

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

A Public Document

| | | | |
|--|---|--|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> 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 Face Value of Each Ticket/Pass \$ 262.50

Event Description: Jonas Brothers Concert Date(s) 12 / 12 / 19
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: |
| (2) Olson, Chris (2) Snyder, Kimberly | 4 | To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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 regulations.

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

Comment: _____

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| | | | | | |
|--|---|---|---|--|--|
| 1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Gabriela Christy <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number (510) 272-6692</td> <td style="width:50%; border: none;">E-mail Gabriela.Christy@acgov.org</td> </tr> </table> | | Area Code/Phone Number (510) 272-6692 | E-mail Gabriela.Christy@acgov.org | Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | California 802 Form For Official Use Only |
| 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 \$ _____ 305.55 / 30

Event Description Oakland Raiders vs. Tennessee Titans Date(s) 12 / 08 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Ring Central Coliseum
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 <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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <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 |
| Saint Rose Hospital Foundation 27200 Calaroga Ave Hayward, Ca | <u>18</u> / <u>3</u> | _____ agency's policy _____ |
| The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by | | raising the necessary resources needed to meet the hospital's current and future needs. |

4. Verification

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 (Month, Day, Year)

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|--|---|--|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) Gabriela Christy | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| 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 \$ 262.50

Event Description Jonas Brothers Date(s) 12 / 08 / 19
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: 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 <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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| THE FRIENDS OF CHABOT COLLEGE FOUNDATION 25555 Hesperian Ave | 4 | To reward a school or nonprofit organization for its contributions to the community |
| Be the community support through philanthropic activities for Chabot Colleg | | |

4. Verification

I, _____, FPPC Registrar, Sections 144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy

Print Name

Supervisor's Assistant

Title

12/12/19
(Month, Day, Year)

Comment: _____

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| | | | |
|---|--|--|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <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 \$ _____ **\$125.00**

Event Description Family Bridges Date(s) 12 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
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 <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Chan, Carl | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <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 *n*

18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| | | |
|--|---|--|
| <u>Heather Cartwright</u> <small>Print Name</small> | <u>Supervisor's Assistant</u> <small>Title</small> | <u>12/16/19</u> <small>(Month, Day, Year)</small> |
|--|---|--|

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|--|---|---|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| 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 | | |
| | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <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 \$ _____ **\$262.50**

Event Description Jonas Brothers Happiness Begins Tour Date(s) 12 / 12 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
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 <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Kung, Angela | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... |
| McCarthy, Anna | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... |
| C. Name of Outside Organization <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

have reported

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

Signature of Agency

→ Heather Cartwright
Print Name

Supervisor's Assistant
Title

12/16/19
(Month, Day, Year)

Comment: _____

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| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) Amy Shrago | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number 5102726695 | E-mail amy.shrago@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 262.50

Event Description Jonas Brothers Date(s) 12 / 12 / 19
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: _____
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 <small>(Last, First)</small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| Frost, Stacey | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a student for outstanding scholastic achievement |
| | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <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

I, _____, Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago

Print Name

Chief of Staff

Title

01/03/2020

(Month, Day, Year)

C