

**Tickets Provided by  
Agency Report****A Public Document**TICKETS PROVIDED BY  
AGENCY REPORT

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

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

Date(s) of Event: 04 / 21 / 10 Description of Event: Oakland A's Skybox  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1700

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

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

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

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

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

Name of Individual or Organization: Dublin Little League Number of Tickets: 20

Description of Organization: Little League

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 school or nonprofit organization for it's contributions to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/14/10</u>
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.)

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

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

Date(s) of Event: 06 / 27 / 10      Description of Event: Oakland A's TICKETS  
07 / 23 / 10      Face Value of Ticket: \$ 40

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

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

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

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

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

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

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

Name of Individual or Organization: GRANADA HIGH SCHOOL      Number of Tickets: 4

Description of Organization: High School

Address of Organization: P.O. BOX 48 LIVERMORE CA 94551

Number and Street      City      State      Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)



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

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

Date(s) of Event: 06 / 09 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 85  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization: Center for Elders Independence Number of Tickets: 4  
Description of Organization: Senior Transportation and Services  
Address of Organization: 510 - 17th Street, 4th Fl - Oakland, CA 94612  
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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
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 Parking Pass**

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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: 10/9/10 Description of Event: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 85  
 Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
 Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
 Name of Individual or Organization: Community Prevention Number of Tickets: 4  
 Description of Organization: Alcohol Education  
 Address of Organization: 1558 B Street - Hayward 94541  
 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 public

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/30/10  
 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.)



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

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

Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's tickets  
05 / 18 / 10 Face Value of Ticket: \$ \$40.00

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

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

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

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

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

Name of Individual or Organization: MISSION SAN JOSE H.S. Number of Tickets: 4

Description of Organization: High School

Address of Organization: P.O. BOX 3252 FREMONT CA 94539  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/26/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 05 / 19 / 10 Description of Event: Oakland A's tickets  
06 / 05 / 10 Face Value of Ticket: \$ \$40.00

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

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

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

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

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

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

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

Name of Individual or Organization: MISSION SAN JOSE H.S. Number of Tickets: 4

Description of Organization: High School

Address of Organization: P.O. BOX 3252 FREMONT CA 94539  
Number and Street City State Zip Code

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

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/26/10  
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.)



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

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

Date(s) of Event: 06 / 06 / 10 Description of Event: Oakland A's tickets  
06 / 26 / 10 Face Value of Ticket: \$ \$40.00

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

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

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

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

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

Name of Individual or Organization: MISSION SAN JOSE H.S. Number of Tickets: 4  
Description of Organization: High School

Address of Organization: P.O. BOX 3252 FREMONT CA 94539  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/26/10</u>
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)

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

Date(s) of Event: 05 / 04 / 10 Description of Event: Oakland A's tickets  
05 / 05 / 10 Face Value of Ticket: \$ \$40.00

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

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

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

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

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

Name of Individual or Organization: WEST COAST HURRICANE YOUTH BASEBA Number of Tickets: 4

Description of Organization: To raise funds to transport youth to out of town events

Address of Organization: 6714 RANCHO COURT PLEASANTON CA 94588  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/26/10</u>
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.)



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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: 05 / 08 / 10 Description of Event: Oakland A's tickets  
Face Value of Ticket: \$ \$40.00

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

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

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 Scott Haggerty, District 1

Name of Individual or Organization: WEST COAST HURRICANE YOUTH BASEBA Number of Tickets: 2

Description of Organization: To Raise funds to transport youth to out of town games

Address of Organization: 6714 RANCHO COURT PLEASANTON CA 94588  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/26/10</u>
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.)

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<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		<b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 04 / 25 / 10 Description of Event: Oakland A's Skybox & 3 parking passes  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1700

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

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

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

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

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

Name of Individual or Organization: Bank of the West Number of Tickets: 20

Description of Organization: Bank

Address of Organization: 7533 Dublin Blvd Dublin CA 94568  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) To evaluate the center, build a facility for fostering arts in support of the County's economic dev. program, including the East Bay Economic Development Alliance.

**5. Verification**

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

Crystal Hishida Graff CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/17/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		<b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 04 / 21 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Christian Hodges Number of Tickets: 2

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

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

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/21/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

PLAZA SEATS

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

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

Date(s) of Event: 6/27/10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: San Leandro Boys and Girls Club Number of Tickets: 20

Description of Organization: The Club is a safe place where young people can come to enjoy themselves & their friends

Address of Organization: 401 Marina Blvd., San Leandro, CA 94577  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/21/10</u>
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.)



