

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

**A Public Document**

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Alameda County   |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisors, District 1 |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>Denise Jacinto, Ticket Administrator     |                                    | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |
| Area Code/Phone Number<br>510-272-6691  | E-mail<br>Denise.Jacinto@acgov.org |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 125.00

Event Description: Supercross Date(s) 02 / 1 / 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? 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.

| 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:  |
| Imhof, Frank  | 4                           | To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales<br>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             |   |
| 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 Head or Designee \_\_\_\_\_ Denise Jacinto \_\_\_\_\_ Ticket Administrator \_\_\_\_\_ 02/24/2020 \_\_\_\_\_  
Print Name Title (month, day, year)

Comment: \_\_\_\_\_















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|---|--|--|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (if applicable)<br>Board of Supervisors, District 1<br>Designated Agency Contact (Name, Title)<br>Denise Jacinto, Ticket Administrator<br>Area Code/Phone Number   E-mail<br>510-272-6691   Denise.Jacinto@acgov.org |  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br><small>(month, day, year)</small> |   |

**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 (4) 11AM SHOW  
(4) 3PM SHOW  
Provide Title/Explanation 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? 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.

| 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:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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   |
| Abode Services/ 40849 Fremont Blvd/<br>Fremont, CA 94538          | 8                           | To reward a school or non-profit 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.

\_\_\_\_\_  
 Denise Jacinto | Ticket Administrator | 03/6/20  
Print Name | Title | (month, day, year)

Comment: \_\_\_\_\_

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|---|--------------------------------------|---|---|
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| Division, Department, or Region (If Applicable) |                                      |   |   |
| Board of Supervisors                            |                                      | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)         |                                      |   |   |
| Gabriela Christy                                |                                      |   |   |
| Area Code/Phone Number<br>(510) 272-6692        | E-mail<br>Gabriela.Christy@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 Supercross Date(s) 02 / 01 / 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 (Last, First)                                      | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description)        | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the organization's policy   |
| Eden league of women voters P.O. Box 2234 Castro Valley, Ca 94546        | <u>4</u>                     | To reward a school or nonprofit organization for its contributions to the community  |
| The League of Women Voters, a nonpartisan political organization, encour |                              | informed and active participation in government, works to increase understanding of major public policy issues, and influenc   |

**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: \_\_\_\_\_ Date: 3/5/2020  
(Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
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|---|--------------------------------------|---|---|
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| Division, Department, or Region (If Applicable) |                                      |   |   |
| Board of Supervisors                            |                                      | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)         |                                      |   |   |
| Gabriela Christy                                |                                      |   |   |
| Area Code/Phone Number<br>(510) 272-6692        | E-mail<br>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 (Last, First)   | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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   |
| Sunol Business Guild The Sunol Business Guild's purpose is to "Improve          | 4                            | agency's policy   |
| 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: \_\_\_\_\_ Print Name: Gabriela Christy Supervisor's Assistant: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: 3/5/2020 (Month, Day, Year)

Comment: Fundraiser for Crab Feed





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|---|--|--|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region <i>(If Applicable)</i><br><br>Board of Supervisors<br>Designated Agency Contact <i>(Name, Title)</i><br>Gabriela Christy<br>Area Code/Phone Number      E-mail<br>(510) 272-6692                      Gabriela.Christy@acgov.org |  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i><br>Date of Original Filing: _____<br><span style="font-size: small;">(Month, Day, Year)</span> |   |

## 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  
*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<br><span style="font-size: small;"><i>(Last, First)</i></span>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><span style="font-size: x-small;"><i>If checking "Ceremonial Role" or "Other" describe below:</i></span> |
| C. Name of Outside Organization<br><span style="font-size: small;"><i>(include address and description)</i></span> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
| Tiburcio Vasquez Health Center 22331 Mission Blvd, Hayward CA 94541  |                              | To reward a school or nonprofit organization for its contributions to the community   |
| 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 Designee
Gabriela Christy
Supervisor's Assistant
3/5/2020

\_\_\_\_\_
Print Name
\_\_\_\_\_
Title
\_\_\_\_\_
(Month, Day, Year)

Comment: \_\_\_\_\_

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| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Gabriela Christy<br>Area Code/Phone Number   E-mail<br>(510) 272-6692   Gabriela.Christy@acgov.org |  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 161

Event Description EMBA Fest 2020    Date(s) 02 / 21 / 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 (Last, First)                                  | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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  |
| South Alameda County Young Dems                                      | 4                            |  |
| The South Alameda County Young Democrats (SACYD) is a East/South Bay |                              | 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   
 \_\_\_\_\_ Gabriela Christy Print Name   
 \_\_\_\_\_ Supervisor's Assistant Title   
 \_\_\_\_\_ 8/5/2020 (Month, Day, Year)

Comment: \_\_\_\_\_

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|---|--|------------|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Gabriela Christy<br>Area Code/Phone Number      E-mail<br>(510) 272-6692                      Gabriela.Christy@acgov.org |  | Date Stamp | <b>California Form 802</b><br>For Official Use Only |
| <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><span style="font-size: small;">(Month, Day, Year)</span>  |  |            |   |

**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 Funny Comedy Show      Date(s) 02 / 26 / 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<br><small>(Last, First)</small>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
| C. Name of Outside Organization<br><small>(Include address and description)</small> | Number of Ticket(s)/Pass(es) | To reward a school or nonprofit organization for its contributions to the community  |
| Newark Rotary 36665 Cedar Blvd, Newark, CA 94560                                    | 4                            | _____<br>agency's policy<br>_____  |
| he Newark Rotary Club was founded on May 8, 1961. The membership consists o         |                              | individuals representing a wide range of professions and businesses located in the Tri-City 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.

