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

1. Agency Name
Alameda County

Division, Department, or Region (If applicable)
Board of Supervisors, District 1

Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator

Area Code/Phone Number
510-272-6691

E-mail
Denise.Jacinto@acgov.org

Date Stamp

California Form 802
For Official Use Only

□ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: ________________ (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?  Yes ☑ No □

Face Value of Each Ticket/Pass $ 305.55

Event Description: Oakland Raider Game

Date(s) 09 / 09 / 19

Ticket(s)/Pass(es) provided by agency? Yes ☑ No □

If no: ____________________________

If yes: Name of Source
Haggerty, Scott

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
Alameda County Board of Supervisors, District 1

Number of Ticket(s)/Passes
9

Describe the public purpose made pursuant to the agency’s policy
To reward a county employee for his or her exemplary service to the public

B. Name of Individual (Last, First)

Number of Ticket(s)/Passes

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description)
Fremont Police Association
2000 Stevenson Blvd/ Fremont, CA 94538

Number of Ticket(s)/Passes
9

Describe the public purpose made pursuant to the agency’s policy
To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales

4. Verification

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

Signature of Agency Head or Designee
Denise Jacinto

Print Name
Ticket Administrator

Title
09/17/19 (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 1
   Designated Agency Contact (Name, Title)
   Denise Jacinto, Ticket Administrator

   Area Code/Phone Number
   510-272-6691
   E-mail
   Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $232.00
   Event Description: Rolling Loud Concert
   Date(s) 09 / 28 / 19
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Haggerty, Scott
           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)/Passes
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
      Ceremonial Role [ ] Other [ ] Income [ ]
      if checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

   Denise Jacinto
   Print Name
   Ticket Administrator
   Title
   10/07/19
   (month, day, year)

Comment: ________________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator
Area Code/Phone Number E-mail
510-272-6691 Denise.Jacinto@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 45.00
Event Description: Oakland A's game
Date(s) 09 / 21 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Haggerty, Scott
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taylor, Curtis</td>
<td>4</td>
<td>To reward a county employee for his or her exemplary service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Denise Jacinto
Ticket Administrator
09/19/19 (month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator
Area Code/Phone Number: 510-272-6691
E-mail: Denise.Jacinto@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $36.00
Event Description: Oakland A's game
Date(s): 09/21/19
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: __________________________
Name of Source: __________________________
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: __________________________
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)/Passes
Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual (Last, First)
Number of Ticket(s)/Passes
Identify one of the following:
To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
Ceremonial Role ☑ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description)
Number of Ticket(s)/Passes
Describe the public purpose made pursuant to the agency’s policy

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Denise Jacinto
Print Name
Ticket Administrator
Title
09/18/19
(month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator
Area Code/Phone Number E-mail
510-272-6691 Denise.Jacinto@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $17.00
Event Description: Oakland A's game Date(s) 09/20/19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
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)/Passes Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
Thompson, Wanda 4 To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
   
   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy
   
4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Denise Jacinto Ticket Administrator 09/18/19
Print Name Title (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 1
   Designated Agency Contact (Name, Title)
   Denise Jacinto, Ticket Administrator
   Area Code/Phone Number 510-272-6691
   E-mail Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $17.00
   Event Description: Oakland A's game
   Date(s) 09/17/19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Haggerty, Scott
         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)/Passes
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Print Name Denise Jacinto
   Title Ticket Administrator
   (month, day, year) 09/18/19

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

### 1. Agency Name
- Alameda County
- Division, Department, or Region (if applicable): Board of Supervisors, District 1
- Designated Agency Contact (Name, Title): Denise Jacinto, Ticket Administrator
- Area Code/Phone Number: 510-272-6691
- E-mail: Denise.Jacinto@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes X No □
- **Face Value of Each Ticket/Pass $** 160.00
- **Event Description:** Iron Maiden Concert
- **Date(s)** 09 / 10 / 19
- **Ticket(s)/Pass(es) provided by agency?** Yes X No □
- **Was ticket distribution made at the behest of agency official?** Yes X No □

### 3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shannon, Greg</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

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

- **Denise Jacinto**
  - Print Name
  - Title
  - 09/17/19

- **Ticket Administrator**
  - Print Name
  - Title
  - 09/17/19

Comment: ________________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors, District 1

Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator

Area Code/Phone Number
510-272-6691

E-mail
Denise.Jacinto@acgov.org

Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $305.55

Event Description: Oakland Raider game

Date(s) 09/09/19

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: __________________________

