

**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 <i>(if applicable)</i> Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact <i>(Name, Title)</i> Crystal Hishida Graff, Clerk, Board of Supervisors			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
(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 A's baseball Date(s) 7, 20, 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 Co. 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	<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
<u>Dominic Piegaro</u> ⁺	<u>20</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>To reward a community volunteer for his service to the public</u>	Income <input type="checkbox"/>
<u>5598 Creekview Dr</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
<u>Dublin CA 94568</u>		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

[Redacted] Lee Ann Ferguson Ticket Administrator 7-31-12
 Print Name Title (month, day, year)

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