

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Alameda			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
1221 Oak Street, Suite 536		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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		

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) 01 / 23 / 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"> • 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.
Socially Responsible Network 360 Gra	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a school or nonprofit organization for its contributions to the community. Income <input type="checkbox"/>
360 Grand Avenue #57, Oakland, CA 94610 Social justice advocates: Provide resources,		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
technical assistance, and facilitates networking, communication among community organizations		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,

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.)