Name of Source

If yes: Haggerty, Scott

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Board of Supervisors, District 1</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Police Association 2000 Stevenson Blvd/ Fremont, CA 94538</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Denise Jacinto
Print Name

Ticket Administrator
Title

09/17/19 (month, day, year)

Comment: __________________________
1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 1
   Designated Agency Contact (Name, Title)
   Denise Jacinto, Ticket Administrator
   Area Code/Phone Number
   510-272-6691
   E-mail
   Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $24.00
   Event Description: Oakland A’s game
   Date(s) 09 / 08 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Haggerty, Scott
   Name of Source
   Official’s Name (Last, First)
   If no: ____________________________

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)/Passes
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      1. To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
      □ Ceremonial Role □ Other □ Income ☐
      If checking “Ceremonial Role” or “Other”, describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Denise Jacinto
   Ticket Administrator
   09/09/19
   Print Name
   Title
   (month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator
Area Code/Phone Number
510-272-6691
E-mail
Denise.Jacinto@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $181.00
Event Description: Diljit Dosanjh Concert
Event Date(s) 09/07/19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Name of Source
If no: ____________________________________________
If yes: Haggerty, Scott
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosanjh, Inder</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Denise Jacinto
Ticket Administrator
09/17/19
(month, day, year)

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

1. Agency Name
   Oakland-Alameda County Coliseum Authority
Division, Department, or Region (if applicable)
   OACCC Commissioner
Designated Agency Contact (Name, Title)
   Denise Jacinto, Ticket Administrator
Area Code/Phone Number E-mail
   510-272-6691 Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $\text{181.00}$
   Event Description: Diljit Dosanjh Concert
   Date(s) 09 / 07 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Name of Source
   If yes: Haggerty, Scott

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSANJH, JESSIE</td>
<td>2</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Denise Jacinto
   Print Name
   Ticket Administrator
   Title
   09/19/19
   (month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Leah Doyle-Stevens, Ticket Administrator
Area Code/Phone Number E-mail
510-272-6691 Leah.Doyle-Stevens@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 45.00
Event Description: Oakland A's game
Date(s) 09 / 07 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: ____________________________
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: ____________________________

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.

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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kolb Elementary School Fundraiser 3150 Palermo Way 894568</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Leah Doyle-Stevens
Ticket Administrator
08/26/19 (month, day, year)

Comment: Event proceeds go to charities in the Alameda County/Bay Area region
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Leah Doyle-Stevens, Ticket Administrator
Area Code/Phone Number  E-mail
510-272-6691 Leah.Doyle-Stevens@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $1500.00
   Event Description: Oakland A's game
   Date(s) 09 / 06 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Haggerty, Scott
   Official's Name (Last, First)
   Name of Source
   If no:

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)/Passes  Describe the public purpose made pursuant to the agency's policy
      |

   B. Name of Individual (Last, First)  Number of Ticket(s)/Passes  Identify one of the following:
      Ceremonial Role ☐  Other ☐  Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐  Other ☐  Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (include address and description)  Number of Ticket(s)/Passes  Describe the public purpose made pursuant to the agency’s policy
      2018 Winegrowers Foundation Fundraiser 1 Suite
      3585 Greenville Rd, STE 4, LIVERMORE, CA 94550
      To reward a school or non-profit organization for its contributions to the community

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulations.

Leah Doyle-Stevens  Ticket Administrator
Print Name  Title
08/26/19 (month, day, year)

Comment: Event proceeds go to charities in the Alameda County / Bay Area region

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 1
   Designated Agency Contact (Name, Title)
   Leah Doyle-Stevens, Ticket Administrator
   Area Code/Phone Number E-mail
   510-272-6691 Leah.Doyle-Stevens@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $17.00
   Event Description: Oakland A's game
   Date(s) 09 / 05 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: __________________________________________________________________________
   Name of Source
   If yes: Haggerty, Scott
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Esmeralda</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

   Leah Doyle-Stevens
   Ticket Administrator
   08/29/19

   Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors, District 1

Designated Agency Contact (Name, Title)
Leah Doyle-Stevens, Ticket Administrator

Area Code/Phone Number
510-272-6691

E-mail
Leah.Doyle-Stevens@acgov.org

Date Stamp
California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $17.00

Event Description: Oakland A’s game

Date(s) 09/03/19

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: Name of Source
If yes: Haggerty, Scott

Official’s Name (Last, First)

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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
Alameda County Social Services Administration Legislative Raffle

Number of Ticket(s)/Passes
4

Describe the public purpose made pursuant to the agency’s policy
To reward a school or non-profit organization for its contributions to the community

