

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 05 / 21 / 10 Description of Event: Oakland A's

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: 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 Scott Haggerty, District 1

Name of Individual or Organization: Matt Lillard Number of Tickets: 20

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.)

Outstanding community service

**5. Verification**

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

     
 CRYSTAL HISHIDA GRAFF     
 PRINCIPAL ANALYST     
5/14/10  
 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>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: 06 / 04 / 10 Description of Event: Maxwell and Jill Scott  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 87.25

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

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

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

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

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
<u>BROWN, Aisha</u>	<u>2</u>	<u>To Reward an employee for exemplary service</u>

**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.

	<u>CRYSTAL HISHIDA GRAFF</u>	<u>PRINCIPAL ANALYST</u>	<u>5/26/10</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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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 05 / 21 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
 \_\_\_\_\_  
 \_\_\_\_\_ 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
<u>DeReyes, Amy</u>	<u>1</u>	<u>To reward an employee for exemplary service</u>

**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 5/11/10  
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 / 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: Community Prevention Number of Tickets: 4

Description of Organization: Education and programs to reduce violence associated with alcohol and drugs

Address of Organization: 1558 'B' St, Ste 201 - Hayward, CA 94541  
Number and Street 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 5/14/10  
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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 / 21 / 10 Description of Event: Oakland A's vs. San Francisco Giants

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: Alex Desautels Number of Tickets: 2

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

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

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

**5. Verification**

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

   
 CRYSTAL HISHIDA GRAFF   
 PRINCIPAL ANALYST   
 5/13/10  
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 / 20 / 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: A.J. "Lil" Arnerich Number of Tickets: 2

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/13/10  
Signature of Agency Head of 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 / 06 / 10 Description of Event: Oakland A's Game  
07 / 23 / 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: Four Paws Society Number of Tickets: 4  
 Description of Organization: Advocates for pets and their families & promotes health, happiness and well being of pets  
 Address of Organization: 1271 Washington Avenue, #422, Oakland, 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.

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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 / 24 / 10 Description of Event: A's v. White 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: 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 5/13/10  
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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: 09 / 05 / 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: League of Women Voters Eden Area Number of Tickets: 20

Description of Organization: promotes civic involvement in the electoral process and educates about ballot box issues

Address of Organization: P.O. Box 2234 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 5/12/10  
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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 / 20 / 10 Description of Event: A's v. Rays  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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: Tri-Cities League of Volunteers Number of Tickets: 20

Description of Organization: promotes volunteerism and enhances quality of life in Tri-Valley cities

Address of Organization: 36120 Ruschin Dr. Newark, CA 94560  
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**

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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: A's v. Tigers  
 \_\_\_\_\_  
 \_\_\_\_\_ 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: Alameda County Urban Male Health Initiative Number of Tickets: 20

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

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

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

**5. Verification**

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

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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 / 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: ACBA Volunteer Legal Services Corporation Number of Tickets: 4

Description of Organization: Provides free legal assistance to low income and poor people in Alameda County

Address of Organization: 70 Washington Street, Suite 200, 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 5/11/10  
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 / 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: Wardrobe for Opportunity Number of Tickets: 4

Description of Organization: Assists low income individuals find a job, keep a job and build a career

Address of Organization: 570 - 14th Street, Suite 5, 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.


 \_\_\_\_\_  
 Signature of Agency Head or Designee

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

\_\_\_\_\_  
 Title

5/11/10  
 (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)			
Street Address 1221 OAK STREET, #555, OAKLAND, CA 94612			
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Maxwell/Jill Scott  
 \_\_\_\_\_ Face Value of Ticket: \$ 87.25

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
Laws, Jerl	4	Promote attendance at County facility event 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: \_\_\_\_\_

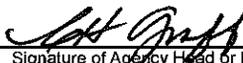
Description of Organization: \_\_\_\_\_

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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 5/11/10  
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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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 06 / 05 / 10 Description of Event: Tom Petty and the Heartbreakers  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 133.50

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

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

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

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

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

Name of Individual or Organization: Bernardino Briones Number of Tickets: 4

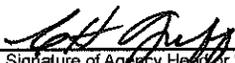
Description of Organization: \_\_\_\_\_

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

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

**5. Verification**

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


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

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

Date(s) of Event: 07 / 07 / 10 Description of Event: A's v. Yankees  
 \_\_\_\_\_  
 \_\_\_\_\_ 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: Eden Medical Center Foundation Number of Tickets: 20  
 Description of Organization: fundraises for Eden Medical Center to provide services for low-income patients, etc.  
 Address of Organization: 20103 Lake Chabot Road 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 5/10/10  
 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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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 09 / 04 / 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 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: SANTA CLARA WOMEN'S SOCCER PROG. Number of Tickets: 20

