## 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

#### 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:**
  - **06/23/10**
  - **07/11/10**
- **Description of Event:**
  - Alameda County Fair
- **Face Value of Ticket:**
  - $5.00

#### Agency Event

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

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

- Alameda County Fair

#### Number of Tickets Received

- **10**

#### Ticket(s) Provided to Agency

- **Gratuitously**
- **Pursuant to Contract**

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

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

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

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

- **Name of Individual or Organization:**
  - Foster Youth Alliance

- **Number of Tickets:**
  - **10**

- **Description of Organization:**
  - Dedicated to empowering foster youth as they transition to adulthood.

- **Address of Organization:**
  - 491 9th Street
  - Oakland, CA 94607

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

### 5. Verification

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

- **Signature of Agency Head & Designee:**
- **Print Name:**
- **Title:**
- **Date:**

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10
   Description of Event: Alameda County Fair
   07/11/10
   Face Value of Ticket: $5.00

3. Agency Official(s) Receiving Ticket(s)
   Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   
4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Filipino Advocates for Justice
   Number of Tickets: 15
   Description of Organization: To build a strong and empowered Filipino community by organizing constituents.
   Address of Organization: 310 8th Street, Ste. 308
   Oakland, CA 94607
   Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: CRISTAL HISHIDA GRAFF
   Print Name: PRINCIPAL ANALYST
   Title: (Month, Day, Year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**

   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)

   1221 OAK STREET, #555

   **Street Address**

   OAKLAND, CA 94612

   **Area Code/Phone Number**

   (510) 272-3882

   **E-mail**

   crystal.hishida@acgov.org

   **Agency Contact** (name and title)

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

   **Date Stamp**

   California Form 802

   For Official Use Only

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

   **Date(s) of Event:**
   - 06 / 23 / 10
   - 07 / 11 / 10

   **Description of Event:** Alameda County Fair

   **Face Value of Ticket:** $5.00

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

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

   **Number of Tickets Received:** 10

   **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>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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4. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

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

   **Name of Individual or Organization:** Family Support Services of the East Bay

   **Number of Tickets:** 10

   **Description of Organization:** Provides support to parents and other caregivers of vulnerable children.

   **Address of Organization:**
   - 401 Grand Ave, Ste 200
   - Oakland, CA 94610

   **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** (month, day, year)

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

2. Event For Which Tickets Were Distributed
Date(s) of Event:
06 / 23 / 10
07 / 11 / 10
Description of Event: Alameda County Fair
Face Value of Ticket: $ 5.00

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

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

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

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

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

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

Name of Individual or Organization: Emeryville Senior Center
Number of Tickets: 20
Description of Organization: Senior services
Address of Organization: 4321 Salem Street
Emeryville, CA 94608
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

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

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10 07/11/10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10
   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, Supervisor Fifth District
   Name of Individual or Organization: Ecology Center
   Number of Tickets: 10
   Description of Organization: Promote environmentally and socially responsible practices through programs that educate.
   Address of Organization: 2530 San Pablo Avenue
   Berkeley, CA 94702
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a school or nonprofit organization for its contributions to the community.

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

   Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   Print Name: PRINCIPAL ANALYST
   Title: PRINCIPAL ANALYST
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10  07/11/10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   □ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 20
   Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

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

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</table>

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: East Bay Korean American Sr. Services Ctr.
   Number of Tickets: 20
   Description of Organization: Senior services
   Address of Organization: 1723 Telegraph Ave.
   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.
   crystal.hishida@acgov.org
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   (month/day/year)
   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
crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 23 / 10
07 / 11 / 10

Description of Event: Alameda County Fair
Face Value of Ticket: $ 5.00

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

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

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

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

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</tbody>
</table>

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

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

Name of Individual or Organization: Downtown Oakland Senior Center
Number of Tickets: 20

Description of Organization: Senior services center

Address of Organization: 200 Grand Ave.
Oakland, CA 94610

Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

5. Verification

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

CRystal Hishida Graff  PRincipal Analyst  6/23/10
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  

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<td>OAKLAND, CA 94612</td>
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<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>(510) 272-3882</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
<tr>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
</tr>
<tr>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
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</tbody>
</table>

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<tr>
<th>2. Event For Which Tickets Were Distributed</th>
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</thead>
<tbody>
<tr>
<td>Date(s) of Event: 06/23/09</td>
</tr>
<tr>
<td>Description of Event: Oakland A's vs. San Francisco Giants</td>
</tr>
<tr>
<td>Face Value of Ticket: $40.00</td>
</tr>
<tr>
<td>Agency Event: No (Identify source of tickets below.)</td>
</tr>
<tr>
<td>Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's</td>
</tr>
<tr>
<td>Number of Tickets Received: 2</td>
</tr>
<tr>
<td>Ticket(s) Provided to Agency: Pursuant to Contract</td>
</tr>
</tbody>
</table>

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<tr>
<th>3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)</th>
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<td>Name of Official (Last, First)</td>
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<tr>
<th>4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)</th>
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</thead>
<tbody>
<tr>
<td>Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District</td>
</tr>
<tr>
<td>Name of Individual or Organization: Disability Rights Education and Defense Fund</td>
</tr>
<tr>
<td>Number of Tickets: 2</td>
</tr>
<tr>
<td>Description of Organization: To advance the civil and human rights of people with disabilities through legal advocacy.</td>
</tr>
<tr>
<td>Address of Organization: 2212 6th Street</td>
</tr>
<tr>
<td>Berkeley, CA 94710</td>
</tr>
<tr>
<td>Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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CRISTAL HISHIDA GRAFF  
PRINCIPAL ANALYST  

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

**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:** 06/23/10  
- **Date(s) of Event:** 07/11/10  
- **Description of Event:** Alameda County Fair  
- **Face Value of Ticket:** $5.00  
- **Agency Event:**  
  - Yes  
  - No (Identify source of tickets below.)  
- **Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair

### Number of Tickets Received

- **Number of Tickets:** 10  
- **Ticket(s) Provided to Agency:**  
  - Yes  
  - No (Identify source of tickets below.)

---

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

<table>
<thead>
<tr>
<th>Name of Official</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>Keith Carson, Supervisor Fifth District</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District  
- **Name of Individual or Organization:** City of Emeryville Rec. Dept. Teen Division  
- **Number of Tickets:** 10  
- **Description of Organization:** After school programs, seasonal camps, and training programs.

### Address of Organization

- **Address of Organization:** 4300 San Pablo Avenue  
- **City:** Emeryville  
- **State:** CA  
- **Zip Code:** 94608

### Purpose for Distribution

- **Purpose for Distribution:** To reward a school or nonprofit organization for its contributions to the community.

---

## 5. Verification

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

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

### Comment

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

---
Tickets Provided by
Agency Report

A Public Document

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

(510) 272-3882

crystal.hishida@acgov.org

Agency Contact (name and title)

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

Date Stamp

California Form 802

□ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10

07 / 11 / 10

Description of Event: Alameda County Fair

Face Value of Ticket: $ 5.00

Agency Event

☑ Yes

☑ No (Identify source of tickets below.)

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

Number of Tickets Received: 10

Ticket(s) Provided to Agency: ☑ Gravtuitously ☑ 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, Supervisor Fifth District

Name of Individual or Organization: Center for Independent Living

Number of Tickets: 10

Description of Organization: Supporting disabled people in their efforts to lead independent lives

Address of Organization: 2539 Telegraph Avenue Berkeley, CA 94704

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.

CRISTH HISHIDA GRAFF PRINCIPAL ANALYST

Signature of Agency Head or Designee Print Name Title

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

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

**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

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

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<th>Date(s) of Event</th>
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<tbody>
<tr>
<td>06 / 23 / 10</td>
<td>Alameda County Fair</td>
<td>$ 5.00</td>
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<tr>
<td>07 / 11 / 10</td>
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**Agency Event**

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

**Name of Outside Source of Ticket(s) Provided to Agency**
Alameda County Fair

**Number of Tickets Received**
10

**Ticket(s) Provided to Agency**

- [ ] Gratuitously
- [x] Pursuant to Contract

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

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

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

**Name of Individual or Organization**
Catholic Charities of the East Bay

**Number of Tickets**
10

**Description of Organization**
multi-service nonprofit Human Services agency

**Address of Organization**
433 Jefferson Street
Oakland, CA 94612

**City**

**State**
CA

**Zip Code**
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*

**CRYSTAL HISHIDA GRAFF**
**PRINCIPAL ANALYST**

*Signature*

6/23/10 (month/day/year)

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

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

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (If applicable)
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Street Address
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Area Code/Phone Number
E-mail
(510) 272-3882
crystal.hishida@acgov.org

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

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10
07 / 11 / 10

Description of Event: Alameda County Fair

Face Value of Ticket: $5.00

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

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

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

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

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

Name of Individual or Organization: Cambodian Community Development Inc.

Number of Tickets: 10

Description of Organization: Promote the development, empowerment, and quality of life for Cambodian Americans.

Address of Organization:
1900 Fruitvale Ave., Ste. 3B
Oakland, CA 94601

Number and Street
City
State Zip Code

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

5. Verification

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

Signature of Agency Head or Designee
CRystal HISHIDA GRAFF

Print Name
PRINCIPAL ANALYST

Title

(month, day, year)

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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:**
     - 06/23/10
     - 07/11/10
   - **Description of Event:** Alameda County Fair
   - **Face Value of Ticket:** $5.00
   - **Agency Event:** No (Identify source of tickets below.)
   - **Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair
   - **Number of Tickets Received:** 10
   - **Ticket(s) Provided to Agency:** Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)**
   - **Name of Official**
     - (Last, First)
   - **Number of Tickets**
   - **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution**

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District
   - **Name of Individual or Organization:** Building Opportunities for Self Sufficiency
   - **Number of Tickets:** 10
   - **Description of Organization:** Helping homeless, poor and disabled people in our community of Alameda County.
   - **Address of Organization:** 2065 Kittredge Street, Suite E Berkeley, CA 94704
   - **Purpose for Distribution:** To reward a school or nonprofit organization for its contributions to the community.

