

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

**A Public Document**

|   |                           |  |                            |
|---|---------------------------|--|----------------------------|
| <b>1. Agency Name</b>                           |                           | Date Stamp   | <b>California Form 802</b> |
| Alameda County                                  |                           |  | For Official Use Only      |
| Division, Department, or Region (If Applicable) |                           |  |                            |
| Board of Supervisors                            |                           |  |                            |
| Designated Agency Contact (Name, Title)         |                           | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><small>(Month, Day, Year)</small> |                            |
| Michelle Dianda                                 |                           |  |                            |
| Area Code/Phone Number                          | E-mail                    |  |                            |
| (510) 272-6692                                  | michelle.dianda@acgov.org |  |                            |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 600.00

Event Description Warriors vs. Los Angeles Clippers    Date(s) 03 / 08 / 15 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Golden State Warriors  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

**3. Recipients**  
 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Valle, Andrew   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To evaluate the ability of a facility or a local sports team to attract business and contribute to the local economy. |
| Aro, Dee  | 4                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.        |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

**4.** (d)(5) 944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

|                           |                      |                                   |
|---------------------------|----------------------|-----------------------------------|
| Michelle Dianda           | Supervisor's Aide    | <u>2/17/15</u>                    |
| <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: Includes 1 parking pass at the value of \$30.