	gency Report of: ceremonial Role Even	ts and Ticket/I	Pass Dist	ributions	А	Public Document
	Agency Name				Date Stamp	California
	Alameda County					Form 802
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors, District 1					
	Designated Agency Contact (Name, Title)				-	
	Denise Jacinto, Ticket Admi	nistrator				
	Area Code/Phone Number E-mail				Amendment (Must P	rovide Explanation in Part 3.)
	510-272-6691	Denise.Jacinto@a	icgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of B				Each Ticket/Pass \$ <u>66</u>	5.00
	Event Description:	Provide Title/ Expla	/ 04 / 20	//		
	Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no:					
					Name of Source	
	Was ticket distribution made at the behest Yes 🖄 No 🔲 If yes: Hagg			f yes: Haggert	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department or Unit Alameda County Supervisor Scott Haggerty		Number of Ticket(s)/ Passes 4	To obtain o	ibe the public purpose made pursuant to the agency's policy ain oversight of facilities or events that have ed county funding or support	
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the following:	
				1	onial Role D Other D ng "Ceremonial Role" or "Other" desc	Income
					onial Role D Other D ng "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant 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	Ticket Administrator	01/09/2019
Signature of Agency Head-or Designee	Print Name	Title	(month, day, year)
Comment:			

## Agency Report of:

I. Ade					A Pr	
-	ency Name				Date Stamp	California 802
	Alameda County					Form OUZ
Divis	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisors, District 1					
Desi	Designated Agency Contact (Name, Title)					
Den	Denise Jacinto, Ticket Administrator				Amondmont (Must Denvis	- Fundamentian in David D.)
Area	Area Code/Phone Number E-mail			Amendment (Must Provia	e Explanation in Part 3.)	
510	-272-6691	Denise.Jacinto@a	acgov.org		Date of Original Filing:	month, day, year)
. Fun	nction or Event Infor	mation				
Doe	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of I				Each Ticket/Pass \$	
Ever	Event Description: Harlem Globetrotters 2pm show Date(s)				//	
Ticke	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No I If no:					
				Haggert	Name of Source	
	Was ticket distribution made at the behest Yes ⊠ No □ If yes: Haggert of agency official?			Official's Name (Last, First)		
	cipients c Section A to identify the agen	cy's department or unit.	• Use Section B to i	dentify an individ	ual. • Use Section C to identify a	outside organization.
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Ticket(s)/ Describe the public purpose made pursual		t to the agency's policy
 B.					·······	
υ.	Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the follow	ing:
			of Ticket(s)/	even	Identify one of the follow note attendance at a cou t in or to maximize pote nue for concession and p	inty sponsored ntial county
	(Last, Firs		of Ticket(s)/ Passes	even revel <sub>Ceremo</sub>	note attendance at a cou t in or to maximize pote	inty sponsored ntial county parking sales income [
	(Last, Firs	y janization	of Ticket(s)/ Passes	even revel Ceremo If checki	note attendance at a cou t in or to maximize pote nue for concession and p mial Role 🔲 Other 🗔	inty sponsored ntial county parking sales income [
Swe	(Last, Firs eat, Reggie Name of Outside Org	y janization	of Ticket(s)/ Passes 4 	even revel Ceremo If checki	note attendance at a cou t in or to maximize pote nue for concession and p mial Role  Other ng "Ceremonial Role" or "Other" describe b	inty sponsored ntial county parking sales income [
Swe	(Last, Firs eat, Reggie Name of Outside Org	y janization	of Ticket(s)/ Passes 4 	even revel Ceremo If checki	note attendance at a cou t in or to maximize pote nue for concession and p mial Role  Other ng "Ceremonial Role" or "Other" describe b	inty sponsored ntial county parking sales income   elow:

## 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	01/15/2019
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

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

1)

A Public Document

Agency Name			Date Stamp	California 000		
Alameda County		Form OUZ				
Division, Department, or Region (If Applicat		For Official Use Only				
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Heather Cartwright	<u> </u>					
Area Code/Phone Number E-mail	<b>Amendment</b> (Must provide explanation in Part 3.)					
(510) 272-6693 heather.ca	rtwright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)		
Function or Event Information		¢75.00				
Does the agency have a ticket policy?	of Each Ticket/Pass \$	\$75.00				
Event Description		//				
Provide Title/Ex						
Ticket(s)/Pass(es) provided by agency? Yes D No M If no: Oaklan			Name of Soul	ce		
Was ticket distribution made at the behest No I Yes I If yes: Cha						
of agency official?	If yes: Chan, Wilma 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.						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
			27			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
Koayen, Oteria		Ceremonial Role	Other D ial Role" or "Other" describe below:	Income		
	2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue				
			Other	Income		
		If checking "Ceremoni	al Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to the agency's policy			
			*			
<u></u>						
Verification	d 18942 Thave ver	ified that the distribution set fo	orth above, is in accordance with	the requirements.		
44. Ligit	Supervisor's Assistant	172/11/1				
Heather Cartwright			Tille	(Month/Day, Year)		
		6	8			