

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
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 A's Luxury Suite Face Value of Each Admission \$ 1,500

Description BASEBALL GAME Date(s) _____

Ticket(s)/Admission(s) provided by agency? Yes No If no: Oakland Athletics
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	Income
Meals on Wheels	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
P.O. Box 14002		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Oakland CA 94614		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
5 Star Night		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

*• 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.*

3. Verification

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

 Lee Ann Bergerson Ticket Administrator 7-16-12
Print Name Title (month, day, year)

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