

**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) | | <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 _____ Face Value of Each Admission \$ \$95

Description Warriors vs. Clippers Date(s) 2 / 20 / 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: Supervisor Wilma Chan
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 |
|---|-----------------------------------|--|--|---------------------------------|
| Brekke-Miesner, Lukas | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | To promote attendance at an event held at a County facility in order to maximize potential | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | County revenue from sales. | 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,

Alexandra Boskovich Ticket Administrator 2/8/2012
Print Name Title (month, day, year)

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