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 $ 218.75
Event Description: Chris Brown Concert
Date(s) 10 / 15 / 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>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>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>Chapman, Alex</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>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<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>
</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.

Signature of Agency
Date
Print Name
Title
11/13/19 (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 $50.00
   Event Description: Disney On Ice 3pm Show
   Date(s): 10/20/19
   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.

   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): Lopez, Tricia
      Number of Ticket(s)/Passes: 5
      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.

   Signature of Agency Designee: ____________________________
   Print Name: Denise Jacinto
   Title: Ticket Administrator
   Date: 10/17/19

   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  E-mail
   510-272-6691 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 [x]  No [ ]
   Face Value of Each Ticket/Pass $ 50.00

   Event Description: Disney On Ice 3pm Show
   Date(s) 10 / 19 / 19

   Ticket(s)/Pass(es) provided by agency?  Yes [x]  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 [x]  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:
   McGrail, Heather 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.
   Signature of Agency Head or Designee

   Denise Jacinto  Ticket Administrator
   Print Name  Title
   10/17/19 (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 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 $50.00
Event Description: Disney On Ice 11am Show
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 10 / 19 / 19
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>
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<tr>
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<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>Hong, Ernest</td>
<td>2</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>

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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>
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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.

Signature of Agency Head/ designee ____________________________
Denise Jacinto
Print Name ____________________________
Ticket Administrator
Title ____________________________
10/17/19 (month, day, year)

Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpl ine: 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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 50.00
   Event Description: Disney On Ice 11am Show
   Date(s) 10/19/19
   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

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:

   Evans, Erin | 2 | 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.

   Signature of Agency Official: ____________________________
   Denise Jacinto
   Print Name: ____________________________
   Ticket Administrator
   Title: ____________________________
   Date: 10/17/19

   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

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

   **Face Value of Each Ticket/Pass** $50.00

   **Event Description:** Disney On Ice 7pm Show

   **Provide Title/Explanation**

   **Date(s):** 10 / 18 / 19

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

   **If no:**
   **Name of Source:**
   **If yes:**
   **Name:** 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**

   **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. ☑

   **Signature of Agency head or designee:**
   **Denise Jacinto**

   **Print Name:**

   **Title:**

   **Date:** 10/11/19

   (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 $200.00
   Event Description: Marco Antonio Solis Concert
   Date(s) 10 / 05 / 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.

   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.

   Signature of Agency head or designee
   Denise Jacinto
   Print Name
   Ticket Administrator
   Title
   10/11/19
   (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 $90.00
   Event Description: Oakland A's Wild Card game
   Date(s) 10 / 02 / 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>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</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>Koopman, Clayton (2)</td>
<td></td>
<td>To promote attendance at a county sponsored event or to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td>Imhof, Theresa</td>
<td>4</td>
<td></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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<td></td>
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</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.

   Signature of Agency head: __________________________
   Denis Jacinto
   Print Name
   Ticket Administrator
   Title
   10/07/19 (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

   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 $ 90
   Event Description A's Vs. Rays
   Date(s) 10 / 02 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   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
      Larkin ☑ Joesph ☐ 3
      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
   and 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
   Gabriela Christy
   Supervisor's Assistant
   Title
   Date (Month, Day, Year)
   11/4/19

Comment:
Agencies 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 ❑
   Event Description Marco Antonio Solis
   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 $ 200
   Date(s) 10 / 05 / 19
   If no: Oakland Arena
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   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
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Income ❑
   Garcia, Susie
   To reward a community volunteer for his or her service to the public
   Income ❑

   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.
   Signature of Agency Head or Designee
   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

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 [x] No [ ]

Event Description
Chris Brown

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?
Yes [ ] No [x]

If no:

Ticket(s)/Pass(es) provided by agency?
Yes [ ] No [x]

If yes:

Was ticket distribution made at the behest of agency official?
No [ ] Yes [x]

Face Value of Each Ticket/Pass
$125

Date(s)
10/15/19

Name of Source
Oakland Arena

Official’s Name (Last, First)
Valle, Richard- Supervisor District 2

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>
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<tr>
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</table>

B. Name of Individual

<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>Simms, Angel</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

<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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<tbody>
<tr>
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</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.

