

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 (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Crystal Hishida Graff, Clerk, Board of Supervisors		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
(510) 272-3882	crystal.hishida@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Raiders Face Value of Each Admission \$ 150.00

Description Football Date(s) 12, 2, 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: GSW
Name of Source

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

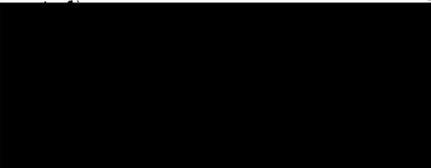
Yes No If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles performed by an agency official, individual, or organization.
Deputy Sheriff's Assn of AC 6689 Owens Drive Ste 100 Pleasanton, CA 94588	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	To reward a county employee for his or her exemplary service to the public. Income <input type="checkbox"/>
John Rudolph		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,



Lee Ann Ferguson

Ticket Administrator

Print Name

Title

11-29-12
(month, day, year)

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