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: Jonas Brothers Concert
Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐

Name of Source: Haggerty, Scott
Official's Name (Last, First)

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

Face Value of Each Ticket/Pass $ 262.50
Date(s) 12 / 12 / 19

3. Recipients

* Use Section A to identify the agency’s department or unit.  • Use Section B to identify an individual.  • Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/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>(2) Olson, Chris (2) Snyder, Kimberly</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 agency’s policy.

Denise Jacinto
Print Name
Ticket Administrator
Title
01/09/2019 (month, day, year)

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

1. Agency Name
Alameda County

Board of Supervisors

Designated Agency Contact (Name, Title)
Gabriela Christy

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

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

Event Description Oakland Raiders vs. Tennessee Titans

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 $ 305.55

Date(s) 12 / 08 / 19

If no:  Ring Central Coliseum

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.

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

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>★ Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>★ Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td>18 / 3</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Saint Rose Hospital Foundation 27200 Calaroga Ave Hayward, Ca</td>
<td>18 / 3</td>
<td></td>
</tr>
<tr>
<td>The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by raising the necessary resources needed to meet the hospital's current and future needs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Gabriela Christy  Supervisor's Assistant
Print Name  Title  12/18/19

Comment:  |

CRPC 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  12/18/19

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)**
   - 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**
     - Jonas Brothers
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?**
     - Yes [x] No [ ]
   - **Date(s)**
     - 12 / 08 / 19
   - **Face Value of Each Ticket/Pass $**
     - 262.50
   - **If no:**
     - **Oakland Arena**

   **Name of Source**
   - Valle, 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**

4. **C. Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency’s policy**
   - **THE FRIENDS OF CHABOT COLLEGE FOUNDATION 25555 Hesperian Ave**
   - **4**
   - **To reward a school or nonprofit organization for its contributions to the community**

5. **Verification**
   - **Gabriela Christy**
     - **Supervisor’s Assistant**
     - **Print Name**
     - **Title**
     - **(Month, Day, Year)**
     - 12 / 02 / 19

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

**1. Agency Name**
Alameda County

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

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

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

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

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Face Value of Each Ticket/Pass $**
$125.00

**Date(s)**
12 / 7 / 19

**If no:**
**Golden State Warriors**

**Name of Source**
Chan, Wilma

**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>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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<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>Chan, Carl</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</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>
</table>

**4. Verification**

Heather Cartwright

Heather Cartwright

**Comment:**

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

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

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes [X] No [ ]
- Event Description: Jonas Brothers Happiness Begins Tour
- Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
- Was ticket distribution made at the behest of agency officials? No [ ] Yes [X]
- Face Value of Each Ticket/Pass: $262.50
- Date(s): 12/12/19
- If no: Golden State Warriors
- Official’s Name: Chan, Wilma

**3. Recipients**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td>Kung, Angela</td>
<td>2</td>
<td>Ceremonial Role [X] 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>
<tr>
<td>McCarthy, Anna</td>
<td>2</td>
<td>Ceremonial Role [X] 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>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**
- Signature of agency: [Signature]
- Print Name: Heather Cartwright
- Title: Supervisor’s Assistant
- Date: 12/14/19

Comment: [Comment]

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1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature]

Heather Cartwright

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 Jonas Brothers
   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 $ 262.50
   Date(s) 12 / 12 / 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.
   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 student for outstanding scholastic achievement
      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.
   Amy Shrago
   Chief of Staff
   01/03/2020
   (Month, Day, Year)