

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 450.00

Event Description Warriors vs. Dallas Mavericks      Date(s) 03 / 06 / 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Abode Services 40849 Fremont Blvd. Fremont CA 94538	4	To reward a non-profit organization for its contributions to the community.
Develops and implements programs to end homelessness		

**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>2/27/15</u>
<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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