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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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	E-mail
(510) 272-3882	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 A's Game **Face Value of Each Admission $** 1,500

Description Luxury Box **Date(s)** 09/01/12 ___/___/___

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	• 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.	
Diabetic Youth Foundation 5167 Clayton Rd. #F Concord CA 94521	20	Yes ☐ No ☒	#11 Reward non profit	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. [redacted]

[redacted] ations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

[redacted] Lee Ann Ferguson Ticket Administrator _____

Print Name Title *(month, day, year)*

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