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Division, Department, or Region (if applicable)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: <u>04/20/10</u> (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 06 / 05 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Leadership San Leandro Number of Tickets: 20


Description of Organization: Program open to individuals with desire to educate themselves with community information

Address of Organization: 15555 East 14th Street, Suite 100, Oakland, CA 94578  
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	<u>4/21/10</u>
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.)

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

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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)

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: Eric Jones Number of Tickets: 1  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/24/10  
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.)

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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: 04 / 22 / 10 Description of Event: Baseball Game  
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 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)

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: Michael Campell Number of Tickets: 1  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/21/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 5 / 18 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Peralta College Foundation Number of Tickets: 2

Description of Organization: Scholarships for college students

Address of Organization: 333 East 8th Street - Oakland, CA 94606  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/21/10</u>
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.)

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

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Dylan Hanley 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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/20/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 06 / 25 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Berkeley Boosters Police Activity League Number of Tickets: 4

Description of Organization: Educate and prepare young people to become productive members of our society

Address of Organization: 1482 University Avenue, #3 Berkeley CA 94702  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)



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

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

Date(s) of Event: 06 / 25 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Alameda County Health Care Foundation Number of Tickets: 4

Description of Organization: To provide support for the Alameda County Medical Center and its programs.

Address of Organization: 2001 Broadway, Suite M Oakland CA 94612  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)

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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: 05 / 22 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's

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

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

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

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

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

Name of Individual or Organization: Filipino Advocates for Justice Number of Tickets: 4

Description of Organization: To build a strong and empowered Filipino community by organizing constituents.

Address of Organization: 310 8th Street, Suite 308 Oakland CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 22 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Richard Music Number of Tickets: 4

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

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

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

**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	<u>4/19/10</u>
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.)

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

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Oakland A's vs. Minnesota Twins  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: SAGE Scholars Number of Tickets: 4

Description of Organization: provide professional leadership training and career development research

Address of Organization: 2223 Fulton Street #327 Berkeley, CA 94720-1580  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)



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

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

Date(s) of Event: 06 / 25 / 10 Description of Event: Oakland A's vs. Pittsburgh Pirates  
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 A's

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

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

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

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

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

Name of Individual or Organization: Emery Ed Fund Number of Tickets: 8

Description of Organization: To provide local public schools with resources to enhance educational programs.

Address of Organization: P.O. Box 8926 Emeryville CA 94662  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)

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

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

Date(s) of Event: 05 / 07 / 10 Description of Event: Oakland A's vs. Tampa Bay Rays  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

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

Description of Organization: positively and effectively design and implement programs and services that improve lives

Address of Organization: 1330 Broadway, Suite 1030 Oakland, CA 94612  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)



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

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

Date(s) of Event: 05 / 20 / 10 Description of Event: Oakland A's tickets  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Face Value of Ticket: \$ \$40.00

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

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

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 Scott Haggerty, District 1

Name of Individual or Organization: National Alliance on Mental Illness (NAMI) Number of Tickets: 2

Description of Organization: a non-profit organization to help persons with mental illness

Address of Organization: NAMI TRI-VALLEY P.O. BOX 5563 PLEASANTON CA 94566  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)

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<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) <b>Date of Original Filing:</b> _____ (month, day, year)			

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

Date(s) of Event: 08 / 21 / 10 Description of Event: Oakland A's SKYBOX  
Face Value of Ticket: \$ \$1,700.00  
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: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1  
Name of Individual or Organization: SAVE Number of Tickets: 20  
Description of Organization: A SAFE PLACE FOR WOMEN ESCAPING VIOLENCE  
Address of Organization: 1900 MOWRY AVE, SUITE 204 FREMONT CA 94538  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
to reward a nonprofit organization for its contributions to the community.

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)



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

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 85  
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)


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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization: Christopher Dobbins Number of Tickets: 1  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 85

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)

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: Phil Dobbins Number of Tickets: 1  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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



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

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

Date(s) of Event: 06 / 25 / 10 Description of Event: Oakland A's vs. Pittsburgh Pirates  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Korean Community Center of the East Bay Number of Tickets: 4


Description of Organization: Empower the Korean American and other communities of the Bay Area.

