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: 10 / 10 / 09
   Description of Event: How Sweet the Sound
   Face Value of Ticket: $ 30
   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)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>To obtain oversight of facilities that have received County</td>
</tr>
</tbody>
</table>

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

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: $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>
</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: Chinese Christian Schools

Description of Organization: Academic Facility

Address of Organization: 1801 North Loop Road ~ Alameda, CA 94502

Number and Street
City
State
Zip Code

Number of Tickets: 4

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.

[_ SIGNED_]
Signature of Agency Head or Designee

CRystal Hishida Graff
Print Name

PRINCIPAL ANALYST
Title

[10/22/09]
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
plaza level seats
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: 09/18/09
Description of Event: Miley Cyrus Concert
Facility/Place: 
Face Value of Ticket: $250.00

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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</thead>
<tbody>
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</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: Saeng Saephan
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 his community

5. Verification

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

Crystal Hishida Graff
Principal Analyst

Signature of Agency Head or Designee

Print Name

Date
(month, day, year)

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

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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 09/14/09
   - **Description of Event:** Oakland Raiders & San Diego Chargers Football Game
   - **Facce 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:** ☐ Gratefully ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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, Alameda County Supervisor
   - **Name of Individual or Organization:** Michael Hutchings
   - **Number of Tickets:** 1
   - **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 or event held at a county facility

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:** 10/27/09

   **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)
   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: 9/23/09
   Description of Event: Oakland A's Game
   Face Value of Ticket: $40.00
   Agency Event: ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 6
   Ticket(s) Provided to Agency: ☑ Gratuitously  ☐ Pursuant to Contract

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

<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>Michael Gillick</td>
<td>2</td>
<td>To reward an employee for outstanding service to public</td>
</tr>
<tr>
<td>Joe Howarth</td>
<td>2</td>
<td>To reward an employee for outstanding service to public</td>
</tr>
<tr>
<td>Leonid Shteyn</td>
<td>2</td>
<td>To reward an employee for outstanding service to public</td>
</tr>
</tbody>
</table>

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

Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency

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

Description of Organization: __________________________________________________________

Address of Organization:
   Number and Street: __________________________ City: __________________________ State: _______ Zip Code: _______

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

5. Verification

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

Signature of Agency Head or Designee: __________________________

Print Name: CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST

Date: 10/22/09 (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

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   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: 9/23/09
   Description of Event: Oakland A's Game
   Face Value of Ticket: $40.00
   Agency Event
   ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☑ Gratuitously  ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lazette Stewart</td>
<td>2</td>
<td>To reward an employee for outstanding service to public</td>
</tr>
</tbody>
</table>

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

Name of Behesting Agency Official: Aki Nakao, Director, General Services Agency

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

Description of Organization: ___________________________
Address of Organization: ___________________________
Number and Street: ___________________________
City: ___________________________
State: ___________________________
Zip Code: ___________________________
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

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

CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
Signature of Agency Head or Designee  Print Name  Title  10/22/07 (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
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   1221 OAK STREET, #555
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   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 / 18 / 09
   Description of Event: Miley Cyrus
   Face Value of Ticket: $250.00/ea
   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: Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Lon Goldstein
   Number of Tickets: 4
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: to reward a community volunteer for his or her service to the public

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

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

<table>
<thead>
<tr>
<th>(month, day, year)</th>
</tr>
</thead>
</table>

**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>10 / 25 / 09</td>
<td>Football Game</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

**Agency Event**

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

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

**Number of Tickets Received:** 3

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nate Miley</td>
<td>District 4</td>
</tr>
</tbody>
</table>

**Name of Individual or Organization:**
St. Rose Hospital Foundation

**Number of Tickets:** 3

**Description of Organization:**
Support for a Hospital

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

<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 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 (Month, day, year)**
4/22/09

**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):**  
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:** 09/14/09  
- **Description of Event:** Oakland Raiders & San Diego Chargers Football Game  
- **Face Value of Ticket:** $150

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

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

- **Number of Tickets Received:** 1  
- **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>Brooks, Rodney</td>
<td>1</td>
<td>To reward a County employee for his exemplary service</td>
</tr>
</tbody>
</table>

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

- **Name of Behesting Agency Official:** Keith Carson, Alameda County Supervisor

- **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.)  
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:**  
**Print Name:** CRYSTAL HISHIDA GRAFF  
**Title:** PRINCIPAL ANALYST  
**Date:** 09/22/09  
(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**  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

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:**
   10 / 03 / 09
   10 / 04 / 09
   **Description of Event:** Oakland A's Game
   **Face Value of Ticket:** $ 40.00

