1. Agency Name
COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 11 / 28 / 10 Description of Event: Football Game
Face Value of Ticket: $ 150.00

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

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

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

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

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

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

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

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

Number of Tickets: 3

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: To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales.

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

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

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
and concession sales - 1 parking pass
Tickets Provided by
Agency Report

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

   1221 OAK STREET, #555

   Street Address
   OAKLAND, CA 94612

   Area Code/Phone Number
   (510) 272-3882

   E-mail
   crystal.hishida@acgov.org

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

   Date 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 / 06 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 85.00

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

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

   Number of Tickets 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: Tiffany Keller

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

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

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

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 12 / 10</td>
<td>Baseball Game</td>
<td>$ 40.00</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:** 2  
**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>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official</th>
<th>Number of Tickets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Supervisor Nate Miley, District 4</td>
<td>2</td>
</tr>
</tbody>
</table>

**Name of Individual or Organization:** Milton Ma

**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.

---

**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**

(3/9/10)

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

and concession sales.

---

FPPC Form 802 (Feb/08)

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: 09 / 24 / 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: 2
   - Ticket(s) Provided to Agency: ☒ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   - | Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
   - | Stewart, Darryl | 1 | To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales. |

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: Tyler Stewart
   - 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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

5. **Verification**
   - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - (month, day, year)

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
   - and concession sales.
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 / 24 / 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: 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 (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: 2
Description of Organization: Education and Programs for the prevention of alcohol sales to minors
Address of Organization: 1558 'B' Street, Suite 201, Hayward, CA 94541
Number and Street City State Zip Code
Purpose for Distribution: To promote an event held at a County facility in order to maximize potential County revenue from parking and

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

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

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

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

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

Date(s) of Event: 09 / 20 / 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: 3
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>
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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: Stacy Owens, Osvaldo & Gino Monteiro
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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

#### 5. Verification

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

Signature of Agency Head or Designee: [Signature]
CRystal HISHIDA GRAFF  PRINCIPAL ANALYST
Print Name  Title

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

and concession sales.
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:** 09 / 20 / 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:** 2
   **Ticket(s) Provided to Agency:** □ Gratuitously ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tr>
<td></td>
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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:** Beth Attebery & Jonathan Moos
   **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 an event held at a County facility in order to maximize potential County revenue from parking and 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
   **PrINCIPAL ANALYST** PRINCIPAL ANALYST
   **(month, day, year)** 9/10/10

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/20/10
   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: 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</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:
   Mona & Anthony Barr
   Number of Tickets: 2
   Description of Organization:
   ________________________________
   Address of Organization:
   ________________________________
   Purpose for Distribution:
   (Describe the public purpose for the distribution to the organization.)
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   ________________________________  ________________________________  ________________________________
   Signature of Agency Head or Designee  Print Name  Title
   Date (month, day/year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales.

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)
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: 09 / 20 / 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: 3
   Ticket(s) Provided to Agency: ☐ Gratuitously  ☒ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
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</thead>
<tbody>
<tr>
<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: Elizabeth, Adele, & Steve Sheret  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 an event held at a County facility in order to maximize potential County revenue from parking and
   concession sales.

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

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

A Public Document

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 20 / 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: 3  Ticket(s) Provided to Agency:  □ Gratuitously  □ Pursuant to Contract

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

<table>
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<tr>
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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 Nate Miley, District 4
   Name of Individual or Organization: Ryan, Semya, and Zenab Van Valer  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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

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

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

### 2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event: 09/20/10</th>
<th>Description of Event: Baseball Game</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Ticket: $85.00</td>
<td></td>
</tr>
</tbody>
</table>

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</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: Linda & Mark Peterson

Number of Tickets: 2

Description of Organization:

Address of Organization:

Purpose for Distribution: To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

### 5. Verification

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

Signature of Agency Head or Designee: Crystal Hishida Graff

Print Name: PRINCIPAL ANALYST

Title: (Month, Day, Year)

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

and concession sales.
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:** 09 / 20 / 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:** 1  
   **Ticket(s) Provided to Agency:**  
   □ Gratuitously  
   □ Pursuant to Contract  

3. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)  
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
</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:** Harry Chen  
   **Number of Tickets:** 1  
   **Address of Organization:**  
   **Description of Organization:**  
   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)  
   To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.  