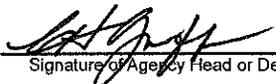
Description of Organization: SANTA CLARA UNIVERSITY WOMEN'S SOCCER TEAM EXPENSES

Address of Organization: Santa Clara Univ. Dept. of Athletics 500 El Camino Real Santa Clara CA 95053  
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>5/7/10</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

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

Date(s) of Event: 05 / 08 / 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
Briones, Ruben	4	To promote attendance at County facility to max revenues

**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	<u>5/6/10</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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<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: 05 / 23 / 10 Description of Event: Baseball Game

Face Value of Ticket: \$ 40.00

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

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

Number of Tickets Received: 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
Miley, Nate	1	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

Name of Individual or Organization: \_\_\_\_\_ 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      5/16/10  
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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TICKETS PROVIDED BY AGENCY REPORT

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

Face Value of Ticket: \$ 40.00

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

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

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

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

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: Tyler Stewart Number of Tickets: 1

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

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To 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>5/6/10</u>
Signature of Agent, Head or Designee	Print Name	Title	(month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

Face Value of Ticket: \$ 40.00

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

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

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

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

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Stewart, Darryl	1	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

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

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

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

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

**5. Verification**

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


 \_\_\_\_\_  
Signature of Agency Head or Designee

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

\_\_\_\_\_  
Title

5/26/10  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
Plaza 5/26/10

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 05 / 21 / 10 Description of Event: Baseball Game

Face Value of Ticket: \$ 40.00

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

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

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

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

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Kaplan, Seth	1	To promote attendance at a County facility in order to
Bazar, Chris	1	maximize potential County revenue from parking and
		concession sales

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

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

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

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

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

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

**5. Verification**

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


 Signature of Agency Head or Designee
 CRYSTAL HISHIDA GRAFF
 Print Name
 PRINCIPAL ANALYST
 Title
 5/16/10
 (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 08 / 06 / 10 Description of Event: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
 Number of Tickets Received: 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: Hayward Area Recreation & Park District Fndtn Number of Tickets: 2  
 Description of Organization: Funds to support outdoor recreation in the unincorporated area  
 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 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 5/6/10  
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.)  
PLAZA SEATS

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 07 / 23 / 10 Description of Event: Baseball Game  
 Face Value of Ticket: \$ 40.00

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

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

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

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

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: Hayward Area Recreation & Park District Fndtn Number of Tickets: 2

Description of Organization: Funds to support outdoor recreation in the unincorporated area

Address of Organization: 1099 'E' Street - Hayward, CA 94541

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 5/6/10  
 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.)  
PLAZA SEATS

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 85.00

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

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

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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
 Name of Individual or Organization: Associated Community Action Program Number of Tickets: 4  
 Description of Organization: Fund and support programs that reduce poverty in the Unincorporated Area  
 Address of Organization: 24100 Amador Street, 3rd Fl - 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 5/6/10  
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.)  
1 parking pass

**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: 05 / 18 / 10 Description of Event: Baseball Game  
 Face Value of Ticket: \$ 85.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
 Number of Tickets Received: 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: Deputy Sheriff's Activities League Number of Tickets: 20

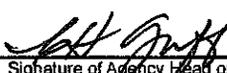
Description of Organization: Provides activities for youth in Unincorporated Area

Address of Organization: 16378 East 14th Street #101 - San Leandro, 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 nonprofit organization for is 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 5/16/10  
Signature of Agency Lead or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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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.) 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: 06 / 23 / 10 Description of Event: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 85.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland Athletics  
 Number of Tickets Received: 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: Alameda County Health Care Foundation Number of Tickets: 2

Description of Organization: Funds to support 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 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 5/16/10  
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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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 05 / 07 / 10 Description of Event: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 85.00

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

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

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

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

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

Name of Individual or Organization: Associated Community Action Program Number of Tickets: 4

Description of Organization: Fund and support programs that reduce poverty in the Unincorporated Area

Address of Organization: 24100 Amador Street, 3rd Fl - 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 5/5/10  
 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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<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: 05 / 22 / 10 Description of Event: Oakland A's Tickets  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 40.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland 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 Scott Haggerty, District 1

Name of Individual or Organization: Raymond Thorstensen 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 provide opportunities for those receiving services from County agencies

**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 5/4/10  
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>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: 06 / 07 / 10 Description of Event: Oakland A's Tickets  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 40.00

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

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

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 Valley R.O.P. Number of Tickets: 2  
 \_\_\_\_\_  
 Description of Organization: Alameda County Resident  
 \_\_\_\_\_  
 Address of Organization: 5019 Stevenson 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 school 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 5/4/10  
 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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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>04/30/10</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: 05 / 08 / 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
Calderon, Gene	4	To promote attendance at County facility to max revenues