B. Name of Individual (Last, First)

Number of Ticket(s)/Passes

Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description)

Number of Ticket(s)/Passes

Describe the public purpose made pursuant to the agency’s policy

4. Verification

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

Leah Doyle-Stevens
Ticket Administrator

08/26/19 (month, day, year)

Comment: Event proceeds go to charities in the Alameda County/Bay Area region.
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 17
Event Description Oakland A's Vs. LA Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland Athletics
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If yes: Valle, Richard- Supervisor District 2
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Date(s) 09/03/19

3. Recipients
A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARD Foundation 1099 E street Hayward, Ca The specific and primary</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>purposes of this corporation are to initiate, sponsor, promote and carry out plans, programs, policies and activities that will tend to further park and recreation projects within the jurisdictional limits of HAR</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy Supervisor's Assistant
Print Name Title

Date of Original Filing: (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 17
   Event Description Oakland A's Vs. LA Angels
   Date(s) 09 / 04 / 19 03 / 05 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   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 Name)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Is the organization a political organization created to support Ohlone College in the execution of its strategic mission.
      Ohlone College Foundation 43600 Mission Blvd, Fremont, CA 94539
      4

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $24/45/20
   Event Description Oakland A's Vs. Detroit Tiger
   Date(s) 09 / 06 / 19 09 / 07 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no, Name of Source Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Name of Source 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:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To reward a school or nonprofit organization for its contributions to the community
   Agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy
   Supervisor’s Assistant
   Print Name Title
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   Alameda County
   Board of Supervisors
   Gabriela Christy

   **Division, Department, or Region (if Applicable)**
   Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   Gabriela Christy

   **Area Code/Phone Number**
   (510) 272-6692

   **E-mail**
   Gabriela.Christy@acgov.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 34/24
   Event Description: Oakland A's Vs. Detroit Tiger
   Date(s) 09 / 07 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 34/24
   Date(s) 09 / 05 / 19
   If no: Oakland Athletics

3. **Recipients**
   **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)**
   **Describe the public purpose made pursuant to the agency's policy**
   Chavez, Arnold 2
   Porter, James 2

   **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. **Verification**
   I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Gabriela Christy
   Supervisor's Assistant
   Print Name
   Title

   (Month, Day, Year)

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (If Applicable)</strong></td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td>Gabriela Christy</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-6692</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:Gabriela.Christy@acgov.org">Gabriela.Christy@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the agency have a ticket policy?</strong></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td><strong>Event Description</strong></td>
<td>Oakland A's Vs. Kansas City</td>
</tr>
<tr>
<td><strong>Provide Title/Explanation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td><strong>If no: Name of Source</strong></td>
<td>Oakland Athletics</td>
</tr>
<tr>
<td><strong>Was ticket distribution made at the behest of agency official?</strong></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td><strong>If yes: Official's Name (Last, First)</strong></td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To reward a County employee for his or her exemplary service to the public or to encourage staff development</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th><strong>Number of Ticket(s)/ Pass(es)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Agency</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th><strong>Number of Ticket(s)/ Pass(es)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Loi. First)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th><strong>Number of Ticket(s)/ Pass(es)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.</td>
<td></td>
</tr>
<tr>
<td><strong>Signature</strong></td>
<td>Gabriela Christy</td>
</tr>
<tr>
<td><strong>Supervisor's Assistant</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Print Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>1/26/19</td>
</tr>
</tbody>
</table>

**Comment:** Annual Legislative Breakfast

**FFPC Form 802 (4/12)**
**FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   Alameda County
   Board of Supervisors
   **Designated Agency Contact (Name, Title)**
   Gabriela Christy
   **E-mail**
   Gabriela.Christy@acgov.org
   **Area Code/Phone Number**
   (510) 272-6692
   **Date Stamp**
   California Form 802
   For Official Use Only
   **Amendment** (Must provide explanation in Part 3.)
   **Date of Original Filing:**
   (Month, Day, Year)

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   **Event Description**
   Oakland A's Vs. Kansas City
   **Face Value of Each Ticket/Pass** $17
   **Date(s)** 09 / 16 / 19
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   **If no:**
   **If yes:**
   **Name of Source**
   **Official's Name (Last, First)**
   **Valle, Richard- Supervisor District 2**

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**
   Social Services Agency
   **Number of Ticket(s)/Pass(es)**
   2
   **Describe the public purpose made pursuant to the agency's policy**
   To reward a County employee for his or her exemplary service to the public or to encourage staff development