Address of Organization: 4390 Telegraph Ave. Oakland CA 94609  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 07 / 09 / 10 Description of Event: Oakland A's vs. Anaheim Angels  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 15 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: Men of Iron Number of Tickets: 15

Description of Organization: To mentor young men and boys in fitness, scholastics and spirituality.

Address of Organization: 4836 Shetland Ave. 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 school or nonprofit organization for its contributions to the community.

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)



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

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 85  
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)

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 evaluate the ability of a facility to attract business and contribute to the local economy

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
\_\_\_\_\_

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 85

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: Joe DeVries & Amy Lentricchia 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 & 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	<u>4/19/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Date(s) of Event: 04 / 14 / 10 Description of Event: Muse  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 49.00  
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: Andy Katz 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 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 of Designee	CRYSTAL HISHIDA GRAFF Print Name	PRINCIPAL ANALYST Title	<u>4/14/10</u> (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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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: 04 / 07 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ 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: Kori Chen, The Utility Reform Network Number of Tickets: 2

Description of Organization: Save utility customers millions and advance groundbreaking policies and programs

Address of Organization: 115 Sansome St., Suite 900, San Francisco CA, 94104  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/7/10</u>
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.)



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

Date(s) of Event: 04 / 15 / 09 Description of Event: Oakland A's vs. Baltimore Orioles  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Community Health Academy, Place Matters Number of Tickets: 2  
Description of Organization: Build the capacity, skills of residents & neighborhoods to achieve a healthier community  
Address of Organization: 2647 International Blvd., Suite 600 Oakland CA 94601  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/10  
Signature of Agency Head of Designee Print Name Title (month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

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

Date(s) of Event: 06 / 22 / 10 Description of Event: Oakland A's skybox and 3 parking passes  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ \$1,700.00

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

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

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

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

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

Name of Individual or Organization: Livermore Valley Winegrowers Foundation Number of Tickets: 20

Description of Organization: to promote wine growing in the Livermore Valley

Address of Organization: 3585 Greenville Road, Suite 4 Livermore, CA 94550  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)



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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 05 / 03 / 10 Description of Event: Oakland A's tickets  
05 / 09 / 10 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)

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

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

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

Name of Individual or Organization: Al Co Commission on the Status of Women Number of Tickets: 4

Description of Organization: Reward women for outstanding contributions to community

Address of Organization: 24100 Amador Street Hayward CA 94544

Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)

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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: 04/15/10 (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 04 / 23 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00

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

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

Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ 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: Commission on the Status of Women Number of Tickets: 4

Description of Organization: Maximizes parity for women by supporting the elimination of non-discriminatory services

Address of Organization: 24100 Amador, Sixth Floor, Hayward, CA 94544  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/16/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: 05 / 09 / 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)

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

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

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

Name of Individual or Organization: Alameda League of Women Voters Number of Tickets: 2

Description of Organization: Nonpartisan political organization encouraging informed, active participation in government

Address of Organization: PO Box 1645, Alameda, CA 94501  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/15/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 07 / 11 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3  
Name of Individual or Organization: Alameda County Health Care Foundation Number of Tickets: 20  
Description of Organization: Mission is to raise funds and community support for the Alameda County Medical Center  
Address of Organization: 2001 Broadway, Suite M, Oakland, CA 94612  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/15/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: 05 / 07 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ 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: Citizens for Better Community Number of Tickets: 4  
Description of Organization: To initiate and promote community events to affect the well being of Chinese Americans  
Address of Organization: PO Box 1, Fremont, CA 94537-0001  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/15/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 07 / 06 / 10 Description of Event: Oakland A's Skybox & 3 parking passes  
Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.) Oakland A's

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

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

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

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

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

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

Name of Individual or Organization: KIDANGO CHILDREN'S CENTERS Number of Tickets: 20

Description of Organization: Mission is to provide quality child care and child development services to children and

Address of Organization: 44000 Old Warm Springs Bl. Fremont 94538  
Number and Street City State Zip Code

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

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/15/10  
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.)



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

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

Date(s) of Event: 07 / 05 / 10 Description of Event: A's v. Yankees  
07 / 06 / 10 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)

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

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

Name of Behesting Agency Official: Supervisor Gail Steele

Name of Individual or Organization: Hayward Chamber of Commerce Number of Tickets: 4

Description of Organization: promotes business opportunities for large and small businesses in Hayward area

Address of Organization: 22561 Main St. Hayward, CA 94541  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/30/10</u>
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.)