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

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

   **Number of Tickets Received:** 4

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

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

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

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

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

   **Name of Individual or Organization:** San Leandro High School Football Team

   **Description of Organization:** High School Football Team

   **Address of Organization:** 1326 Vista Grand Dr., San Leandro, CA 94577
   **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**
   **Print Name**
   **Title**
   **Date**

   **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

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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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09/19/09

Description of Event: Baseball Game

Face Value of Ticket: $40.00

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

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

Number of Tickets Received: 2

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

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

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

Number of Tickets: 2

Description of Organization:
Senior Advocacy

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

City

State

Zip Code

Number and Street

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.

Signed

Crystal Hishida Graff

Print Name

Principal Analyst

Title

10/22/09

(month, day, year)

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

Plaza seats

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

### 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

<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>09 / 18 / 09</td>
<td>Baseball Game</td>
<td>$ 40.00</td>
</tr>
</tbody>
</table>

### Agency Event

- [ ] Yes
- [x] No (Identify source of tickets below.)

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

### Number of Tickets Received: 4

### Ticket(s) Provided to Agency:

- [ ] Gratuitously
- [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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</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>United Seniors of Oakland &amp; Alameda County</td>
</tr>
<tr>
<td>Number of Tickets:</td>
<td>4</td>
</tr>
<tr>
<td>Description of Organization:</td>
<td>Senior Advocacy</td>
</tr>
<tr>
<td>Address of Organization:</td>
<td>7200 Bancroft Ave, Ste 178 – Oakland, CA 94605</td>
</tr>
</tbody>
</table>

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

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

### 5. Verification

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

---

Signature of Agency Head or Designee
CRystal Hishida Graff
Principal Analyst

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

---

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

### 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:** 09/27/09  
**Description of Event:** Oakland Raiders & Denver Broncos 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:** 2  
**Ticket(s) Provided to Agency:** ☐ Gratuitously  ☑ Pursuant to Contract

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

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

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

**Name of Behesting Agency Official:** Keith Carson  
**Name of Individual or Organization:** Medicine Warriors c/o Common Counsel  
**Number of Tickets:** 2

**Description of Organization:** To promote health and wellness in Native communities through traditional ways.

**Address of Organization:** 678 13th Street  
Oakland, CA 94612

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

### 5. Verification

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

**Signature of Agency Head or Designee:**  
**Print Name:** CRYSTAL HISHIDA GRAFF  
**Title:** PRINCIPAL ANALYST  
(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: 855/ASK-FPPC (855/275-3772)
**Tickets Provided by Agency Report**

**Agency Name:** COUNTY OF ALAMEDA

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

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

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

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

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

**Date Stamp:**

**California Form 802**

**For Official Use Only**

---

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 10/4/09

**Description of Event:** Golden State 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:** 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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</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-Litker, District 3

**Name of Individual or Organization:** Alanna Rayford

**Number of Tickets:** 4

**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:** 10/22/09 (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**
- **1221 OAK STREET, #555**
- **OAKLAND, CA 94612**
- **Area Code/Phone Number**: (510) 272-3882
- **E-mail**: crystal.hishida@acgov.org
- **Agency Contact** (name and title): Crystal Hishida Graff, Principal Analyst, County Administrator's Office

### 2. Event For Which Tickets Were Distributed
- **Date(s) of Event**: 09 / 27 / 09
- **Description of Event**: Raider's Game
- **Face Value of Ticket**: $150.00

### 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
- **Name of Individual or Organization**: Brad Onstead- Individual, County Resident
- **Number of Tickets**: 4

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

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

**Print Name**: CRYSTAL HISHIDA GRAFF

**Title**: PRINCIPAL ANALYST

**Date**: (Month, Day, Year) 1/20/09

---

**FPPC Form 802 (Feb/09)**

**FPPC Toll-Free Helpline**: 888/ASK-FPPC (886/275-3772)
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

   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 / 17 / 09
   Description of Event: Oakland A's Game
   Face Value of Ticket: $ 400,000
   Agency Event
   Yes ☐ No ☒ (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency
   Oakland Athletics
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency
   ☐ Gratuitously ☒ Pursuant to Contract

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

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

   ________________________________  ________________________________

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

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

   Name of Individual or Organization
   Alameda Hospital Foundation
   Number of Tickets: 4

   Description of Organization
   Nonprofit dedicated to supporting Alameda Hospital provide quality healthcare in Alameda.