   **B. Name of Individual (Last, First)**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐
   *If checking "Ceremonial Role" or "Other" describe below:
   **Ceremonial Role** ☐ **Other** ☐ **Income** ☐
   *If checking "Ceremonial Role" or "Other" describe below:

   **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. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   **Gabriela Christy**
   Supervisor's Assistant
   **Print Name**
   **Title**
   **(Month, Day, Year)**
   **Comment:** Annual Legislative Breakfast

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (510) 272-8692
   Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Oakland A's Vs. Texas Rangers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $17/34
   Date(s) 09 / 20 / 19
           09 / 21 / 19
   If no: Oakland Athletics
   If yes: Valle, Richard- Supervisor District 2

3. Recipients
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To reward a school or nonprofit organization for its contributions to the community

   Name of Outside Organization
   Number of Ticket(s)/Pass(es)
   Alameda County Democratic Party 1122 B St, Hayward, CA 94541
   Your County Committee is the gateway to getting involved! County Committees
   drive the front-line efforts of the California Democratic Party: registering and educating voters, protecting the right to vote, and

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Gabriela Christy
   Supervisor's Assistant
   (510) 272-8692

   Comment: 

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy

   Area Code/Phone Number  E-mail
   (510) 272-6692  Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description: Oakland A's Vs. LA Angels
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official?  No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ _______ 45/20
   Date(s): 09 / 05 / 19
   If no: Oakland Athletics
   Name of Source
   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es)
      To reward a school or nonprofit organization for its contributions to the community
      The Hayward Education Foundation is an accredited non-profit 501(c)(3) organization dedicated to helping ALL Hayward Students Succeed by providing teachers with the resources necessary to support, enhance

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Gabriela Christy
   Supervisor's Associate

Comment: ____________________________
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Gabriela Christy

Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

Date of Original Filing: (Month, Day, Year)

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th>Face Value of Each Ticket/Pass $ 45/20</th>
</tr>
</thead>
</table>

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description
Oakland A's Vs. Kansas City

Date(s) 09 / 18 / 19

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Oakland Athletics

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Valle, Richard- Supervisor District 2

Official's Name (Last, First)

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
</table>

* 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fremont Symphony PO BOX 104 Fremont, Ca 94537</td>
<td>18/3</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>The Fremont Symphony brings live classical music to the San Francisco Bay</td>
<td>to enrich the quality of life in the communities it serves</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
</table>

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

Gabriela Christy Supervisor's Assistant
Print Name Title

(Month, Day, Year)

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

### 1. Agency Name
- **Alameda County**

**Division, Department, or Region (If Applicable)**
- Board of Supervisors

**Designated Agency Contact (Name, Title)**
- Gabriela Christy

**Area Code/Phone Number**
- (510) 272-6692

**E-mail**
- Gabriela.Christy@acgov.org

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Amendment (Must provide explanation in Part 3.)**

**Date of Original Filing:** (Month, Day, Year)

### 2. Function or Event Information

**Does the agency have a ticket policy?**
- Yes ☒ No ☐

**Face Value of Each Ticket/Pass $**
- $4520

**Event Description**
- Oakland A's Vs. Kansas City

**Date(s)**
- 09 / 16 / 19

**Ticket(s)/Pass(es) provided by agency?**
- Yes ☐ No ☒

**If no:**
- **Name of Source:** Oakland Athletics

**If yes:**
- **Name of Source:** Valie, 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:

#### C. Name of Outside Organization

| 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 |
|                                                               |                             |                                                              |
| Raising Leaders in Hayward 22100 Princeton St, Hayward, CA 94541 | 1813                      | To reward a school or nonprofit organization for its contributions to the community |
| Raising Leaders in Hayward - Workshops were created by the Hayward |                             | Adult School's Youth Enrichment Services Program in partnership with the City of Hayward |

### 4. Verification

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

**Gabriela Christy**
- Print Name

**Supervisor's Assistant**
- Title

**Date:** (Month, Day, Year)
- 7/26/19

Comment:

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (510) 272-6692

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Area Code/Phone Number E-mail
272-6692 Gabriela.Christy@acgov.org

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 140
   Event Description Iron Maiden
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 09 / 10 / 19
   If no: Oakland Coliseum
   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:
   Income ☐
   Barker, Chris
   To reward a community volunteer for his or her service to the public

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. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor's Assistant
   (Print Name) (Title)
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

