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 $187.50
Event Description: Mana Concert
Date(s) 11 / 30 / 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: ____________________________
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.

<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: To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</th>
</tr>
</thead>
</table>
| Martinez, Melissa                     | 4                           | Ceremonial Role ☐ Other ☐ Income ☐  
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></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
Ticket Administrator
Print Name
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
   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 [x] No [ ]
   Event Description: Slayer Concert
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $137.50
   Date(s) 11/26/19
   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.

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

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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>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>
</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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</thead>
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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 or Designee: __________
   Print Name: Denise Jacinto
   Title: Ticket Administrator
   Date: 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

### 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** $225.00
- **Event Description:** Post Malone Concert
- **Date(s)** 11 / 14 / 19
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Name of Source**
- **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.

<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>4</td>
<td>To reward a county employee for his or her exemplary service to the public</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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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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.

<table>
<thead>
<tr>
<th>Signature of Agency</th>
<th>Denise Jacinto</th>
<th>Ticket Administrator</th>
<th>11/21/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designee</td>
<td>Print Name</td>
<td>Title</td>
<td>(month, day, year)</td>
</tr>
</tbody>
</table>

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 $ 305.55
   Event Description: Oakland Raider game
   Event(s) provided by agency? Yes ☑ No ☐
   Date(s) 11 / 07 / 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>
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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>Gordon, Joe (2) Gotthardt, Fred (2)</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>

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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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<tbody>
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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 with the requirements.

   Signature of Agency Head: ____________________________
   Date: 11/21/19

   Denise Jacinto
   Print Name
   Ticket Administrator
   Title
   Comment: ____________________________

FPPC Form 802 (2/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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: Oakland Raider game
Face Value of Each Ticket/Pass $ 305.55
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 11/03/19
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosanjh, Jessie</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>
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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: Denise Jacinto
Print Name: Ticket Administrator
Title: 11/21/19 (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

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 $ 225
Event Description Post Malone
Provide Title/Explanation
Date(s) 11 / 14 / 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>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>
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<thead>
<tr>
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<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
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<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>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Democratic Party P.O. Box 3937, Hayward, CA</td>
<td>4</td>
<td>Agency's policy</td>
</tr>
<tr>
<td>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</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: Gabriela Christy
Print Name: ___________________________
Title: Supervisor's Assistant
(Release Date, 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@ecgov.org

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
   Date(s) 11/23/19 11/24/19
   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.

   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)
      To reward a community volunteer for his or her service to the public
      Income ☐
      Income ☐
      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.
   ___________________________  ___________________________
   Signature of Agency Head or Designee  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
   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 $ ______________ 137.50
   Event Description: Slayer
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 11/26/19
   Location: Oakland Arena
   Name of Source: Vallee, Richard - Supervisor District 2
   If yes: Vallee, Richard - Supervisor District 2
   Official’s Name (Last, First)
   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:
   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
   Hayward Arts Council 22100 Princeton
   St., H2, (in the Adult School), Hayward,
   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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Official: Gabriela Christy
   Supervisor’s Assistant: _______________________
   Title: _______________________
   (Month, Day, Year)

   Comment: 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)
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? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 159.50
Event Description Bay Area Reunion
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Oakland Arena
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes: 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 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

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

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
Signature of Agency Head or Designee Print Name Title 12/1/2019
(Month, Day, Year)

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

### 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
- 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)

### 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>
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<tbody>
<tr>
<td></td>
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<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>Johnson, Raquel</td>
<td>31</td>
<td>Income ☐ To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income ☐</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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### Verification
I have read and understand FPPC Rns 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: Supervisors Assistant Title: 12/11/2019 (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

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 Raiders vs. LA Chargers
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 $ 305.50
Date(s) 11 / 07 / 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>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>Hill, Ron</td>
<td>3 1</td>
<td>☑ To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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></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
Gabriela Christy  Supervisors Assistant
Print Name  Title
(Month, Day, Year)  12 / 11 / 2019

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agencies 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:** Post Malone Concert
- **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:** $225
- **Date(s):** 11/14/19
- **If no: Golden State Warriors**
- **If yes: 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):** Randell, Linda
- **Number of Ticket(s)/Pass(es):** 2
- **Identify one of the following:**
  - Ceremonial Role ☐ Other ☐ Income ☐
  - To promote attendance at an 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
- 4.1 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

(Date)

4/19

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 ☐
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: 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>
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</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>
</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>Trybe - 1341B E25th St. Oakland, CA 94606</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Community building nonprofit in Oakland providing youth &amp; family services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

44.1 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
Date (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County Board of Supervisors
Designated Agency Contact: 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 $125
Event Description: Bay Area Reunion
Date(s): 11/27/19
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)
Was ticket distribution made at the behest of agency official? No ☐ 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 (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

<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>
<tr>
<td>Anti-poverty initiative in Alameda County</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
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 [X] No [ ]
   Event Description MANA: Rayando El Sol Tour 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Face Value of Each Ticket/Pass $187.50
   Date(s) 11/30/19
   If no: Golden State Warriors
   If yes: 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 [ ]
      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
   Community building nonprofit in Oakland providing youth & family services
   4
   To reward a school or nonprofit organization for its contributions to the community

4. Verification
   [Signature]
   Heather Cartwright
   Supervisor's Assistant
   [Date]

Comment: 

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