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

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

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 20 / 10</td>
<td>Baseball Game</td>
<td>$85.00</td>
</tr>
</tbody>
</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:
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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

### Name of Individual or Organization:
Simon Duong

### 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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

**Signature of Agency Head or Designee**

**CRystal Hishida Graff**
Print Name

**Principal Analyst**
Title

(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 (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: 09/20/10
   Description of Event: Baseball Game
   Face Value of Ticket: $85.00
   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>
</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: Jennifer Cherneis & David Simon
   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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.
   Signature of Agent, Head of Designee
   CRYSTAL HISHIDA GRAFF  PRINCIPAL ANALYST  9/10/09
   Print Name  Title
   (month/day/year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales.

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
tickets provided by agency report

1. agency name
   county of alameda
   division, department, or region (if applicable)
   1221 oak street, #555
   street address
   oakland, ca 94612
   area code/phone number (510) 272-3882
   e-mail crystal.hishida@acgov.org
   agency contact (name and title)
   crystal hishida graff, principal analyst, county administrator's office

2. event for which tickets were distributed
   date(s) of event: 09/20/10
   description of event: baseball game
   face value of ticket: $85.00
   agency event: no
   name of outside source of ticket(s) provided to agency: oakland athletics
   number of tickets received: 1
   ticket(s) provided to agency: pursuant to contract

3. agency official(s) receiving ticket(s) (use a continuation sheet for additional names)

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: william baker
   number of tickets: 1

5. verification
   i have determined that the distribution of tickets set forth above is in accordance with the provisions of fppc regulation 18044.1.
   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.)
   and concession sales.
Tickets Provided by
Agency Report

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09 / 20 / 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: 3 Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</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: Dwight, DJ & Jackie Cousins 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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

Signature of Agency Head or Designee

CRystal HISHIDA GRAFF
PRINCIPAL ANALYST

Print Name
Title
(month, day, year)

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

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

Street Address
OAKLAND, CA 94612

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

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 10 / 10 / 10
Description of Event: Oakland Raiders vs. San Diego Chargers
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: 4
Ticket(s) Provided to Agency: ☐ Gratuitously ☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>1</td>
<td>To obtain oversight of facilities that have received County</td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: Maria Carson
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 a County facility in order to maximize potential County revenue from parking and concession

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

CRYS TAL HISHIDA GRAFF PRINCIPAL ANALYST
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
   E-mail
   crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10/31/10
   Description of Event: Oakland Raiders vs. Seattle Seahawks
   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: 4
   Ticket(s) Provided to Agency
   Gratuitously
   Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>1</td>
<td>To evaluate the ability of a local sports team to attract fans</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: Maria Carson and Carol Music
   Number of Tickets: 3
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: To promote attendance at a County facility in order to maximize potential County revenue from parking and concessions

5. Verification

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

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

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

**Agency Name**
COUNTY OF ALAMEDA

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

**Street Address**
OAKLAND, CA 94612

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

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

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

**Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event:</th>
<th>Face Value of Ticket:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/28/10</td>
<td>Oakland Raiders vs. Miami Dolphins</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

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

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

**Number of Tickets Received:**
4

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>1</td>
<td>To obtain oversight of facilities or events</td>
</tr>
</tbody>
</table>

**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:**
Carol Music & Maria Carson

**Number of Tickets:**
3

**Description of Organization:**

**Address of Organization:**

**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 and concession

**Verification**

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

**Signature of Agency Head or Designee**

**Print Name**
CRystal HISHIDA GRAFF

**Title**
PRINCIPAL ANALYST

**Date**
(09/27/10)

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

**COUNTY OF ALAMEDA**

1221 OAK STREET, #555

OAKLAND, CA 94612

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

### Agency Contact

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>12 / 26 / 10</th>
<th>Description of Event:</th>
<th>Oakland Raiders vs. Indianapolis Colts</th>
</tr>
</thead>
</table>

### Agency Event

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

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

Oakland Raiders

### Number of Tickets Received: 4

### Ticket(s) Provided to Agency:

- Yes
- Yes

---

## 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>Carson, Keith</td>
<td>1</td>
<td>To review the ability of a facility to participate in job training</td>
</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:

