency Event: ☐ Yes ☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
Number of Tickets Received: 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>
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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 Alice Lai-Blalke, District 3

Name of Individual or Organization: Jeffrey To Number of Tickets: 3

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

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 11/5/09
Signature of Agency Head or Designee Print Name Title (month/day/year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
To promote attendance at an event held at a County facility in order to maximize County revenue from concession sales
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 Description of Event: Billy Joel & Elton John Concert
Face Value of Ticket: $ 188.75
Agency Event □ Yes X 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 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>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Nate Miley, Supervisor District 4
Name of Individual or Organization: Steve Lambert
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.)
volunteer contribution to 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 11/9/09
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)**

**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**

**Date of Original Filing:** 11/18/2009 (month, day, year)

**TICKETS PROVIDED BY AGENCY REPORT**

**FORM**

**For Official Use Only**

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

**Date(s) of Event:** 12/28/09

**Description of Event:** Golden State Warriors Game

**Face Value of Ticket:** $95.00

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

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

**Number of Tickets Received:** 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>

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**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:** Lindsey Williams  

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

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

---

**5. Verification**

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

**Signature of Agency Head or Designee:** [Signature]

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 1/19/09 (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 Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 11/21/09
   Description of Event: Kiss w/Buckcherry
   /________/ Face Value of Ticket: $135.25
   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: 4
   Ticket(s) Provided to Agency: No Gratuitously Yes Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</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>Haggerty, Scott</td>
<td>4</td>
<td>income</td>
</tr>
</tbody>
</table>

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

   Name of Behesting Agency Official: ________________________________
   Name of Individual or Organization: ________________________________
   Number of Tickets: __________
   Description of Organization: _____________________________________
   Address of Organization:
   Number and Street ____________________________________________
   City __________________________ State ___________ Zip Code ____________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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

   ___________________________ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 11/20/09
   Signature of Agency Head or Designee Print Name Title (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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
   A-R 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: 11/21/09
   Description of Event: Boxing Match
   Face Value of Ticket: $ ____________
   Agency Event: □ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: □ Gratuitously  ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tbody>
<tr>
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<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: Nate Miley
   Name of Individual or Organization: Carol Chien
   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.)
   volunteer contribution to 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
   11/10/09

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

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

**A Public Document**

1. **Agency Name**
   COUNTY OF ALAMEDA

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

   **Street Address**
   OAKLAND, CA 94612

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

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

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

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 11/21/09
   **Description of Event:** Boxing Match
   **Face Value of Ticket:** $110.00

   **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>
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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:** Nate Miley

   **Name of Individual or Organization:** James Robles
   **Number of Tickets:** 1

   **Description of Organization:**

   **Address of Organization:**
   Number and Street: 123 Main St.
   City: Oakland
   State: CA
   Zip Code: 94612

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Hotline: 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
   (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: 11/21/09
   Description of Event: Boxing Match
   Face Value of Ticket: $ 0, ≤0

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

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

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

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

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

   Name of Individual or Organization: Marilyn Jefferson
   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.)
   volunteer contribution to 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
   (month, day, year)

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

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

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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>11/15/09</th>
<th>Description of Event:</th>
<th>Raider's game</th>
<th>Face Value of Ticket:</th>
<th>$150.00</th>
</tr>
</thead>
</table>

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

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

**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)

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<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.)

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>Supervisor Scott Haggerty</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization:</th>
<th>Number of Tickets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billy Stanton</td>
<td>4</td>
</tr>
</tbody>
</table>

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

| Address of Organization:  
Number and Street | City | State | Zip Code |
|------------------|------|-------|----------|

<table>
<thead>
<tr>
<th>Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reward for contributions to the community.</th>
</tr>
</thead>
</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.

Signed:  

**Signature of Agency Head or Designee**  

**Print Name**  
CRYSTAL HISHIDA GRAFF  
PRINCIPAL ANALYST

**Date**  
11/12/09

**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

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

**TICKETS PROVIDED BY AGENCY REPORT**

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

   **Date(s) of Event:** 11/21/09
   **Description of Event:** Boxing Match
   **Face Value of Ticket:** $50

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

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

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

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

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

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

   **Name of Behesting Agency Official:** Nate Miley

   **Name of Individual or Organization:** Diana Henderson
   **Number of Tickets:** 1

   **Description of Organization:**

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

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

5. **Verification**

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 16944.1.

   **Signature of 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.)

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FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)