**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 5/3/10  
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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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: 06 / 09 / 10 Description of Event: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 85.00

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

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

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

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

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

Name of Individual or Organization: Oakland Firefighters Random Acts Number of Tickets: 4

Description of Organization: Funds for Oakland firefighters to give back to the community

Address of Organization: 746 E 19th St, 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 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 5/6/10  
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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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: 06 / 23 / 10 Description of Event: Oakland A's Tickets  
06 / 25 / 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: Alameda County Supervisor Scott Haggerty, District 1  
 Name of Individual or Organization: Livermore and Granada High School Number of Tickets: 4  
 Description of Organization: Safe and Sober Grad Night  
 Address of Organization: Livermore High School 600 Maple Street, 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 community volunteer for her service to the public.

**5. Verification**

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


 \_\_\_\_\_  
Signature of Agency Head or Designee

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

\_\_\_\_\_  
Title

5/25/10  
(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 / 05 / 10 Description of Event: Tom Petty concert  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 133.50

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

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

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

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

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

Name of Individual or Organization: Ananda Marga Universal Relief Team Number of Tickets: 4

Description of Organization: provides Haiti relief efforts

Address of Organization: 27160 Moody Road Los Altos Hills, CA 94022  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
to reward 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 5/25/10  
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: 06 / 26 / 10 Description of Event: AR Rahman Jai Ho Concert

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 160.50

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: boona cheema, BOSS Number of Tickets: 4

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

Address of Organization: 2065 Kittredge Street, Suite E Berkeley, CA 94704  
Number and Street City State Zip Code

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/26/10  
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>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: 06 / 12 / 10 Description of Event: Sesame Street Live

Face Value of Ticket: \$ 31.50

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: Juan Lopez Number of Tickets: 4

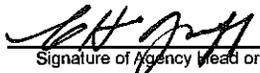
Description of Organization: \_\_\_\_\_

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 a County facility in order to maximize potential County revenue from parking and concession

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/26/10  
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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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 vs. Minnesota Twins  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 40.00

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

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

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

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

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

Name of Individual or Organization: Amir Arman Number of Tickets: 2

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

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

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/26/10  
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>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: 07 / 05 / 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: Amir Arman Number of Tickets: 2

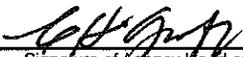
Description of Organization: \_\_\_\_\_

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

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/26/10  
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.)

**Tickets Provided by Agency Report**

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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: 07 / 19 / 10 Description of Event: Oakland A's vs. Boston Red Sox

Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

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

Name of Individual or Organization: Amir Arman Number of Tickets: 2

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

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

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/26/10  
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		<b>Date of Original Filing:</b> _____ (month, day, year)	

**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: \$ 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: Amir Arman Number of Tickets: 2

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

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

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF \_\_\_\_\_ PRINCIPAL ANALYST \_\_\_\_\_ 5/26/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Maxwell & Jill Scott  
 \_\_\_\_\_ Face Value of Ticket: \$ 87.25

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
 Number of Tickets Received: 2 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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
Carson, Keith	2	To promote attendance at a County facility in.

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

Name of Behesting Agency Official: Supervisor Keith Carson, District 5  
 Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
 \_\_\_\_\_

**5. Verification**

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

      CRYSTAL HISHIDA GRAFF      PRINCIPAL ANALYST      5/25/10  
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: 06 / 19 / 10 Description of Event: Andre Ward vs. Green

Face Value of Ticket: \$ 81.75

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

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

Number of Tickets Received: 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
Carson, Keith	2	To promote attendance at a County facility.

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

Name of Behesting Agency Official: Supervisor Keith Carson, District 5

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

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

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

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/25/10  
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: 06 / 04 / 10 Description of Event: Maxwell and Jill Scott

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 87.25

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

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

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

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

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: Seth Steward Number of Tickets: 2

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/25/10  
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>Agency Contact</b> (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office		<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	

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

Date(s) of Event: 06 / 19 / 10 Description of Event: Andre Ward vs. Green

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 81.75

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

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

Number of Tickets Received: 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: Seth Steward Number of Tickets: 2

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

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

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

**5. Verification**

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

	CRYSTAL HISHIDA GRAFF	PRINCIPAL ANALYST
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>

\_\_\_\_\_  
(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
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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>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: 06 / 05 / 10 Description of Event: Tom Petty & the Heartbreakers  
 \_\_\_\_\_ Face Value of Ticket: \$ 133.50