   Address of Organization
   2070 Clinton Avenue, Alameda, CA 94501
   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: ________________________________
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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: 10 / 18 / 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

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

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

   Name of Individual or Organization:
   Alameda Hospital Foundation

   Number of Tickets: 3

   Description of Organization:
   Nonprofit dedicated to supporting Alameda Hospital provide quality healthcare in Alameda.

   Address of Organization:
   2070 Clinton Avenue, Alameda, CA, 94501

   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

   Print Name
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST

   Title

   Date (month, day, year)
   10/22/09

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09/21/09 Description of Event: Baseball Game
Face Value of Ticket: $40.00
Agency Event Yes No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratisitously Yes Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Nate Miley
Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2
Description of Organization: Senior Advocacy
Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 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 Official or Designee: CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 10/22/09
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Plaza seats
**Tickets Provided by Agency Report**

**1. Agency Name**
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

E-mail
crystal.hishida@acgov.org

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

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

Date(s) of Event: 09/14/09

Description of Event: Raider's 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: 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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<tbody>
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</tr>
</tbody>
</table>

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

Name of Behesting Agency Official: Supervisor Scott Haggerty, DISTRICT 1

Name of Individual or Organization: Lou Pinion- Individual

Number of Tickets: 4

Description of Organization:

Address of Organization:

Number and Street ____________________________

City ____________________________ State ________ Zip Code ____________

Purpose for Distribution: To reward a community volunteer for his service to the community

**5. Verification**

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

Signature of Agency Head or Designee: ____________________________

Print Name: CRYSTAL HISHIDA GRAFF

Title: PRINCIPAL ANALYST

Date: 09/22/09

(Left to Right, Top to Bottom)

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

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

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>
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<tbody>
<tr>
<td></td>
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<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 Steale

Name of Individual or Organization: St. Rose Hospital Foundation  Number of Tickets: 4

Description of Organization: Fund raising arm of St. Rose Hospital, which provides services to low-income and indigent.

Address of Organization: 27200 Calaroga Avenue  Hayward, CA 94545

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) to promote health, motivate and provide expanded opportunities to vulnerable populations in the county
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   E-mail
(510) 272-3882  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: 09/03/09
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00

   Agency Event
   □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 6
   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>
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<tbody>
<tr>
<td></td>
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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: Nate Miley
   Name of Individual or Organization: Kunio Okui
   Number of Tickets: 6
   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.

   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
COUNTY OF ALAMEDA
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: 09/27/09
Description of Event: football game
Face Value of Ticket: $150.00
Agency Event
☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: oakland raiders
Number of Tickets Received: 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>
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<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: nate miley, super
Name of Individual or Organization: united seniors of oakland and alameda county
Number of Tickets: 3
Description of Organization: senior advocacy
Address of Organization: 7200 bancroft ave, ste 178- oakland, ca 94605
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) non-profit 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

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

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555

   Street Address
   OAKLAND, CA 94612

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/18/09
   Description of Event: Miley Cyrus

   Face Value of Ticket: $250

   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:  Gratuously  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: Charles Brooks/Melanie Bynes
   Number of Tickets: 4

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

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

   Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   01/30/09 (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 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: 10 / 18 / 09 Description of Event: Oakland Raiders 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: 4 Ticket(s) Provided to Agency: Gratuitously Yes Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</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 facilities or events</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, Alameda County Supervisor
Number of Tickets:
Name of Individual or Organization:
Description of Organization:
Address of Organization:
City State Zip Code
Purpose for Distribution: To obtain oversight of facilities or events that have received County funding or support.

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/22/09
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00
   Agency Event □ Yes ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</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: United Seniors of Oakland & Alameda County
   Number of Tickets: 2
   Description of Organization: Senior Advocacy
   Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   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
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   Plaza seats

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

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) 272-3862  crystal.hishida@acgov.org

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

   Date Stamp

   California Form 802
   For Official Use Only

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 23 / 09  ( )
   Description of Event: Oakland A's
   Date(s) of Event: 10 / 04 / 09  ( )
   Face Value of Ticket: $ 40.00

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

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

   Number of Tickets Received: 6  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: Scott Haggerty  Supervisor  District 1

   Name of Individual or Organization: Pathways to Wellness

   Number of Tickets: 6

   Description of Organization: variety of programs that service mentally ill children and adults in Dist. 1

   Address of Organization: 5674 Stoneridge Drive, Suite 116, Pleasanton CA 94588

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

   to promote health programs and services for the mentally ill children and adults in District 1

