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 $305.55
   Event Description: Oakland Raider game
   Date(s) 11/03/19
   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 | 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:
   Dosanjh, Jessie | 4 | 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
   Print Name
   Denise Jacinto
   Ticket Administrator
   11/21/19
   (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 $ 305.55
Event Description: Oakland Raider game
Date(s) 11/07/19
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></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>Gordon, Joe (2) Gotthardt, Fred (2)</td>
<td>4</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></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.

Signature of Agency Head ☒
Print Name: Denise Jacinto
Title: Ticket Administrator
Date: 11/21/19

Comment: 

FPPC Form 802 (2/2015)
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
   Board of Supervisors, District 1
   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 ☐
   Event Description: Post Malone Concert
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $225.00
   Date(s) 11/14/19
   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
      Alameda County Board of Supervisors, District 1
      Number of Ticket(s)/Passes: 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

   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

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: _______________________
   Print Name: Denise Jacinto
   Title: Ticket Administrator
   Date: 11/21/19
   (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

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 137.50
   Event Description: Slayer Concert
   Date(s) 11 / 26 / 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></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>Rabeneau, Scott</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 ☐ Usher ☐ 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>
<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.
   Signature of Agency Head or Designee
   Denise Jacinto
   Ticket Administrator
   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 ☐
Event Description: Mana Concert
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $187.50
Date(s) 11/30/19
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></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>Martinez, Melissa</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>

<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.

Signature or Agency Head or Designee ___________________________ Denise Jacinto ___________________________
Print Name Ticket Administrator ___________________________
Title
12/2/19 (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
   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 $305.55
   Event Description Oakland Raiders vs. Detroit Lions
   Date(s) 11/03/19
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Arena
   If yes: Valle, Richard - Supervisor District 2
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☑ 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.

   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:

      Johnson, Raquel
      3
      "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 Rev. laws 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
   Signature
   Date: 12/11/2019

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

Date Stamp California Form 802
A Public Document
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 $ 300
Event Description Oakland Raiders vs. LA Chargers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 11/07/19
If no: Oakland Arena
If yes: Valle, Richard - Supervisor District 2
Name of Source
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

<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>
</table>

B. Name of Individual
Identify one of the following:
Hill, Ron
Number of Ticket(s)/Pass(es)
Income

<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>Hill, Ron</td>
<td>3/1</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)
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 (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.

Signature of Agency Head or Designee
Gabriela Christy
Print Name
Supervisor's Assistant
Title
Date (Month, Day, Year) 12/11/17

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

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? ✅ No ☐  
Face Value of Each Ticket/Pass $ 225  
Event Description Post Malone  
Provide Title/Explanation  
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)

Date(s) 11 / 14 / 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)  
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)  
Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below:

Alameda County Democratic Party  
P.O. Box 3937, Hayward, CA  
4

To reward a school or nonprofit organization for its contributions to the community

The Alameda County Democratic Party coordinates the party’s activities through  
the county, making endorsements, organizing events and directing resources to support local, state and national candidates

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 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@ecgov.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 $ 50
Event Description PUBG Global Championship
Provide Title/Explanation

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.

<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>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Carter, Matthew</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Kwan, Lance</td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</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.

Signature of Agency Head or Designee: 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**

(510) 272-6692

**E-mail**

Gabriela.Christy@acgov.org

---

#### 2. Function or Event Information

Does the agency have a ticket policy? ☑️ No ☐

**Event Description**

Slayer

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 $**

137.50

**Date(s)**

11/26/19

**if no:**

Oakland Arena

**Name of Source**

If yes: Vallee, 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**

(First, Last)

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

(include address and description)

Hayward Arts Council 22100 Princeton St., H2, (in the Adult School), Hayward,

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

is here for you as an artist or patron. We embrace all forms of art in the entire Hayward California region – part of the San Francisco Greater Bay Area.

---

#### 4. Verification

I have read and understand FPPC Regulations 18941 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Officer or Designee**

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 [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 Bay Area Reunion
   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 $ 159.50
   Date(s) 11 / 27 / 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.

