

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

**A Public Document**

<b>1. Agency Name</b> County of Alameda 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> Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number   E-mail (510) 272-3882   crystal.hishida@acgov.org	Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</i>		

**2. Function, Event, or Ceremonial Role Information**

Title Mana Face Value of Each Admission \$ 114.05

Description Concert Date(s) 09 / 14 / 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: Valle, Richard- Supervisor District 2  
*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"> <li>• 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.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Briones, Bernardino	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To maximize attendance at an event held at a County facility in order to maximize potential 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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.*



MICHELLE DIANDA  
 Print Name

Ticket Administrator  
 Title

8/28/12  
*(month, day, year)*

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