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<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		<b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 04 / 20 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Korean Community Center of the East Bay Number of Tickets: 4

Description of Organization: Empower the Korean American and other communities of the Bay Area.

Address of Organization: 4390 Telegraph Ave. Oakland CA 94609  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)



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

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

Date(s) of Event: 04 / 20 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 1 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Ethan Shrago Number of Tickets: 1  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at an event held at a County facility in order to maximize potential County revenue.

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 04 / 20 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 1 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Amy De Reyes	1	To reward a County employee for service

**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: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

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

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

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)  
\_\_\_\_\_



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

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

Date(s) of Event: 04 / 20 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's

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

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

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

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

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

Name of Individual or Organization: Neal Clunie 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	<u>4/16/10</u>
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.)

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

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

Date(s) of Event: 04 / 21 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Michael Hutchings 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.

**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	<u>4/16/10</u>
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.)



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

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

Date(s) of Event: 04 / 24 / 10 Description of Event: Oakland A's vs. Cleveland Indians  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Team-Up for Youth Number of Tickets: 10

Description of Organization: Create a world in which all kids have sports opportunities that teach valuable life lessons.

Address of Organization: 310 Eighth Street, Suite 300 Oakland CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)

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

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

Date(s) of Event: 04 / 24 / 10 Description of Event: Oakland A's vs. Cleveland Indians  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Leadership Excellence Number of Tickets: 10

Description of Organization: Educate African-American Youth for personal and social change.

Address of Organization: 1924 Franklin St. #201 Oakland CA 94612  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
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.)



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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: 04 / 25 / 10 Description of Event: Oakland A's vs. Cleveland Indians  
Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Lend-a-Hand Foundation Number of Tickets: 2

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

Address of Organization: 8105 Capwell Dr. Oakland CA 94621  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/16/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 04 / 23 / 10 Description of Event: Oakland A's vs. Cleveland Indians  
04 / 24 / 10 Face Value of Ticket: \$ 40.00

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

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

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

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

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: Lend-a-Hand Foundation Number of Tickets: 4

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

Address of Organization: 8105 Capwell Dr. Oakland CA 94621  
Number and Street City State Zip Code

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

**5. Verification**

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

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

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



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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: 04 / 20 / 10 Description of Event: Oakland A's vs. New York Yankees  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Jemahl Ämen 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	<u>4/16/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 07 / 09 / 10 Description of Event: Oakland A's vs. Anaheim Angels  
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 A's  
Number of Tickets Received: 5 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Oakland Chinatown Chamber of Commerce Number of Tickets: 5


Description of Organization: Help Chinatown thrive as a commercial destination.

Address of Organization: 388 - 9th Street, Suite 258 Oakland, CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
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.)



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

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

Date(s) of Event: 05 / 22 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Remedios Reyes 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	<u>4/19/10</u>
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.)

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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: 05 / 22 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Dylan Hanley Number of Tickets: 4  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at an event held at a County facility in order to maximize potential County revenue.

**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	<u>4/19/10</u>
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.)



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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: 05 / 22 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Byron Fisher 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	<u>4/19/10</u>
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.)

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		<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) <b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Kim Gillette, Daly City Youth Health Center Number of Tickets: 4  
Description of Organization: Provide no-cost health care to teens.  
Address of Organization: 2780 Junipero Serra Boulevard Daly City, CA 94015-1634  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
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.)



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

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

Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: First Place Fund for Youth Number of Tickets: 4


Description of Organization: serve current and former foster youth providing access to housing and counseling services,

Address of Organization: 519 17th Street, Suite 600 Oakland, CA 94612  
Number and Street City State Zip Code

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/14/10  
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.)

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

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

Date(s) of Event: 04 / 15 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

PLAZA SEATS



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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 04 / 16 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

Crystal Hishida Graff CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
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.)

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AGENCY REPORT

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

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

Date(s) of Event: 04 / 17 / 10 Description of Event: Baseball Game  
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 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 motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)

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

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

Date(s) of Event: 04 / 18 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
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.)

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

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

Date(s) of Event: 04 / 23 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
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.)