<table>
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<tr>
<th>1. Agency Name</th>
<th>Date Stamp</th>
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<tbody>
<tr>
<td>Alameda County</td>
<td></td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
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<tr>
<td>Board of Supervisors</td>
<td>For Official Use Only</td>
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<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Gabriela Christy</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>(510) 272-6692</td>
<td><a href="mailto:Gabriela.Christy@acgov.org">Gabriela.Christy@acgov.org</a></td>
</tr>
<tr>
<td>Date of Original Filing: (Month, Day, Year)</td>
<td></td>
</tr>
</tbody>
</table>

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Original Misfits</td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>If no:</td>
<td>Oakland Coliseum</td>
</tr>
<tr>
<td>Name of Source</td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No ☐ Yes ☑</td>
</tr>
<tr>
<td>If yes:</td>
<td>Valle, Richard- Supervisor District 2</td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual (Last, First)**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caton, Stephanie</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization (include address and description)**

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**4. Verification**

I have read and understand FPPC Regulations 19441 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy  
Print Name  
Supervisor's Assistant  
Title  
(Month, Day, Year)

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $232.00
   Event Description Rolling Loud
   Date(s) 09/28/19 09/29/19
  Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   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, Fst)
      Number of Ticket(s)/Pass(es)
      To reward a community volunteer for his or her service
      to the public
      Income ☐
      To reward a community volunteer for his or her service
      to the public
      Income ☐
      Francisco CARLOS 2
      Robinson Ray 1

   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. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Gabriela Christy Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year) 7/10/17

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name
- **Alameda County**
- **Division, Department, or Region (If Applicable):** Board of Supervisors
- **Designated Agency Contact (Name, Title):** Heather Cartwright
- **Area Code/Phone Number:** (510) 272-6693  
- **E-mail:** heather.cartwright@acgov.org

### Function or Event Information
- **Event Description:** Baseball game
- **Event Title/Explanation:**
- **Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐
- **Yes** ☒ No ☐
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **Face Value of Each Ticket/Pass:** $35
- **Date(s):** 09 / 03 / 19
- **If no:** Oakland A's
- **Name of Source:** Chan, Wilma
- **If yes:**

### Recipients

#### 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
- **Number of Ticket(s)/Pass(es):** 2
- **Describe the public purpose made pursuant to the agency’s policy:** To promote attendance at an event held at a County facility in order to maximize potential County revenue...
- **Income:** ☐

#### C. Name of Outside Organization
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency’s policy:**

### Verification
- **Heather Cartwright**
- **(Print Name)**
- **Supervisor's Assistant**
- **Title**
- **(Month, Day, Year):** 07/19

### Comment:

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.cartwright@acgov.org

#### 2. Function or Event Information
- **Does the agency have a ticket policy?**
  - Yes [ ]
  - No [X]
- **Face Value of Each Ticket/Pass**: $17
- **Event Description**: Baseball game
- **Date(s)**: 09/04/19
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ]
  - No [X]
  - If no: Oakland A’s
    - **Name of Source**: Chan, Wilma
  - If yes: Chan, Wilma
    - **Official’s Name (Last, First)**

#### 3. Recipients
- **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**
  - **Number of Ticket(s)/Pass(es)**
  - **Ceremonial Role** [ ]
  - **Other** [ ]
  - **Income** [ ]

- **Ceremonial Role** [ ]
- **Other** [ ]
- **Income** [ ]

#### 4. Verification
I have read and understand FPPC Form 802 Section 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Heather Cartwright**
  - **Supervisor’s Assistant**
  - **Print Name**
  - **Title**
  - **Date (Month, Day, Year)**: 07/10/19

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 24
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Event(s) 09 / 06 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes, Oakland A's
   If no, Name of Source
   Name of Source Chan, Wilma
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at an event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   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. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant

Comment:
1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title): Heather Cartwright

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description**: Baseball game
   - **Face Value of Each Ticket/Pass**: $36
   - **Date(s)**: 09/07/19

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)**
     - **Gardner, Linda**
     - **Number of Ticket(s)/Pass(es)**: 2
     - **Identify one of the following:**
       - Ceremony Role ☐ Other ☐ Income ☐
       - **If checking 'Ceremonial Role' or 'Other' describe below:**
       - To promote attendance at an event held at a County facility in order to maximize potential County revenue...
       - **Ceremonial Role** ☐ Other ☐ Income ☐
       - **If checking 'Ceremonial Role' or 'Other' describe below:**

   - **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. **Verification**
   - I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Heather Cartwright**
   - **Supervisor’s Assistant**
   - **Print Name**
   - **Title**
   - **Date (Month, Day, Year)**: 6/7/19