Maria Carson & Carol Music

### Number of Tickets: 3

---

## 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.)

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: 11/07/10
   Description of Event: Oakland Raiders vs. Kansas City Chiefs
   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: 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>Sanchez, Mina</td>
<td>2</td>
<td>To promote attendance at a County facility</td>
</tr>
<tr>
<td>Brown, Aisha</td>
<td>2</td>
<td>To promote attendance 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 Keith Carson, District 5
   Name of Individual or Organization: ________________________________ Number of Tickets: __________
   Description of Organization: _____________________________________
   Address of Organization: __________________________________________
   Number and Street __________________________________________ City __________________________________________
   State __________________________________________ Zip Code _________
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   ________________________________

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee ________________________________
   Print Name CRYSTAL HISHIDA GRAFF
   Title PRINCIPAL ANALYST
   Date 9/29/10 (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**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>10 / 30 / 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Event:</td>
<td>Shakira</td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$113.75</td>
</tr>
</tbody>
</table>

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

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

**Number of Tickets Received:** 4

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>1</td>
<td>To promote attendance at a County facility</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>Keith Carson, Alameda County Supervisor, District 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual or Organization:</td>
<td>Maria Carson</td>
</tr>
<tr>
<td>Number of Tickets:</td>
<td>3</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Purpose for Distribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession</td>
</tr>
</tbody>
</table>

**5. Verification**

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

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

**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:** 10 / 03 / 10  
   **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  
   - [x] 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:** United Seniors of Oakland & Alameda County  
   **Number of Tickets:** 3  
   **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:** To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales - 1 parking pass - STEELE's 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  
   Print Name:  
   PRINCIPAL ANALYST  
   Title:  
   (month, day, year)

FPPC Form 802 (Feb/09)  
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   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:** 10 / 17 / 10
   **Description of Event:** Disney on Ice: Mickey and Minnie’s Magical Adventure
   **Face Value of Ticket:** $25.00

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

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

   **Number of Tickets Received:** 4

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

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

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

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

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

   **Name of Individual or Organization:** Carmen Castro-Rojas

   **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
   1221 OAK STREET, #555
   OAKLAND, CA 94612
   (510) 272-3882
   E-mail: crystal.hishida@acgov.org
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10/14/10
   Description of Event: Disney on Ice: Mickey and Minnie's Magical Adventure
   Face Value of Ticket: $25.00
   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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: DeBora Lovitt
   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 9/29/10
   (month, dd, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10 / 16 / 10
   Description of Event: Disney on Ice: Mickey and Minnie's Magical Adventure
   Face Value of Ticket: $ 25.00
   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: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Jacqueline Orpilla
   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
crystal.hishida@acgov.org

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

2. Event For Which Tickets Were Distributed
Date(s) of Event: 10 / 31 / 10
Description of Event: Raider's Game
Face Value of Ticket: $ 150.00

Agency Event No
(Identify source of tickets below.)

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

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

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

<table>
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<tr>
<th>Name of Official (Last, First)</th>
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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: Nancy Phillips
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 an 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

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

## 2. Event For Which Tickets Were Distributed

**Date(s) of Event**: 10 / 09 / 10  
**Description of Event**: How Sweet the Sound Concert  
**Face Value of Ticket**: $7.00  
**Agency Event**: ☑ No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency**: Golden State Warriors  
**Number of Tickets Received**: 4  
**Ticket(s) Provided to Agency**: ☑ Pursuant to Contract

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

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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**: Esperanza Tervalon-Daumont  
**Number of Tickets**: 4  
**Description of Organization**:  
**Address of Organization**:  
**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**:  
**Print Name**: CRYSTAL HISHIDA GRAFF  
**Title**: PRINCIPAL ANALYST  
**Date**: 9/29/10

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

**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**

<table>
<thead>
<tr>
<th>Date(s) of Event: 10 / 16 / 10</th>
<th>Description of Event: Disney on Ice</th>
</tr>
</thead>
</table>

Face Value of Ticket: $25.00

**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 (Last, First)</th>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

(Provided at the behest of an agency official.)

