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

A Public Document

1. Agency Name County of Alameda **Division, Department, or Region** *(if applicable)* Board of Supervisors **Street Address** 1221 Oak Street, Suite 536	Date Stamp	California Form **802** For Official Use Only
Designated Agency Contact *(Name, Title)* Crystal Hishida Graff, Clerk, Board of Supervisors **Area Code/Phone Number**: (510) 272-3882 **E-mail**: crystal.hishida@acgov.org	☐ **Amendment** *(Must provide explanation in Part 3.)* **Date of Original Filing:** _____ *(month, day, year)*	

2. Function, Event, or Ceremonial Role Information

Title Oakland A's

Face Value of Each Admission $ 1568.00

Description Baseball Game

Date(s) 05 / 23 / 12 ___/___/___

Ticket(s)/Admission(s) provided by agency? Yes ☐ **No** ☑ If no: Oakland A's
Name of Source

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

Yes ☑ **No** ☐ If yes: Haggerty, Scott- Supervisor District 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	• 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.	
Hayward Senior Center	20	Yes ☐ No ☑	To promote health, motivate and provide opportunities to vulnerable populations in the County, such as seniors	Income ☐
22325 N. Third St., Hayward, CA		Yes ☐ No ☐		Income ☐
Providing programs and events for all 60 and over		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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] MICHELLE DIANDA — Print Name

Ticket Administrator — Title

5/21/12 *(month, day, year)*

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