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $36 tix / $45 park
   Date(s) 09 / 07 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Oakland A's
   If no: Chan, Wilma
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Simon, Fred | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   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. Verification
   I have verified that the distribution set forth above is in accordance with the requirements:
   Heather Cartwright
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $24 tik/$45 park
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 09/18/19
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Oakland A’s
   Name of Source Chan, Wilma
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lam, Marianne</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor’s Assistant
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.cartwright@acgov.org

Date Stamp [California Form 802]
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: [Month, Day, Year]

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $24 tix /$45 park
Event Description Baseball game
Provide Title/Explanation
Date(s) 09 / 08 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
If yes: Chan, Wilma
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
Name of Individual
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

4. Verification
I, Heather Cartwright, have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Supervisor's Assistant
Print Name
Title
(Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number   E-mail
   (510) 272-6693          heather.cartwright@acgov.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ $24 tix/$45 park
   Date(s) 09 / 08 / 19
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...

   **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. **Verification**
   I, Heather Cartwright, have verified that the distribution set forth above, is in accordance with the requirements.

   Heather Cartwright  Supervisor's Assistant
   Print Name  Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Heather Cartwright  
Area Code/Phone Number (510) 272-6693  
E-mail heather.cartwright@acgov.org  

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☒ No ☐  
- Face Value of Each Ticket/Pass $ 24 tax / $45 park  
- Event Description Baseball game  
- Date(s) 09 / 08 / 19  
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  
- If no: Oakland A's  
- Name of Source  
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
- If yes: Chan, Wilma  
- 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  
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual  
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Maddie</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>
- If checking “Ceremonial Role” or “Other” describe below:  
  To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...  
- If checking “Ceremonial Role” or “Other” describe below:  

#### C. Name of Outside Organization  
<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Verification**
I, Heather Cartwright, have verified that the distribution set forth above, is in accordance with the requirements  
Heather Cartwright  
Print Name  
Supervisor’s Assistant  
Title  
(Month, Day, Year)  
10/7/19  

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@aecgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ $160.00
   Event Description Iron Maiden Concert
   Date(s) 09 / 10 / 19
   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: Chan, Wilma
   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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   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/Verification
1944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Heather Cartwright
Supervisor’s Assistant
Print Name
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 160.00
Event Description Misfits Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 09 / 11 / 19
If no: Golden State Warriors
Name of Source
If yes: Chan, Wilma
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Confidential)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statler, Amelia</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at an event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>
|                                     |                             | If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 8944.1 and 8942. I have verified that the distribution set forth above, is in accordance with the requirements.
Heather Cartwright
Supervisor's Assistant
Print Name
Title
(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Baseball game
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $17 tix /$45 park
   Date(s) 09/17/19
   If no: Oakland A’s
   Name of Source Chan, Wilma
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland African American Chamber of Commerce-333Hegenberger RdSTE369</td>
<td>6</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Advance economic opportunity &amp; strengthen Oakland’s Black businesses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Heather Cartwright, have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title): Heather Cartwright
   - Area Code/Phone Number: (510) 272-6693
   - E-mail: heather.cartwright@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass: $17 tix/$45 park
   - Event Description: Baseball game
   - Event Date(s): 09/17/19
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Oakland A's
   - Name of Source: Chan, Wilma
   - If yes: Chan, Wilma
   - 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
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
   - If checking "Ceremonial Role" or "Other" describe below:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

   **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
     - Satellite Affordable Housing Associates-1835 Alcatraz Ave.Berkeley, CA 94703
     - Number of Ticket(s)/Pass(es): 6
     - To reward a school or nonprofit organization for its contributions to the community
     - Provides quality affordable homes and services

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Heather Cartwright
   - Supervisor's Assistant
   - Date: 10/7/19

Comment: [Your comment here]
### 1. Agency Name

Alameda County

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Heather Cartwright

Area Code/Phone Number   E-mail
(510) 272-6693   heather.cartwright@acgov.org

### 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description   Baseball game

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Oakland A's

Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Chan, Wilma

Official's Name (Last, First)

Face Value of Each Ticket/Pass $ $35 tx/$45 park

Date(s) 09 / 17 / 19

### 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nickerson, Cheryl</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

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

Heather Cartwright  Supervisor's Assistant

Print Name  Title

(Month, Day, Year)

Comment:
## Agency Name
Alameda County

### Division, Department, or Region (If Applicable)
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Heather Cartwright

**Area Code/Phone Number**
(510) 272-6693

**E-mail**
heather.cartwright@acgov.org

### Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description** Baseball game
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