Signature of Agency Head or Designee
Gabriela Christy

Supervisor’s Assistant

(Put Name)

(Title)

(Month, Day, Year)

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 (510) 272-6692
   E-mail Gabriela.Christy@acgov.org
   Date Stamp
   □ 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 Disney On ICE
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   Face Value of Each Ticket/Pass $ 50
   Date(s) 10 / 17 / 19 10 / 14 / 19
   If no: Oakland Arena
   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:

      Gutierrez, Sylvia ☑
      To reward a community volunteer for his or her service to the public
      To reward a community volunteer for his or her service to the public

      Schmidt, Marcia ☑

      

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/ Pass(es)

      

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
   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Disney On ICE
   Face Value of Each Ticket/Pass $ 50
   Date(s) 10 / 18 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Arena
   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other", describe below:
      To reward a community volunteer for his or her service to the public
      Income ☐
      Colon, Irma
      A

   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 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
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 [x]  No [ ]
   Event Description: Disney On ICE
   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 $50
   Date(s): 10/19/19
   Name of Source: Seattle, Richard - Supervisor District 2

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)
      To reward a community volunteer for his or her service to the public
      ____________________________
      ____________________________
      Income [ ]
      Sosa, Alma
      2
      ____________________________
      ____________________________
      Income [ ]
      Munoz, Roberto
      2
      ____________________________
      ____________________________

   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 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   ____________________________  ____________________________  ____________________________
   Name of Agency Head or Designee  Print Name  Supervisor's Assistant
   ____________________________  ____________________________  ____________________________
   (Month, Day, Year)  (Month, Day, Year)  (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 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: Disney On Ice
   Face Value of Each Ticket/Pass $ 50
   Date(s): 10 / 20 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Arena
   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.

<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>

<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>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City Family Center 725 Whipple Rd, Union City, CA 94587</td>
<td>4</td>
</tr>
<tr>
<td>A partnership of families, schools, community, and public and private</td>
<td></td>
</tr>
<tr>
<td>organizations working together to promote “cradle to retirement” success.</td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Domains 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
   11/4/19 (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  
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 $  
$218.75  
Date(s)  
10 / 15 / 19  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☑  
If no: Golden State Warriors  
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.  
   
<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>Lam, Marianne</td>
<td>2</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>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 &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>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  
PCC 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  

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 $ 50
   Event Description Disney on Ice - Worlds of Enchantment
   Date(s) 10/17/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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.

   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) Describe the public purpose made pursuant to the agency's policy
      ALL IN Alameda County - 1221 Oak Street Room 18 - Oakland, CA 94612 4
      To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
      Anti-poverty initiative in Alameda County

4. Verification
   "I have verified that the distribution set forth above, is in accordance with the requirements.
   [Signature] Heather Cartwright Supervisor's Assistant [Signature] 6/28/19
   (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)
   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: ______/_____/______

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________
   Date(s) ______/_____/______
   Event Description Disney on Ice - Worlds of Enchantment
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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>
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<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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<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>
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<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>ALL IN Alameda County - 1221 Oak Street Room 18 - Oakland, CA 94612</td>
<td>4</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>Anti-poverty initiative in Alameda County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Verification:

I certify under penalty of perjury, under the laws of California, that I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Print Name

 Supervisor's Assistant
Title

(Date)

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 $50
   Event Description: Disney on Ice - Worlds of Enchantment
   Date(s): 10 / 19 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Golden State Warriors
   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 (Last, Fst)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To reward a community volunteer for his or her service to the public
   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

Verification

8544.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Print Name
Supervisor's Assistant
Title

Comment:

FPPC Form 802 (4/12)
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   Alameda County
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   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 $ 50
   Event Description Disney on Ice - Worlds of Enchantment
   Date(s) 10 / 20 / 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Golden State Warriors
   If yes: Chan, Wilma
   Name of Source

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 Wright
      Number of Ticket(s)/Pass(es) 4
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a community volunteer for his or her service to the public
      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.

   (Signature of Agency)

   Heather Cartwright
   Supervisor's Assistant

   6/28/19
   (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)
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   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
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   Face Value of Each Ticket/Pass $50
   Event Description Disney on Ice - Worlds of Enchantment
   Date(s) 10 / 20 / 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)
         Describe the Ceremonial Role or Other: Income
         Identify one of the following:
         Ceremonial Role ☐ Other ☐ Income ☐
         To promote attendance...event held at a County
         facility...maximize potential County revenue...concession sales
         If checking "Ceremonial Role" or "Other" describe below:
         Ceremonial Role ☐ Other ☐ Income ☐

   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
      
      Verification
      and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
      Heather Cartwright Supervisor's Assistant
      Part Name Title
      6/28/19 (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)