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**

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

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

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

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

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

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

   **Number of Tickets**
   2

   **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution**
   Obtain oversight of facility

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:**
   District 4 Super

   **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**
   [Signature]

   **Print Name**
   CRYSTAL HISHIDA GRAFF

   **Title**
   PRINCIPAL ANALYST

   **Date (month, day, year):** 10/30/09

   **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

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

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

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

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

Date Stamp
Calif. Form 802
For Official Use Only

☐ Amendment. (Must explain in Part 5.)

Date of Original Filing: 10/28/09
(month, day, year)

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</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: Bruce Grimes
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 County revenue from concession sales

5. Verification

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

Signature of Agency Head or Designee  CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST  10/28/09
(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

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: 01 / 03 / 09
   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)

   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
   Wilson, Shawn                  3                   To promote attendance at event held at a County facility

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  Print Name  Title
   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 Hotline: 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

<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>11 / 30 / 09</td>
<td>Golden State Warriors vs. Indiana Pacers</td>
<td>$95.00</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>
<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:** Alameda County Supervisor Keith Carson, District 5

**Name of Individual or Organization:** Hopalong Animal Rescue

**Number of Tickets:** 4

**Description of Organization:** Mission is to eliminate the euthanasia of cats and dogs through rescue, spay/neuter & edu.

**Address of Organization:** 5749 Doyle St. Emeryville, 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 18944.1._

**Signature of Agency Issuer or Designee**

**Print Name**
CRYSTAL HISHIDA GRAFF

**Title**
PRINCIPAL ANALYST

**Date (Month, Day, Year)**
10/28/05

**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
   - 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: 11/14/09
   - Description of Event: Billy Joel and Elton John
   - 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: 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>Carson, Keith</td>
<td>4</td>
<td>To obtain oversight of County facilities.</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, District 5
   - Name of Individual or Organization: ____________________________
   - Number of Tickets: ________
   - Description of Organization: ____________________________
   - Address of Organization: ____________________________
   - Number and Street: ________
   - City: ________
   - State: ________
   - Zip Code: ________
   - Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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

   **Signature of Agency Head or Designee**

   **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**
   
   California

   Form 802

   For Official Use Only

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

   **Date of Original Filing:** 10/12/09

   (month, day, year)

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

   **Date(s) of Event:** 10/16/09

   **Description of Event:** Disney on Ice Presents Princess Classics

   **Face Value of Ticket:** $89.00

   **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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   **Name of Individual or Organization:** Karen Sakai

   **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:**

   CRYSTAL HISHIDA GRAFF

   **Print Name:**

   PRINCIPAL ANALYST

   **Title:**

   **Date:** 10/12/09

   (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: 03 / 11 / 10 Description of Event: Warrior's Basketball Luxury Suite
Face Value of Ticket: $1,900
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)
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: County Supervisor Scott Haggerty District 1
Name of Individual or Organization: Dublin Partners in Education Number of Tickets: 20
Description of Organization: non-profit educational foundation that supports worthwhile programs and services
Address of Organization: 7471 Larkdale Avenue Dublin CA 94568-1599 (Amy Miller)

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

CRystal HISHIDA GRAFF PRINCIPAL ANALYST 10/21/09
Print Name Title (month, day, year)

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  
Date(s) of Event: 11/09/09  
Description of Event: Basketball Game  
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s)  
(Provided at the behest of an agency official.)  
Name of Behesting Agency Official: Nate Miley  
Signature:  
Name of Individual or Organization: Dublin Partners In Education  
Number of Tickets: 4  
Description of Organization: Support for Dublin's educational system  
Address of Organization: 6210 Woodvale Terrace Dublin CA 94568.  
Number and Street: 6210 Woodvale Terrace  
City: Dublin  
State: CA  
Zip Code: 94568  
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.  

CRYS TAL HISHIDA GRAFF  
Signature of Agency Head or Designee  
Print Name  
PRINCIPAL ANALYST  
Title  
10/20/09  
(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
   - 1221 OAK STREET, #555
   - OAKLAND, CA 94612

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

3. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 12/13/09
   - **Description of Event:** Raider's Game
   - **Face Value of Ticket:** $150

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

5. **Number of Tickets Received:** 4
   - **Ticket(s) Provided to Agency:** ✏️ Pursuant to Contract

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

7. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Supervisor Scott Haggerty
   - **Name of Individual or Organization:** Dublin High School
   - **Number of Tickets:** 4
   - **Address of Organization:** 8151 Village Parkway Dublin CA94568-1699
   - **Purpose for Distribution:** To reward a School or nonprofit organization for its contributions to the community