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

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

Date(s) of Event: 04 / 24 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Sobrante Park TimeBanking Number of Tickets: 2  
Description of Organization: Organizes community members to give back to their community  
Address of Organization: 457 Capistrano Drive - Oakland, CA 94603  
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 its contribution to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/10  
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.)

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Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: 03/31/10 (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 04 / 03 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ 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: Kristen Washburn 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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/1/10
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.)



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<b>1. Agency Name</b> 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	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: 03/31/10 (month, day, year)	

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

Date(s) of Event: 04 / 05 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Wilson, Shawn	4	To promote attendance at a County facility to max sales

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

Name of Behesting Agency Official: Supervisor Alice Lai-Bitker, District 3  
Name of Individual or Organization: Number of Tickets:   
Description of Organization:   
Address of Organization: Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/5/10  
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.)

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<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) <b>Date of Original Filing:</b> _____ (month, day, year)			

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

Date(s) of Event: 04 / 05 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Face Value of Ticket: \$ 85  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
Name of Individual or Organization: Kim Gillette 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 school or nonprofit organization for its contributions to the community.

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/15/10</u>
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.)



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

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

Date(s) of Event: 04 / 05 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ 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: Geoffrey Peete 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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/5/10</u>
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.)

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

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

Date(s) of Event: 04 / 06 / 10 Description of Event: Baseball Game  
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 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: James Kennedy Number of Tickets: 2  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/6/10  
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.)



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

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

Date(s) of Event: 04 / 08 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ 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: Evan Tubera Number of Tickets: 2


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

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

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/21/10</u>
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.)

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

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

Date(s) of Event: 09 / 24 / 10 Description of Event: A's v. Rangers  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Bay Area Community Services Number of Tickets: 2

Description of Organization: provides mental health and other support services to adults in Alameda County

Address of Organization: 1814 Franklin Street Oakland, CA 94612  
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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/13/10</u>
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.)



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**1. Agency Name**

COUNTY OF ALAMEDA

Division, Department, or Region (if applicable)

1221 OAK STREET, #555

Street Address

OAKLAND, CA 94612

Area Code/Phone Number

510-272-3882

E-mail

crystal.hishida@acgov.org

Agency Contact (name and title)

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

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must explain in Part 5.)

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

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

Date(s) of Event: 07 / 10 / 10 Description of Event: A's v. Angels

Face Value of Ticket: \$ 1,700

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

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

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

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

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

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

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

Name of Individual or Organization: Purple Silk Music Education Foundation Number of Tickets: 20

Description of Organization: supports low-income children by exposing them to classical music

Address of Organization: 1122 Winsor Avenue Piedmont, CA 94610  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
to reward a 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] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/10  
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.)

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

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

Date(s) of Event: 06 / 26 / 10 Description of Event: A's v. Pirates  
Face Value of Ticket: \$ 1,700  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2  
Name of Individual or Organization: Chabot College Foundation Number of Tickets: 20  
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] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/10  
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.)



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Street Address OAKLAND, CA 94612			
Area Code/Phone Number 510-272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 18 / 10 Description of Event: A's v. Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40

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

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

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

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

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

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

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

Name of Individual or Organization: Kidango Number of Tickets: 2

Description of Organization: helps low-income and needy children/families by educating/preparing them for the future

Address of Organization: 44000 Old Warm Springs Blvd. Fremont, CA 94538  
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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/13/10</u>
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.)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 8 / 20 / 10 Description of Event: A's v. Rays; A's v. Tigers; A's v. Angels  
05 / 20 / 10 Face Value of Ticket: \$ 06/08/10 \$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: 6 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Volunteer Hayward Number of Tickets: 6

Description of Organization: provides volunteer opportunities in City of Hayward, Hayward School Dist. and HARD

Address of Organization: 1099 E Street Hayward, CA 94541  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
to promote health, motivate and provide expanded opportunities to vulnerable populations in the County

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/10  
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.)



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<b>Area Code/Phone Number</b> 510-272-3882	<b>E-mail</b> crystal.hishida@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)  <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 07 / 19 / 10 Description of Event: A's v. Red Sox  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Hayward Education Foundation Number of Tickets: 20

Description of Organization: involves Hayward community to help fund grants to strengthen edu. experience of students

Address of Organization: P.O. Box 56444 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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/13/10</u>
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.)

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

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

Date(s) of Event: 06 / 06 / 10 Description of Event: A's v. Twins  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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


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

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2  
Name of Individual or Organization: A.C. Commission on Status of Women Number of Tickets: 2  
Description of Organization: funds activities and services to benefit the women of Alameda County  
Address of Organization: 24100 Amador Street, Sixth Floor Hayward, CA 94544  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
to provide opportunities to those who are receiving services from County agencies...for particular population

**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	<u>4/13/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 05 / 23 / 10 Description of Event: A's v. Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Hispanic Community Affairs Council Number of Tickets: 20

Description of Organization: provides scholarship opportunities to Hispanic students residing in Alameda County

Address of Organization: 4335 Redwood Heights 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 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	<u>4/13/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 05 / 22 / 10 Description of Event: A's v. Giants  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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)

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

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2  
Name of Individual or Organization: Hayward South Alameda County NAACP Number of Tickets: 4  
Description of Organization: promotes opportunities for people of color and those who are adversely disadvantaged  
Address of Organization: P.O. Box 363 Hayward, CA 94543  
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.

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/13/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Date(s) of Event: 08 / 04 / 10 Description of Event: A's v. Royals  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1,700  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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


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

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2  
Name of Individual or Organization: Centro de Servicios Number of Tickets: 20  
Description of Organization: provides, counseling, housing, and education services, + more to low-income and indigent  
Address of Organization: 525 H Street Union City, CA 94587  
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.

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/10  
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.)

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

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

Date(s) of Event: 08 / 18 / 10 Description of Event: A's v. Blue Jays  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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)

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

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2  
Name of Individual or Organization: Children's Hospital of Oakland Number of Tickets: 4  
Description of Organization: medical institution that treats Medi-Care children in Alameda County and others, too  
Address of Organization: 5700 Martin Luther King, Jr. Way Oakland, CA 94609-1673  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
to promote health, motivate and provide expanded opportunities to vulnerable populations in the County

**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	<u>4/13/10</u>
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.)



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

Date(s) of Event: 06 / 25 / 10 Description of Event: A's v. Pirates  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 40  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Supervisor Gail Steele, District 2  
Name of Individual or Organization: New Haven Schools Foundation Number of Tickets: 2  
Description of Organization: serves as fund raising arm of New Haven School District to augment monies for classes  
Address of Organization: 33377 Western Avenue Union City CA 94587  
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] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/10  
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.)

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

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

Date(s) of Event: 04 / 14 / 10 Description of Event: MUSE concert  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 49

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
Number of Tickets Received: 1 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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: Samantha Fukui Number of Tickets: 1

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/14/10  
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.)



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

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

Date(s) of Event: 04 / 14 / 10 Description of Event: MUSE concert  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 49-

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
Number of Tickets Received: 1 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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: 1

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

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

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

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/14/10  
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.)

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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: 04 / 14 / 10 Description of Event: MUSE concert\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 49-Agency Event ☐ Yes ☒ No (Identify source of tickets below.)Name of Outside Source of Ticket(s) Provided to Agency: Golden State WarriorsNumber of Tickets Received: 1 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

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

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4Name 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 reward a community volunteer for his service to the public**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/14/10</u>
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.)



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

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

Date(s) of Event: 04 / 10 / 10 Description of Event: ALICIA KEYS  
Face Value of Ticket: \$ \$88.00

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)

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

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

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

Name of Individual or Organization: TERRICA MUNDY Number of Tickets: 4

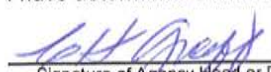
Description of Organization: \_\_\_\_\_

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 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 4/9/10  
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.)

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

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

Date(s) of Event: 05 / 04 / 10 Description of Event: Oakland A's Skybox  
Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Alameda County Meals on Wheels Number of Tickets: 20

Description of Organization: Serving food to homebound seniors

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 non-profit for its contribution to the community

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/14/10  
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

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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: 04 / 22 / 10 Description of Event: Oakland A's  
 \_\_\_\_\_ Face Value of Ticket: \$ 40.00  
 Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1  
 Name of Individual or Organization: Mel Luna Number of Tickets: 2  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
 Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

## 5. Verification

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


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

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

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

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00

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

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

Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ 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: Asian Employees Association Number of Tickets: 4

Description of Organization: To inspire and reward academic achievement among Oakland high school students

Address of Organization: 530 Water Street, Oakland, CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/13/10
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.)



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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: 04 / 23 / 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)

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: San Lorenzo Village Homes Association Number of Tickets: 2  
Description of Organization: Oversees the administration of CC&Rs as well as improve the quality of life in San Lorenzo  
Address of Organization: 377 Paseo Grande, San Lorenzo, CA 94580  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/14/10  
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.)

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

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

Date(s) of Event: 06 / 05 / 10 Description of Event: Oakland A's Game  
07 / 07 / 10 Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

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

Name of Individual or Organization: Doug Rein 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	<u>4/14/10</u>
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.)



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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: 05 / 07 / 10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00

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

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

Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ 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: Oakland Chinatown Chamber of Commerce Number of Tickets: 4

Description of Organization: To promote business in the Asian community and provide a forum for discussion of policies

Address of Organization: 388 - 9th Street, Oakland, CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/10  
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.)

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

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

Date(s) of Event: 06 / 06 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
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 A's  
Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Veronica Tubera, East Meets West Number of Tickets: 10

Description of Organization: Transform the health, education and communities of disadvantaged people.

Address of Organization: 1611 Telegraph Avenue, Suite 1420 Oakland, CA 94612  
Number and Street City State Zip Code

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

**5. Verification**

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

Crystal Hishida Graff CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/14/10  
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.)



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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Baseball Game  
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 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: Proctor School PTA Number of Tickets: 2

Description of Organization: Support for Elementary School

Address of Organization: 17520 Redwood Rd - Castro Valley, CA 94540  
Number and Street City State Zip Code

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

**5. Verification**

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

[Signature] CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/9/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

PLAZA SEATS

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<b>Street Address</b> OAKLAND, CA 94612			
<b>Area Code/Phone Number</b> (510) 272-3882	<b>E-mail</b> crystal.hishida@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)  <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 06 / 06 / 10 Description of Event: Oakland A's vs. Minnesota Twins  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Face Value of Ticket: \$ 85.00

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

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

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

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

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

Name of Individual or Organization: KIPP Bridge Charter School Number of Tickets: 10

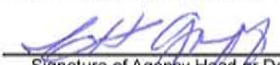
Description of Organization: Develop the academic knowledge, skills, character traits necessary for students to achieve

Address of Organization: 991 - 14th Street Oakland, CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/14/10</u>
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.)



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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: 04 / 10 / 10 Description of Event: Alicia Keyes  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 88-

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

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

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

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

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: Monica Taylor Number of Tickets: 1

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

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for 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 4/9/10  
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.)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 04 / 10 / 10 Description of Event: Alicia Keyes  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 88-

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

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

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

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

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 reward a County employee for his exemplary service

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

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

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

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

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

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

**5. Verification**

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

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

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



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<b>Street Address</b> OAKLAND, CA 94612			
<b>Area Code/Phone Number</b> (510) 272-3882	<b>E-mail</b> crystal.hishida@acgov.org	<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)  <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 05 / 01 / 10 Description of Event: Rahat Fateh Ali Khan  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ \$167.75

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Amir Arman 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	<u>4/26/10</u>
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.)

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

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

Date(s) of Event: 08 / 07 / 10 Description of Event: Oakland A's vs. Texas Rangers  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Bay Area Outreach and Recreation Program Number of Tickets: 4

Description of Organization: Accessible sports & recreation opportunities for children & adults w/physical disabilities

Address of Organization: 1419 Northside Avenue #A Berkeley CA 94702  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 07 / 10 Description of Event: Oakland A's vs. Tampa Bay Rays & Detroit Tigers  
05 / 19 / 10 Face Value of Ticket: \$ 40.00

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

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

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

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

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: Amir Arman Number of Tickets: 4

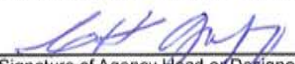
Description of Organization: \_\_\_\_\_

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 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	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

Date(s) of Event: 05 / 03 / 10 Description of Event: Oakland A's vs. Texas Rangers  
05 / 04 / 10 Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

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

Name of Individual or Organization: Socially Responsible Network Number of Tickets: 4

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

Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
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.)



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

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

Date(s) of Event: 9 / 25 / 10 Description of Event: Oakland A's Skybox & 3 parking passes  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1  
Name of Individual or Organization: ALAMEDA COUNTY FAMILY JUSTICE CENTE Number of Tickets: 20  
Description of Organization: ONE STOP CENTER FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE  
Address of Organization: 470 27TH ST., OAKLAND CA 94612  
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 contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: 05 / 03 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: 05 / 04 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
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.)