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.
   - **Signature of Agency Head/Designee:**
   - **Print Name:** CRYSTAL HISHIDA GRAFF
   - **Title:** PRINCIPAL ANALYST
   - **Date:** 6/23/11
   - **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/23/10 07/11/10
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event: □ Yes □ No
(Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
Number of Tickets Received: 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</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keith Carson, Supervisor Fifth District</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Bonita House
Number of Tickets: 10
Description of Organization: Serving people recovering from psychiatric and substance use disorders.
Address of Organization: 1410 Bonita Avenue Berkeley, CA 94709
Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

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

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

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

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

### 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:** 07 / 19 / 10
- **Description of Event:** James Taylor
- **Face Value of Ticket:** $128.00

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

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

### 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official:** Supervisor Alice Lai-Bitker, District 3
- **Name of Individual or Organization:** Laurie Yamamoto
- **Number of Tickets:** 4

### 5. Verification

- **Signature of Agency Head or Designee:** [Signature]
- **Print Name:** CRYSTAL HISHIDA GRAFF
- **Title:** PRINCIPAL ANALYST
- **Date:** 6/30/10

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

---

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

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

**1. Agency Name**
COUNTY OF ALAMEDA

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

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

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

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

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

**Date Stamp**

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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>07 / 05 / 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>Oakland A's Game</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Face Value of Ticket:</th>
<th>$ 40.00</th>
</tr>
</thead>
</table>

**Agency Event**
- [x] 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:**
- [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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<tbody>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Name of Individual or Organization:**
Lil' Americh

**Number of Tickets:**
2

**Address of Organization:**

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

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

**5. Verification**

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date (Month, Day, Year):**

6/30/10

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by**
Agency Name: COUNTY OF ALAMEDA

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

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

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

---

**Event For Which Tickets Were Distributed**

Date(s) of Event: 07/05/10
Description of Event: Oakland A's Game

Face Value of Ticket: $85.00

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

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

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

---

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>4</td>
<td>To reward a County employee for his exemplary service</td>
</tr>
</tbody>
</table>

---

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

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

Name of Individual or Organization: Number of Tickets: 

Description of Organization: 

Address of Organization: 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 or her exemplary service to the the public or to encourage staff development

---

**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
Print Name  Title

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

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

**Agency Name**
COUNTY OF ALAMEDA

**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**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>07 / 05 / 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>Oakland A’s Game</td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$85.00</td>
</tr>
</tbody>
</table>

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

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

**Number of Tickets Received:** 8

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

---

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

<table>
<thead>
<tr>
<th>Name of Official</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>
</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:**
Anabella Rodriguez

**Number of Tickets:** 8

**Address of Organization:**

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

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

---

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

**Signature of Agency Head or Designee:**
Crystal Hishida Graff

**Print Name:**
Crystal Hishida Graff

**Title:**
Principal Analyst

**Date:**
01/10

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07 / 23 / 10
Description of Event: Aerosmith
Face Value of Ticket: $142.50
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: 2
Ticket(s) Provided to Agency: □ Gratuitously [x] Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Karissa and Courtney Haubert
Number of Tickets: 2
Description of Organization:
Address of Organization:
Number and Street
City [ ] State [ ] Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a student for outstanding scholastic achievement

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

[Signature of Agency Head or Designee] CRYSTAL HISHIDA GRAFF [Print Name] PRINCIPAL ANALYST [Title] 6/30/10 [Date (month, day, year)]

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

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

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY OF ALAMEDA</td>
<td></td>
</tr>
</tbody>
</table>

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

1221 OAK STREET, #555

**Street Address**

OAKLAND, CA 94612

**Area Code/Phone Number**

(510) 272-3882

**E-mail**

crystal.hishida@acgov.org

**Agency Contact (name and title)**

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

☐ Amendment (Must explain in Part 5)

**Date of Original Filing:**

(month, day, year)

---

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

**Date(s) of Event:** 07 / 09 / 10  
**Description of Event:** Baseball Game  
**Face Value of Ticket:** $40.00

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

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

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

Name of Individual or Organization: David and Michele Haubert  
**Number of Tickets:** 2

Description of Organization:

Address of Organization:

Number and Street  
City  
State  
Zip Code

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

To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales - PLAZA SEATS

---

5. **Verification**

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

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date of Execution:** 06/30/10

(month, day, year)

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

---

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

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

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 18 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 1,700

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

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

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

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

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

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

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

   Name of Individual or Organization:
   Bartell Childcare & Learning Center

   Description of Organization:
   Support for Oakland low income families

   Address of Organization:
   2168 Vicksburg Ave - Oakland 94601

   Number of Tickets: 20

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

   To reward a non-profit for its contribution to the community

5. Verification

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

   Signature of Agency Head or Designee
   CRYSATL HISHIDA GRAFF

   Print Name
   PRINCIPAL ANALYST

   Title

   (month, day, year)

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

   3 parking passes
1. **Agency Name**
   - COUNTY OF ALAMEDA

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

   **Street Address**
   - OAKLAND, CA 94612

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

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

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

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 08 / 03 / 10
   - **Description of Event:** Baseball Game
   - **Face Value of Ticket:** $1,700
   - **Agency Event:** No
   - **Name of Outside Source of Ticket(s) Provided to Agency:** Oakland Athletics
   - **Number of Tickets Received:** 20
   - **Ticket(s) Provided to Agency:** Pursuant to Contract

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

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

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
   - **Name of Individual or Organization:** Women on the Way to Recovery
   - **Description of Organization:** Programs for women to prevent recidivism
   - **Address of Organization:** 20424 Haviland Avenue - Hayward, CA 94541
   - **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
   - **To reward a non-profit for its contribution to the community**

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

   3 parking passes
_tickets provided by
agency report
a public document

county of alameda

1221 oak street, #555

oakland, ca 94612

area code/phone number (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: 07/24/10

description of event: shankar ehsaan loy concert

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: pursuit 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: alameda county supervisor nate miley, district 4

name of individual or organization: ankita, aneesha, anju, and kishor desai

number of tickets: 4

description of organization:

address of organization:

purpose for distribution: (describe the public purpose for the distribution to the organization.)

to reward a community volunteer for their service to the public.

5. verification

i have determined that the distribution of tickets set forth above is in accordance with the provisions of fppc regulation 18944.1.

signature of agency head or designee: crystal hishida graff

print name: principal analyst

title: (month, day, year)

comment: (use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - COUNTY OF ALAMEDA
   - Division, Department, or Region (if applicable)
   - 1221 OAK STREET, #555
   - Street Address
   - OAKLAND, CA 94612
   - Area Code/Phone Number
   - 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: 07/19/10
   - Description of Event: James Taylor/Carole King
   - Face Value of Ticket: $128.00
   - Agency Event: ☐ Yes ☒ No (Identify source of tickets below.)
   - Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   - Number of Tickets Received: 2
   - Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

4. **Individual or Organization Receiving Ticket(s)**
   - (Provided at the behest of an agency official.)
   - Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   - Name of Individual or Organization: Patricia Brooks & Teag Murdock
   - Number of Tickets: 2
   - Description of Organization:

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

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

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

   □ Signature of Agency Head or Designee
   - CRYSTAL HISHIDA GRAFF
   - Print Name
   - PRINCIPAL ANALYST
   - Title
   - 6/30/10
   - (month, day, year)

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

   FPPC Form 802 (Feb/09)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number (510) 272-3882
E-mail crystal.hishida@acgov.org
Agency Contact Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07/19/10
Description of Event: James Taylor/Carole King
Face Value of Ticket: $128.00
Agency Event Yes
No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
Number of Tickets Received: 2
Ticket(s) Provided to Agency: 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>
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<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: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Jim and Mary Lou Eggiman
Number of Tickets: 2
Description of Organization:  
Address of Organization:  
Number and Street  
City  
State  
Zip Code  

Purpose for Distribution: To reward a community volunteer for their service to the public.

5. Verification

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

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

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

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

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

2. Event For Which Tickets Were Distributed  
Date(s) of Event: 07/17/10  
Description of Event: Justin Bieber  

   [month/day/year]  
   Face Value of Ticket: $146.00  
Agency Event  
[ ] Yes  
[ ] No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency:  
Golden State Warriors  
Number of Tickets Received: 1  
Ticket(s) Provided to Agency:  
[ ] Gratuitously  
[ ] Pursuant to Contract  

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)  
Name of Behesting Agency Official:  
Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization:  
Steve Atkinson  
Number of Tickets: 1  
Description of Organization:  

Address of Organization:  
Number and Street  
City  
State  
Zip Code  

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his 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 16944.1.  

CRYSTAL HISHIDA GRAFF  
PRINCIPAL ANALYST  

Signature of Agency Head or Designee  
Print Name  
Title  

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

## Agency Report

**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

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 17 / 10</td>
<td>Justin Bieber</td>
<td>$146.00</td>
</tr>
</tbody>
</table>

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

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

**Number of Tickets Received:** 3  
**Ticket(s) Provided to Agency:**  
☒ Gratuitously  ☐ Pursuant to Contract

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

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

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

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

**Name of Individual or Organization:**  
Kendal, Laura, and Justin Atkinson  
**Number of Tickets:** 3

**Description of Organization:**  

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

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

To reward a student for outstanding scholastic achievement.

### 5. Verification

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

**Signature of Agency Head or Designee**  
Crystal Hishida Graff, Principal Analyst  
6/20/10

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

### 1. Agency Name
CONTRARY OF ALAMEDA

<table>
<thead>
<tr>
<th>Division, Department, or Region (if applicable)</th>
<th>1221 OAK STREET, #555</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>OAKLAND, CA 94612</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>(510) 272-3882</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
</tbody>
</table>

#### Agency Contact
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 07/21/10  
**Description of Event:** Baseball Game  
**Face Value of Ticket:** $40.00

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

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

#### Number of Tickets Received:

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

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

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

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

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

- **Name of Individual or Organization:** 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.)

