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

1. **Agency Name**
   Alameda County

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Professional Bull Riders
   - Face Value of Each Ticket/Pass $66.00
   - Date(s): 01 / 04 / 20
   - Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   - If yes: Haggerty, Scott
   - If no: Name of Source
   - 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.
   - Number of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy
   - Alameda County Supervisor Scott Haggerty | 4 | To obtain oversight of facilities or events that have received county funding or support

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: Denise Jacinto
   - Title: Ticket Administrator
   - Date: 01/09/2019
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: Harlem Globetrotters 2pm show
   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 $75.00
   Date(s) 01 / 18 / 20
   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>
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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>Sweat, Reggie</td>
<td>4</td>
<td>To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</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
   Print Name
   Ticket Administrator
   Title
   Date 01/15/2019
   (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 The Harlem Globetrotters
   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 $[ ] 75.00
   Date(s) 01 / 18 / 20
   If no: Oakland Arena
   If yes: Chan, Wilma

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
      Koayen, Oteria
      Number of Ticket(s)/ Pass(es) 2
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      Identify one of the following:
      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
   44.3 and 16942. 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: