

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Alameda			For Official Use Only
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: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	crystal.hishida@acgov.org		

**2. Function, Event, or Ceremonial Role Information**

Title Golden State Warriors vs. Memphis Face Value of Each Admission \$ 95.00

Description Basketball Game Date(s) 02 / 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: Carson, Keith Supervisor Fifth District  
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	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Brown, Aisha	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To reward a County employee for her exemplary service to the public. 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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

I have verified that the distribution of admissions, set forth above, complies with regulations 18944.1 and 18942.

Amy Shrago Ticket Administrator 01/11/12  
Print Name Title (month, day, year)

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