5. Verification

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

   Signature of Agency Head/Designee

   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST

   Print Name  Title

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

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

6. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 09 / 27 / 09
   - **Description of Event:** Oakland Raiders Game
   - **Face Value of Ticket:** $150.00

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

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

9. **Number of Tickets Received:** 3

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization: Honora Murphy</td>
</tr>
<tr>
<td>Number of Tickets: 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description 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>

| 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:** 02/09

   **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)
   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: 11/15/09
   Description of Event: Oakland Raiders 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: 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 promote tourism as a form of economic development</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, Alameda County Supervisor
   Name of Individual or Organization: ____________________________
   Number of Tickets: ____________________________
   Description of Organization: ____________________________
   Address of Organization: ____________________________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote tourism as a form of economic development

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   ____________________________
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

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

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)

8. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 09 / 24 / 09
   - Description of Event: Baseball Game
   - Face Value of Ticket: $ 40.00

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

10. **Name of Outside Source of Ticket(s) Provided to Agency**
    - Oakland Athletics

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)

14. **Individual or Organization Receiving Ticket(s)**
    - Provided at the behest of an agency official.
    - Name of Behesting Agency Official: Nate Miley
    - Name of Individual or Organization: United Seniors of Oakland & Alameda County
    - Number of Tickets: 4
    - Description of Organization: Senior Advocacy
    - Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605

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: [Signature]
   - Print Name: CRYSTAL HISHIDA GRAFF
   - Title: PRINCIPAL ANALYST
   - Date: 10/24/09

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

- Plaza seats
**Tickets Provided by Agency Report**

**A Public Document**

<table>
<thead>
<tr>
<th>1. <strong>Agency Name</strong></th>
<th>COUNTY OF ALAMEDA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (if applicable)</strong></td>
<td>1221 OAK STREET, #555</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>OAKLAND, CA 94612</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-3862</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td><strong>Agency Contact (name and title)</strong></td>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
</tr>
</tbody>
</table>

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

| **Date(s) of Event:** | 12 / 13 / 09 |
| **Description of Event:** | Oakland Raiders 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:** | 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** | Carson, Keith |
| **(Last, First)** |  |
| **Number of Tickets** | 4 |
| **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution** | To evaluate the ability of a facility/operator/sports team |

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

| **Name of Behesting Agency Official:** | Keith Carson, Alameda County Supervisor |

| **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.) |

To evaluate the ability of a facility/operator/local sports team to attract business and contribute to the local economy |

**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)** |  |

**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 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: 10/25/09 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 (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>Calderon, Gene</td>
<td>3</td>
<td>To reward a County employee for his exemplary service to the public</td>
</tr>
</tbody>
</table>

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

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

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

Description of Organization: ____________________________

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

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

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

Crystal Hishida Graff, Principal Analyst

Signature of Agency Head or Designee
Print Name
Title

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

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 09/14/09  
Description of Event: Oakland Raiders & San Diego Chargers 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: 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>
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<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: Keith Carson

Name of Individual or Organization: First Place Fund for Youth  
Number of Tickets: 2

Description of Organization: Support youth in their transition from foster care to successful adulthood.

Address of Organization: 519 17th Street, Suite 600  
Oakland  
CA  
94612  
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 18044.1.

Signature of Agency Head or Designee  
CRYSTAL HISHIDA GRAFF  
PRINCIPAL ANALYST

Print Name  
Title  
(month, day, year)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 9/20/09
   Description of Event: Oakland A’s
   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)

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: Cornerstone Church
   Description of Organization: Fellowship Church
   Address of Organization: 348 North Canyons Parkway Livermore CA 94551
   Number of Tickets: 4
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   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: 10/21/09
   (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 E-mail
(510) 272-3882 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: 10 / 03 / 09
Description of Event: Baseball Game
Face Value of Ticket: $ 40.00
Agency Event ☐ Yes ☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
Number of Tickets Received: 2
Ticket(s) Provided to Agency: ☑ Pursuant to Contract

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

<table>
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<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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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: United Seniors of Oakland & Alameda County
Number of Tickets: 2
Description of Organization: Senior Advocacy
Address of Organization: 7200 Bancroft Ave, Ste 178 ~ Oakland, CA 94605
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: 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.)
Plaza seats
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  

Date Stamp  
California Form 802  
For Official Use Only  

☐ Amendment (Must explain in Part 5.)  

