

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

A Public Document

1. Agency Name		Date Stamp	<b>California Form 802</b> 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.) Date of Original Filing: _____ (month, day, year)	
Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number   E-mail (510) 272-3882   crystal.hishida@acgov.org			

2. Function, Event, or Ceremonial Role Information

Title WARRIORS Face Value of Each Admission \$ 1,900.00

Description BASKETBALL Date(s) 12, 22, 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 admissions 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.
Pleasanton Junior Football League	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community
7113 Corte Balboa Circle		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Pleasanton, CA 94566		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  
 Print Name

Ticket Administrator  
 Title

12/18/12  
 (month, day, year)

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