Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable)

	Board of Supervisors, Distric					
	Designated Agency Contact (Name, Title)				
	Leah Doyle-Stevens, Ticket	Administrator			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	Leah.Doyle-Stevens@	acgov.	org	Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation			26	00
	Does the agency have a tick	ket policy? Yes 🛛 🛛	No 🗌	Face Value of I	Each Ticket/Pass \$ <u>36.</u>	00
	Event Description: Oakland	A's Game		Date(s)	, 02 , 19	
		Provide Title/ Explanation	7			
	Ticket(s)/Pass(es) provided	by agency? 🛛 Yes 🔀 🛛	No 🗖	lf no:	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes 🛛 🛛	No 🗖	If yes: Scott Ha		
3.	Recipients		Sa-tion D	to identify an individ	ual • Use Section C to identif	y an outside organization

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes 2 Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes To promote attendance at a county sponsored 5 event in order to maximize potential county Garcia, Esmerelda 2 revenue for concession and parking sales. Income 🔲 Other Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes

4. Veri	fication	rulations 18944.1 and 18942. I have ve	rified that the distribution set forth a	bove, is in accordance
	Mature of Agency Head or Debigriee	Leah Doyle-Stevens Print Name	Ticket Administrator	6/6/2019 (month, day, year)
Con	nment:			

A Public Document

gency Name ameda County vision, Department, or Regi bard of Supervisors, Distric- signated Agency Contact (eah Doyle-Stevens, Ticket ea Code/Phone Number 10-272-6691 unction or Event Inform bes the agency have a tick vent Description: <u>Michael I</u> cket(s)/Pass(es) provided as ticket distribution made of agency official? Recipients Use Section A to identify the agen A. Name of Agency, Depa	et 1 Name, Title) Administrator E-mail Leah.Doyle-Steve mation ket policy? Yes Buble Concert Provide Title/Expl by agency? Yes at the behest Yes at the behest Yes	⊠ No ☐ F C C Mo ☐ If ⊠ No ☐ If	□ Ame Date of 0 Date of 0	Original Filing: ket/Pass \$ <u>15(</u> <u>19</u> of Source Name (Last, First) Section C to identif	(month, bay, year)
ea Code/Phone Number 10-272-6691 unction or Event Informodes the agency have a tick vent Description: <u>Michael I</u> cket(s)/Pass(es) provided as ticket distribution made of agency official? Recipients Use Section A to identify the agen	E-mail Leah.Doyle-Steve mation ket policy? Yes Buble Concert Provide Title/ Expl by agency? Yes at the behest Yes e at the behest Yes	· Use Section B to i Number of Ticket(s)/	Date of C ate (s) O4 O3 no: /es: Scott Haggerty Official's f entify an individual. • Use :	Original Filing: ket/Pass \$ <u>15(</u> <u>19</u> of Source Name (Last, First) Section C to identif	(month, day, year) 0.00 / ify an outside organization.
10-272-6691 unction or Event Informodes the agency have a tick vent Description: Michael I cket(s)/Pass(es) provided as ticket distribution made of agency official? Recipients Use Section A to identify the agen	Leah.Doyle-Steve mation ket policy? Yes Buble Concert Provide Title/ Expl by agency? Yes at the behest Yes e at the behest Yes	· Use Section B to i Number of Ticket(s)/	ate (s) <u>04</u> <u>03</u> no: <u>Name of Scott Haggerty</u> res: <u>Scott Haggerty</u> Official's f	ket/Pass \$ <u>15(</u> <u>19</u> If Source Name (Last, First) Section C to identif	(month, day, year) 0.00 /
bes the agency have a tick yent Description: <u>Michael I</u> cket(s)/Pass(es) provided as ticket distribution made of agency official? Recipients Use Section A to identify the agen	ket policy? Yes Buble Concert Provide Title/ Expl by agency? Yes at the behest Yes cy's department or unit.	Ianation No□ If No□ If Use Section B to in Number of Ticket(s)/	ate(s) <u>04 / 03 /</u> no: <u>Name of</u> yes: <u>Scott Haggerty</u> <i>Official's I</i> entify an individual. • Use 3	19 of Source Name (Last, First) Section C to identif	//ify an outside organization.
Use Section A to identify the agen		Number of Ticket(s)/			
Alameda County Board of	Supervisors.				
District 1		4	exemp	blary service to	
7.		Passes	Ceremonial Role	Other Dial Role" or "Other" desc	
5 0 02 0					
C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe the public p	urpose made purs	suant to the agency's policy
	Last, Fir (Last, Fir	(Last, First) C. Name of Outside Organization (include address and description)	3. Name of Individual (Last, First) of Ticket(s)/ Passes 0 Name of Outside Organization of Ticket(s)/ Number of Ticket(s)/	Name of Individual (Last, First) of Ticket(s)/ Passes Ide Ceremonial Role (f checking "Ceremonial (f checking (f ch	Name of Individual (Last, First) of Ticket(s)/ Passes Identity one of the formula passes Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" dest Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" dest Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" dest Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made purpose