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

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

Date(s) of Event: 05 / 05 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 10

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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/22/10</u>
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.)

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

Date(s) of Event: 05 / 07 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 10  
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)

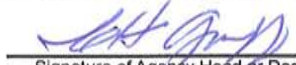
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 08 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: 05 / 09 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
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.)

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		<input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) <b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 05 / 20 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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 its contribution to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/27/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Plaza Seats, 1 Parking Pass



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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 08 / 17 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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: 20

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 its contribution to the community

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
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.)

3 parking passes

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 05 / 09 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 1,700

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 20 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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: Black Women Organized for Political Action Number of Tickets: 20

Description of Organization: Inform Black Women in Political Process

Address of Organization: 18550 Carlton Ave - 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 promote attendance at event held at a County facility in order to maximize potential County revenue from parking

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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and concession sales. 3 parking passes.



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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: 05 / 01 / 10 Description of Event: Rahat Fatch Ali Khan Concert  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 167.75

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
Name of Individual or Organization: Zaheer Siddiqui 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 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	<u>4/27/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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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: 05 / 03 / 10 Description of Event: Oakland A's Game  
05 / 05 / 10 Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

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

Name of Individual or Organization: A.J. "Lil" Arnerich Number of Tickets: 4

Description of Organization:

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

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	4/22/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Date(s) of Event: 6/21/10 Description of Event: Oakland A's Game  
Face Value of Ticket: \$ 85.00  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ 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: Building Futures with Women and Children Number of Tickets: 4  
Description of Organization: Helps women and children in crisis become safely and supportively housed  
Address of Organization: 1395 Bancroft Avenue, San Leandro, CA 94577  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/27/10  
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.)

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<b>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		<b>Date of Original Filing:</b> _____ (month, day, year)	

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

Date(s) of Event: 05 / 17 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Christian Hodges Number of Tickets: 2

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

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

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/12/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

plaza seats



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

Date(s) of Event: 07 / 23 / 10 Description of Event: Oakland A's vs. Chicago White Sox  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 8 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: East Oakland Youth Development Center Number of Tickets: 8

Description of Organization: Dedicated to developing children and youth into healthy, self-supporting and aware citizens

Address of Organization: 8200 International Boulevard Oakland, CA 94621  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/30/10</u>
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.)

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Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		Date of Original Filing: _____ (month, day, year)	

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

Date(s) of Event: 04 / 08 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Roy Shivers 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 tourism as a form of economic development

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/7</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

PLAZA SEATS



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

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

Date(s) of Event: 04 / 08 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Sam Fuller 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 tourism as a form of economic development

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/10  
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.)

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

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

Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Asian Community Mental Health Services Number of Tickets: 4


Description of Organization: Provide mental wellness and developmental disabilities services to the API community.

Address of Organization: 310 8th Street, Suite 201 Oakland, CA 94607  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/17/10</u>
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.)



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

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

Date(s) of Event: 05 / 17 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Center for Early Intervention on Deafness Number of Tickets: 4

Description of Organization: provides services and supports for families from birth through age five, who are deaf.

Address of Organization: 1035 Grayson Street Berkeley CA 94710  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/27/10</u>
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.)

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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: 05 / 17 / 10 Description of Event: Oakland A's vs. Seattle Mariners  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 A's  
Number of Tickets Received: 4 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

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

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

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

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

Name of Individual or Organization: Commission on the Status of Women Number of Tickets: 4

Description of Organization: maximize parity for women of all ages

Address of Organization: 24100 Amador Street, Sixth Floor Hayward CA 94544  
Number and Street City State Zip Code

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/21/10</u>
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**

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TICKETS PROVIDED BY  
AGENCY REPORT

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

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

Date(s) of Event: 04 / 25 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 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 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: Commission on the Status of Women Number of Tickets: 2

Description of Organization: Advocacy for women in Alameda County

Address of Organization: 24100 Amador Street, 6th Floor - Hayward, CA 94544  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To provide opportunities to those who are receiving services from the County agencies consistent w/ the agency's goals

**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	<u>4/9/10</u>
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.)

for the particular population. **PLAZA SEATS**

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

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

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

Date(s) of Event: 04 / 22 / 10 Description of Event: Baseball Game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 85  
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)


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: Brian Foster Number of Tickets: 1  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST	<u>4/19/10</u>
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.)