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

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

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title Oakland Raiders vs. Tampa Bay

Face Value of Each Admission $ 222.00

Description Football Game

Date(s) 11 / 04 / 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: Valle, Richard- Supervisor District 2
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.	
St. Rose Hospital Foundation	3	Yes ☐ No ☐	To reward a nonprofit organization for its contributions to the community.	Income ☐
27200 Calaroga Ave. Hayward CA 94545		Yes ☐ No ☐		Income ☐
Helps support health care services		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) 8/23/12 *(month, day, year)*

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

Includes 1 parking pass at the value of $35.