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

   **Signature and Title:**
   - **Date:** 10/21/09

   **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
   (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: 10 / 22 / 09
   Description of Event: Golden State Warriors vs. Charlotte Hornets
   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</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson \underline{Supervisor District 5}
   Name of Individual or Organization: Shanicqua Carter
   Number of Tickets: 4
   Description of Organization: ________________________________
   Address of Organization: ________________________________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a County employee for his exemplary service to the public.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or DESIGNEE
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   Print Name
   Title
   (month, day, year)

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

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

1. Agency Name
   COUNTY OF ALAMEDA

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

Street Address
   OAKLAND, CA. 94612

Area Code/Phone Number
   (510) 272-3882

E-mail
   crystal.hishida@acgov.org

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

Date Stamp
   California Form 802
   For Official Use Only

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

2. Event For Which Tickets Were Distributed

   Date(s) of Event: 11 / 07 / 09
   Description of Event: Family Bridges Concert

   Face Value of Ticket: $ 38.00

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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Name of Behesting Agency Official: Nate Miley
   District A Supervisor

   Name of Individual or Organization: Angela Chim
   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.)
   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 Hearing Designee: CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   (month, day, year)

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

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

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA. 94612
   Area Code/Phone Number E-mail (510) 272-3682 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: 11/09/09 Description of Event: Basketball Game
   Face Value of Ticket: $9500
   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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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, District 4 Supervisor
   Name of Individual or Organization: Sandra Johnson
   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

CRISTAL HISHIDA GRAFF PRINCIPAL ANALYST

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

CRISTAL HISHIDA GRAFF PRINCIPAL ANALYST

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 / 09 / 09
   Description of Event: Basketball Game
   Face Value of Ticket: $ 75.00
   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>
<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: Nakia Neal
   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
   (Month, day, year)
   Print Name
   Title

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

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>COUNTY OF ALAMEDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>1221 OAK STREET, #555</td>
</tr>
<tr>
<td>Street Address</td>
<td>OAKLAND, CA. 94612</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-3882</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
</tr>
<tr>
<td>Date Stamp</td>
<td>California Form 802</td>
</tr>
<tr>
<td>Amendment (Must explain in Part 5.)</td>
<td>□</td>
</tr>
<tr>
<td>Date of Original Filing:</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

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

| Date(s) of Event: | 11/09/09 |
| Description of Event: | Basketball 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: | 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</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>Nate Miley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization:</td>
<td>Barbarette Newton</td>
</tr>
<tr>
<td>Number of Tickets:</td>
<td>2</td>
</tr>
</tbody>
</table>

| Description of Organization: | |

<table>
<thead>
<tr>
<th>Address of Organization:</th>
<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.) 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 18044.1._

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>CRYSTAL HISHIDA GRAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>PRINCIPAL ANALYST</td>
</tr>
<tr>
<td>Title</td>
<td>09/08/09</td>
</tr>
</tbody>
</table>

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)

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

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

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

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

6. **Date Stamp**
   - California Form 802
   - For Official Use Only

7. **TICKETS PROVIDED BY AGENCY REPORT**

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

   - **Date(s) of Event:**
     - 10/22/09
     - 11/06/09
   - **Description of Event:** Golden State Warriors Game
   - **Face Value of Ticket:** $95.00

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

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

11. **Number of Tickets Received:**
    - 4

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

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

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

14. **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.)

15. **Verification**

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

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

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

---

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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**
   
   **Date of Original Filing:** 10/12/09
   
   **Amendment** (Must explain in Part 5.)

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 11/22/09
   
   **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:**
   
   **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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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-Bikker, District 3
   
   **Name of Individual or Organization:** Boys and Girls Club of San Leandro
   
   **Number of Tickets:** 3
   
   **Description of Organization:** To inspire and enable all young people to realize their full potential as productive citizens
   
   **Address of Organization:** 401 Marina Blvd., San Leandro, CA 94577
   
   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   
   To reward a school or nonprofit organization for its contributions to the community

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

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

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

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

**Date(s) of Event:**  
11 / 15 / 09

**Description of Event:** Raiders v. Kansas City

**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)*

| 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Behesting Agency Official:** Supervisor Gail Steele

**Name of Individual or Organization:** Children's Fund of San Mateo

**Number of Tickets:** 2

**Description of Organization:** promotes the betterment of children and support services to them; health and development.

**Address of Organization:** 400 Harbor Blvd.  
San Mateo, CA 94002

**Purpose for Distribution:** *(Describe the public purpose for the distribution to the organization.)*  
provide opportunities to those who are receiving services from County agencies...from Health Care Services/Pub.Health

5. **Verification**

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

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

**Print Name**  
PRINCIPAL ANALYST

**Title**  
(month, day, year)

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

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/278-3772)
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: 10/17/09
   Description of Event: Disney on Ice
   Face Value of Ticket: $8.00

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

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

   Number of Outside Source of Ticket(s) Provided to Agency: 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 Scott Haggerty, District One Supervisor
   Name of Individual or Organization: Rosy Leyva
   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.)
   To promote attendance at a County sponsored event to maximize potential County Revenue from parking & concessions.