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

**Name of Individual or Organization:** Kathy Martins

**Number of Tickets:** 4

**Description of Organization:**

---

**Address of Organization:**

Number and Street  City  State  Zip Code

---

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

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

---

**5. Verification**

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

**Signature of Agency Head/Designee**

**Print Name**

**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 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

## 2. Event For Which Tickets Were Distributed

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

**Description of Event:** How Sweet the Sound

**Face Value of Ticket:** $7.00

**Agency Event**

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

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

**Number of Tickets Received:** 4

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

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>4</td>
<td>To promote attendance 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 Keith Carson, District 5

**Name of Individual or Organization:**

**Number of Tickets:**

**Description of Organization:**

**Address of Organization:**

Number and Street City State Zip Code

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

## 5. Verification

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

**Signature of Agency Head or Designee:**

CRystal Hishida Graff  PRINCIPAL ANALYST

**Print Name:**

**Title:**

**Date:** 9/24/10 (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**

**A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTY OF ALAMEDA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region <em>(if applicable)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1221 OAK STREET, #555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA 94612</td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>510-272-3882</td>
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<tr>
<td>E-mail</td>
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<tr>
<td><a href="mailto:crystal.hishida@acgov.org">crystal.hishida@acgov.org</a></td>
<td></td>
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</tr>
<tr>
<td>□ Amendment <em>(Must explain in Part 5.)</em></td>
<td></td>
<td></td>
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<tr>
<td>Date of Original Filing: (month, day, year)</td>
<td></td>
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</tr>
</tbody>
</table>

**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>10 / 02 / 10</td>
<td>Eagles Concert</td>
<td>$ 199.00</td>
</tr>
</tbody>
</table>

**Agency Event**

[ ] Yes [X] No *(Identify source of tickets below.)*

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

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)*

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

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

**Name of Behesting Agency Official:**

Supervisor Alice Lai-Bitker, District 3

**Name of Individual or Organization:**

Rodelyn Coppock

**Number of Tickets:**

2

**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 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

**Print Name**

PRINCIPAL ANALYST

**Title**

[ ] Pursuant to Contract

**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

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 10/02/10
Description of Event: Eagles Concert

Face Value of Ticket: $199.00

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

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)

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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: April Chan
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.

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.)

9/23/10  (month, day, year)
FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 12/26/10
   Description of Event: Raiders v. Colts
   Face Value of Ticket: $150
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency:
   Oakland Raiders
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: "Pursuant to Contract"

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Gail Steele, Dist. 2
   Name of Individual or Organization: Pam Russo/St. Rose Hospital Foundation
   Number of Tickets: 4
   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.
   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.)

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

Date Stamp

California Form 802
For Official Use Only

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 19 / 10
   Description of Event: Raiders Game
   Face Value of Ticket: $150
   Agency Event
   Yes ☐ No ☒

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: Alameda County Supervisor Scott Haggerty, District One
   Name of Individual or Organization: Ben Abena
   Number of Tickets: 4
   Description of Organization:

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

Purpose for Distribution: To reward a community volunteer for his service to the 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
   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 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: 09 / 24 / 10
   Description of Event: Baseball Game
   Face Value of Ticket: $ 85.00
   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)

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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 Nate Miley, District 4

   Name of Individual or Organization: Gina Ramdoss & Raja Vidhun
   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 an event held at a County facility in order to maximize potential County revenue from parking and 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: ____________________________
   Print Name: ____________________________
   Title: ____________________________
   Date (month, day, year): 9/17/10

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales.
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 / 04 / 10  Description of Event: KMEL Summer Jam
   Face Value of Ticket: $ 142.85
   Agency Event  ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors
   Number of Tickets Received:  4  Ticket(s) Provided to Agency: ☑ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District
   Name of Individual or Organization: Delta Harris
   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 County employee for 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
   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 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: 09 / 12 / 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)
<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>

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

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 09 / 20 / 10  
   **Description of Event:** Baseball Game  
   **Face Value of Ticket:** $ 85.00  
   **Agency Event:**  ☑ Yes  ☐ No  (Identify source of tickets below.)

