Agency Name: Alameda County
Division, Department, or Region (if applicable): Board of Supervisors, District 1
Designated Agency Contact (Name, Title): Denise Jacinto, Ticket Administrator

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes ☐ No ☐
- **Event Description:** Supercross
- **Face Value of Each Ticket/Pass:** $125.00
- **Date(s):** 02/1/20

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

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imhof, Frank</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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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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 or Designee: Denise Jacinto  
Print Name:  
Title: Ticket Administrator  
Date: 02/24/2020  
(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    E-mail
   510-272-6691    Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?   Yes ☒ No ☐
   Event Description: WWE
   Ticket(s)/Pass(es) provided by agency?   Yes ☒ No ☐
   If no: ____________________________
   If yes: Haggerty, Scott
   Name of Source
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $ __93.75___
   Date(s) 02 / 08 / 20

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
      Ceremonial Role ☐ Other ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Official

   Denise Jacinto    Ticket Administrator
   Print Name    Title
   02/10/20
   (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  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 $ 150.50
   Event Description: Valentine's Love Jam
   Date(s) 02 / 14 / 20
   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: Haggerty, Scott

3. Recipients
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
   Coleman, Debra                   | 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: |

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Denise Jacinto
   Print Name
   Ticket Administrator
   Title
   02/14/20
   (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 E-mail
510-272-6691 Denise.Jacinto@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Monster Jam
Face Value of Each Ticket/Pass $ 60.00
Provide Title/Explanation
Date(s) 02 / 16 / 20
Ticket(s)/Pass( es) provided by agency? Yes ☐ No ☐
If no: __________________________
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Haggerty, Scott
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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<tr>
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</tr>
</tbody>
</table>

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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>McKinsey, Kimberlee</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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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: __________________________
Print Name: Denise Jacinto
Title: Ticket Administrator
Date: 02/03/20
(month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors, District 1
Designated Agency Contact (Name, Title)
Denise Jacinto, Ticket Administrator
Area Code/Phone Number
510-272-6691
E-mail
Denise.Jacinto@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $150.50
Event Description: Mike Epps
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 02 / 22 / 20
Was ticket distribution made at the behest of agency official? 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>
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<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mendoza, Dan (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>
<td></td>
</tr>
<tr>
<td>Cabling, Suzanne &amp; Larry (2)</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<td></td>
</tr>
</tbody>
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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.

Denise Jacinto
Ticket Administrator
Print Name
Title
02/28/2020
(month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors, District 1
   Designated Agency Contact (Name, Title)
   Denise Jacinto, Ticket Administrator
   Area Code/Phone Number 510-272-6691
   E-mail Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $73.50
   Event Description: Disney On Ice
   Date(s) 02 / 26 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Haggerty, Scott
   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)/Pases</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)/Pases</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>Burlingame, Andrea</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>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Denise Jacinto
   Print Name: Ticket Administrator
   Title: 02/28/2020
   (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 $73.50
Event Description: Disney On Ice
Date(s) 02 / 27 / 20
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
If yes: Haggerty, Scott
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>
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<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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</tbody>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services/ 40849 Fremont Blvd/ Fremont, CA 94538</td>
<td>4</td>
<td>To reward a school or non-profit organization for its contributions to the community</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.

Denise Jacinto
Ticket Administrator
03/6/20

Signature or agency head or designee
Print Name
Title
(month, day, year)
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 $ 73.50
   Event Description: Disney On Ice

   Date(s) 02 / 28 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

   If no: ____________________________
   Name of Source
   If yes: ____________________________
   Name of Source (Last, First)

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

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit

      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)

      Number of Ticket(s)/Passes
      Identify one of the following:
      To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales

      Ceremonial Role ☐ Other ☐ Income ☒

      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)

      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Denise Jacinto
   Print Name
   Ticket Administrator
   Title
   02/14/20
   (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   E-mail
510-272-6691   Denise.Jacinto@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [x]  No [ ]
   Event Description: Disney On Ice  [ ] 11AM Show  [ ] 3PM Show
   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 $ 73.50
   Date(s) 02 / 29 / 20

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 Tickets/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual  (Last, First)</th>
<th>Number of Tickets/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] 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 [x] 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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</tbody>
</table>

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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Tickets/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services/ 40849 Fremont Blvd/ Fremont, CA 94538</td>
<td>8</td>
<td>To reward a school or non-profit organization for its contributions to the community</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.