5. Verification

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

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

   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: 12 / 05 / 09 Description of Event: Basketball Game - Golden State Warriors
Face Value of Ticket: $5.00
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>
<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, Supervisor District 4
Name of Individual or Organization: Phoebe Richardson, Calistro Grantes
Number of Tickets: 4
Description of Organization: Sobrante Park Time Banking c/o Community Reformed Church
Address of Organization: 457 Capsitrano Drive ~ Oakland, CA 94603

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

CRISTAL HISHIDA GRAFF
PRINCIPAL ANALYST

10/23/09
(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

Amendment (Must explain in Part 5)

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

### 2. Event For Which Tickets Were Distributed
Date(s) of Event: 01/27/10

Description of Event: 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</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: Supervisor Scott Haggerty

Name of Individual or Organization: Sister's of the Holy Family

Number of Tickets: 4

Description of Organization: Providing religious education, social services to children and families

Address of Organization: 159 Washington Bl. PO Box 3248 Fremont CA

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

Principal Analyst

Date: 10/28/09 (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)

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

Amendment (Must explain in Part 5.)

Date of Original Filing: 10/12/09
(month, day, year)

2. Event For Which Tickets Were Distributed
Date(s) of Event: 10 / 18 / 09
Description of Event: Disney on Ice Presents Princess Classics

Face Value of Ticket: $89.00

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>
</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: Emily Chang
Number of Tickets: 4

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 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

Title

Date (month, day, year)

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

1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
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: 11 / 28 / 09
Description of Event: Warriors v. Lakers
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: 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>
<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 Gail Steele
Name of Individual or Organization: Tri-Cities League of Volunteers
Number of Tickets: 4
Description of Organization: promotes volunteerism and enhances quality of life in Tri-Valley cities
Address of Organization: 36120 Ruschin Dr., Newark, CA 94560
Number of Ticket: 4
City State Zip Code
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
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
   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: 10 / 25 / 09
   Description of Event: Oakland Raiders & New York Jets
   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)

   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, District 5

   Name of Individual or Organization:
   Vincent Mitchell
   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.

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

---

**Event For Which Tickets Were Distributed**

**Date(s) of Event**: 12/05/09

**Description of Event**: Basketball Game

**Face Value of Ticket**: $95.00

**Agency Event**: ☑ Yes (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**: ☑ Gratuities  ☑ Pursuant to Contract

---

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

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

**Name of Individual or Organization**: Dublin High School

**Number of Tickets**: 4

**Description of Organization**: Public School

**Address of Organization**: 8151 Village Parkway, Dublin, CA 94568

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

volunteer contribution to community

---

**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 parking pass
**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>12 / 05 / 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>Basketball Game - Warriors</td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$95.00</td>
</tr>
</tbody>
</table>

**Agency Event**
- Yes [ ]
- No [X] (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</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>(Last, First)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Name of Individual or Organization:**
Jason Carmichael

**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.)

- 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:**
CRISTAL HISHIDA GRAFF

**Title:**
PRINCIPAL ANALYST

**Date:**
10/28/09 (Month, day/year)

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

- 1 parking pass

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

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

7. **Date of Original Filing**
   (month, day, year)

---

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

8. **Date(s) of Event**
   10 / 18 / 09

9. **Description of Event**
   Football Game

10. **Face Value of Ticket**
    $150.00

---

11. **Agency Event**

12. **Yes**

13. **No**

14. **(Identify source of tickets below.)**

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

16. **Number of Tickets Received**
   3

17. **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>
<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.)

18. **Name of Behesting Agency Official**
   Nate Miley

19. **Name of Individual or Organization**
   Malachi DeVries

20. **Number of Tickets**
    1

---

21. **Description of Organization**
   

---

22. **Address of Organization**
   Number and Street
   City
   State
   Zip Code

---

**5. Verification**

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

23. **Signature of Agency Head or Designee**

24. **Print Name**
   CRYSTAL HISHIDA GRAFF

25. **Title**
   PRINCIPAL ANALYST

26. **Date**
   10/8/09

---

**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)
1. **Agency Name**
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable): 2021 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: 10/25/09
   Description of Event: Oakland Raiders & New York Jets
   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: Yes
   Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)**
   (use a continuation sheet for additional names)
   Name of Official (Last, First): Aisha Brown
   Number of Tickets: 1
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution: Exemplary employee service to the public.