3. **Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
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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:** Henry Levy  
   **Number of Tickets:** 1

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

   **Signature of Agency Head or Designee:**  
   **Print Name:** CRYSTAL HISHIDA GRAFF  
   **Title:** PRINCIPAL ANALYST  
   **Date:** 01/01/10  (Month, day, year)

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

   and concession sales. 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 E-mail
   (510) 272-3882 crystal.hishida@acgov.org
   Agency Contact (name and title)
   Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. **Event For Which Tickets Were Distributed**
   Date(s) of Event: 09 / 19 / 10
   Description of Event: Football Game
   Face Value of Ticket: $150.00
   Agency Event □ Yes ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously ☒ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s)** (Use a continuation sheet for additional names)
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
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<tbody>
<tr>
<td></td>
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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: Idow Kojoyo & Lisa Brown
   Number of Tickets: 2
   Description of Organization: 
   Address of Organization:
<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at an event held at a County facility in order to maximize 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: [Signature]
   Print Name: CRYSTAL HISHIDA GRAFF
   Title: PRINCIPAL ANALYST
   (Month, Day, Year): 9/15
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   and concession sales.
Tickets Provided by Agency Report

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 19 / 10
   Description of Event: Football Game
   Face Value of Ticket: $150.00
   Agency Event Yes ☐ No ☑
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 1
   Ticket(s) Provided to Agency: ☑ Gratuitously ☐ Pursuant to Contract

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

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: Taeg Murdock
   Number of Tickets: 1
   Description of Organization:
   Purpose for Distribution: 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: [Signature]
   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.)
and concession sales - 1 parking pass
Tickets Provided by
Agency Report

1. Agency Name
COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

Area Code/Phone Number
510-272-3882

E-mail
crystal.hishida@acgov.org

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

Date Stamp
California Form 802

For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 10 / 31 / 10

Description of Event: Oakland Raiders v. Seattle Seahawks

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: □ 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>
<tr>
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</tbody>
</table>

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

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

Name of Individual or Organization: Chabot College Foundation

Number of Tickets: 4

Description of Organization: fundraises for Chabot College to augment academic and other college programs

Address of Organization: 25555 Hesperian Blvd. Hayward, CA 94545

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

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.)

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10 / 10 / 10
   Description of Event: Raiders v. Chargers
   Face Value of Ticket: $150
   Agency Event  □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Supervisor Gail Steele, District 2
   Name of Individual or Organization: Nichae Blume Patton
   Number of Tickets: 4
   Description of Organization: 
   Address of Organization: P.O. Box 47
   Guerneville, CA 95446
   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
   (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: 09 / 20 / 10
   Description of Event: A's v. White Sox
   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 Raiders v. Seattle Seahawks
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency:
   □ Gratuitously
   ☒ Pursuant to Contract

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

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

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

   Name of Behesting Agency Official:
   Supervisor Gail Steele, District 2
   Name of Individual or Organization:
   Chabot College Foundation
   Number of Tickets:
   Description of Organization:
   Fundraises for Chabot College to augment academic and other college programs
   Address of Organization:
   25555 Hesperian Blvd.
   Hayward, CA 94545
   Purpose for Distribution:
   To reward a local non-profit which is helping 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 of Designee
   PRINT NAME
   CRYSTAL HISHIDA GRAFF
   PRINCIPAL ANALYST
   (Month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name

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

Date Stamp
California Form 802

For Official Use Only

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

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 22 / 10  Description of Event: A's v. White Sox
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: ☐ Gratuitously  ☐ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
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<tbody>
<tr>
<td></td>
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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: Supervisor Gail Steele  District 2
Name of Individual or Organization: Chabot College Foundation  Number of Tickets: 4
Description of Organization: fundraises for Chabot College to augment academic and other college programs
Address of Organization: 25555 Hesperian Blvd.  Hayward, CA 94545
Number and Street  City  State  Zip Code
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

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  9/8/10
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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event:</th>
<th>Face Value of Ticket:</th>
<th>85.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 23 / 10</td>
<td>Oakland A's Game</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:** Oakland Athletics

**Number of Tickets Received:** 12  
**Ticket(s) Provided to Agency:**  
- [ ] Gratuitously  
- [x] Pursuant to Contract

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

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

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

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

**Name of Individual or Organization:** Glenn Englund  
**Number of Tickets:** 12

**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 County facility 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:**  
**Print Name:** CRYSTAL HISHIDA GRAFF  
**Title:** PRINCIPAL ANALYST  
**Date:** 9/8

