

**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><br>For Official Use Only |
| COUNTY OF ALAMEDA   |                           |   |   |
| Division, Department, or Region (if applicable)                         |                           |   |   |
| Street Address  |                           |   |   |
| 1221 OAK STREET, #555, OAKLAND, CA 94612                                |                           |   |   |
| Area Code/Phone Number  | E-mail                    | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br><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: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br>(Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|-----------------------------------|-------------------|--|
| Miley, Christopher                | 1                 | To encourage staff development   |
|                                   |                   |  |
|                                   |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

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 encourage staff development

**5. Verification**

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

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/20/11</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.)

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

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

Date(s) of Event: 05 / 01 / 11 Description of Event: Oakland A's vs. Texas Rangers  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
 Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

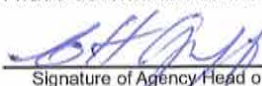
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--------------------------------|-------------------|--|
|                                |                   |  |
|                 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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
 Name of Individual or Organization: South Berkeley Senior Center Number of Tickets: 10  
 Description of Organization: Senior Services Center  
 Address of Organization: 2939 Ellis Street Berkeley CA 94703  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
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)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     | Date of Original Filing: _____<br>(month, day, year)         |   |

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

Date(s) of Event: 04 / 06 / 11 Description of Event: Basketball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 95.00

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

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

| 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                    | 2                 | To evaluate the ability of a facility or a local sports team to attract business and contribute to the local economy |
|                                |                   |  |

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

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

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

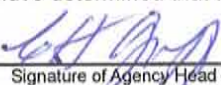
Description of Organization: \_\_\_\_\_

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/4/11  
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)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br><small>(Last, First)</small> | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--|-------------------|--|
| Briones, Ruben                                   | 1                 | To encourage staff development   |
|  |                   |  |
|  |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

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 encourage staff development

**5. Verification**

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

|   |                       |                   |                    |
|---|-----------------------|-------------------|--------------------|
|  | CRYSTAL HISHIDA GRAFF | PRINCIPAL ANALYST | 4/8/11             |
| Signature of Agency Head or Designee  | Print Name            | Title             | (month, day, year) |

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

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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 |
|--------------------------------|-------------------|--|
| Lockyer, Nadia                 | 1                 | To encourage staff development   |
|                                |                   |  |
|                                |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

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 encourage staff development

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/8/11  
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)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |  |

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

Date(s) of Event: 04 / 15 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>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 Nadia Lockyer, District 2

Name of Individual or Organization: George Dianda 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.

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>4 / 15 / 11</u><br>(month, day, year) |
|---|--|-----------------------------------|--|

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

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

Date(s) of Event: 09 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br><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: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Sharon Sage Number of Tickets: 4


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

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

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

**5. Verification**

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

|   |   |  |  |
|---|---|--|--|
| <br><small>Signature of Agency Head or Designee</small> | <u>CRYSTAL HISHIDA GRAFF</u><br><small>Print Name</small> | <u>PRINCIPAL ANALYST</u><br><small>Title</small> | <u>4/7/11</u><br><small>(month, day, year)</small> |
|---|---|--|--|

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

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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

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


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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2  
 Description of Organization: Senior Advocacy  
 Address of Organization: 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

PLAZA SEATS



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

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Rod Stewart & Stevie Nicks Concert

Face Value of Ticket: \$ 173.85

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

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

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

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

| Name of Official<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>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: Denise LaGrand Number of Tickets: 4

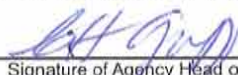
Description of Organization: \_\_\_\_\_

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a volunteer for her services 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.

|   |                              |                          |                    |
|---|------------------------------|--------------------------|--------------------|
|  | <u>CRYSTAL HISHIDA GRAFF</u> | <u>PRINCIPAL ANALYST</u> | <u>4/12/11</u>     |
| Signature of Agency Head or Designee  | Print Name                   | Title                    | (month, day, year) |

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

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

Date(s) of Event: 07 / 02 / 11 Description of Event: Oakland A's vs. Arizona Diamondbacks

Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Angelique Horton Getreu 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.