<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 &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>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>Hayward Foundation for the Arts <a href="http://www.haywardart.org/">http://www.haywardart.org/</a></td>
<td>4</td>
<td>in the Visual and Performing Arts (VAPA) above and beyond the level of funding provided by the Hayward Unified School District a</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.

   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant
   Title
   Date (Month, Day, Year)
   Comment: *for fundraising/Auction Item*
## 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**

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes ☑ No ☐
- **Event Description**: Post Malone Concert
- **Face Value of Each Ticket/Pass $**: $225
- **Date(s)**: 11/14/19
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **If no, Name of Source**: Golden State Warriors
- **Name of Source**: Chan, Wilma
- **If yes, Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

### 3. Recipients

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>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>

#### 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>Randell, Linda</td>
<td>2</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>
</tbody>
</table>

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>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

- [4.1 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 of Original Filing**: (Month, Day, Year)

**Date of Original Filing**: (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 ☐
   Event Description: Slayer
   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 $ 137.50
   Date(s) 11/26/19
   Name of Source Golden State Warriors
   Official’s Name (Last, First) Chan, Wilma

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 ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      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
      Trybe - 1341B E25th St. Oakland, CA 94606, 4
      Community building nonprofit in Oakland providing youth & family services
      To reward a school or nonprofit organization for its contributions to the community

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: ____________________________
###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
- **Face Value of Each Ticket/Pass**: $125
- **Date(s)**: 11/27/19
- **Ticket(s)/Pass(es) provided by agency**: Yes
- **Was ticket distribution made at the behest of agency official?**: Yes

###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**
  - **Income**
  - **Identify one of the following**

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

- **C. Name of Outside Organization**
  - **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 (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, 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>
</tbody>
</table>

###4. Verification
**Heather Cartwright**

**Comment:**

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

(FPPC Form 802 (4/12))
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 MANA: Rayando El Sol Tour 2019
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behoof of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $187.50
   Date(s) 11 / 30 / 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.

   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:

   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
      Trybe - 1341B E25th St. Oakland, CA 94606
      4
      To reward a school or nonprofit organization for its contributions to the community
      Community building nonprofit in Oakland providing youth & family services

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

**Agency Name**
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)

Amy Shrago

**Area Code/Phone Number**
5102726625
**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 ☐

Event Description  
Raiders

Provide Title/Explanation

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

If no:  
Oakland Raiders

Name of Source

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

If yes:  
Official's Name (Last, First)

Face Value of Each Ticket/Pass $  
305.55

Date(s)  
11 / 07 / 19

### 3. Recipients

**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>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:

<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>
<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>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

**Claremont Middle School PTSA**
5750 College Ave. Oakland CA 94618

### 4. Verification

I have read or reviewed PC 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

12/02/19  
(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 5102726695
   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 $ 225.00
   Event Description Post Malone
   Date(s) 11/14/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Arena
   Name of Source
   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)/ 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 ☐
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   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
   Hillcrest Elementary School PTSA
   30 Marguerite Dr, Oakland, CA 94618
   4
   To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I have understood 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
   12/02/19
   (Month, Day, Year)

   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 510-276-6955
   E-mail Amy.Shrago@AlcoGov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 305.55
   Event Description Raiders
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Oakland Raiders
   Name of Source
   Date(s) 11 / 17 / 19
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      District 5
      16
      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:
      Carson, Keith
      2
      To obtain oversight of facilities or events that have received
      County funding or support
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      2

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

4. Verification
   I have read and understand PPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago
   Chief of Staff
   12/02/19
   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
Area Code/Phone Number E-mail
5102726695 amy.shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Slayer
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 $ 137.50
Date(s) 11 / 26 / 19
If no: Oakland Arena
Name of Source
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.

<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>District 5</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>

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

4. Verification
I have read and understand Government Code Sections 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name
Chief of Staff
Title
12/02/19
(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 5102726695
   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 $ 187.50
   Event Description Mana
   Date(s) 11/30/19
   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: __________________________
   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, Fst)
      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
      Manzanita SEED Elementary School
      2409 E 27th St, Oakland, CA 94601
      4
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understood 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
12/02/19
(Month, Day, Year)

Comment: __________________________