

**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 <i>(if applicable)</i>			
BOARD OF SUPERVISORS			
Street Address			
1221 OAK STREET, SUITE 536			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
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 GSW Face Value of Each Admission \$ 95.00

Description BASKETBALL Date(s) 2 / 20 / 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: SUPERVISOR SCOTT HAGGERTY, DISTRICT 1
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. 	
City of Fremont Senior Center	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	TO REWARD A NON-PROFIT ORGANIZATION FOR ITS CONTRIBUTIONS TO THE COMMUNITY	Income <input type="checkbox"/>
P.O. Box 5006 Fremont CA 94537		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Services and programs for senior residents		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. [REDACTED] *Sections 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,*

Ann Ferguson Ticket Administrator 2/21/12
(month, day, year)

Print Name Title

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