

Tickets Provided by  
Agency Report

A Public Document

TICKETS PROVIDED BY  
AGENCY REPORT

1. Agency Name

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number E-mail

(510) 272-3882 crystal.hishida@acgov.org

Agency Contact (name and title)

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

Date Stamp

California Form 802

For Official Use Only

Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 8/19/09 8/2/09 Description of Event: A's v. N.Y.; A's v. KANSAS CITY

Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

Name of Behesting Agency Official: SUP. GABL STERUE

Name of Individual or Organization: HAYWARD CHAMBER OF COMMERCE Number of Tickets: 4

Description of Organization: PROMOTES BUSINESS OPPORTUNITIES FOR INDIVIDUALS/COMMERCE

Address of Organization: 22561 MAIN ST. HAYWARD CA 94541  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
PROMOTE TOURISM AS PART OF ECONOMIC DEVELOPMENT

5. Verification

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

Crystal Hishida Graff CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/16/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 09 / 14 / 09 Description of Event: Oakland Raiders Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 150.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders  
 Number of Tickets Received: 3 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Bill Ray Number of Tickets: 3


Description of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/24/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
COUNTY OF ALAMEDA			
Division, Department, or Region (if applicable)			
1221 OAK STREET, #555			
Street Address			
OAKLAND, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(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: 8 / 17 / 09 Description of Event: A'S V. N.Y.  
 \_\_\_\_\_ Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

Name of Behesting Agency Official: GALL STERLE

Name of Individual or Organization: NEWARK BOOSTERS Number of Tickets: 4

Description of Organization: FUND RAISERS FOR SCHOOL ACTIVITIES, SPORTS, ELECTIVES

Address of Organization: 39375 CEDAR BLVD. NEWARK CA 94566  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
NEWARK A SCHOOL FOR CONTRIBUTIONS TO COMMUNITY

5. Verification

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/2/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 10 / 18 / 09 Description of Event: Raider's Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 150.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raider's  
 Number of Tickets Received: 4 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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


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

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

Name of Behesting Agency Official: Supervisor Scott Haggerty  
 Name of Individual or Organization: Race Track Chaplaincy of America Number of Tickets: 4  
 Description of Organization: evangelical, interdenominational, Christian organization  
 Address of Organization: P.O. BOX 91640 LOS ANGELES CA 90009  
 Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Reward NON PROF. for contributions to the community. Sponsoring a golf tourn. in memory of fallen Police Officers

**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 8/24/09  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 08 / 08 / 09 Description of Event: Explosion Concert

Face Value of Ticket: \$ 139.75

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

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

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

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

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

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

Name of Behesting Agency Official: Nate Miley

Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 4


Description of Organization: Senior Advocacy

Address of Organization: 7200 Bancroft Avenue, Suite 178 ~ Oakland, CA 94605

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

**5. Verification**

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


 Signature of Agency Head or Designee

CRYSTAL HISHIDA GRAFF
 Print Name

PRINCIPAL ANALYST
 Title

08/24/09
 (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

California Form **802**  
For Official Use Only

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 09 / 04 / 09 Description of Event: A's v. Mariners  
 \_\_\_\_\_  
 \_\_\_\_\_ 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)

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

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

Name of Behesting Agency Official: Supervisor Gail Steele

Name of Individual or Organization: Alameda County Urban Male Health Initiative Number of Tickets: 24

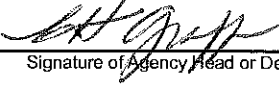
Description of Organization: collaboration of professional men who are concerned about the health of males at high risk

Address of Organization: 1000 Broadway Oakland, CA 94612  
Number and Street City State Zip Code

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/24/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Street Address			
1221 Oak Street, #555, Oakland, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		
Agency Contact (name and title)			
Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 08 / 28 / 09 Description of Event: KMEL Block Party  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 119.00

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)

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: Elton Tiexeira 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 enhance attendance at an undersold County event in order to maximize potential County revenue

**5. Verification**

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


Crystal Hishida Graff Principal Analyst 8/24/09  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 08 / 29 / 09 Description of Event: Football Game  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 150

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders  
 Number of Tickets Received: 3 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

