

**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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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		

2. Function, Event, or Ceremonial Role Information

Title WARRIORS GAME Face Value of Each Admission \$ 95.00

Description BASKETBALL Date(s) 03 / 16 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
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
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. 	Income
TOM BURNS	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	TO REWARD A COMMUNITY VOLUNTEER FOR HIS OR HER 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"/>

3. _____
Sections 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

_____ Ticket Administrator _____ 01/25/12
Print Name Title (month, day, year)

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