**Face Value of Each Ticket/Pass $** $17

**Date(s)**
09/18/19

**If no: Oakland A's**

**If yes: Chan, Wiima**

**Name of Source**

**Official's Name (Last, First)**

### 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Excl. Perf)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass, Mary Pat</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
</tbody>
</table>

**Ceremonial Role** [ ]
**Other** [ ]

**Income** [ ]

**If checking “Ceremonial Role” or “Other” describe below:**

- **To promote attendance...event held at a County facility...maximize potential County revenue...concession sales**

**Ceremonial Role** [ ]
**Other** [ ]

**Income** [ ]

**If checking “Ceremonial Role” or “Other” describe below:**

#### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Verification

Heather Cartwright

Supervisor's Assistant

Print Name

Title

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

### 1. Agency Name
Alameda County

**Division, Department, or Region (if Applicable):**
Board of Supervisors

**Designated Agency Contact (Name, Title):**
Heather Cartwright

**Area Code/Phone Number** (510) 272-6693
**E-mail** heather.cartwright@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Face Value of Each Ticket/Pass** $36 tix/$45 park
- **Event Description** Baseball game
- **Provide Title/Explanation**
- **Date(s)** 09/21/19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **If no:** Oakland A's
  **Name of Source**
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
  **If yes:** Chan, Wilma
  **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.**

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC Social Services Agency-2000 San Pablo Ave, Oakland CA 94612</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Promoting the economic and social well-being of individuals, families...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Heather Cartwright**

**Supervisor's Assistant**

Print Name ___________________________  Title ___________________________

(10/7/19)

**Comment:** ___________________________

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**FPPC Form 802 (4/12)**
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.cartwright@ac.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 24
Event Description Baseball game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland A's
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: Chan, Wilma
Official's Name (Last, First)

Date(s) 09/22/19

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
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization
(Number include address and description)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy
Mastick Senior Center-1155 Santa Clara Ave, Alameda, CA 94501
2
To reward a school or nonprofit organization for its contributions to the community
Provides a well-rounded social recreation program for seniors, age 50 and older.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Supervisor's Assistant
Print Name
Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago, Chief of Staff
Area Code/Phone Number (510) 272-6695
E-mail amy.shrago@acgov.org

Date Stamp
California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 45.00
Event Description A's Baseball
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 09 / 04 / 19
If no: Oakland Athletics
Name of Source
If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
SSA
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency's policy
To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. (Name of Individual)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☒ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)
Berkeley Humane Society
Number of Ticket(s)/Pass(es) 4
Describe the public purpose made pursuant to the agency's policy
To reward a school or nonprofit organization for its contributions to the community

North Hills Community Association
Number of Ticket(s)/Pass(es) 4
To reward a school or nonprofit organization for its contributions to the community

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Chief of Staff 10/01/19
Print Name Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 17.00
   Event Description A's Baseball
   Date(s) 09 / 04 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Carson, Keith - Supervisor District 5

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)
      District 5 4
      Describe the public purpose made pursuant to the agency's policy
      To reward a County employee for his or her exemplary service to
      the public or to encourage staff development

   B. (Name of individual)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago Chief of Staff 10/01/19
   Print Name Title (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 24.00
   Date(s) 09 / 06 / 19
   If no: Oakland Athletics
   If yes: Carson, Keith - Supervisor District 5

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSA</td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Chief of Staff 10/01/19
Print Name Title (Month, Day, Year)

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

**1. Agency Name**
- Alameda County
- Division, Department, or Region (If Applicable)
- Board of Supervisors
- Designated Agency Contact (Name, Title)
- Amy Shrago, Chief of Staff
- Area Code/Phone Number (510) 272-6695
- E-mail amy.shrago@acgov.org

**Date Stamp**
- [California Form 802](#) For Official Use Only

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☑ No ☐
- Face Value of Each Ticket/Pass $ 45.00
- Event Description A’s Baseball
- Date(s) 09 / 07 / 19
- Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Oakland Athletics
- Was ticket distribution made at the behest of agency official? No ☑ Yes ☑ If yes: Carson, Keith - Supervisor District 5

**3. Recipients**

<table>
<thead>
<tr>
<th>District 5</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
|                                  |                             | Ceremonial Role ☐ Other ☑ Income ☐
|                                  |                             | Ceremonial Role ☑ Other ☐ Income ☑

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roses in Concrete Community School</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

**4. Verification**
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago  
Print Name

Chief of Staff

10/01/19

(Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number  (510) 272-6695
   E-mail amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description A's Baseball
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 45.00
   Date(s) 09 / 22 / 19
   If no: Oakland Athletics
   Name of Source
   If yes: Carson, Keith - Supervisor District 5
   Official's Name (Last, First)