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

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

\_\_\_\_\_  
 Title

4/20/11  
 (month, day, year)

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



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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 03 / 28 / 11 Description of Event: Oakland A's vs.  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br>(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: Chris Leung Number of Tickets: 4

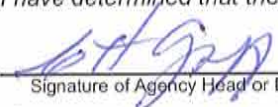
Description of Organization: \_\_\_\_\_

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.*

|  |  |                                   |                                      |
|--|--|-----------------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>3/28/11</u><br>(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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 05 / 18 / 11 Description of Event: Oakland A's Skybox  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ \$1,700

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

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

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

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

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

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

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

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


Description of Organization: partnership of local vintners/growers promoting the Livermore Valley winegrowing region

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

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

**5. Verification**

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

|   |  |                                   |                                      |
|---|--|-----------------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>4/12/11</u><br>(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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |   |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |   |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br><small>(month, day, year)</small> |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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 |
|--------------------------------|-------------------|--|
| Ahad, Rozan                    | 1                 | To encourage staff development   |
|                                |                   |  |
|                                |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

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 encourage staff development

**5. Verification**

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

|  |                           |                      |                                   |
|--|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>2/18/11</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

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

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

Date(s) of Event: 06 / 29 / 11 Description of Event: A's seat tickets  
06 / 30 / 11 Face Value of Ticket: \$ \$38.00

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

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


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

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

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1  
 Name of Individual or Organization: Livermore-Granada Boosters Number of Tickets: 4  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school organization for its contributions to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
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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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 06 / 11 Description of Event: Basketball Game

Face Value of Ticket: \$ 95.00

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

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

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

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

| Name of Official<br><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: Christine Graham Number of Tickets: 2


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

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

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

**5. Verification**

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

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/4/11</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.)  
and concession sales.

**Tickets Provided by Agency Report**

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

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

Date(s) of Event: 06 / 18 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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<br><i>(Last, First)</i> | 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 Wilma Chan, District 3

Name of Individual or Organization: Michelle Batz 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    | <u>4/12/11</u>                           |
| <small>Signature of Agency Head or Designee</small>                                | <small>Print Name</small> | <small>Title</small> | <small><i>(month, day, year)</i></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

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

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

Date(s) of Event: 07 / 02 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br><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: Supervisor Nadia Lockyer, District 2  
 Name of Individual or Organization: Eric Emerson Number of Tickets: 4  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4 / 8 / 11</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

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>1. Agency Name</b>   |                           | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| COUNTY OF ALAMEDA   |                           |  |   |
| Division, Department, or Region (if applicable)                         |                           |  |   |
| Street Address  |                           |  |   |
| 1221 OAK STREET, #555, OAKLAND, CA 94612                                |                           |  |   |
| Area Code/Phone Number  | E-mail                    | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(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: 04 / 16 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Jan Vincent Number of Tickets: 4

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

1 PARKING PASS

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 07 / 27 / 11 Description of Event: Oakland A's Skybox  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 1,500

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

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

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

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

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

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

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

Name of Individual or Organization: Alameda County Meals on Wheels Number of Tickets: 20

Description of Organization: Free food delivery to home bound seniors

Address of Organization: PO Box 14002, Oakland, CA 94614  
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 4/13/11  
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  | <b>California Form 802</b><br><small>For Official Use Only</small> |
| COUNTY OF ALAMEDA   |                           |   |  |
| <b>Division, Department, or Region</b> (if applicable)                  |                           |   |  |
| 1221 OAK STREET, #555   |                           |   |  |
| <b>Street Address</b>   |                           |   |  |
| OAKLAND, CA 94612   |                           |   |  |
| <b>Area Code/Phone Number</b>   | <b>E-mail</b>             | <input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)<br><br><b>Date of Original Filing:</b> _____<br><small>(month, day, year)</small> |  |
| (510) 272-3882  | crystal.hishida@acgov.org |   |  |
| <b>Agency Contact</b> (name and title)                                  |                           |   |  |
| Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                           |   |  |

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

Date(s) of Event: 04 / 24 / 11 Description of Event: Lil' Wayne  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 142.95

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<br><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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: James Brown 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.*

|   |                              |                          |                                   |
|---|------------------------------|--------------------------|-----------------------------------|
|  | <u>CRYSTAL HISHIDA GRAFF</u> | <u>PRINCIPAL ANALYST</u> | <u>4/20/11</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**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 13 / 11 Description of Event: Golden State Warriors  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 95.00

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

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

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

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

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

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Neal Hickey Number of Tickets: 4


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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/13/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 05 / 14 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ \$38.00

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 Wilma Chan, District 3  
 Name of Individual or Organization: Cathy Pauley Number of Tickets: 2  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

**5. Verification**

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


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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST  
Print Name Title

