

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

**A Public Document**

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

**2. Function, Event, or Ceremonial Role Information**

Title Oakland A's Game Face Value of Each Admission \$ 1568.00

Description Baseball Game Date(s) 08 / 05 / 12

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

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

Yes  No  If yes: Lockyer, Nadia- Supervisor District 2  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Russell, Bridget	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to the public.	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. Verification**

 I have verified that the distribution of admissions, set forth above, is in accordance with FPPC Regulations 18944.1 and 18942.

MICHELLE DIANDA Ticket Administrator  
Print Name Title

3/29/12  
(month, day, year)

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