\_\_\_\_\_ Gabriela Christy      Supervisor's Assistant      3/5/2020  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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|---|--|---|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Gabriela Christy<br>Area Code/Phone Number      E-mail<br>(510) 272-6692                      Gabriela.Christy@acgov.org |  | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**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 \_\_\_\_\_  
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<br><small>(Last, First)</small>                               | Number of Ticket(s)/ Pass(es) | Identify one of the following:   |
|   |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br><small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | D To reward a school or nonprofit organization for its contributions to the community  |
| Alameda County Health Care for the Homeless 384 14th St, Oakland, CA                | 4                             | _____y's policy  |
| Our mission is to improve the health of persons in Alameda who are homeless o       |                               | by ensuring access to culturally-intormed 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.

\_\_\_\_\_      Gabriela Christy      Supervisor's Assistant      3/5/2020  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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| <b>Designated Agency Contact (Name, Title)</b><br>Gabriela Christy             |   |            | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br><small>(Month, Day, Year)</small> |
| <b>Area Code/Phone Number</b><br>(510) 272-6692                                | <b>E-mail</b><br>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 / 27 / 20    02 / 29 / 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<br><small>(Last, First)</small>                               | Number of Ticket(s)/ Pass(es) | Identify one of the following:   |
|   |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                               | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br><small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
| Lincoln Child Center Kinship 111 Review Way, Hayward, CA 94544                      | 8                             | To reward a school or nonprofit organization for its contributions to the community<br><br>families to build strong futures.   |
| Lincoln disrupts the cycle of poverty and trauma, empowering children and           |                               |  |

**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

Supervisor's Assistant  
Title

3/5/2020  
(Month, Day, Year)

Comment: \_\_\_\_\_

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|   |  |   |   |
|---|--|---|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br><br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Heather Cartwright<br>Area Code/Phone Number      E-mail<br>(510) 272-6693                      heather.cartwright@acgov.org |  | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**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      Date(s) 02 / 08 / 20  
Provide Title/Explanation

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: 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<br><small>(Last, First)</small>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization<br><small>(include address and description)</small> | 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  |
| Service provider for youth in unincorporated Alameda County                         |                              |  |

**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.*

|  |   |  |   |
|--|---|--|---|
| _____<br><small>Signature of Agency Head or Designee</small> | Heather Cartwright<br><small>Print Name</small> | Supervisor's Assistant<br><small>Title</small> | <u>2/26/2020</u><br><small>(Month, Day, Year)</small> |
|--|---|--|---|

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

**A Public Document**

|   |  |  |   |
|---|--|--|---|
| <b>1. Agency Name</b><br>Alameda County                                 |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Board of Supervisors |  |  |   |
| Designated Agency Contact (Name, Title)<br>Heather Cartwright           |  | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 272-6693                                | E-mail<br>heather.cartwright@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  
Provide Title/Explanation

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: 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<br><small>(Last, First)</small>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Richardson, India   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| C. Name of Outside Organization<br><small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |

**4. Verification**

2C 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 Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title  
 2/26/2020 (Month, Day, Year)

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

**A Public Document**

|   |  |  |   |
|---|--|--|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br><br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Heather Cartwright<br>Area Code/Phone Number      E-mail<br>(510) 272-6693                      heather.cartwright@acgov.org |  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br><span style="font-size: small;">(Month, Day, Year)</span> |   |

**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  
Provide Title/Explanation

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: 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:  |
| Lira, Jenny   | 8                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| 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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright      Supervisor's Assistant      2/26/2020  
Print Name      Title      (Month, Day, Year)

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

**A Public Document**

|   |  |   |   |
|---|--|---|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br><br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Heather Cartwright<br>Area Code/Phone Number      E-mail<br>(510) 272-6693                      heather.cartwright@acgov.org |  | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$161.00

Event Description Emba Fest 2020      Date(s) 02 / 21 / 20  
Provide Title/Explanation

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: 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:  |
| Williams, Ivy   | 4                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| 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**

Sections 18944.1 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

2/26/2020  
(Month, Day, Year)

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

**A Public Document**

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|---|--|---|---|
| <b>1. Agency Name</b><br>Alameda County                                 |  | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br>Board of Supervisors |  |   |   |
| Designated Agency Contact (Name, Title)<br>Heather Cartwright           |  | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 272-6693                                | E-mail<br>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  
Provide Title/Explanation

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: 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:<br>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                               |  |
|   |                               |  |
| 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                                 | 4                             | To reward a school or nonprofit organization for its contributions to the community  |
| Community building nonprofit in Oakland providing youth & family 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 Agent  
 \_\_\_\_\_ Heather Cartwright Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title  
 \_\_\_\_\_ 2/26/2020 (Month, Day, Year)

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

**A Public Document**

|   |  |   |   |
|---|--|---|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (If Applicable)<br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Heather Cartwright<br>Area Code/Phone Number      E-mail<br>(510) 272-6693                      heather.cartwright@acgov.org |  | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**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 \_\_\_\_\_  
Provide Title/Explanation

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: 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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   |
| 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**  
 I have read and understand FPPC Regulations 18941.1 and 18942. 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)