**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
Darryl Stewart	1	exemplary public service

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

Name of Behesting Agency Official: Nate Miley, Supervisor  
 Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: 1  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	08/24/09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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



**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 9 / 20 / 09 Description of Event: A'S V. INDIANS  
 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 + 3 PARKING PASSES 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: SUP. GAIL STEELE

Name of Individual or Organization: JIM FORSYTH Number of Tickets: 24 + 3 PARKING PASSES


Description of Organization: \_\_\_\_\_

Address of Organization: 1926 WINGATE WAY HAYWARD CA 94541  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
REWARDING A COMMUNITY VOLUNTEER FOR HIS SERVICE TO 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 8/24/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Street Address			
1221 Oak Street, #555, Oakland, CA 94612			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
(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 / 13 / 09 Description of Event: Oakland Raiders Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 150.00

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

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

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

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

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: Henry Rosales 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 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 \_\_\_\_\_ 8/13/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 10 / 03 / 09 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)

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

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

Name of Behesting Agency Official: Supervisor Gail Steele

Name of Individual or Organization: St. Rose Hospital Foundation Number of Tickets: 24


Description of Organization: supports St. Rose Hospital which assists low-income and indigents with health care service

Address of Organization: 27200 Calaroga Avenue Hayward CA 94515-4383  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
promote health...to vulnerable populations in the County such as disabled, underprivileged, 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

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

8/24/09  
 (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 08 / 13 / 09 Description of Event: Raiders Game  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 150.00

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

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

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

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

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

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

Name of Behesting Agency Official: Supervisor Scott Haggerty

Name of Individual or Organization: Lourdes Pinon Number of Tickets: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

Address of Organization: 15240 La Rocca Drive Morgan Hill CA 95037  
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] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/16/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 08 / 28 / 09 Description of Event: KMEL Block Party Concert  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 119.00

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)

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

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

Name of Behesting Agency Official: Nate Miley, Supervisor

Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 4

Description of Organization: Senior Advocacy

Address of Organization: 7200 Bancroft Avenue, Suite 178 ~ Oakland, CA 94605  
 \_\_\_\_\_  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	08/24/09
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name COUNTY OF ALAMEDA		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
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: 8 / 19 / 09 Description of Event: A's V. 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: 24 + 3 PARKING 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: GAIL STRECK  
 Name of Individual or Organization: GREATER HAYWARD AREA RECREATION AND PARK FOUND Number of Tickets: 24 + 3 PARKING  
 Description of Organization: SUPPORTS H.A.R.D. AND ADJUMENTS FUNDING  
 Address of Organization: 1099 E STREET HAYWARD CA 94541  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
REWARD NONPROFIT ORGANIZATION FOR ITS CONTRIBUTIONS TO COMMUNITY.

5. Verification

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

Crystal H. Graff CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/14/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
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 / 1 / 09 Description of Event: A's Game  
09 / 3 / 09 Face Value of Ticket: \$ 40.00

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

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

Number of Tickets Received: 8 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Supervisor Scott Haggerty

Name of Individual or Organization: Cornerstone Church Number of Tickets: 8

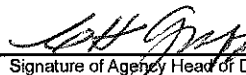
Description of Organization: Church

Address of Organization: 348 Canyon Parkway Livermore CA 94551  
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.

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/10/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	<b>California Form 802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 09 / 14 / 09 Description of Event: Football Game  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 150

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders  
 Number of Tickets Received: 3 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Nate Miley, Supervisor  
 Name of Individual or Organization: Deputy Sheriff's Activities League Number of Tickets: 3  
 Description of Organization: Youth Services and Programs  
 Address of Organization: 6689 Owens Drive, Suite 100 ~ Pleasanton, CA 94588  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Volunteer contribution to the community

**5. Verification**

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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 09/24/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF ALAMEDA		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
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	<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 08 / 13 / 09 Description of Event: Raiders v. Cowboys  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 150

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders  
 Number of Tickets Received: 4 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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


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

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

Name of Behesting Agency Official: Supervisor Gail Steele  
 Name of Individual or Organization: Dupsi Brown-Kuria 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.

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 8/13/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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