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: 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 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 5/25/10  
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>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: 05 / 23 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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: Matt Watson 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 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 5/21/10  
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		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 06 / 07 / 10 Description of Event: Oakland A's Skybox & 3 parking passes  
06 / 10 / 10 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: 40 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: 40  
 Description of Organization: NON PROFIT LITTLE LEAGUE TEAM  
 Address of Organization: P.O. Box 2037 Dublin CA 94568  
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 5/20/10  
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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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 05 / 21 / 10 Description of Event: Oakland A's vs. San Francisco Giants  
 \_\_\_\_\_  
 \_\_\_\_\_ 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 reward a community volunteer for his or her service to the public.  
 \_\_\_\_\_

**5. Verification**

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


 \_\_\_\_\_  
 Signature of Agency Head or Designee

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 (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 / 21 / 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: Mel Medeiros Number of Tickets: 2

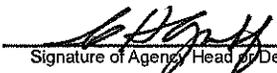
Description of Organization: \_\_\_\_\_

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>5/17/10</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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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Maxwell/Jill Scott Concert  
 \_\_\_\_\_ Face Value of Ticket: \$ 87.25

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Golden State Warriors  
 Number of Tickets Received: 2 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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: Charlotte and Darryl Victorian Number of Tickets: 2

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/18/10  
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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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Maxwell/Jill Scott Concert

Face Value of Ticket: \$ 87.25

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: Diana Henderson 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 5/18/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

Date(s) of Event: 06 / 04 / 10 Description of Event: Maxwell/Jill Scott Concert

Face Value of Ticket: \$ 87.25

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
Hodges, Robyn	1	To reward a County employee for her exemplary service
		to the public

**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.


 \_\_\_\_\_  
Signature of Agency Head or Designee

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

\_\_\_\_\_  
Title

5/18/10  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)  
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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>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: 06 / 04 / 10 Description of Event: Maxwell and Jill Scott  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 87.25

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: Melanie Bynes-Brooks 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 a 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 5/18/10  
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: Baseball Game  
 \_\_\_\_\_ Face Value of Ticket: \$ 40.00

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

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

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

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

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

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

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

Name of Individual or Organization: Alameda County Public Health Care Agency Number of Tickets: 2

Description of Organization: Nutrition Services - Education of Healthy Living

Address of Organization: 1000 Broadway, Suite 500 - Oakland, CA 94607  
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 consistent with 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 5/18/10  
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.)

for the particular population - PLAZA SEATS

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 06 / 06 / 10 Description of Event: Baseball Game

Face Value of Ticket: \$ 40.00

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

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

Number of Tickets Received: 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 <small>(Last, First)</small>	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: Alameda County Public Health Care Agency Number of Tickets: 2

Description of Organization: Nutrition Services - Education of Healthy Living

Address of Organization: 1000 Broadway, Suite 500 - Oakland, CA 94607

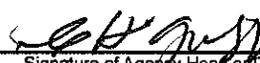
Number and Street City State Zip Code

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 consistent with 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>5/18/10</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

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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 / 26 / 10 Description of Event: AR Rahman  
 \_\_\_\_\_ Face Value of Ticket: \$ 160.50

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: Gina Vidhun 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 a County facility in order to maximize potential County revenue from parking & concessions

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 5/18/10  
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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Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org		
Agency Contact (name and title) Crystal Hishida Graff, Principal Analyst, County Administrator's Office			

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

Date(s) of Event: 06 / 12 / 10 Description of Event: Sesame Street Live  
 \_\_\_\_\_ Face Value of Ticket: \$ 31.50

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: United Seniors of Oakland & Alameda County Number of Tickets: 4

Description of Organization: Senior Advocacy

Address of Organization: 7200 Bancroft Ave, Ste 178 - Oakland, CA 94605  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
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 5/18/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

Date(s) of Event: 06 / 05 / 10 Description of Event: Tom Petty/Heart Breakers  
 \_\_\_\_\_ Face Value of Ticket: \$ 133.50

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

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

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

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

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: Mark Friedman & Carylson Said Number of Tickets: 2

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

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

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

**5. Verification**

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


 \_\_\_\_\_  
Signature of Agency Head or Designee

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

\_\_\_\_\_  
Title

5/18/10  
(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: Tom Petty/Heart Breakers

Face Value of Ticket: \$ 133.50

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: Lily Meyers-Kaplan 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 5/18/10  
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: 06 / 05 / 10 Description of Event: Tom Petty/Heart Breakers  
 \_\_\_\_\_ Face Value of Ticket: \$ 133.50

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
Kaplan, Seth	1	To reward a County employee for his exemplary service
		to the public

**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 5/18/10  
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.)  
 \_\_\_\_\_