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

---

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 10/31/10
   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: Marilyne Dias
   Number of Tickets: 3
   Description of Organization: 
   Address of Organization: 
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at event held at a County facility 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: 9/8/10
   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)
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 / 03 / 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:** 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)
   
<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>

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 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)**
   9/1/10

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
2. Event For Which Tickets Were Distributed
Date(s) of Event: 09 / 03 / 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>
</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: 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 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  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:** 09 / 04 / 10  
   **Description of Event:** Baseball Game

   **Face Value of Ticket:** $40.00

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

<table>
<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:** 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 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**
   [Signature]

   **Print Name**
   CRYSTAL HISHIDA GRAFF

   **Title**
   PRINCIPAL ANALYST

   **(month, day, year)**
   9/1/10

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 05 / 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: 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 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

   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 06 / 10
   Description of Event: Baseball 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)

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: 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
   CRYSTAL HISHIDA GRAFF
   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: 09 / 08 / 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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</tr>
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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: 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 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: [Signature]
   - CRYSTAL HISHIDA GRAFF
   - Print Name
   - PRINCIPAL ANALYST
   - Title
   - Date (month, day, year): 09/10/20

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

### Agency Name
COUNTY OF ALAMEDA

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

### Street Address
OAKLAND, CA 94612

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

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

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

### Date Stamp

### 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

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event:</th>
<th>Face Value of Ticket:</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 03 / 10</td>
<td>Baseball Game</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: 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)

<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) (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: Michael Campbell & Khari Campbell-Wright

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

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 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>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 20 / 10</td>
<td>Oakland A's vs. Chicago White Sox</td>
<td>$40.00</td>
</tr>
<tr>
<td>09 / 21 / 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**
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 (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**: Keith Carson, Supervisor Fifth District

**Name of Individual or Organization**: North Oakland Senior Center

**Number of Tickets**: 4

**Description of Organization**: Community senior services center.

**Address of Organization**: 5714 Martin Luther King Jr. Way, Oakland, CA 94609

**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**

**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:**
   - 09 / 10 / 10
   - 09 / 11 / 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:**
   Alameda County Fair

   **Number of Tickets Received:**
   - 4

   **Ticket(s) Provided to Agency:**
   - ☐ Gratuously
   - ☑ 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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<td></td>
</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:**
   North Berkeley Senior Center

   **Number of Tickets:**
   - 4

   **Description of Organization:**
   Community senior center

   **Address of Organization:**
   1901 Hearst Avenue
   Berkeley, CA 94709

   **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**
   CRISTAL HISHIDA GRAFF
   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)

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: 10 / 10 / 10
Description of Event: Oakland Raiders Game
Face Value of Ticket: $ 150.00

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

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

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

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laws, Jerl</td>
<td>3</td>
<td>To promote attendance at County event to max sales</td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: 
Number of Tickets: 

Description of Organization: 

Address of Organization: 
Number and Street
City
State
Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
To promote attendance at event held at a County facility 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
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)

   street address
   1221 oak street, #555, oakland, ca 94612

   area code/phone number
   (510) 272-3882

   agency contact (name and title)
   crystal hishida graff, principal analyst, county administrator's office

2. event for which tickets were distributed
   date(s) of event: 09 / 04 / 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: 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)
   briones, ruben

   number of tickets
   4

   state whether the distribution is income to the official or describe the public purpose for the distribution
   to promote attendance at county facility to maximize sale

4. individual or organization receiving ticket(s) (provided at the behest of an agency official.)
   name of behesting agency official:
   supervisor alice lai-bitker, district 3

   name of individual or organization:
   ________________________________

   number of tickets:
   ________________________________

   description of organization:
   ________________________________

   address of organization:
   __________________________________________
   number and street
   __________________________________________
   city
   __________________________________________
   state
   __________________________________________
   zip code

   purpose for distribution:
   (describe the public purpose for the distribution to the organization.)
   to promote attendance at an event held at county facility 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 fpcc regulation 18944.1.

   signature of agency head or designee
   ________________________________
   crystal hishida graff
   principal analyst
   ________________________________
   (month, day, year)

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

fpcc form 802 (feb/09)
fpcc toll-free helpline: 866/ask-fpcc (866/275-3772)
1. **Agency Name**
   
