

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> 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) Crystal Hishida Graff, Clerk, Board of Supervisors			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
(510) 272-3882	crystal.hishida@acgov.org		

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

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

Description Baseball game Date(s) 10, 1, 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?

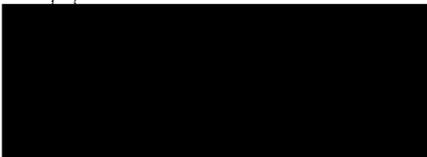
Yes  No  If yes: Alameda County Supervisor Scott Haggerty Dist. 1  
Official's Name (Last, First) and Title

**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
Livermore Valley Winegrowers Assoc.	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# 11 Non-profit <input type="checkbox"/>
Wente Family Estates		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
5565 Tesla Rd		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Livermore CA 94550		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,

 Lee Ann Ferguson 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.)