4/22/11  
(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   | <b>California Form 802</b><br>For Official Use Only |
| COUNTY OF ALAMEDA   |                           |  |   |
| Division, Department, or Region (if applicable)                         |                           |  |   |
| Street Address  |                           |  |   |
| 1221 OAK STREET, #555, OAKLAND, CA 94612                                |                           |  |   |
| Area Code/Phone Number  | E-mail                    | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(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: 06 / 14 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 1500.00

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 Nadia Lockyer, District 2

Name of Individual or Organization: Fred Vinciguerra Number of Tickets: 20


Description of Organization: Hayward Education Foundation

Address of Organization: P.O. Box 56444 Hayward, CA 94545  
 Number and Street City State Zip Code

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

**5. Verification**

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


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

\_\_\_\_\_  
 CRYSTAL HISHIDA GRAFF  
 Print Name

\_\_\_\_\_  
 PRINCIPAL ANALYST  
 Title

4/18/11  
 \_\_\_\_\_  
 (month, day, year)

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

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 19 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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: Kamika Dunlap & Amy Fitzgerald Number of Tickets: 2


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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/18/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 30 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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<br>(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 Wilma Chan, District 3  
 Name of Individual or Organization: Don Castain 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    | <u>4/20/11</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

|   |                           |   |                            |
|---|---------------------------|---|----------------------------|
| <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.)<br>Date of Original Filing: _____<br><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: 05 / 17 / 11 Description of Event: A's seat tickets  
06 / 28 / 11 Face Value of Ticket: \$ 38.00

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<br>(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: Assistance League 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 nonprofit organization for its contributions to the community

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/8/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b> |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  | For Official Use Only      |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |                            |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |                            |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |                            |

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

Date(s) of Event: 07 / 03 / 11 Description of Event: Oakland A's Skybox  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ \$1,500

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

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


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

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

Name of Behesting Agency Official: Alameda County Supervisor Scott Haggerty, District 1  
 Name of Individual or Organization: Washington Hospital Number of Tickets: 20  
 Description of Organization: Hospital  
 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 nonprofit organization for its contributions to the community

**5. Verification**

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

|  |                           |                      |                                   |
|--|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/6/11</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.)  
4 PARKING PASSES

**Tickets Provided by  
Agency Report**

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TICKETS PROVIDED BY  
AGENCY REPORT

|   |                           |  |   |
|---|---------------------------|--|---|
| <b>1. Agency Name</b>   |                           | Date Stamp   | <b>California Form 802</b><br>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.)<br>Date of Original Filing: _____<br>(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: 06 / 28 / 11 Description of Event: Oakland A's vs. Florida Marlins  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
|                                   |                      |   |
|                                   |                      |   |
|                                   |                      |   |

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
 Name of Individual or Organization: First Place for Youth Number of Tickets: 4  
 Description of Organization: Building a foundation for a life after foster care  
 Address of Organization: 519 - 17th St., Ste. 600 Oakland CA 94612  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 16 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

Number of Tickets Received: 5 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

| Name of Official<br>(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 Nadia Lockyer, District 2

Name of Individual or Organization: Arnulfo Cedillo Number of Tickets: 5

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

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

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

**5. Verification**

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


 \_\_\_\_\_ CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST \_\_\_\_\_ 4/15/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 06 / 11 Description of Event: Basketball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 95.00

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

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

| 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 an event held at a County   |
| Briscoe, Alex                  | 1                 | facility in order to maximize potential 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 4/4/11  
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.)  
 parking pass



**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 30 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 22.00

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: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Angelina Rodriquez 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 4/18/11  
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><br>COUNTY OF ALAMEDA  |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i>  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882  | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i><br>Date of Original Filing: _____<br><i>(month, day, year)</i> |   |
| Agency Contact <i>(name and title)</i><br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Rod Stewart & Stevie Nicks  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 173.85

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<br><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: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Rick Trullinger Number of Tickets: 4


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

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

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

**5. Verification**

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

|  |   |  |   |
|--|---|--|---|
| <br><small>Signature of Agency Head or Designee</small> | <u>CRYSTAL HISHIDA GRAFF</u><br><small>Print Name</small> | <u>PRINCIPAL ANALYST</u><br><small>Title</small> | <u>4/13/11</u><br><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