  - To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, underprivileged, seniors and youth in foster care - PLAZA SEATS

### 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:** 6/30/10

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

- disabled, underprivileged, seniors and youth in foster care - 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
   Amendment (Must explain in Part 5)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 07 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   Agency Event □ Yes ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: 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.)
   To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the
   disabled, underprivileged, seniors and youth in foster care - PLAZA SEATS

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

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

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

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

1. Agency Name
   COUNTY OF ALAMEDA

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

Street Address
   OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-3882

E-mail
   crystal.hishida@acgov.org

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

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

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

Description of Event: Baseball Game

Face Value of Ticket: $40.00

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

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

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

Number of Tickets Received: 2

Ticket(s) Provided to Agency:
   □ Gratuiously
   ☒ 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>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization:
   United Seniors of Oakland & Alameda County

Number of Tickets: 2

Description of Organization:
   Senior Advocacy

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

   Number and Street
   City
   Number and Street
   City
   State
   Zip Code

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 such as the

5. Verification

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

Signature of Agency Head or Designee

CRystal HISHIDA GRAFF

Print Name

PRINCIPAL ANALYST

Date

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   disabled, underprivileged, seniors and youth in foster care - PLAZA SEATS

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

**Agency Name**
COUNTY OF ALAMEDA

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

**Street Address**
OAKLAND, CA 94612

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

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

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

---

### 2. Event For Which Tickets Were Distributed

- **Date(s) of Event:** 06 / 07 / 10
- **Description of Event:** Oakland A’s vs. Los Angeles Angels
- **Face Value of Ticket:** $40.00

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

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

**Number of Tickets Received:** 4

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

---

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

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

---

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

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

**Name of Individual or Organization:** Jenny Noyce - Girls Inc.

**Number of Tickets:** 4

**Description of Organization:** Inspire all girls to be strong smart and bold.

**Address of Organization:**
13666 East 14th Street
San Leandro, CA 94578

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

---

### 5. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 6/4/10

**(month, day, year)**

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

---

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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>07/25/10</th>
<th>Description of Event:</th>
<th>Baseball Game</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Ticket:</td>
<td>$40.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Event</td>
<td>☐ Yes</td>
<td>☑ No (Identify source of tickets below.)</td>
<td></td>
</tr>
<tr>
<td>Name of Outside Source of Ticket(s) Provided to Agency:</td>
<td>Oakland Athletics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Tickets Received:</td>
<td>4</td>
<td>Ticket(s) Provided to Agency:</td>
<td>☑ Pursuant to Contract</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</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>Alameda County Supervisor Nate Miley, District 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization:</td>
<td>Camps In Common</td>
</tr>
<tr>
<td>Number of Tickets:</td>
<td>4</td>
</tr>
<tr>
<td>Description of Organization:</td>
<td>Funds scholarships for youth to attend Feather River Camp</td>
</tr>
<tr>
<td>Address of Organization:</td>
<td>452 Elwood Ave, Ste 1 - Oakland, CA 94610</td>
</tr>
<tr>
<td>Purpose for Distribution:</td>
<td>(Describe the public purpose for the distribution to the organization.)</td>
</tr>
<tr>
<td>To reward a nonprofit organization for its contributions to the community</td>
<td></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.

CRystal Hishida Graff, Principal Analyst

Signature of Agency Head or Designee: ____________________
Print Name: Crystal Hishida Graff
Title: Principal Analyst
Date: 6/18/10 (month, day, year)

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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: 06 / 21 / 01 Description of Event: A's Game

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>Al. Co. Supervisor Scott Haggerty, Dist. 1</td>
<td>2</td>
<td>To review facilities that require County funding</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: ____________________________ Number of Tickets: ________

Description of Organization: ____________________________

Address of Organization: ____________________________

City State Zip Code

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

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

CRISTAL HISHIDA GRAFF PRINCIPAL ANALYST

Signature of Agency Head or Designee Print Name Title

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

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

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

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
Name of Individual or Organization: Judy Freeman
Number of Tickets: 2
Description of Organization:
Address of Organization: __________________________
Number and Street
City
State
Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a community volunteer for her 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 6/18/10
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**: (510) 272-3882
   **E-mail**: crystal.hishida@acgov.org
   **Agency Contact (name and title)**: Crystal Hishida Graff, Principal Analyst, County Administrator's Office

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

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

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

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

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

4. **Individual or Organization Receiving Ticket(s)**
   **Name of Behesting Agency Official**: Alameda County Supervisor Scott Haggerty, District: 1
   **Name of Individual or Organization**: Jeevan Zutshi
   **Number of Tickets**: 2

   **Description of Organization**:

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

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

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

   **Signature of Agency Head or Designee**: Crystal Hishida Graff
   **Print Name**: Crystal Hishida Graff
   **Title**: Principal Analyst
   **Print Name**: Crystal Hishida Graff
   **Title**: Principal Analyst
   **Date**: 6/18/10

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

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

**Agency Name**
COUNTY OF ALAMEDA

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

**Street Address**
OAKLAND, CA 94612

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

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

**Date Stamp**
California Form 802

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

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

### 2. Event For Which Tickets Were Distributed

- **Date(s) of Event:** 06 / 19 / 10
- **Description of Event:** Andre Ward vs. Green
- **Face Value of Ticket:** $81.75

**Agency Event**
- [x] No

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

**Number of Tickets Received:** 1

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

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

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

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

**Name of Individual or Organization:**

**Number of Tickets:** 1

**Description of Organization:**

**Address of Organization:**

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

### 5. Verification

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

**Signature of Agency Head or Designee:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Title:** PRINCIPAL ANALYST

**Date:** 12/8/10

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

### 1. Agency Name
COUNTY OF ALAMEDA

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

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

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

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

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

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

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

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

## 2. Event For Which Tickets Were Distributed

### Date(s) of Event:
06 / 26 / 10

### Description of Event:
Oakland A's Game

### Face Value of Ticket:
$40.00

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

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

### Number of Tickets Received:
2

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

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

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

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

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

### Name of Individual or Organization:
Alyson Silva

### Number of Tickets:
2

### Description of Organization:

### Address of Organization:

### Purpose for Distribution:
(Describe the public purpose for the distribution to the organization.)
To reward a student for outstanding scholastic achievement

## 5. Verification

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

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF
PRINCIPAL ANALYST

Print Name
Title

6/18/10
(month, day, year)

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

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

   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: 06/25/10
   Description of Event: Oakland A's Game
   Face Value of Ticket: $40.00
   Agency Event: Yes
   No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: Yes

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Alice Lai-Bikker, District 3
   Name of Individual or Organization: Josiah Perez
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a student for outstanding scholastic achievement

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   (Signature of Agency Head or Designee)
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   Date: 6/18/10
   (Month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name:** COUNTY OF ALAMEDA  
**Division, Department, or Region (if applicable):** 1221 OAK STREET, #555  
**Street Address:** OAKLAND, CA 94612  
**Area Code/Phone Number:** (510) 272-3882  
**E-mail:** crystal.hishida@aogov.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:** 6/19/10  
**Description of Event:** Andre Ward vs. Green  
**Face Value of Ticket:** $81.75  
**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)**  
<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>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s)**  
**Name of Behesting Agency Official:** Keith Carson, Supervisor Fifth District  
**Name of Individual or Organization:** Charles Wesley Burns  
**Number of Tickets:** 4  
**Description of Organization:**  
**Address of Organization:**  
**Purpose for Distribution:** To promote health, motivate and provide expanded opportunities to vulnerable populations in the County.

5. **Verification**  
*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*  
**Signature:** CRYSTAL HISHIDA GRAFF  
**Print Name:** PRINCIPAL ANALYST  
**Title:**  
**Date:** 6/18/10

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

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-3382
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must explain in Part 5.)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/22/10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00
   Agency Event: Yes No
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Castro Valley/Eden Area Chamber of Commerce
   Number of Tickets: 2
   Description of Organization: Local business support in the Unincorporated Areas of Alameda County
   Address of Organization: 3467 Castro Valley Blvd - Castro Valley, CA 94546
   Purpose for Distribution: To reward a nonprofit organization for its contributions to the community

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

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

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08/04/10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Castro Valley/Eden Area Chamber of Commerce
   Number of Tickets: 2
   Description of Organization: Local business support in the Unincorporated Areas of Alameda County
   Address of Organization: 3467 Castro Valley Blvd - Castro Valley, CA 94546
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a nonprofit organization for its contributions to the community

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

   Signature of Agency Head or Designee

   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.)
PLAZA SEATS
Tickets Provided by
Agency Report

A Public Document

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 08 / 22 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   Agency Event: No
   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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
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</table>

4. Individual or Organization Receiving Ticket(s)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Castro Valley/Eden Area Chamber of Commerce
   Number of Tickets: 2
   Description of Organization: Local business support in the Unincorporated Areas of Alameda County
   Address of Organization: 3467 Castro Valley Blvd - Castro Valley, CA 94546
   Purpose for Distribution: To reward a nonprofit organization for its contributions to the community

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature: Crystal Hishida Graff
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   Date: 7/15/10

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

PLAZA 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

---

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 09/23/10  
**Description of Event:** Baseball Game

**Face Value of Ticket:** $40.00

**Agency Event**

Yes  
No (Identify source of tickets below.)

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

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

---

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

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

---

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

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

**Name of Individual or Organization:** Castro Valley/Eden Area Chamber of Commerce

**Number of Tickets:** 2

**Description of Organization:** Local business support in the Unincorporated Areas of Alameda County

**Address of Organization:** 3467 Castro Valley Blvd - Castro Valley, CA 94546

**Number and Street**

**City**

**State**

**Zip Code**

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

To reward a nonprofit organization for its contributions to the community

---

### 5. Verification

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

CRISTAL HISHIDA GRAFF  
PRINCIPAL ANALYST

Signature of Agency Head or Designee  
Print Name  
Title

(month, day, year)

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

PLAZA SEATS

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-3772)
**Tickets Provided by Agency Report**

**A Public Document**

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

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

   **Street Address**
   - OAKLAND, CA 94612

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

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

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

   **Date Stamp**
   - California Form 802

   **For Official Use Only**

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

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

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

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

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

   **Face Value of Ticket:** $81.75

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

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

   **Number of Tickets Received:** 1

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

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

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

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

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

   **Name of Individual or Organization:** Geoffrey Pete

   **Number of Tickets:** 1

   **Description of Organization:**

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

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

   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales - PLAZA SEATS

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 Auditor/Designee:**
   - CRYSTAL HISHIDA GRAFF

   **Print Name:**
   - PRINCIPAL ANALYST

   **Title:**
   - 6/4/10 (month, day, year)

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

FPPC Form 802 (Feb/09)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
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1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

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

Date Stamp California Form 802
For Official Use Only

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 19 / 10
Description of Event: Andre Ward vs. Green
Face Value of Ticket: $ 81.75

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

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

Number of Tickets Source of 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>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: Clyde Sotomey