   Denise Jacinto  Ticket Administrator
   Print Name  Title
   03/6/20  (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
   Date Stamp
   California Form 802
   For Official Use Only
   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 $ 125
   Event Description Supercross
   Provide Title/Explanation
   Date(s) 02 / 01 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ________________________________
   Name of Source ________________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit ________________________________
      Number of Ticket(s)/Pass(es) ________________________________
      Describe the public purpose made pursuant to the agency’s policy ________________________________

   B. Name of Individual (Last, First) ________________________________
      Number of Ticket(s)/Pass(es) ________________________________
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      ________________________________
      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) ________________________________
      De To reward a school or nonprofit organization for its contributions to the community
      r’s policy ________________________________
      informed and active participation in government, works to increase understanding of major public policy issues, and influen

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
   ________________________________ ________________________________
   Gabriela Christy Supervisor’s Assistant
   Title ________________________________
   (Month, Day, Year) 3/5/2020

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 ☐
   Face Value of Each Ticket/Pass $ 93.75
   Event Description WWE
   Date(s) 02 / 08 / 20
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: __________________________ Name of Source __________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)

3. Recipients
   + Use Section A to identify the agency's department or unit. + Use Section B to identify an individual. + Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
   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
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
       Ceremonial Role ☐ Other ☐ Income ☑
       If checking "Ceremonial Role" or "Other" describe below:

   Sunol Business Guild
   The Sunol Business Guild's purpose is to "Improve
   and maintain the Town of Sunol and to support local nonprofit organizations and the community of Sunol!

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year) 3/5/2020

Comment: Fundraiser for Crab Feed

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 ☐
Face Value of Each Ticket/Pass $ 150.50
Event Description Valentine's Love Jam
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: __________________________ Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

<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:

<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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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:
   Incity's policy
   Our mission is to create a new community where youth participate in defining personal, educational and professional goals and achieve them through life changing programs, projects, group me

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAACP Hayward South County, B Street, Hayward, Alameda County, CA</td>
<td>4</td>
<td>Incity's policy</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.

Gabriela Christy
Supervisor's Assistant
Print Name
Title
3/5/2020 (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
   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: Monster Jam
   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 $65/60
   Date(s): 02/15/20 02/16/20
   If no: __________________________
   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>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Colón, Irma</td>
<td>4</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Gutierrez, Rex</td>
<td>4</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.

   Gabriela Christy
   Supervisor’s Assistant
   Date: 3/5/2020

   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  (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 $ 234.75
   Event Description Palenque
   Date(s)  02 / 15 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   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 None
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual
      (Last, First) None
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a school or nonprofit organization for its contributions to the community
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description) None
      Number of Ticket(s)/Pass(es)
      To reward a school or nonprofit organization for its contributions to the community
      If checking "Ceremonial Role" or "Other" describe below:
      Dedicated to promoting Health and wellbeing of our community by providing
      accessible high quality care

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 Authorized Person: Gabriela Christy
   Supervisor’s Assistant: ____________________________
   Print Name: ____________________________ Title: ____________________________ (Month, Day, Year)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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 ☐
   - Event Description: EMBA Fest 2020
   - Face Value of Each Ticket/Pass: $ 161
   - Date(s): 02 / 21 / 20
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If no: ____________________________
   - Name of Source
   - Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   - If yes: Valrie, Richard- Supervisor District 2
   - Official’s Name (Last, First)

3. **Recipients**

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

   **A. Name of Agency, Department or Unit**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   **B. Name of Individual**
   - (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking “Ceremonial Role” or “Other” describe below:

   **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
   - democratic club for young people interested in state, local, and national politics.