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

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

Date(s) of Event: 04 / 24 / 11 Description of Event: concert - Lil Wayne

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

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

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

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

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

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

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

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

Name of Individual or Organization: Max Ellis Number of Tickets: 4


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

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

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

**5. Verification**

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

|   |  |                                   |                                      |
|---|--|-----------------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>4/11/11</u><br>(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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 15 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ \$38.00

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 Wilma Chan, District 3  
 Name of Individual or Organization: Tom McCormick 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.

|  |  |                                   |                                      |
|--|--|-----------------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>4/11/11</u><br>(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><br>COUNTY OF ALAMEDA  |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>1221 OAK STREET, #555                                   |  |  |   |
| <b>Street Address</b><br>OAKLAND, CA 94612  |  |  |   |
| <b>Area Code/Phone Number</b><br>(510) 272-3882   | <b>E-mail</b><br>crystal.hishida@acgov.org | <input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |
| <b>Agency Contact</b> (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |  |  |   |

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

Date(s) of Event: 04 / 01 / 11 Description of Event: Oakland A's vs. Seattle Mariners  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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


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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
 Name of Individual or Organization: Benito Delgado-Olson Number of Tickets: 4  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a school or nonprofit organization for its contributions to the community

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/1/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 01 / 11 Description of Event: Oakland A's vs. Seattle Mariners  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 promote attendance at a County sponsored event or event held at a County facility in order to maximize revenue.

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST April, 2011  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 15 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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<br>(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: Chris Liong Number of Tickets: 1  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
 Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/11  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 29 / 11 Description of Event: A's seat tickets  
05 / 01 / 11 Face Value of Ticket: \$ 38.00

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

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

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/12/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b> |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |   | For Official Use Only      |
| Street Address<br>OAKLAND, CA 94612  |                                     |   |                            |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |                            |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |                            |

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

Date(s) of Event: 07 / 01 / 11 Description of Event: A's seat tickets  
07 / 05 / 11 Face Value of Ticket: \$ 38.00

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<br><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 Scott Haggerty, District 1

Name of Individual or Organization: Livermore-Granada Boosters Number of Tickets: 4


Description of Organization: support Livermore high school athletics and offer scholarships

Address of Organization: 2117 Fourth 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 school 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.

|  |                              |                          |                                   |
|--|------------------------------|--------------------------|-----------------------------------|
|  | <u>CRYSTAL HISHIDA GRAFF</u> | <u>PRINCIPAL ANALYST</u> | <u>11/20/11</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

|  |                                     |   |   |
|--|-------------------------------------|---|---|
| <b>1. Agency Name</b><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
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| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |   |

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

Date(s) of Event: 04 / 30 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br>(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 Wilma Chan, District 3

Name of Individual or Organization: The Academy of Alameda Middle School Number of Tickets: 20

Description of Organization: Middle school for grades 6-8

Address of Organization: 401 Pacific Avenue Alameda, CA 94501  
Number and Street City State Zip Code

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

To reward a school for its contributions to the community.

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/19/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b> |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |   | For Official Use Only      |
| Street Address<br>OAKLAND, CA 94612  |                                     |   |                            |
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| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |                            |

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

Date(s) of Event: 04 / 16 / 11 Description of Event: Oakland A's vs. Detroit Tigers  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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)

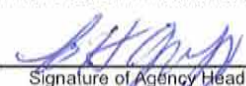
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--------------------------------|-------------------|--|
| Brooks, Rodney                 | 1                 | To promote attendance at a County facility   |
|                                |                   |  |
|                                |                   |  |

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
 Name of Individual or Organization: Adrian 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 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.

|  |  |                                   |   |
|--|--|-----------------------------------|---|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>4/11/11</u><br><small>(month, day, year)</small> |
|--|--|-----------------------------------|---|

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 05 / 15 / 11 Description of Event: Oakland A's vs. Los Angeles Angels  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

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

Name of Individual or Organization: Center for Early Intervention on Deafness Number of Tickets: 8


Description of Organization: Non-profit school for the infant deaf.

Address of Organization: 1035 Greyson St. Berkeley, CA 94710  
Number and Street City State Zip Code

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

**5. Verification**

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

|   |  |                                   |                                      |
|---|--|-----------------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | <u>CRYSTAL HISHIDA GRAFF</u><br>Print Name | <u>PRINCIPAL ANALYST</u><br>Title | <u>4/20/11</u><br>(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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 01 / 11 Description of Event: A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 |
|--|-------------------|--|
| Haggerty, Scott Ala. Co. Supervisor, Dist. 1 | 4                 | To obtain oversight of events that have received co. funds   |
|  |                   |  |
|  |                   |  |

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


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

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

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

**5. Verification**

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

|  |                           |                      |                                   |
|--|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4 / 1 / 11</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

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

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

Date(s) of Event: 04 / 17 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 Wilma Chan, District 3  
 Name of Individual or Organization: Tom McCormick 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.

|  |                                     |                            |                                      |
|--|-------------------------------------|----------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | CRYSTAL HISHIDA GRAFF<br>Print Name | PRINCIPAL ANALYST<br>Title | <u>4/11/11</u><br>(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><br>COUNTY OF ALAMEDA  |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i>  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882  | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i><br>Date of Original Filing: _____<br><i>(month, day, year)</i> |   |
| Agency Contact <i>(name and title)</i><br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 24 / 11 Description of Event: Lil Wayne Concert  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 142.95

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<br><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: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Kenny Archuleta Number of Tickets: 4


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

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

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

**5. Verification**

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

|   |   |  |   |
|---|---|--|---|
| <br><small>Signature of Agency Head or Designee</small> | <u>CRYSTAL HISHIDA GRAFF</u><br><small>Print Name</small> | <u>PRINCIPAL ANALYST</u><br><small>Title</small> | <u>4/22/11</u><br><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

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

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

Date(s) of Event: 04 / 15 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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<br>(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 Nadia Lockyer, District 2  
 Name of Individual or Organization: Justin Archuleta Number of Tickets: 2  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a student for outstanding scholastic achievement

**5. Verification**

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

|  |                                     |                            |                                      |
|--|-------------------------------------|----------------------------|--------------------------------------|
| <br>Signature of Agency Head or Designee | CRYSTAL HISHIDA GRAFF<br>Print Name | PRINCIPAL ANALYST<br>Title | <u>4/16/11</u><br>(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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 06 / 28 / 11 Description of Event: Oakland A's vs. Florida Marlins  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

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

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

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

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


Description of Organization: Support the service and mission of the Alameda County Medical Center

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

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

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 19 / 11 Description of Event: Oakland A's vs. Boston Red Sox  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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


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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
 Name of Individual or Organization: Chris Leung 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 4/18/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |   |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |   |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br><small>(month, day, year)</small> |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |   |

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

Date(s) of Event: 05 / 01 / 11 Description of Event: Oakland A's vs. Texas Rangers  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
 Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

| Name of Official<br><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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: West Berkeley Senior Center Number of Tickets: 10


Description of Organization: Senior Service Center

Address of Organization: 1900 6th Street Berkeley CA 94710  
Number and Street City State Zip Code

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

**5. Verification**

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

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/20/11</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

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
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| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 16 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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: 3 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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


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

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2  
 Name of Individual or Organization: Ron Carino Number of Tickets: 3  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To reward a community volunteer for his service to the public

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/15/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
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| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 01 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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)

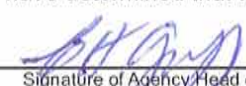
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution           |
|--------------------------------|-------------------|--|
| Briones, Ruben                 | 2                 | To promote attendance at an event held at a county facilit<br>in order to maximize potential County revenue from sales |
|                                |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2  
 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 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.

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

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

Date(s) of Event: 05 / 19 / 11 Description of Event: A's seat tickets  
07 / 04 / 11 Face Value of Ticket: \$ \$38.00

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<br>(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: Stacy Fults Number of Tickets: 4

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

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

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

To reward a community volunteer for her service to the public

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 12/12/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 24 / 11 Description of Event: Lil' Wayne  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 142.95

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)

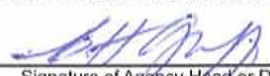
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--------------------------------|-------------------|--|
|                                |                   |  |
|                 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

**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: Sharifa Williams 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.


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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST  
Print Name Title

11/20/11  
(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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Rod Stewart & Stevie Knicks  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ \$173.85

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<br>(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: Maria Carson 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    | <u>4/11/11</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

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

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

Date(s) of Event: 04 / 02 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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: Supervisor Nadia Lockyer, District 2  
 Name of Individual or Organization: Nick Leonardo 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 student for outstanding scholastic achievement

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/2/11  
 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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |   |  |
| Street Address<br>OAKLAND, CA 94612  |                                     |   |  |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |  |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |  |

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

Date(s) of Event: 07 / 15 / 11 Description of Event: Oakland A's Skybox  
 \_\_\_\_\_  
 \_\_\_\_\_ Face Value of Ticket: \$ 1,500

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<br><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 Scott Haggerty, District 1

Name of Individual or Organization: Kidango Number of Tickets: 20


Description of Organization: Children's Center

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

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

**5. Verification**

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

|  |                           |                      |                                   |
|--|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/11/11</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

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

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

Date(s) of Event: 04 / 16 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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

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


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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2  
 Description of Organization: Senior Advocacy  
 Address of Organization: 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>1221 OAK STREET, #555                                   |                                     |  |   |
| Street Address<br>OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 30 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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)

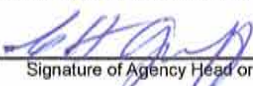
| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution                                 |
|--------------------------------|-------------------|--|
| Miley, Christopher             | 1                 | To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking and concession sales. |

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
 Name of Individual or Organization: Neal Hickey Number of Tickets: 1  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at an event held at a County facility in order to maximize potential county revenue from parking

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/30/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 15 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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: Milton Ma Number of Tickets: 1

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

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

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

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

and concession sales - Field Tickets

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 03 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 |
|--------------------------------|-------------------|--|
| Kerr, Mary                     | 2                 | To reward a County employee for her exemplary service  |
|                                |                   |  |
|                                |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2  
 Name of Individual or Organization: Mary Kerr 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 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 4/1/11  
 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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 03 / 29 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

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

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2  
 Name of Individual or Organization: Rick Trullinger 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 3/29/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b> |
| Division, Department, or Region (if applicable)  |                                     |   | For Official Use Only      |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |   |                            |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |                            |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |                            |

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

Date(s) of Event: 08 / 20 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br>(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 Nadia Lockyer, District 2  
 Name of Individual or Organization: Steve Morlin Number of Tickets: 4  
 Description of Organization: \_\_\_\_\_  
 Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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 |
|--------------------------------|-------------------|--|
| Basoco-Villarreal, Anissa      | 1                 | To encourage staff development   |
|                                |                   |  |
|                                |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2  
 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 encourage staff development

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                                     |   |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |   |   |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |   |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br>(Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|-----------------------------------|-------------------|--|
| DeMartini, Ginny                  | 1                 | To encourage staff development   |
|                                   |                   |  |
|                                   |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2  
 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 encourage staff development

**5. Verification**

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

|  |                           |                      |                                   |
|--|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | 4/20/11                           |
| <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

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

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

Date(s) of Event: 05 / 28 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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<br>(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 Nadia Lockyer, District 2

Name of Individual or Organization: New Haven Education Foundation Number of Tickets: 2

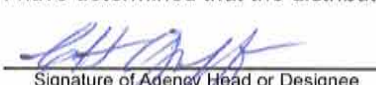
Description of Organization: To promote community involvement for the funding of educational enrichment

Address of Organization: 33377 Western Ave. Union City, CA 94587  
Number and Street City State Zip Code

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

**5. Verification**

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

|  |                           |                      |                                   |
|--|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/8/11</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

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

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

Date(s) of Event: 03 / 29 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ \$85.00/\$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: 6 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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

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

Name of Behesting Agency Official: Supervisor Wilma Chan, District 3

Name of Individual or Organization: Ricardo Reyes Number of Tickets: 6


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

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

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

|  |                              |                          |                                   |
|--|------------------------------|--------------------------|-----------------------------------|
|  | <u>CRYSTAL HISHIDA GRAFF</u> | <u>PRINCIPAL ANALYST</u> | <u>3/29/11</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

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

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

Date(s) of Event: 04 / 16 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

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

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

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

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Ujima Learning Center Number of Tickets: 4


Description of Organization: Provides after school tutoring program to Title One students

Address of Organization: 310 Kauai Circle, Union City CA 94587  
Number and Street City State Zip Code

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

**5. Verification**

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


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

CRYSTAL HISHIDA GRAFF \_\_\_\_\_  
Print Name

PRINCIPAL ANALYST \_\_\_\_\_  
Title

4/7/11  
(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><br>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.)<br>Date of Original Filing: _____<br>(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: 04 / 06 / 11 Description of Event: Basketball Game

Face Value of Ticket: \$ 95.00

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

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

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

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

| 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: Clarence Hunt Number of Tickets: 2


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

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

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

**5. Verification**

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


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

CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST  
Print Name Title

4/5/11  
(month, day, year)