Number of Tickets: 1

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

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

5. Verification

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

Crystal Hishida Graff
Principal Analyst

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales - 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: 07 / 07 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   Agency Event: ☒ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Outside Source of Ticket(s) Provided to Agency: 2
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Christopher Miley & Angelina Rodriguez
   Number of Tickets: 2
   Description of Organization: 
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   CRYS TAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales - PLAZA SEATS

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

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

Street Address
OAKLAND, CA 94612

Area Code/Phone Number 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: 07/17/10 Description of Event: Justin Bieber

/ / / Face Value of Ticket: $146.00

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: [x] Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Heather, Brooklyn, Josh & Louie Lanza 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 Print Name: PRINCIPAL ANALYST Title:

(month, day, year)

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

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

   **Street Address**
   OAKLAND, CA 94612

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

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

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

   **Date(s) of Event:** 07 / 11 / 10

   **Description of Event:** Oakland A's vs. Los Angeles Angels

   **Face Value of Ticket:** $40.00

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

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

   **Number of Tickets**

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

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

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

   **Name of Individual or Organization:** Socially Responsible Network

   **Number of Tickets:** 2

   **Description of Organization:** Provide resources, technical assistance, legislative information, and facilitate networking

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

   **City**
   **State**
   **Zip Code**

   **Purpose for Distribution:** To reward a school or nonprofit organization for its contributions to the community.

5. **Verification**

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

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

   **Print Name**
   **Title**

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

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

**A Public Document**

1. **Agency Name**
   
   COUNTY OF ALAMEDA

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

   **Street Address**
   
   OAKLAND, CA 94612

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

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

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

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

   **Date(s) of Event:** 08 / 02 / 10

   **Description of Event:** Oakland A's vs. Kansas City Royals

   **Date(s) of Event:** 08 / 03 / 10

   **Face Value of Ticket:** $40.00

   **Agency Event**
   
   ☐ Yes

   ☒ No (Identify source of tickets below.)

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

   **Number of Tickets Received:** 4

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

   ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</th>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<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:**
   
   Keith Carson, Supervisor Fifth District

   **Name of Individual or Organization:**
   
   Socially Responsible Network

   **Number of Tickets:** 4

   **Description of Organization:**
   
   Provide resources, technical assistance, legislative information, and facilitate networking.

   **Address of Organization:**
   
   360 Grand Ave. #57

   Oakland, CA 94610

   **Purpose for Distribution:**
   
   To reward a school or nonprofit organization for its contributions to the community.

5. **Verification**

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

   **Signature of Agency Head or Designee**

   [Signature]

   **Print Name**

   CRISTAL HISHIDA GRAFF

   **Title**

   PRINCIPAL ANALYST

   **Date**

   6/18/10

   **FPPC Form 802 (Feb/69)**

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 07 / 17 / 10
Description of Event: Justin Bieber
Face Value of Ticket: $146.00
Agency Event
☐ Yes  ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
Number of Tickets Received: 2
Ticket(s) Provided to Agency:
☐ Gratuitously  ☒ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Tamika Davis
Number of Tickets: 2
Description of Organization:
Address of Organization:
Number and Street
City
State
Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public.

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

Signature of Agency Head or Designee: __________________________
CRystal HISHIDA GRAFF
PRINCIPAL ANALYST
Print Name
Signature Date: 06/11/10
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**1. Agency Name**

COUNTY OF ALAMEDA

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

1221 OAK STREET, #555

**Street Address**

OAKLAND, CA 94612

**Area Code/Phone Number**

(510) 272-3882

crystal.hishida@acgov.org

**Agency Contact (name and title)**

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

---

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

**Date(s) of Event:** 07 / 19 / 10

**Description of Event:** James Taylor & Carole King

**Face Value of Ticket:** $ 128.00

**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>
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<tr>
<th>Name of Official (Last, First)</th>
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</tbody>
</table>

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

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

**Name of Individual or Organization:** Marcia Shrago

**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:**

**Print Name:** CRYSTAL HISHIDA GRAFF

**Principal Analyst:**

**Title:**

**Date (month/day/year):** 6/9/10

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

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number (510) 272-3882

E-mail crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07/24/10 Description of Event: Shankar Ehsaan Loy

Face Value of Ticket: $79.00

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)

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<th>Name of Official</th>
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</table>

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

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

Name of Individual or Organization: BOSS Number of Tickets: 4

Description of Organization: helping homeless, poor and disabled people in our community of Alameda County.

Address of Organization: 2065 Kittredge Street, Suite E Berkeley, CA 94704

Number and Street City State Zip Code

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

To reward a school or nonprofit organization for its contributions to the community.

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

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

(month, day, year) 6/9/10

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

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

Street Address
   OAKLAND, CA 94612

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

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

Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 25 / 10
   Description of Event: Oakland A's vs. Chicago White Sox
   Face Value of Ticket: $40.00
   Agency Event
   ☑ Yes  ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency:
   ☑ Gratuitously  ☑ Pursuant to Contract

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

<table>
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<th>Name of Official (Last, First)</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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Matthew Smith
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To promote attendance at a County facility in order to maximize potential County revenue from parking & concessions.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   6/5/10 (month, day, year)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number  (510) 272-3382
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: 07/09/10 Description of Event: Oakland A's vs. Los Angeles Angels
Face Value of Ticket: $40.00
Agency Event: ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
Number of Tickets Received: 2
Ticket(s) Provided to Agency: ☒ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
Name of Individual or Organization: Dana Hodge
Number of Tickets: 2
Description of Organization:
Address of Organization: [Number and Street], City, State, Zip Code
Purpose for Distribution: To reward a County employee for his or her exemplary service to the public.

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

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: __07__/__06__/__10__ Description of Event: Oakland A's Tickets
   ______/_____/______ Face Value of Ticket: $ __40.00__
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: OAKLAND A's
   Number of Tickets Received: __2__ Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Frank Ficken
   Number of Tickets: __2__
   Description of Organization: 
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his service to the public.

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

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)
### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 07/17/10  
**Description of Event:** singer and concert performer  
**Face Value of Ticket:** $146

- **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)

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

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

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

- **Name of Individual or Organization:** Wendee Brumwell  
  - **Number of Tickets:** 2

- **Description of Organization:**

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

- **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)  
  - rewarding a county employee for exemplary service

### 5. Verification

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

- **Signature of Agency Designee:**  
- **Print Name:** CRYSTAL HISHIDA GRAFF  
- **Title:** PRINCIPAL ANALYST

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 19 / 10
   Description of Event: Andre Ward vs. Green
   Face Value of Ticket: $81.75
   Agency Event: No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
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<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>Wilson, Shawn</td>
<td>4</td>
<td>To promote attendance at event at a County facility</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3
   Name of Individual or Organization: ____________________________
   Number of Tickets: ________
   Description of Organization: ____________________________
   Address of Organization: ____________________________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   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: 6/9/10
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## Tickets Provided by Agency Report

**A Public Document**

<table>
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<th>1. Agency Name</th>
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<tr>
<td>1221 OAK STREET, #555</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA, 94612</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>510-272-3882</td>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
<td></td>
</tr>
<tr>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
<td></td>
</tr>
</tbody>
</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>
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</thead>
<tbody>
<tr>
<td>07/17/10</td>
<td>Justin Bieber</td>
<td>$146.00</td>
</tr>
</tbody>
</table>

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

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

Number of Tickets Received: 4

Ticket(s) Provided to Agency: □ Gratuously □ 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: Supervisor Alice Lai-Bitker, District 3

Name of Individual or Organization: Anabella Rodriguez

Number of Tickets: 4

Description of Organization:

Address of Organization:

Number and Street

City

State

Zip Code

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

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

CRYSALT HISHIDA GRAFF  PRINCIPAL ANALYST

Print Name

Title

(month, day, year)

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

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

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

510-272-3882

crystal.hishida@acgov.org

Agency Contact (name and title)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 07/17/10

Description of Event: Justin Bieber

Face Value of Ticket: $146.00

Agency Event

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

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

Number of Tickets Received: 2

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

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

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

Number of Tickets: 2

Description of Organization:

Address of Organization:

Number and Street

City

State

Zip Code

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

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

5. Verification

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

Signature of Agency Head or Designee

CRystal HISHIDA GRAFF

PRINCIPAL ANALYST

Date (Month, Day, Year)

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

FPPC Form 802 (Feb/09)

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

1. Agency Name
   COUNTY OF ALAMEDA

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

Street Address
   OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-3882

E-mail
   crystal.hishida@acgov.org

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

Date Stamp

California Form 802

For Official Use Only

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 09 / 10

Description of Event: Baseball Game

Face Value of Ticket: $ 40.00

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

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

Number of Tickets Received: 1

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

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

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<th>Name of Official (Last, First)</th>
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</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: Binh Vu

Number of Tickets: 1

Description of Organization:

Address of Organization: 1445 Elm Street, El Cerrito, CA 94530

Number and Street: 1445 Elm Street

City: El Cerrito

State: CA

Zip Code: 94530

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

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

5. Verification

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

Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF

PRINCIPAL ANALYST

Date (month, day, year)

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

and concession sales - PLAZA SEATS

FPPC Form 802 (Feb/09)

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

**A Public Document**

**1. Agency Name**

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA, 94612

Area Code/Phone Number

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:

06 / 21 / 10

Description of Event:

Oakland A's Tickets

Face Value of Ticket: $ 40.00

Agency Event

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

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

OAKLAND A's

Number of Tickets Received: 2

Ticket(s) Provided to Agency:

☑ Gratuitously  ☑ Pursuant to Contract

---

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

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</table>

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

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

Name of Behesting Agency Official:

Alameda County Supervisor Scott Haggerty, District 1

Name of Individual or Organization:

Ione Bell

Number of Tickets: 2

Description of Organization:

Address of Organization:

Number and Street

City

State

Zip Code

Purpose for Distribution:

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

To reward a community volunteer for 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 & Designee

CRystal Hishida Graff

PRINCIPAL ANALYST

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

---

FFPC Form 802 (Feb/09)

FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   E-mail: crystal.hishida@acgov.org
   Agency Contact: Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 06 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   Agency Event: [ ] Yes [x] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   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>
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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>
</table>

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

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Community Prevention
   Number of Tickets: 1
   Description of Organization: Education and programs to reduce violence associated with alcohol and drugs
   Address of Organization: 1558 'B' St, Ste 201 - Hayward, CA 94541
   Number and Street: 1558 'B' St, Ste 201
   City: Hayward
   State: CA
   Zip Code: 94541
   Purpose for Distribution: To reward a non profit organization for its contributions to the community

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18644.1.

