

**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.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Anna Gee, Operations Manager			
Area Code/Phone Number	E-mail		
(510) 272-6694	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Van Halen Face Value of Each Admission \$ 167.35

Description Concert Date(s) 06 / 03 / 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: Miley, Nate, Alameda County Board of Supervisors, District 4
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.
Bazar, Chris	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales Income <input type="checkbox"/>
Martinelli, Adolph	1	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance for an event held at a County facility in order to maximize potential County revenue from parking and 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,

Anna Gee Operations Manager 06/01/12
Signature of Agency Head or Designee Print Name Title (month, day, year)

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