

**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)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Anna Gee, Operations Manager		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Athletics vs. Athletics Face Value of Each Admission \$ 1500.00

Description Baseball Game Date(s) 09/01/12 09/03/12

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: Miley, Nate - Alameda County Supervisor
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. 	Income
Henry Levy	20	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 County revenue from parking and concession sales	<input type="checkbox"/>
Alameda County Healthcare Agency - Oral History	20	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 County revenue from parking and	<input type="checkbox"/>
1000 san leandro blvd, ste 300-san leandro 94577		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<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.

Anna Gee Operations Manager 08/22/2012
Print Name Title (month, day, year)

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

each entity received 20 tickets and 3 parking passes to each date