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: 
   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: 10/8/09
   (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: 12/05/09  
Description of Event: Basketball Game - Warriors  
Face Value of Ticket: $75.00  
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: 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>
<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  
Supervisor District 4  
Name of Individual or Organization: Women on the Way to Recovery  
Number of Tickets: 4  
Description of Organization: Re-entry program for women  
Address of Organization: 20424 Haviland Ave, Hayward, CA 94541  
City: Hayward  
State: CA  
Zip Code: 94541  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
voluteer 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.  

CRISTAL HISHIDA GRAFF  
PRINCIPAL ANALYST  

Signature of Agency Head or Designee  
Print Name  
Title  
Date (month, day, year)  
10/28/09  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
2 parking passes  

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 12/05/09  Description of Event: Basketball Game -- Warriors

Face Value of Ticket: $75.00

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: 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>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: Maxwell Park Neighborhood Crime Prevention

Number of Tickets: 2

Description of Organization: neighborhood crime prevention

Address of Organization: 3036 Monticello Ave ~ Oakland, CA 94619

Purpose for Distribution: 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.

CRISTAL HISHIDA GRAFF  PRINCIPAL ANALYST

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:** 2/17/10

   **Description of Event:** Basketball Game - Warriors

   **Face Value of Ticket:** $15.00

   **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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

   **Name of Individual or Organization:** Lighthouse Community Center

   **Number of Tickets:** 2

   **Description of Organization:** Provide substance free programs and education to community

   **Address of Organization:** 1217 'A' Street ~ Hayward, CA 94541

   **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**

   **Print Name**

   **Title**

   **Date of Filing:** 2/17/09

   **Comment:** (Use this space 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:** 10/18/09
   - **Description of Event:** Football Game
   - **Face Value of Ticket:** $150.00

3. **Agency Official(s) Receiving Ticket(s)**
<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nate Miley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joe DeVries</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Nate Miley
   - **Name of Individual or Organization:** Joe DeVries
   - **Number of Tickets:** 1

5. **Verification**
   - **I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.**
   - **Signature:**
   - **Print Name:** CRYSTAL HISHIDA GRAFF
   - **Title:** PRINCIPAL ANALYST
   - **Date:** 10/8/09
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: 10 / 18 / 09
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)

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: Nate Miley District 4 Supervisor
Name of Individual or Organization: Eliseo Zendejas
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.)
outstanding academic achievement

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

Signature of Agency Head or Designee

CRISTAL HISHIDA GRAFF
Print Name
PRINCIPAL ANALYST
Title

10/8/09
(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 (name and title)**

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

## 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 10/17/09

**Description of Event:** Disney On Ice - Princess Classics

**Face Value of Ticket:** $89

**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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Name of Behesting Agency Official:** Keith Carson

**District 5 Supervisor**

**Name of Individual or Organization:** Sylvia Soublet

**Number of Tickets:** 4

**Description of Organization:**

**Address of Organization:**

QIC 20203  
Number and Street:  
City:  
State:  
Zip Code:  

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

To reward a County employee for his exemplary service to the public.

## 5. Verification

*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18444.1.*

**Signature of Agency Head or Designee**

**CRystal HISHIDA GRAFF**  
**Principal Analyst**

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

**Date:** 10/6/09

---

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)
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: 12/13/09
   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</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>Bazar, Chris</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: ____________________________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

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

   Signature of Agency Official
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (Month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 892 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report
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) 272-3682
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:
Description of Event:
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:
☑ 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>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First</td>
</tr>
<tr>
<td>Number of Tickets</td>
</tr>
<tr>
<td>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</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:
Dublin Partners In Education

Number of Tickets:
3

Description of Organization:
Support for Dublin's educational system

Address of Organization:
27200 Calaroga Avenue ~ Hayward, CA 94545

Number and Street
City
State
Zip Code

Purpose for Distribution:
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/Designee
CRystal HISHIDA GRAFF
PRINCIPAL ANALYST
09/24/09
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
2. Event For Which Tickets Were Distributed

Date(s) of Event: 10/18/08
Description of Event: Disney on Ice - Princess Classics
Face Value of Ticket: $89

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: Yes

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: Keith Carson
Name of Individual or Organization: Socially Responsible Network
Number of Tickets: 4
Description of Organization: Advocates for social justice by fostering and supporting a network of strategic relationships

Address of Organization: 360 Grand Ave. #57
Oakland
CA 94610

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
Print Name: PRINCIPAL ANALYST
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: 10 / 16 / 09  
Description of Event: Disney on Ice - Princess Classics  
Face Value of Ticket: $89  
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: Keith Carson  
Name of Individual or Organization: Socially Responsible Network  
Number of Tickets: 4  
Description of Organization: Advocates for social justice by fostering and supporting a network of strategic relationships  
Address of Organization: 360 Grand Ave. #57  
Oakland  
CA 94610  
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: [Signature]  
Print Name: CRYSTAL HISHIDA GRAFF  
Title: PRINCIPAL ANALYST  
Date: 10/8/09  
(month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)