   [Signature]
   CRISTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (month/day/year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   PLAZA SEATS

FPPC Form 802 (Feb/69)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

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

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

Date Stamp
California Form 802
For Official Use Only

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

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

Agency Event ☐ Yes ☐ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics

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

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

<table>
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<tr>
<th>Name of Official (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>Miley, Nate</td>
<td>1</td>
<td>To obtain oversight of facilities that have received County funding or support</td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: _______________________________ Number of Tickets: ______________

Description of Organization: ________________________________

Address of Organization: ________________________________

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.)

PLAZA SEATS

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

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

Street Address
   OAKLAND, CA 94612

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

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

Date Stamp
   California Form 802
   For Official Use Only

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 21 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $40.00

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

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

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

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Stefanie Harding & Saeng Saephan
   Number of Tickets: 2

Description of Organization: ________________________________

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

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

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   (Signature of Agency Head or Designee)  (Print Name)  (Title)
   6/4/10  (Month, day, year)

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

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

**A Public Document**

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

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 Stamp**
   - California Form 802

8. **For Official Use Only**

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

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

---

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

- **Date(s) of Event:** 7/19/10
- **Description of Event:** Oakland A's Tickets
- **Face Value of Ticket:** $40.00

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

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

- **Number of Tickets Received:** 2

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

---

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

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

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

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

- **Name of Individual or Organization:** Vicki Long

- **Number of Tickets:** 2

- **Description of Organization:**

- **Address of Organization:**

  - Number and Street
  - City
  - State
  - Zip Code

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

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

---

**5. Verification**

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

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

- **Date:** 6/4/10

**Comment:**

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

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

## 1. Agency Name

**COUNTY OF ALAMEDA**

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

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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: **7/25/10**

Description of Event: Oakland A's Tickets

Face Value of Ticket: **$40.00**

Agency Event

☐ Yes

☒ No (Identify source of tickets below.)

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

Number of Tickets Received: **2**

Ticket(s) Provided to Agency: ☒ Gratuitously

☒ Pursuant to Contract

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

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

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

Name of Individual or Organization: Brenda Guess

Number of Tickets: **2**

Description of Organization:

Address of Organization:

Number and Street

City

State

Zip Code

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

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

### 5. Verification

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

Signature of Agency Head or Designee

CRystal Hishida Graff

Principal Analyst

Print Name

Title

(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**

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

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

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

**Date(s) of Event:** 07/20/10  
**Description of Event:** Oakland A's vs. Boston Red Sox

**Face Value of Ticket:** $40.00

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

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

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

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

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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, Supervisor Fifth District

**Name of Individual or Organization:** Hannah Greene  
**Number of Tickets:** 2

**Description of Organization:**

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

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
To reward a County employee for his or her exemplary service to the public.

**5. Verification**

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

**Signature of Agency Head or Designee**

**Print Name**
CRISTAL HISHIDA GRAFF

**Title**
PRINCIPAL ANALYST

**(month, day, year)**
6/3/10

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

---

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 06 / 10
   Description of Event: Oakland A's vs. Minnesota Twins
   Face Value of Ticket: $ 40.00
   Agency Event
   Yes ☐ No ☒
   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)

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</table>

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Candace Chen
   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a student for outstanding scholastic achievement.

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

   [Signature]
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (month, day, year)

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

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (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: 07 / 06 / 10
   Description of Event: Oakland A’s vs. New York Yankees
   Face Value of Ticket: $40.00

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

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

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

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

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

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

   Name of Individual or Organization: Kamar O’Gwin

   Number of Tickets: 2

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

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

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

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

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07 / 21 / 10
   Description of Event: Oakland A's vs. Boston Red Sox
   Face Value of Ticket: $ 40.00
   Agency Event ☐ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☐ Gratuitously ☐ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Kamar O'Gwin
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for his or her service to the public.

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

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

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

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

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

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

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

   Name of Behesting Agency Official:
   Keith Carson, Supervisor Fifth District
   Name of Individual or Organization:
   Rodney Brooks
   Number of Tickets: 2
   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a County employee for his or her exemplary service to the public.

5. Verification

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

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/10/10
   Description of Event: Oakland A’s vs. Los Angeles Angels
   Face Value of Ticket: $40.00

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Rodney Brooks
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a County employee for his or her exemplary service to the public.

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

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

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

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

**Agency Report**  
**A Public Document**

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

### 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:** 09/06/10
- **Description of Event:** Oakland A's vs. Seattle Mariners
- **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:** Yes

### 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, Supervisor Fifth District
- **Name of Individual or Organization:** Rodney Brooks  
  - **Number of Tickets:** 2
- **Description of Organization:**
- **Address of Organization:**
  - Number and Street:  
  - City:  
  - State:  
  - Zip Code:  
- **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
  - To reward a County employee for his or her exemplary service to the public.

### 5. Verification
- I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
  
  ![Signature of Agency Head]  
  **CRYSTAL HISHIDA GRAFF**  
  **PRINCIPAL ANALYST**

  **6/31/05**

  **(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

Street Address
   OAKLAND, CA 94612

Division, Department, or Region (if applicable)

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

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

Date Stamp

TICKETS PROVIDED BY AGENCY REPORT
California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>06 / 26 / 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>Oakland A's vs. Pittsburgh Pirates</td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>Agency Event:</td>
<td>No</td>
</tr>
</tbody>
</table>

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

Number of Tickets Received: 2

Ticket(s) Provided to Agency: Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official</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.)

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

Name of Individual or Organization: South/West Berkeley Senior Center

Number of Tickets: 2

Description of Organization: dedicated to promoting a dignified, healthful quality of life for older adults

Address of Organization: 2939 Ellis St., Berkeley, CA 94703

Number and Street |
| City |
| State |
| Zip Code |

Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

5. Verification

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

Signature of Agency Head or Designee:

CRISTAL HISHIDA GRAFF

PRINT NAME

PRINCIPAL ANALYST

TITLE

(month, day, year)

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

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

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY OF ALAMEDA</td>
<td>California</td>
</tr>
<tr>
<td><strong>Division, Department, or Region (if applicable)</strong></td>
<td><strong>Form 802</strong></td>
</tr>
<tr>
<td>1221 OAK STREET, #555</td>
<td>For Official Use Only</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td><strong>802</strong></td>
</tr>
<tr>
<td>OAKLAND, CA 94612</td>
<td></td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td><strong>Date of Original Filing:</strong></td>
</tr>
<tr>
<td>(510) 272-3882</td>
<td>(month, day, year)</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><strong>Amendment</strong> (Must explain in Part 5.)</td>
</tr>
<tr>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Agency Contact (name and title)</strong></td>
<td></td>
</tr>
<tr>
<td>Crystal Hishida Graff, Principal Analyst, County Administrator's Office</td>
<td></td>
</tr>
</tbody>
</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>06 / 17 / 10</td>
<td>Oakland A's vs. Pittsburgh Pirates</td>
<td>$ 40.00</td>
</tr>
<tr>
<td>06 / 25 / 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Oakland A's

**Number of Tickets Received:**

4

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

☑ Pursuant to Contract

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

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

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>Keith Carson, Supervisor Fifth District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization:</td>
<td>South West Berkeley Senior Center</td>
</tr>
<tr>
<td>Number of Tickets:</td>
<td>2</td>
</tr>
<tr>
<td>Description of Organization:</td>
<td>dedicated to promoting a dignified, healthful quality of life for older adults</td>
</tr>
<tr>
<td>Address of Organization:</td>
<td>2939 Ellis St. Berkeley, CA 94703</td>
</tr>
</tbody>
</table>

| Purpose for Distribution: | To reward a school or nonprofit organization for its contributions to the community. |

**5. Verification**

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

**Signature of Agency Lead or Designee:**

CRISTAL HISHIDA GRAFF

PRINCIPAL ANALYST

6/3/10

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

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

   Date Stamp: California Form 802
   Amendment (Must explain in Part 5.)
   Date of Original Filing: ___/___/____ (month, day, year)

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

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

<table>
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<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: SouthWest Berkeley Senior Center
   Number of Tickets: 2
   Description of Organization: dedicated to promoting a dignified, healthful quality of life for older adults
   Address of Organization: 2939 Ellis St. Berkeley, CA 94703
   Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

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

   Signature of Agency Head or Designee: [Signature]
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   Date: 6/3/10 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

**A Public Document**

### 1. Agency Name

**COUNTY OF ALAMEDA**

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

1221 OAK STREET, #555

**Street Address**

OAKLAND, CA 94612

**Area Code/Phone Number**

(510) 272-3882

**E-mail**

crystal.hishida@acgov.org

**Agency Contact (name and title)**

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

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 06/21/10, 06/22/10

**Description of Event:** Oakland A's vs. Cincinnati Reds

**Face Value of Ticket:** $40.00

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

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

**Number of Tickets Received:** 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 (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:** Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:** South/West Berkeley Senior Center

**Number of Tickets:** 4

**Description of Organization:** Dedicated to promoting a dignified, healthful quality of life for older adults

**Address of Organization:** 2939 Ellis St. Berkeley, CA 94607

**Purpose for Distribution:** To reward a school or nonprofit organization for its contributions to the community.

### 5. Verification

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

**Signature of Agency Head or Designee:**

**CRystal Hishida Graff**

**Print Name:**

**Principal Analyst:**

**Title:**

**Date:** 6/30/09 (Month, Day, Year)

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

---

**FFPC Form 602 (Feb/09)**

**FFPC 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**: 06 / 09 / 10, 06 / 10 / 10
- **Description of Event**: Oakland A's vs. Los Angeles Angels
- **Face Value of Ticket**: $40.00
- **Agency Event**: ☑ Yes, ☐ No (Identify source of tickets below.)
- **Name of Outside Source of Ticket(s) Provided to Agency**: Oakland A's
- **Number of Tickets Received**: 4
- **Ticket(s) Provided to Agency**: ☑ Gratuitously, ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (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**: Keith Carson, Supervisor Fifth District
- **Name of Individual or Organization**: South/West Berkeley Senior Center
- **Number of Tickets**: 4
- **Description of Organization**: dedicated to promoting a dignified, healthful quality of life for older adults
- **Address of Organization**: 2939 Ellis St., Berkeley, CA 94703
- **Purpose for Distribution**: To reward a school or nonprofit organization for its contributions to the community.

