

**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) Crystal Hishida Graff, Clerk, Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (510) 272-3882	E-mail crystal.hishida@acgov.org	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Golden State Warriors v. Phoenix Suns Face Value of Each Admission \$ 95.00

Description Basketball game Date(s) 2 / 13 / 12

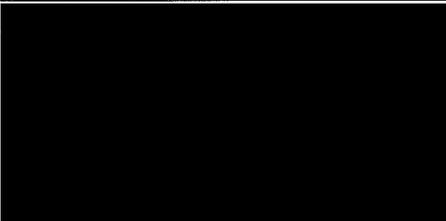
Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors
Name of Source

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

Yes No If yes: Chan, Wilma - Alameda County Supervisor, District 3
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	Income
Alameda County Family Justice Center 470 27th Street, Oakland, CA 94612	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a non-profit organization for its contributions to the community Income <input type="checkbox"/>
Broad range of services for domestic violence victims and their families		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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3.  I have verified that the distribution of admissions, set forth above,

x Boskovich Ticket Administrator 1/5/12
Print Name Title (month, day, year)

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