# 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** | **E-mail** |
|---|---|
| (510) 272-3882 | 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** Golden State Warriors

**Face Value of Each Admission $** 95.00

**Description** Basketball Game

**Date(s)** 01 / 07 / 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: Lockyer, Nadia, Supervisor- District 2
*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. | |
|---|---|---|---|---|
| Lockyer, Nadia | 4 | Yes ☑ No ☐ | To promote attendance at an event held at a County facility to maximize potential revenue. | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |
| | | Yes ☐ No ☐ | | Income ☐ |

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

| MICHELLE DIANDA | 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.)*