

**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 (if applicable) Board of Supervisors Street Address 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	Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>

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

Title Bruce Springsteen & the E Street Band                      Face Value of Each Admission \$ 103.00

Description Concert                      Date(s) 11 / 30 / 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>
Dianda, George	4	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 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.*

[Redacted] Ruben Briones                      Chief of Staff  
(month, day, year)  
Print Name                      Title

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