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
   - Signature
   - 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 $ 150.50
   Event Description Fab Furry Comedy Show
   Date(s) 02 / 26 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Last, First
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:

   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
      Agency’s policy
      Individuals representing a wide range of professions and businesses located in the Tri-City 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.
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment:

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6892.
   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 $ 73.50
   Event Description Disney On Ice
   Date(s) 02 / 29 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ____________________________
   Name of Source ____________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Valle, Richard- Supervisor District 2
   Official's Name (Last, First) ________

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit ____________________________
      Number of Ticket(s)/Pass(es) ____________
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First) ____________________________
      Number of Ticket(s)/Pass(es) ____________
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description) Alameda County Health Care for the Homeless 384 14th St, Oakland, CA
      Number of Ticket(s)/Pass(es) ____________
      D To reward a school or nonprofit organization for its contributions to the community
      By ensuring access to culturally-informed whole-person health care and housing services.

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Disney On Ice
   Face Value of Each Ticket/Pass $ 73.50
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 02 / 27 / 20 02 / 29 / 20
   If yes: Valle, Richard- Supervisor District 2
   If no: Name of Source

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      (Last, 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
      [Signature]
      Print Name
      Agency's policy
      Title
      (Month, Day, Year)

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
   3/5/2020

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

1. **Agency Name**
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 93.75
   Event Description WWE: Live
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 02 / 08 / 20
   If no: Oakland Arena
   Name of Source
   If yes: Chan, Wilma
   Official’s Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/ Pass(es)**
   **Describe the public purpose made pursuant to the agency’s policy**

   **B. Name of Individual**
   **(Last, First)**
   **Number of Ticket(s)/ Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role ☐ Other ☐ Income ☐**
   **If checking “Ceremonial Role” or “Other” describe below:**

   **C. Name of Outside Organization**
   **(include address and description)**
   **Number of Ticket(s)/ Pass(es)**
   **Describe the public purpose made pursuant to the agency’s policy**
   Deputy Sheriff's Activities League, 16335 E 14th St, San Leandro, CA 94578
   4
   To reward a school or nonprofit organization for its contributions to the community

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
   Heather Cartwright
   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
   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 Valentine’s Love Jam
   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 $150.50
   Date(s) 02 / 14 / 20
   If no: Oakland Arena
   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.

<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></td>
<td></td>
<td></td>
</tr>
<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 ☐
   To promote attendance at an event held at a County facility in order to maximize potential County revenue...
   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
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   Describe the public purpose made pursuant to the agency’s policy
   Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I, [signature], have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor’s Assistant
   Date (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $234.75
   Event Description Pancho Barraza and Fidel Rueda
   Date(s) 02 / 15 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source Oakland Arena
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source 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:
   
   Lira, Jenny 8
   Ceremonial Role ☐ Other ☐ Income ☑
   To promote attendance at a(n)... 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
   I declare under penalty of perjury that the information set forth above is true and correct to the best of my knowledge.
   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
   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 Emba Fest 2020
   Face Value of Each Ticket/Pass $ 161.00
   Date(s) 02 / 21 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Arena
   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>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>Williams, Ivy</td>
<td>4</td>
<td></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></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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 verified that the distribution set forth above is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   (Month, Day, Year)
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  E-mail
   (510) 272-6693           heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $    73.50
   Event Description  Disney on Ice: Mickey's Search Party
   Date(s)               02 / 29 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Oakland Arena
   Name of Source
   If no: Chan, Wilma
   Official’s Name (Last, First)

3. Recipients
   ³ Use Section A to identify the agency’s department or unit. ³ Use Section B to identify an individual. ³ 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
   I, the undersigned, certify that the information set forth above, is in accordance with the requirements of FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency
   Heather Cartwright
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment: ____________________________

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright

   Area Code/Phone Number   E-mail
   (510) 272-6693  heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $73.50
   Event Description  Disney on Ice: Mickey's Search Party
   Date(s) 02 / 29 / 20
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Arena
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   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.

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

   | Name of Individual                 | Number of Ticket(s)/Pass(es) | Identify one of the following: |
   | (Last, First)                      |                             | Ceremonial Role ☐ Other ☐ Income ☐ |
   |                                   |                             | Ceremonial Role ☐ Other ☐ Income ☐ |

   | 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) |                             |                                                             |

   ALL IN Alameda County - 1221 Oak Street Room 18 - Oakland, CA 94612 4 To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue...

   Anti-poverty initiative in Alameda County

4. Verification
   Heather Cartwright  Supervisor's Assistant
   Print Name  Title
   Date of Original Filing: (Month, Day, Year) 7/27/2022

Comment: