

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
BOARD OF SUPERVISORS			
Street Address			
1221 OAK STREET, SUITE 536			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title GSW Face Value of Each Admission \$ 156

Description AMA SUPERCROSS Date(s) 01 / 28 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: ALAMEDA COUNTY SUPERVISOR SCOTT HAGGERTY, DIST. 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
DALE RABENEAU	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	to reward a community volunteer for his service to the County	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. [REDACTED] _____
tions 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

E ANN FERGERSON TICKET ADMINISTRATOR 01.26.12
Print Name *Title* *(month, day, year)*

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