   COUNTY OF ALAMEDA

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

2. **Event For Which Tickets Were Distributed**
   
   **Date(s) of Event:** 09 / 02 / 10
   
   **Description of Event:** Oakland Raiders Game

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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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:** Alex Rodriguez

   **Number of Tickets:** 3

   **Description of Organization:**

   **Address of Organization:**

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

   To promote attendance at event held at a County facility 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**

   **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

   Date Stamp: California Form 802
   Amendment (Must explain in Part 5.): No
   Date of Original Filing: __________ (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 26 / 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>
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<tr>
<th>Name of Official (Last, First)</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:
   Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization:
   Castro Valley Sports Foundation
   Number of Tickets:
   2
   Description of Organization:
   Support for sports programs at Castro Valley Unified School District
   Address of Organization:
   PO Box 20687, 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 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.

   CRYystal 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.)

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

1. Agency Name
   COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

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

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

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

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 / 06 / 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:
☐ Gratuitously ☐ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Li’ Americh
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 County facility 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 & 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)

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

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

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 11/07/10
   Description of Event: Oakland Raiders Game
   Face Value of Ticket: $150.00
   Agency Event □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Oakland Raiders
   Number of Tickets Received: 3
   Ticket(s) Provided to Agency: □ Gratuitously  □ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilson, Shawn</td>
<td>3</td>
<td>To promote attendance at County event to max sales</td>
</tr>
</tbody>
</table>

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

   Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3
   Name of Individual or Organization: ____________________________ Number of Tickets: ______
   Description of Organization: ____________________________________________
   Address of Organization: ____________________________________________
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   To promote attendance at event held at a County facility 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.
   CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 9/8/16
   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.)
1. Agency Name
COUNTY OF ALAMEDA
Division, Department, or Region (if applicable)
1221 OAK STREET, #555
Street Address
OAKLAND, CA 94612
Area Code/Phone Number E-mail
(510) 272-3882 crystal.hishida@acgov.org
Agency Contact (name and title)
Crystal Hishida Graff, Principal Analyst, County Administrator's Office

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09 / 21 / 10 Description of Event: Oakland A's Tickets
Face Value of Ticket: $ 40.00
Agency Event Yes No (Identify source of tickets below.)
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>
<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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</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: Mel Luna Number of Tickets: 4
Description of Organization:
Address of Organization:
Number and Street City State Zip Code
Purpose for Distribution: To reward a community volunteer for her service to the public.

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

Signature of Agency Head or Designee
CRystal Hishida GraFF
PRINCIPAL ANALYST

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   COUNTY OF ALAMEDA
   Division, Department, or Region (if applicable)
   1221 OAK STREET, #555
   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 / 24 / 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: 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>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4
   Name of Individual or Organization: Edward and Daniel Cotter
   Number of Tickets: 2
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: To promote an event held at a County facility in order to maximize potential County revenue from parking and
   and 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 Agent or Designee
   CRYSTAL HISHIDA GRAFF
   Print Name
   PRINCIPAL ANALYST
   Title
   Date (month, day, year) 9/23/16

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)
Tickets Provided by Agency Report

A Public Document

1. Agency Name
COUNTY OF ALAMEDA

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

Street Address
OAKLAND, CA 94612

Area Code/Phone Number (510) 272-3882

E-mail crystal.hishida@acgov.org

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

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

2. Event For Which Tickets Were Distributed

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

Description of Event: The Eagles

Face Value of Ticket: $ 199.00

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

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

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>Alameda County Supervisor Scott Haggert</td>
<td>4</td>
<td>To obtain oversight of facilities or events that have received County funding or support...</td>
</tr>
<tr>
<td>District One</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Name of Individual or Organization: 

Number of Tickets: 

Description of Organization: 

Address of Organization: 

Number and Street City State Zip Code

Purpose for Distribution: To reward an 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 GرافF

P RINCI P AL A NALYST

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
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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: 09 / 24 / 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)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gee, Anna</td>
<td>3</td>
<td>To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.</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: Terrence Gee
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 an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

Signature of Agency Head or Designee

CRystal Hishida Graff

PRINCIPAL ANALYST

Print Name

Title

9/23/10 (month, day, year)

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

and concession sales.

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:** 09 / 24 / 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:** 5

   **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:** Joe DeVries

   **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.)
   - To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.

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

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

   (month, day, year)

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

   and concession sales.