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

---

2. Event For Which Tickets Were Distributed  

Date(s) of Event: 09-24-09  

Description of Event: Baseball Game  

Face Value of Ticket: $17.00  

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

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

Number of Tickets Received: 24  

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

---

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

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

Name of Individual or Organization: Women on the Way to Recovery  

Number of Tickets: 24  

Address of Organization: 910 E. Lewelling Blvd #2- Hayward, CA 94541  

Description of Organization: Re-entry program for women  

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:  
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)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 11 / 15 / 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 (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3
   Name of Individual or Organization: Hispanic Chamber of Commerce of Alam. Cty.
   Number of Tickets: 3
   Description of Organization: Promotes economic development for the Latino Community
   Address of Organization: 1840 Embarcadero, Suite 101, Oakland, CA 94606
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a school or nonprofit organization for its contributions to the community

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

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

**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 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:** 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>Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</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:** Keith Carson

**Name of Individual or Organization:** Lend A Hand Foundation

**Number of Tickets:** 2

**Description of Organization:** To enhance the quality of life of our less fortunate youth

**Address of Organization:**

8105 Capwell Drive

Oakland

CA

94621

**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 18644.1.

**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

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #556
   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: 09 / 21 / 09
   Description of Event: Baseball Game
   Face Value of Ticket: $ 170.00
   Agency Event: ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 24
   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: Nate Miley
   Name of Individual or Organization: League of Women Voters of the Eden Area
   Number of Tickets: 24
   Description of Organization: Education and Information regarding elections
   Address of Organization: PO Box 2234 ~ Castro Valley, CA 94546
   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: [Signature]
   Print Name: CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Title
   Date: 10/22/09
   (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:** 09 / 05 / 09  
**Description of Event:** Baseball Game

**Face Value of Ticket:** $40.00

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

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

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

---

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

(Use a continuation sheet for additional names)

<table>
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<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</tbody>
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**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:** United Seniors of Oakland & Alameda County  
**Number of Tickets:** 4

**Description of Organization:** Senior Advocacy

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

**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**  
**Title**  
**Date**

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

Plaza seats
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: 9 / 27 / 09
   Description of Event: Raiders 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: 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

   Amy De Reyes 1 To reward an employee for outstanding service to public

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

   Name of Behesting Agency Official: Supervisor Keith Carson, District 5
   Name of Individual or Organization: ____________________________
   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.)

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
   (month, day, year) 10/22/09

   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@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: Golden State Warriors 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

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

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

   Name of Official
   (Last, First)

   Number of Tickets

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

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

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

   Name of Individual or Organization: Chinese Christian Schools
   Number of Tickets: 4

   Description of Organization: A K-8 academic facility working to prepare young people in academic excellence

   Address of Organization: 1801 North Loop Road, Alameda, CA 94502
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a 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 1844.1.

   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.)

   (month, day, year)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/27/09
   Description of Event: Oakland Raiders & Denver Broncos 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: 1
   Ticket(s) Provided to Agency: Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official
   (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
  —————————————————|————————————————|—————————————————
   ————————————————————

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson
   Name of Individual or Organization: Ethan Shrago
   Number of Tickets: 1
   Description of Organization:
   Address of Organization:
   Number and Street | City | State | Zip Code
   ——————————————————|———|———|———
   Purpose for Distribution: To promote attendance at a County sponsored event or event held at a County facility.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18544.1.
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Signature of Agency Head / Designee

   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

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 09/03/09  
   **Description of Event:** Baseball Game

   **Face Value of Ticket:** $40.00

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

<table>
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<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

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

   **Name of Individual or Organization:** Eden United Church of Christ  
   **Number of Tickets:** 10

   **Description of Organization:** Faith Based 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.*

   **Signed:** CRYSTAL HISHIDA GRAFF  
   **Print Name:** PRINCIPAL ANALYST  
   **Signature:** (month, day, year)

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

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

Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org
Agency Contact Crystal Hishida Graff, Principal Analyst, County Administrator’s Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 11 / 22 / 09 Description of Event: Oakland Raiders & Cincinnati Bengals 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: 2 Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

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

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

Name of Behesting Agency Official: Keith Carson
Name of Individual or Organization: Bay Area Outreach & Recreation Program
Number of Tickets: 2
Description of Organization: Provider of accessible sports and recreation opportunities for people with disabilities
Address of Organization: 600 Bancroft Way Berkeley, CA 94710
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: 10/22/09
(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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10/10/09
   Description of Event: How Sweet the Sound Concert
   Face Value of Ticket: $30.00
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: 
     ☑ Pursuant to Contract

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

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: Youth UpRising
   Number of Tickets: 4
   Description of Organization: empowerment for Oakland Youth
   Address of Organization: 8711 Mac Arthur Blvd – Oakland, CA 94605

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
   Date: 10/22/09
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)