

**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 (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.)	
Cheryl Perkins, Clerk, Board of Supervisors		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
(510) 272-3882	cheryl.perkins@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ \$100

Description Warriors vs. 76ers Date(s) 12 / 28 / 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?

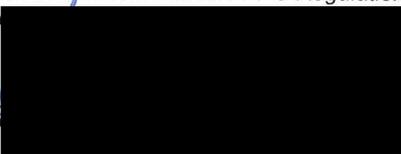
Yes No If yes: Supervisor Wilma Chan
Official's Name (Last, First) and Title

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
Cohen, Joel	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"/>

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 a

Signature  Print Name Andra Boskovich Ticket Administrator Title 12/12/2012
(month, day, year)

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