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



**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 05 / 28 / 11 Description of Event: Oakland A's vs. Baltimore Orioles  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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


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

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

Name of Behesting Agency Official: Keith Carson, Supervisor Fifth District  
 Name of Individual or Organization: Kim Gillette - Daily City Youth Health Center 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 4/18/11  
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><br>COUNTY OF ALAMEDA  |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i>  |                                     |  |   |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612  |                                     |  |   |
| Area Code/Phone Number<br>(510) 272-3882  | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i><br>Date of Original Filing: _____<br><i>(month, day, year)</i> |   |
| Agency Contact <i>(name and title)</i><br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |  |   |

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 22.00

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<br><i>(Last, First)</i> | 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 Nadia Lockyer, District 2

Name of Individual or Organization: Gordon Bonneville 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 | <u>4/18/11</u>            |
| Signature of Agency Head or Designee  | Print Name            | Title             | <i>(month, day, year)</i> |

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

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

Date(s) of Event: 04 / 06 / 11 Description of Event: Basketball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 95.00

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

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

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

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

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

Name of Individual or Organization: James Kennedy & Zheenia Krikorintz Number of Tickets: 2


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

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

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

**5. Verification**

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

|   |                       |                   |                    |
|---|-----------------------|-------------------|--------------------|
|  | CRYSTAL HISHIDA GRAFF | PRINCIPAL ANALYST | <u>4/4/11</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.)  
 and concession sales.



**Tickets Provided by  
Agency Report**

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TICKETS PROVIDED BY  
AGENCY REPORT

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

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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<br><small>(Last, First)</small> | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|--|-------------------|--|
| Dianda, Michelle                                 | 1                 | To encourage staff development   |
|  |                   |  |
|  |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

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 encourage staff development

**5. Verification**

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

|  |                       |                   |                    |
|--|-----------------------|-------------------|--------------------|
|  | CRYSTAL HISHIDA GRAFF | PRINCIPAL ANALYST | <u>4/20/11</u>     |
| Signature of Agency Head or Designee   | Print Name            | Title             | (month, day, year) |

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

**Tickets Provided by Agency Report**

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 30 / 11 Description of Event: A's seat tickets  
05 / 05 / 11 Face Value of Ticket: \$ 38.00

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

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

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

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

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

Name of Individual or Organization: Citizens for Better Community (CBC) Number of Tickets: 4


Description of Organization: Initiate/sponsor health, educational, community involvement events for Chinese Americans

Address of Organization: PO Box 1, Fremont, CA 94537-0001  
Number and Street City State Zip Code

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

**5. Verification**

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

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/11/11</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

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

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

Date(s) of Event: 05 / 16 / 11 Description of Event: Oakland A's  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 1500.00

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<br><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: Supervisor Nadia Lockyer, District 2

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


Description of Organization: Hispanic Community Affairs Council

Address of Organization: P.O. Box 3151 Hayward, CA 94540  
Number and Street City State Zip Code

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

**5. Verification**

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

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | CRYSTAL HISHIDA GRAFF     | PRINCIPAL ANALYST    | <u>4/18/11</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.)*  
4 PARKING PASSES

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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 17 / 11 Description of Event: Baseball Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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

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


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

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

Name of Behesting Agency Official: Alameda County Supervisor Nate Miley, District 4  
 Name of Individual or Organization: United Seniors of Oakland & Alameda County Number of Tickets: 2  
 Description of Organization: Senior Advocacy  
 Address of Organization: 7200 Bancroft Ave, Ste 251 - Oakland, CA 94605  
Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To motivate and provide expanded opportunities to vulnerable populations in the County such as seniors.

**5. Verification**

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

 CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/7/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**PLAZA SEATS**



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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 20 / 11 Description of Event: Stevie Nicks & Rod Stewart concert  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 173.85

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<br>(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 Wilma Chan, District 3

Name of Individual or Organization: Katherine Bowerman 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 4/13/11  
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><br>COUNTY OF ALAMEDA   |                                     | <b>Date Stamp</b>  | <b>California Form 802</b> |
| Division, Department, or Region (if applicable)  |                                     |  | For Official Use Only      |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |  |                            |
| Area Code/Phone Number<br>(510) 272-3882   | E-mail<br>crystal.hishida@acgov.org | <input type="checkbox"/> Amendment (Must explain in Part 5.) |                            |
| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     | Date of Original Filing: _____<br>(month, day, year)         |                            |