With	Leah Doyle-Stevens	Ticket Administrator	4/18/2019
Signature of Agency Headloy Designee	Print Name		(month, day, year)
Comment:			е Т

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Leah.Doyle-Stevens@acgov.org (month, day, year) 510-272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) ____/_ Event Description: Arijit Singh 06 / 19 Provide Title/ Explanation If no: Yes 🖾 No 🗋 Ticket(s)/Pass(es) provided by agency? Name of Source If yes: Scott Haggerty Was ticket distribution made at the behest Yes 🗵 No 🗌 Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ Β. (Last, First) Passes To promote attendance at a county sponsored Ē event in order to maximize potential county Dupender, T.J. 4 revenue for concession and parking sales. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 400040

Ar	Leah Doyle-Stevens	Ticket Administrator	4/18/2019
Agnature of Agency Head It Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name Alameda County	Date Stamp	California Form 802
Division, Department, or Region (if applicable) Board of Supervisors, District 1		

Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator E-mail Area Code/Phone Number Leah.Doyle-Stevens@acgov.org

t Information 4.5 2.

Function of Event Information	
Does the agency have a ticket policy? Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ <u>100.00</u>
Event Description: The Millenium Tour (B2K)	Date(s)04 _/ 12 _/19/
Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □	If no:
	If yes: <u>Scott Haggerty</u> Official's Name (Last, First)
of agency official?	

Recipients 3.

510-272-6691

• 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:
Giles, Alyssa	.4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role D Other I Income 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

Hand and understand mobo Pogulations 18	944.1 and 18942. I have v	verified that the distribution set forth al	bove, is in accordance
- Mo Leat	n Doyle-Stevens	Ticket Administrator	4/18/2019
VSignature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing: _

Cere	ncy Report of: emonial Role Even	ts and Ticket/	Pass Distri	ibutions		the second se
1. Ag	gency Name	<u>8</u>			Date Stamp	California Form 802
	ameda County			<u> </u>	4	For Official Use Only
	Division, Department, or Region (if applicable)					
	pard of Supervisors, Distri		-			
	signated Agency Contact					
	Leah Doyle-Stevens, Ticket Administrator				Amendment (Must	Provide Explanation in Part 3.)
Ar	Area Code/Phone Number E-mail				Deter Coising Filing	
51	10-272-6691	Leah.Doyle-Steve	ens@acgov.org	g	Date of Original Filing	(month, dəy, year)
	unction or Event Infor				Each Ticket/Pass \$	312.50
Do						
E١				Date(s) <u>04</u>	<u>, 13 , 19</u>	//
Tid	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no:			f no:	Name of Source	
	Tickel(s)/Pass(es) provided by agency: Tes A No A miner			Name of Source		
	Was ticket distribution made at the behest Yes ⊠ No □ If yes: Sc of agency official?			f yes: <u>Scott H</u>	aggerty Official's Name (Last, First	t)
	Recipients					
•	Use Section A to identify the ager A. Name of Agency, Dep		• Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. ursuant to the agency's policy
•	Use Section A to identify the ager		Number of Ticket(s)/			
	Use Section A to identify the ager A. Name of Agency, Dep B. Name of Ind	artment or Unit	Number of Ticket(s)/	Describe ti	ne public purpose made p	ursuant to the agency's policy
	Use Section A to identify the ager	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	Identify one of the promote attendance vent in order to maxi	ursuant to the agency's policy
- - - - - -	Use Section A to identify the ager A. Name of Agency, Dep B. Name of Ind (Last, Fin	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the second sec	Identify one of the promote attendance vent in order to maxi	e following: at a county sponsored mize potential county on and parking sales.
- - E - N	Use Section A to identify the ager A. Name of Agency, Dep B. Name of Ind (Last, Fin	artment or Unit ividual st) Drganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe ti To ex re Cerei	Identify one of the promote attendance vent in order to maxi evenue for concession monial Role Other tking "Ceremonial Role" or "Other"	e following: at a county sponsored mize potential county on and parking sales.
- - E - N	Use Section A to identify the ager A. Name of Agency, Depa B. Name of Ind (Last, Fin Mitani, Kourtney Name of Outside C	artment or Unit ividual st) Drganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe ti To ex re Cerei	Identify one of the promote attendance vent in order to maxi evenue for concession monial Role Other tking "Ceremonial Role" or "Other"	e following: at a county sponsored mize potential county on and parking sales.