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

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

**Print Name**: CRYSTAL HISHIDA GRAFF

**Title**: PRINCIPAL ANALYST

**Date (month, day, year)**: [Date]

**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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 08 / 10
   Description of Event: A's v. Angels
   Face Value of Ticket: $1,700
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 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>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.):
   Name of Behesting Agency Official: Supervisor Gail Steele, District 2
   Name of Individual or Organization: Alameda County Urban Male Health Initiative
   Number of Tickets: 20
   Description of Organization: Collaboration of professional men who are concerned about the health of males at high risk
   Address of Organization: 1000 Broadway
   Oakland, CA 94612
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   provide opportunities to those who are receiving services from County agencies...from Health Care Services/Pub.Heat

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

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

1. **Agency Name**
   COUNTY OF ALAMEDA

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

   **Street Address**
   OAKLAND, CA 94612

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

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

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

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

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

   **Date(s) of Event:** 06/23/10

   **Description of Event:** Baseball Game

   **Face Value of Ticket:** $85.00

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

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

   **Number of Tickets Received:** 10

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

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

   (Provided at the behest of an agency official.)

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

   **Name of Individual or Organization:**
   Castro Valley Elementary Parent and Teacher

   **Number of Tickets:** 10

   **Description of Organization:**
   Association - Supports school programs and activities

   **Address of Organization:**
   20185 San Miguel Avenue - Castro Valley, CA 94546

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

   To reward a nonprofit organization for its contributions to the community

5. **Verification**

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

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

   **CRystal Hishida Graff**
   **Principal Analyst**

   **Print Name**
   [Print Name]

   **Title**
   [Title]

   **Date**
   (Month, Day, Year)

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

---

FPPC Form 802 (Feb/09)

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

1. **Agency Name**
   County of Alameda

   **Division, Department, or Region (if applicable)**
   1221 Oak Street, #555

   **Street Address**
   Oakland, CA 94612

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

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

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

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 06/04/10
   **Description of Event:** Oakland A's TICKETS
   **Face Value of Ticket:** $85

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

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

   **Number of Tickets Received:** 4
   **Ticket(s) Provided to Agency:** [ ] Gratuitously  [x] Pursuant to Contract

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

<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>Scott Haggerty, Sup. Dist. 1</td>
<td>4</td>
<td>TO REVIEW FACILITIES</td>
</tr>
</tbody>
</table>

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

   **Name of Behesting Agency Official:** Supervisor Scott Haggerty, Dist. 1

   **Name of Individual or Organization:**
   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.)

5. **Verification**

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

   [Signature of Agency Head or Designee]
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST

   [Print Name]
   [Title]

   [Date] (Month, Day, Year)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 85.00
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Castro Valley Elementary Parent and Teacher
   Description of Organization: Association - Supports school programs and activities
   Number of Tickets: 4
   Address of Organization: 20185 San Miguel Avenue - Castro Valley, CA 94546
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a 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
   (month, day, year)

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 10 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 40.00
   Agency Event
   Yes [ ] No [x] (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 [x] Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: United Seniors of Oakland & Alameda County
   Number of Tickets: 2
   Description of Organization: Senior Advocacy
   Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   [Signature]
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales - 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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 09 / 10 Description of Event: Baseball Game

Face Value of Ticket: $ 40.00

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

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

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

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

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

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

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

Name of Individual or Organization: Milton Ma Number of Tickets: 1

Description of Organization:                                                                

Address of Organization:

Number and Street

City

State

Zip Code

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

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

5. Verification

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

CRystal Hishida Graff  PRINCIPAL ANALYST

Signature of Agency Head/Organization Designee  Print Name  Title

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

and concession sales - PLAZA SEATS
1. **Agency Name**
   - COUNTY OF ALAMEDA

2. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 08/08/10
   - **Description of Event:** A's v. Rangers
   - **Face Value of Ticket:** $1,700
   - **Agency Event:** 
     - [ ] Yes
     - [ ] No

3. **Agency Official(s) Receiving Ticket(s)**
   - **Name of Official**
     - (Last, First)
   - **Number of Tickets**
   - **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution**

4. **Individual or Organization Receiving Ticket(s)**
   - **Name of Behesting Agency Official:** Supervisor Gail Steele, District 2
   - **Name of Individual or Organization:** Greater Hayward Area Rec. and Park Found.
   - **Number of Tickets:** 20
   - **Description of Organization:** preserves quality of parks and recreation facilities in Hayward Area Recreation/Park District
   - **Address of Organization:** 1099 E Street
     - **City:** Hayward,
     - **State:** CA
     - **Zip Code:** 94541
   - **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)
     - to reward a local non-profit which is helping the community

5. **Verification**
   - **Signature:** [Signature]
   - **Print Name:** CRYSTAL HISHIDA GRAFF
   - **Title:** PRINCIPAL ANALYST
   - **Date (month, day, year):** 03/21/10

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

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*FPPC Form 802 (Feb/09)*
*FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)*
## 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
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
(Most explain in Part 5.)

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

### 2. Event For Which Tickets Were Distributed

#### Date(s) of Event:
07 / 11 / 10

#### Description of Event:
A's v. Angels

#### Face Value of Ticket:
$40

#### 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</th>
<th>Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

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

#### Name of Individual or Organization:
Rick Houle

#### Number of Tickets:
2

#### Description of Organization:

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

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

### 5. Verification

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

**Signature of Agency Head or Designee**

**CRystal HISHIDA GRAFF**

**PRINCIPAL ANALYST**

**Print Name**

**Title**

**(month, day, year)**

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

---

FPPC Form 802 (Feb/09)

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

1. Agency Name
COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 08 / 03 / 10 Description of Event: Oakland A's TICKETS
Face Value of Ticket: $40

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

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

Number of Tickets Received: 4 Ticket(s) Provided to Agency: No Gratuitously Yes Pursuant to Contract

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

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

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

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

Name of Individual or Organization: COMMISSION ON AGING Number of Tickets: 4

Description of Organization: COMMISSION SUPPORTING SERVICES FOR SENIORS

Address of Organization: 6955 Foothill Blvd. Suite 300, Oakland CA 94605
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
TO PROMOTE HEALTH TO VULNERABLE POPULATIONS IN THE COUNTY- SUCH AS SENIORS.

5. Verification

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

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

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

FPDC Form 802 (Feb/09)
FPDC Toll-Free Helpline: 866/ASK-FPDC (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: Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/24/10, 08/16/10
   Description of Event: Oakland A's tickets
   Face Value of Ticket: $40.00
   Agency Event: No (Identify source of tickets below.)
   Name of Outsider Source of Ticket(s) Provided to Agency: Oakland Athletics
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</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.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Grad Night 2010 Irvington H.S.
   Number of Tickets: 4
   Description of Organization: Safe and Sober Grad Night
   Address of Organization: Irvington High School Grad Night 41800 Blacow Road Fremont CA 94538
   Purpose for Distribution: To reward a nonprofit organization for its contributions to the community.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Crystal Hishida Graff
   Print Name: Crystal Hishida Graff
   Title: Principal Analyst
   Date: 02/10

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

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

Agancy Contact (name and title)

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

Date Stamp

A Public Document

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

2. Event For Which Tickets Were Distributed

Date(s) of Event:  
07 / 24 / 10

Description of Event:  
Oakland A's vs. Chicago White Sox

Face Value of Ticket:  
$40.00

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

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

Number of Tickets Received:  
2

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

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

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

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

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

Name of Individual or Organization:  
Angela Gums

Number of Tickets:  
2

Description of Organization:

Address of Organization:  
Number and Street
City
State
Zip Code

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

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

5. Verification

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

Signature of Agency Head of Designee  
CRYSTAL HISHIDA GRAFF

Print Name  
PRINCIPAL ANALYST

Title  

(month, day, year)

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

A Public Document

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/5/10
   Description of Event: Oakland A's vs. Minnesota Twins
   Face Value of Ticket: $40.00
   Agency Event: ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Judy Freeman
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street __________________________ City __________________________ State ______ Zip Code ______

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

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   ___________________________ 
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   Print Name Title
   02/10
   (Month, Day, Year)

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

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 08 / 10
Description of Event: A's v. Angels
Face Value of Ticket: $ 1,700
Agency Event
□ Yes
□ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency:
Oakland A’s
Number of Tickets Received: 24
Ticket(s) Provided to Agency:
□ Gratuity
□ 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>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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</table>

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2
Name of Individual or Organization: Alameda County Urban Male Health Initiative
Number of Tickets: 20
Description of Organization: collaboration of professional men who are concerned about the health of males at high risk
Address of Organization: 1000 Broadway
Oakland, CA 94612
Purpose for Distribution: provide opportunities to those who are receiving services from County agencies...from Health Care Services/Pub.Health

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 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.)
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: 06 / 23 / 10 Description of Event: Alameda County Fair
Face Value of Ticket: $ 5.00
Agency Event: □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board
Number of Tickets Received: 4 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

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

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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
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: 06 / 27 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5
   Agency Event □ Yes □ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briones, Ruben</td>
<td>4</td>
<td>To 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: Supervisor Alice Lai-Bilker, 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.)
   To reward a County employee for his or her exemplary service to the public or to encourage staff 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.)

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

**Agency Name**
COUNTY OF ALAMEDA

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

**Street Address**
OAKLAND, CA. 94612

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

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

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

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

**Event For Which Tickets Were Distributed**

<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>6/23/10</td>
<td>Alameda County Fair</td>
<td>$5.00</td>
</tr>
<tr>
<td>7/11/10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**

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

**Name of Outside Source of Ticket(s) Provided to Agency:**
Alameda County Fair Association

**Number of Tickets Received:**

| Ticket(s) Provided to Agency | [ ] Gratuitously | [x] Pursuant to Contract |

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

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

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

- **Name of Behesting Agency Official:** Supervisor Alice Lai-Bitker
- **Name of Individual or Organization:** Mother Wright Foundation
- **Number of Tickets:** 10

**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 her service

**Verification**

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

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

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

---

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 30
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1
   Name of Individual or Organization: Bay Area Community Services
   Number of Tickets: 30
   Description of Organization:
   Address of Organization: 3900 Valley Ave., Suite B Pleasanton CA 94566
   Number and Street
   City
   State Zip Code
   Purpose for Distribution: To reward a non profit organization for its contributions to the community

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST
   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: 06 / 23 / 10
   Description of Event: Alameda County Fair
   07 / 11 / 10
   Face Value of Ticket: $ 5
   Agency Event □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Assn.
   Number of Tickets Received: 40
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Supervisor Gail Steele, District 2
   Name of Individual or Organization: La Familia Resource Center
   Number of Tickets: 40
   Description of Organization: Provides basic-need services to families in need--immigration, food, shelter, etc.
   Address of Organization: 26081 Mocine Ave. Hayward, CA 94544
   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.
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 06/23/10
   Signature of Agency Head or Designee Print Name Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency 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: 06 / 23 / 10

Description of Event: Alameda County Fair

07 / 11 / 10

Face Value of Ticket: $ 5

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

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Assn.

