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 A's game tickets

Face Value of Each Admission $ $1,500

Description BASEBALL

Date(s) 7/7/12

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	• 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.
FAMON MIDDLE SCHOOL	20	Yes ☐ No ☒	#11 Reward School non-profit — Income ☐
3601 Kohnen Way		Yes ☐ No ☐	Income ☐
Dublin, CA 94568		Yes ☐ No ☐	Income ☐
Mustang Round up		Yes ☐ No ☐	Income ☐
		Yes ☐ No ☐	Income ☐

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

[redacted] ee Ann Fergerson — Print Name | Ticket Administrator — Title | 7-16-12 — *(month, day, year)*

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