

**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> Date of Original Filing: _____ <i>(month, day, year)</i> | |
| Crystal Hishida Graff, Clerk, Board of Supervisors | | | |
| Area Code/Phone Number | E-mail | | |
| (510) 272-3882 | crystal.hishida@acgov.org | | |

2. Function, Event, or Ceremonial Role Information

Title Oakland A's game Face Value of Each Admission \$ 1,500

Description Baseball Date(s) 05 / 27 / 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: SUPERVISOR SCOTT HAGGERTY, DISTRICT 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. |
|---|---|--|--|
| LAS POSITAS COLLEGE | 20 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | TO REWARD A SCHOOL OR NONPROFIT ORGANIZATION FOR ITS CONTRIBUTIONS TO THE COMMUNITY Income <input type="checkbox"/> |
| 3000 Campus Hill Drive Livermore, CA 94551-7623 | | 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. Verification

Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, s.

Lee Ann Fergerson Ticket Administrator 3/29/12
Print Name *Title* *(month, day, year)*

(Attachment for any additional information including amendment explanation.)