Number of Tickets Received: 45

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>
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</tbody>
</table>

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

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

Name of Individual or Organization: Eden Youth & Family Center

Number of Tickets: 45

Description of Organization: Provides supportive services and advocacy for children and families in Hayward area.

Address of Organization:

680 W. Tennyson

Hayward, CA 94544

Purpose for Distribution: To promote health, motivate and provide expanded opportunities to vulnerable populations in Alameda County.

5. Verification

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

Signature of Agency Head or Designee

CRystal Hishida Graff PRINCIPAL ANALYST

Print Name

Title

(month, day, year)

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

FPPC Form 802 (Feb/09)

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

**A Public Document**

1. **Agency Name**
   
   COUNTY OF ALAMEDA

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

   **Street Address**
   
   OAKLAND, CA 94612

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

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

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

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

   **Date(s) of Event:**
   
   06/23/10

   **Description of Event:**
   
   Alameda County Fair

   **Face Value of Ticket:**
   
   $10

   **Agency Event**
   
   Yes

   **Name of Outside Source of Ticket(s) Provided to Agency:**
   
   Alameda County Fair Assn.

   **Number of Tickets Received:**
   
   4

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

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

   **Name of Official (Last, First)**
   
   Supervisor Gail Steele, District 2

   **Number of Tickets**
   
   4

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

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

   **Name of Behesting Agency Official:**
   
   Dimitris Kastriotis

   **Number of Tickets:**
   
   4

   **Description of Organization:**
   
   

   **Address of Organization:**
   
   P.O. Box 327

   Sunol,

   CA 94586

   **Purpose for Distribution:**
   
   To reward a community volunteer for his service to the public. Include parking pass

5. **Verification**

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.

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

   **Print Name**
   
   PRINCIPAL ANALYST

   **Title**
   
   06/23/10

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

   COUNTY OF ALAMEDA

   Division, Department, or Region (if applicable)

   1221 OAK STREET, #555

   Street Address

   OAKLAND, CA 94612

   Area Code/Phone Number 510-272-3882

   E-mail crystal.hishida@acgov.org

   **Agency Contact (name and title)**

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

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

   Date(s) of Event: 06 / 23 / 10

   Description of Event: Alameda County Fair

   07 / 11 / 10

   Face Value of Ticket: $ 5.00

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

   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Asn.

   Number of Outside Source of Ticket(s) Provided to Agency: 45

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

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

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

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

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

   Name of Individual or Organization: Hedco House

   Number of Tickets: 45

   Description of Organization: Offers psychological and prevocationa rehabilitation program for adults with mental illness.

   Address of Organization: 590 B Street, Hayward, CA 94541

   Number of Street: 590  City: Hayward  State: CA  Zip Code: 94541

   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 Alameda County.

5. **Verification**

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

   **Signature of Agency Head or Designee**

   **Print Name**

   **Title**

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06/23/10 Description of Event: Alameda County Fair
07/11/10 Face Value of Ticket: $5.00
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Assn.
Number of Tickets Received: 45 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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</tr>
</tbody>
</table>

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

Name of Behesting Agency Official: Supervisor Gall Steele, District 2
Name of Individual or Organization: League of Volunteers, Newark Number of Tickets: 45
Description of Organization: To promote volunteerism and enhance quality of life in Tri-Cities area for youth, seniors, etc
Address of Organization: 35233 C Newark Blvd.
                       Newark,
                       CA 94514
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a nonprofit organization for its contributions to the community.

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 6/22/10
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report
A Public Document

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

Date Stamp

California Form 802
For Official Use Only

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

2. Event For Which Tickets Were Distributed
Date(s) of Event:
06 / 23 / 10
07 / 11 / 10
Description of Event: Alameda County Fair
Face Value of Ticket: $ 5.00
Agency Event
□ Yes
□ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Assn.
Number of Tickets Received: 45
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 Gail Steele, District 2
Name of Individual or Organization: Eden Housing
Number of Tickets: 45
Description of Organization: To build and maintain high-quality housing for low-income, seniors, and the disabled.
Address of Organization: 22645 Grand St., Hayward, CA 94541
Purpose for Distribution: To reward a nonprofit organization for its contributions to the community.

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

Signature of Agency Head or Designee
CRystal Hishida Graff
Print Name
PRINCIPAL ANALYST
Title
(6/22/10) (month, day, year)
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

### A Public Document

#### 1. Agency Name

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

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

- **Date(s) of Event:** 06/23/10, 07/11/10
- **Description of Event:** Alameda County Fair
- **Face Value of Ticket:** $5.00
- **Agency Event:** No

- **Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair

- **Number of Tickets Received:** 45

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

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

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

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

- **Name of Behesting Agency Official:** Supervisor Gail Steele, District 2
- **Name of Individual or Organization:** Hayward Youth & Family Services
- **Number of Tickets:** 45

- **Address of Organization:** 300 W. Winton, Hayward, CA 94544

- **Purpose for Distribution:** To promote health, motivate and provide expanded opportunities to vulnerable populations in Alameda County.

#### 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:** 6/22/10

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

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

Street Address
OAKLAND, CA 94612

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

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

Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event: ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board
   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>
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<tr>
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<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: Supervisor Alice Lai-Bilker, District 3

   Name of Individual or Organization: Nina Gabriel
   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.)
   Reward for service to the community

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

   Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF
   Print Name: PRINCIPAL ANALYST
   Title: (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 Gragg, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 23 / 10
Description of Event: Alameda County Fair
Face Value of Ticket: $5.00
Agency Event □ Yes  □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board
Number of Tickets Received: 5
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: Linda Adams
Number of Tickets: 5
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.)
Reward for 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.

CRYSTAL HISHIDA GRAFF
PRINCIPAL ANALYST
6/23/10

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event: [X] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fairgrounds Board
   Number of Tickets Provided to Agency: 3
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: [X] Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Supervisor Alice Lai-Bilker, District 3
   Name of Individual or Organization: Sylvia de Brussel
   Number of Tickets: 3
   Description of Organization: 
   Address of Organization: 
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   Reward for 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
   (month, day, year) 6/23/10

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

### 1. Agency Name
- **COUNTY OF ALAMEDA**
- **1221 OAK STREET, #555**
- **OAKLAND, CA 94612**
- E-mail: crystal.hishida@acgov.org

### 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:** 06/23/10
- **Description of Event:** Alameda County Fair
- **Face Value of Ticket:** $5
- **Agency Event:** No (Identify source of tickets below.)
- **Name of Outside Source of Ticket(s) Provided to Agency:** Alameda County Fair Association
- **Number of Tickets Received:** 8
- **Ticket(s) Provided to Agency:** Pursuant to Contract

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

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

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

### 4. Individual or Organization Receiving Ticket(s)
- **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
- **Name of Individual or Organization:** Castro Valley/Eden Area Chamber of Commerce
- **Number of Tickets:** 8

**Description of Organization:** Service organization

**Address of Organization:** 3467 Castro Valley Blvd, Castro Valley, CA 94546
- **City:**
- **State:**
- **Zip Code:**

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

To reward a non profit for their service to the community

### 5. Verification

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

**Signature of Agency Head or Designee:**

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

**Date:** 6/22/10

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
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:** 06/23/10
   - **Description of Event:** Alameda County Fair
   - **Face Value of Ticket:** $10

9. **Agency Event**
   - □ Yes
   - □ No

10. **Name of Outside Source of Ticket(s) Provided to Agency**
    - Alameda County Fair Association

11. **Number of Tickets Received:** 8

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

13. **Agency Official(s) Receiving Ticket(s)**
    - **Name of Official** (Last, First)
    - **Number of Tickets**
    - **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution**

14. **Individual or Organization Receiving Ticket(s)**
    - **Name of Behesting Agency Official:** Alameda County Supervisor Nate Miley, District 4
    - **Name of Individual or Organization:** Castro Valley/Eden Area Chamber of Commerce
    - **Number of Tickets:** 8
    - **Description of Organization:** service organization
    - **Address of Organization:** 3467 Castro Valley Blvd, Castro Valley, CA 94546
    - **Purpose for Distribution:** To reward a non profit for their service to the community

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

16. **Signature of Agency Head or Designee**
    - CRYSTAL HISHIDA GRAFF

17. **Print Name**
    - PRINCIPAL ANALYST

18. **Title**
    - (month, day, year)

19. **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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00

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

   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

   Number of Tickets Received: 7
   Ticket(s) Provided to Agency: ☑ Gratuitously  □ Pursuant to Contract

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

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

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

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

   Name of Individual or Organization: Geneva McDaniel

   Number of Tickets: 7

   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 her service to the community

5. Verification

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

Signature of Agency Head or Designee
CRystal HISHIDA GRAFF PRINCIPAL ANALYST 6/22/12
(Title)  (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. **Agency Name**
   - COUNTY OF ALAMEDA
   - Division, Department, or Region (if applicable)
   - 1221 OAK STREET, #555

2. **Event For Which Tickets Were Distributed**
   - Date(s) of Event: 06/23/10
   - Description of Event: Alameda County Fair
   - Face Value of Ticket: $5.00

3. **Agency Official(s) Receiving Ticket(s)**
   - Name of Official: Alameda County Fair Association
   - Number of Tickets: 6
   - Ticket(s) Provided to Agency: Pursuant to Contract

4. **Individual or Organization Receiving Ticket(s)**
   - Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   - Name of Individual or Organization: Leslye Banghart
   - Number of Tickets: 6
   - Description of Organization:
   - Address of Organization:
     - Number and Street:
     - City:
     - State:
     - Zip Code:
   - Purpose for Distribution: To reward a community volunteer for her service to the community

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   - Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF
   - Print Name: PRINCIPAL ANALYST
   - Title: (month, day, year)
   - Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10 Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 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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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: James Robino
   Number of Tickets: 10
   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 service to the community

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

1. Agency Name
COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882

E-mail
crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10
Description of Event: Alameda County Fair

Face Value of Ticket: $ 5.00

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

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

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

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

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

Name of Individual or Organization: Judy Freeman
Number of Tickets: 10

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 her service to the community

5. Verification

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

Signature of Agency Head or Designee

CRystal Hishida Graff

Principal Analyst

Print Name

Title

(month, day, year)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event
   □ Yes  ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 8
   Ticket(s) Provided to Agency:
   ☑ Gratuitously  □ Pursuant to Contract

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

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Tessie Sullivan
   Number of Tickets: 8
   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 her service to the community

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

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

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

**Street Address**  
OAKLAND, CA 94612

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

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

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

**2. Event For Which Tickets Were Distributed**  
Date(s) of Event: 06 / 23 / 10  
Description of Event: Alameda County Fair

**Face Value of Ticket:** $ 5.00

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

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association

Number of Tickets Received: 10  
Ticket(s) Provided to Agency:  
☐ Gratuitously  ☒ Pursuant to Contract

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

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</tbody>
</table>

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

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

Name of Individual or Organization: Nadia Frazier  
Number of Tickets: 10

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 her 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.