3. Recipients
   - Use Section B to identify an individual
   - Use Section C to identify an outside organization

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Outside Organization (include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>Samuel Merritt University</td>
<td>8</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Amy Shrago
   Chief of Staff
   10/01/19

   Comment: ________________________________

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name

- **Alameda County**
- **Division, Department, or Region** (If Applicable)
- **Board of Supervisors**
- **Designated Agency Contact** (Name, Title)
  - Amy Shrago, Chief of Staff
  - **Area Code/Phone Number** (510) 272-6695
  - **E-mail** amy.shrago@acgov.org

#### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐
- **Event Description** A's Baseball
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
- **Face Value of Each Ticket/Pass $** 24.00
- **Date(s)** 09 / 22 / 19
- **If no:** Oakland Athletics
- **Name of Source**
- **If yes:** Carson, Keith - Supervisor District 5
  - **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**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

**C. Name of Outside Organization**

<table>
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<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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#### 4. Verification

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

- **Amy Shrago**
  - Chief of Staff
  - **Print Name**
  - **Title**
  - **Date** 10/01/19 (Month, Day, Year)

Comment: __________________________

---

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
#### Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
- Alameda County
- Division, Department, or Region (If Applicable): Board of Supervisors
- Designated Agency Contact (Name, Title): Amy Shrago

**Area Code/Phone Number**: 510-272-6695
- E-mail: amy.shrago@acgov.org

**Date Stamp**
- California Form 802
- For Official Use Only

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Iron Maiden
- Face Value of Each Ticket/Pass $160.00
- Date(s): 09 / 10 / 19
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Name of Source: Golden State Warriors
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
- Official's Name (Last, First): Carson, Keith

**3. Recipients**
- **A. Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency’s policy**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **B. Name of Individual (First Name, Last Name)**
- **Number of Ticket(s)/Pass(es):**
- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☒ Income ☐
  
  *If checking "Ceremonial Role" or "Other" describe below:*
  
  **To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIN JOE</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

- **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**

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

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

- Amy Shrago: Print Name
- Chief of Staff: Title

**Date of Original Filing:** (Month, Day, Year)

- 10/01/19

**Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable): Board of Supervisors
- Designated Agency Contact (Name, Title): Amy Shrago
- Area Code/Phone Number: 510-272-6695
- E-mail: amy.shrago@acgov.org

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>□ Amendment (Must provide explanation in Part 3.)</th>
<th>Date of Original Filing: (Month, Day, Year)</th>
</tr>
</thead>
</table>

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Face Value of Each Ticket/Pass $160.00
- Event Description: The Original Misfits
- Date(s): 09/11/19
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: Golden State Warriors
- Name of Source: Carson, Keith
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

<table>
<thead>
<tr>
<th>Official's Name (Last, First)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
</tr>
</tbody>
</table>

### 3. Recipients

<table>
<thead>
<tr>
<th>Use Section A to identify the agency's department or unit</th>
<th>Use Section B to identify an individual</th>
<th>Use Section C to identify an outside organization</th>
</tr>
</thead>
</table>

#### 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
- Number of Ticket(s)/Pass(es)
- Describe the public purpose made pursuant to the agency's policy

#### C. Name of Outside Organization
- Number of Ticket(s)/Pass(es)
- Describe the public purpose made pursuant to the agency's policy

### 4. Verification

I have read and understand FPPC Recitals 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<table>
<thead>
<tr>
<th>Amy Shrago</th>
<th>Chief of Staff</th>
<th>10/01/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

Comment: 

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

1. **Agency Name**
   - Alameda County
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
   - Amy Shrago
   - Area Code/Phone Number: 510-272-6695
   - E-mail: amy.shrago@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No ☐
   - **Event Description:** Rolling Loud
   - **Face Value of Each Ticket/Pass $** 232.00
   - **Date(s)** 09/28/19 09/29/19
   - **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:** Carson, Keith
     - **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:**
     - Ceremonial Role ☐ Other ☒ Income ☐
     - **If checking "Ceremonial Role" or "Other" describe below:**
     - **To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev**
     - **Ceremonial Role ☐ Other ☐ Income ☐**
     - **If checking "Ceremonial Role" or "Other" describe below:**

   **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. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Amy Shrago**
   - **Print Name**
   - **Chief of Staff**
   - **Title**
   - **10/01/19** (Month, Day, Year)

Comment: ____________________________________________

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)