

**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		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact <i>(Name, Title)</i>			
Cheryl Perkins, Interim Clerk, Board of Supervisors			
Area Code/Phone Number	E-mail		
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ **Face Value of Each Admission \$** \$222

Description Raiders vs. Cowboys preseason **Date(s)** 8 / 13 / 12 _____

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

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

Yes No If yes: Supervisor Wilma Chan
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.
Diskin, Julia	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	County revenue from sales. 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 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 of



Alexandra Boskovich
Print Name

Ticket Administrator
Title

8/13/2012
(month, day, year)

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