CRystal Hishida Graff  
CRystal Hishida Graff  
Principal Analyst  
6/23/10 (month, day, year)

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event: □ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 10
   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: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Linda Adams
   Number of Tickets: 10
   Description of Organization:
   Address of Organization:
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a community volunteer for her 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
   Title
   Date of Signature (month, day, year)

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

A Public Document

1. Agency Name
   COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

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

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

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event ☐ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency: ☐ Gratuitously ☐ Pursuant to Contract

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

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

   

   

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Desiree Bustamante Number of Tickets: 10
   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 her service to the community

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

   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF Print Name
   PRINCIPAL ANALYST Title
   6/22/10 (Month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event
   □ Yes  ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency:
   □ Gratuitously  ☒ Pursuant to Contract

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

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</tbody>
</table>

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

   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Peter Dragoni
   Number of Tickets: 10
   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 service to the community

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

   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   6/22
   (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
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crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 06 / 23 / 10
Description of Event: Alameda County Fair

07 / 11 / 10
Face Value of Ticket: $ 5.00

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

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

Number of Tickets Received: 25
Ticket(s) Provided to Agency:
☐ Gratuitously  ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: 100 Black Men of the Bay Area

Number of Tickets: 25

Description of Organization: Dedicated to helping African American youth by providing scholarships and mentoring

Address of Organization: 1638 12th Street
Oakland, CA 94607

Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

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

☐ Signature of Agency Head or Designee  ☐ Print Name  ☐ Title

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number (510) 272-3882
   E-mail crystal.hishida@acgov.org
   Agency Contact Crystal Hishida Graff, Principal Analyst, County Administrator's Office
   Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00
   Agency Event Yes ☐ No ☐ (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair Association
   Number of Tickets Received: 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</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Willie Brown
   Number of Tickets: 10
   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 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.
   CRISTAL HISHIDA GRAFF PRINCIPAL ANALYST
   Signature of Agency Head or Designee Print Name Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by Agency Report**

**A Public Document**

1. **Agency Name**
   
   COUNTY OF ALAMEDA

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

   **Street Address**
   
   OAKLAND, CA 94612

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

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

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

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

   **Date(s) of Event:**
   
   06 / 23 / 10
   
   Description of Event:
   
   Alameda County Fair

   07 / 11 / 10

   **Face Value of Ticket:**
   
   $ 5.00

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

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

   **Number of Tickets Received:**
   
   5

   **Ticket(s) Provided to Agency:**
   
   ☐ Gratuously
   
   ☒ 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.)

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

   **Name of Individual or Organization:**
   
   Beth Eden Baptist Church

   **Number of Tickets:**
   
   5

   **Description of Organization:**
   
   Community Church

   **Address of Organization:**
   
   865 56th Street

   Oakland, CA 94603

   **City**
   
   **State**
   
   **Zip Code**

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

   To reward a school or nonprofit organization for its contributions to the community.

5. **Verification**

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

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

   **Print Name:**
   
   **Principal Analyst:**
   
   **Title:**

   (month, day, year)

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

   FPPC Form 802 (Feb09)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10 07 / 11 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 12
   Ticket(s) Provided to Agency: ☒ Gratutously ☒ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Berkeley Housing Authority
   Number of Tickets: 12
   Description of Organization: Enable clients to become self-sufficient and economically independent.
   Address of Organization: 1901 Fairview Street
                           Berkeley
                           CA 94703
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a school or nonprofit organization for its contributions to the community.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   06/23/10 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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

   Street Address
   OAKLAND, CA 94612

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $ 5.00

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

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

   Number of Tickets Received: 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>
</tr>
</thead>
</table>

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

   Name of Individual or Organization: Berkeley Albany Licensed Day Care Assoc.
   Number of Tickets: 10

   Description of Organization: Provide subsidized child care

   Address of Organization: 2414 6th Street
   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
   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
   Amendment (Must explain in Part 5.)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   07 / 11 / 10
   Face Value of Ticket: $ 5.00
   Agency Event  Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 5
   Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Beebe Memorial Cathederal
   Description of Organization: Community church
   Address of Organization: 3900 Telegraph Ave Oakland, CA 94609
   Number of Tickets: 5
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To reward a school or nonprofit organization for its contributions to the community.

5. Verification

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

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

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

A Public Document

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number 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

Califormia Form 802

For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10

07 / 11 / 10

Description of Event: Alameda County Fair

Face Value of Ticket: $ 5.00

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

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

Number of Tickets Received: 10

Ticket(s) Provided to Agency: ☐ Gratutously ☒ 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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</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: BANANAS

Number of Tickets: 10

Description of Organization: Provide subsidized child care for parents in need.

Address of Organization: 5232 Claremont Avenue Oakland, CA 94618

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.

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.)

6/23/10 (month, day, year)
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: 06/23/10 07/11/10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00

   Agency Event ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10

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>Keith Carson, Supervisor Fifth District</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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Asian Pacific Environmental Network
   Number of Tickets: 10
   Description of Organization: Empower low-income API communities to achieve environmental and social justice.
   Address of Organization: 310 8th Street #309 Oakland, CA 94607
   Purpose for Distribution: To reward a school or nonprofit organization for its contributions to the community.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: CRYSTAL HISHIDA GRAFF
   Print Name: PRINCIPAL ANALYST
   Title: 6/23/10
   (Month, day, year)

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

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

Street Address
OAKLAND, CA  94612

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/23/10  Description of Event: Alameda County Fair
07/11/10  Face Value of Ticket: $ 5.00

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

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

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

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

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

Name of Individual or Organization: Asian Community Mental Health  Number of Tickets: 10

Description of Organization: Provides multicultural and multilingual mental health services.

Address of Organization: 310 8th Street, Suite 201 Oakland, CA 94607

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

[Signature of Agency Head or Designee] CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST  06/30/10

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
1221 OAK STREET, #555

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
(510) 272-3882
crystal.hishida@acgov.org

Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date Stamp

□ Amendment (Must explain in Part 5.)

Date of Original Filing: _________________ (month, day, year)

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06 / 23 / 10
07 / 11 / 10

Description of Event: Alameda County Fair
Face Value of Ticket: $ 5.00

Agency Event □ Yes □ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 20
Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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<tbody>
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</tbody>
</table>

State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Albany Senior Center
Number of Tickets: 20

Description of Organization: Provides a comprehensive array of services, social and recreational programs.

Address of Organization: 846 Masonic Avenue
Albany
CA 94706

City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To reward a school or nonprofit organization for its contributions to the community.

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee: __________________________
CRystal Hishida Graff PRINCIPAL ANALYST
Print Name: __________________________
Title: __________________________
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb 09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA 94612
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06/23/10 07/11/10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00
   Agency Event ☑ Yes ☐ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 5
   Ticket(s) Provided to Agency: ☑ Gratuously ☐ Pursuant to Contract

3. Agency Office(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Albany Library Board
   Number of Tickets: 5
   Description of Organization: Advises the City Council on matters relating to the Albany branch of the AICo Library.
   Address of Organization: 1247 Marin Avenue
   Albany CA 94706
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To reward a school or nonprofit organization for its contributions to the community.

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name PRINCIPAL ANALYST
   Title
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

**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:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/10</td>
<td>Alameda County Fair</td>
<td>$5.00</td>
</tr>
<tr>
<td>07/11/10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**

☐ Yes  ☒ No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:**

Alameda County Fair

**Number of Tickets Received:**

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>
</tr>
</thead>
</table>

## 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

**Name of Behesting Agency Official:**

Keith Carson, Supervisor Fifth District

**Name of Individual or Organization:**

Alameda County Refugee Health

**Number of Tickets:**

10

**Description of Organization:**

Provides culturally and linguistically-appropriate comprehensive health assessments.

**Address of Organization:**

1411 E. 31st St.  
Oakland, CA 94602

**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  

FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)
   1221 OAK STREET, #555

Street Address
   OAKLAND, CA 94612

Area Code/Phone Number
   (510) 272-3882

E-mail
   crystal.hishida@acgov.org

Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   Face Value of Ticket: $5.00

   Date(s) of Event: 07 / 11 / 10

Agency Event
   □ Yes  ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair

Number of Tickets Received: 10

Ticket(s) Provided to Agency
   □ Gratuitously  ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official
      (Last, First)

   Number of Tickets

   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District

   Name of Individual or Organization: Alameda County Democratic Party Committee

   Number of Tickets: 10

   Description of Organization: Voter registration

   Address of Organization:
      1100 Peach Street
      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
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST
   Print Name
   Title
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report
A Public Document

1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   Street Address
   OAKLAND, CA  94612
   Area Code/Phone Number
   (510) 272-3882
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 06 / 23 / 10
   Description of Event: Alameda County Fair
   07 / 11 / 10
   Face Value of Ticket: $ 5.00
   Agency Event
   □ Yes   □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Alameda County Fair
   Number of Tickets Received: 10
   Ticket(s) Provided to Agency
   □ Gratuitously   □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official
   (Last, First)       Number of Tickets       State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Robin Torello
   Number of Tickets: 10
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)