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

Date(s) of Event: 06 / 19 / 11 Description of Event: Oakland A's game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 Wilma Chan, District 3  
 Name of Individual or Organization: Nicholas Portolese 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 4/11/11  
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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TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 03 / 14 / 11 Description of Event: Oakland A's vs. Detroit Tigers  
03 / 17 / 11 Face Value of Ticket: \$ 38.00

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<br><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: Keith Carson, Supervisor Fifth District

Name of Individual or Organization: Socially Responsible Network Number of Tickets: 4


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

Address of Organization: 360 Grand Ave. #57 Oakland, CA 94610  
Number and Street City State Zip Code

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

**5. Verification**

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

|  |                              |                          |                                   |
|--|------------------------------|--------------------------|-----------------------------------|
|  | <u>CRYSTAL HISHIDA GRAFF</u> | <u>PRINCIPAL ANALYST</u> | <u>4 / 11 / 11</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

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

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

Date(s) of Event: 03 / 29 / 11 Description of Event: Oakland A's vs. San Francisco Giants  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 |
|--------------------------------|-------------------|--|
| Shrago, Amy                    | 1                 | To evaluate the ability of a local sports team to attract bus  |
|                                |                   |  |
|                                |                   |  |

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

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

Name of Individual or Organization: Ethan Shrago Number of Tickets: 1


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

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

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
To promote attendance at 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    | <u>3/29/11</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

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

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

Date(s) of Event: 06 / 19 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 22.00

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<br>(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 Nadia Lockyer, District 2

Name of Individual or Organization: Volunteer Hayward Number of Tickets: 2

Description of Organization: Volunteers that work and help make the District a resource by enriching the community

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 4/13/11  
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><br>COUNTY OF ALAMEDA   |                                     | Date Stamp  | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Division, Department, or Region (if applicable)  |                                     |   |  |
| Street Address<br>1221 OAK STREET, #555, OAKLAND, CA 94612   |                                     |   |  |
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| Agency Contact (name and title)<br>Crystal Hishida Graff, Principal Analyst, County Administrator's Office |                                     |   |  |

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

Date(s) of Event: 04 / 01 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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 |
|--------------------------------|-------------------|--|
| Lockyer, Nadia                 | 4                 | Promote attendance at County facility to maximize revenue  |
|                                |                   |  |
|                                |                   |  |

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

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 a County facility in order to maximize potential County revenue from parking and 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    | <u>4/1/11</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.)



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

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

Date(s) of Event: 08 / 14 / 11 Description of Event: A's Skybox  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 1,500

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

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

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

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

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

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

Name of Behesting Agency Official: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DISTRICT ONE

Name of Individual or Organization: ALAMEDA COUNTY FAMILY JUSTICE CENTE Number of Tickets: 20

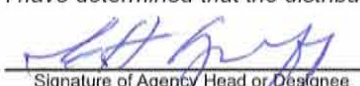
Description of Organization: NON-PROFIT LEGAL SERVICES FOR DOMESTIC VIOLENCE & ASSAULT, ETC

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

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

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/15/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 05 / 15 / 11 Description of Event: Oakland A's vs. Los Angeles Angels  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Oakland A's  
 Number of Tickets Received: 10 Ticket(s) Provided to Agency:  Gratuitously  Pursuant to Contract

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

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

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

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

Name of Individual or Organization: SAGE Scholars Number of Tickets: 10

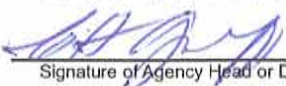
Description of Organization: Provide professional leadership training and career development research.

Address of Organization: 2223 Fulton Street, #327 Berkeley CA 94702  
Number and Street City State Zip Code

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

**5. Verification**

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


CRYSTAL HISHIDA GRAFF PRINCIPAL ANALYST 4/20/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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



**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 19 / 11 Description of Event: Oakland A's vs. Boston Red Sox  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 38.00

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 |
|--------------------------------|-------------------|--|
| Greene, Hannah                 |                   | 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: Keith Carson

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

4/19/11  
(month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

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

Date(s) of Event: 04 / 16 / 11 Description of Event: Oakland A's Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 43.75

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

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

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

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

Name of Behesting Agency Official: Supervisor Nadia Lockyer, District 2

Name of Individual or Organization: Volunteer Hayward Number of Tickets: 4

Description of Organization: Volunteers that work and help make the District a resource by enriching the community

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 4/5/11  
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.)