V:	Leah Doyle-Stevens	Ticket Administrator	4/18/2019
G prograture or Agency Head p Destance		Title	(month, day, year)
Comment:			

Agency Report of:

Ceremonial Role Events	and Ticket/P	ass Distrik	outions	A	Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Region	(if applicable)				For Official Use Only
Board of Supervisors, District 1					
Designated Agency Contact (Nan					·
Leah Doyle-Stevens, Ticket Ad				Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-I	mail			n i fotture i Filler	
510-272-6691 Le	eah.Doyle-Steven	s@acgov.org		Date of Original Filing	(month, day, year)
2. Function or Event Informa	tion				40.50
Does the agency have a ticket	policy? Yes [🛛 No 🗋 🛛 Fa	ace Value of E	Each Ticket/Pass \$ _	312.50
Event Description: Warriors Pla	yoffs Game Provide Title/ Explai	Da	ate(s) <u>04</u> /	15 / 19	//
Ticket(s)/Pass(es) provided by			no:		
			ves: <u>Scott Ha</u>	Name of Source	
Was ticket distribution made at of agency official?	the behest Yes		/es:	Official's Name (Last, First,)
3. Recipients • Use Section A to identify the agency's	department or unit. •	Use Section B to id	entify an individu	121. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
		Number		Identify one of the	following
B. Name of Individu (Last, First)	aı	of Ticket(s)/ Passes			
Alaniz, Lupita		4	eve	ent in order to maxir	at a county sponsored nize potential county n and parking sales.
<u></u>		·		onial Role DOther [ng "Ceremonial Role" or "Other" d	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
				<u>_</u>	
£2					
1. Verification	Regulations 18944.	.1 and 18942. I	have verified t	hat the distribution set	forth above, is in accordance
#	4 Leah Do	oyle-Stevens		Ticket Administrator	4/18/2019
Signature of Agency Head of Besignel		int Name		Title	(month, day, year)

Comment: _

Agency Report of: d Ticket/Pass Distributions

Cerem	onial Role Even	ts and Ticket/P	Pass Dist	ributions	A	Public Document
1. Ager	ncy Name				Date Stamp	California Form 802
Alam	eda County					
Divisi	on, Department, or Reg	ion (if applicable)				For Official Use Only
Board	d of Supervisors, Distri	ct 1				
Desig	nated Agency Contact	(Name, Title)		·	-	· ·
Leah	Doyle-Stevens, Ticket	Administrator			Amendment (Must P	Provide Explanation in Part 3.)
Area C	Code/Phone Number	E-mail	-			,
510-2	272-6691	Leah.Doyle-Stever	ns@acgov.o	org	Date of Original Filing:	(month, day, year)
2. Fund	tion or Event Infor	mation				7.00
Does	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of				Each Ticket/Pass \$ <u>1</u>	7.00
Event	Event Description: Oakland A's Game Date(s)04				<u>, 17 , 19</u>	//
	Provide Title/Explanation					
Ticket	(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no:	Name of Source	<u></u>
Mas t	icket distribution made	at the behest . Vee I		If ves: Scott H	aggerty Official's Name (Last, First)	
	ency official?	at the benesit fest			Official's Name (Last, First)	
0, 09						
	ipients					
• Use	Section A to identify the agen	cy's department or unit. •	Use Section B t	o identify an individ	lual. • Use Section C to ident	tify an outside organization.
Α.	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Alar	neda County Fire Dep	artment	4	То	reward a county emp exemplary service	
В.	Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role D Other C	
		N			nonial Role D Other C	
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
		· · · · · · · · · · · · · · · · · · ·				
4. Verifi	cation					

4	- Leah Doyle-Stevens	Ticket Administrator	6/6/2019
Gignature of Agency Head of Designee	Print Name	Title	(month, day, year)

Agency Report of: and Ticket/Pass Distributions

A Public Document

	eremonial Role Even	is and nickeur	a33 013ti		Date Stamp	California 002
1. Agency Name					bate oramp	Form 802
	Alameda County				1 0	For Official Use Only
	Division, Department, or Reg	on (if applicable)				
	Board of Supervisors Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Ticket /	\dminstrator			Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Dete of Original Filing:	
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation				
2.	Does the agency have a tick		No 🗋	Face Value of	Each Ticket/Pass \$	8.00
				Date(s)		1 1
	Event Description: A's Base	Provide Title/Explai				
	Ticket(s)/Pass(es) provided	1 Yothao thiss mapping	No 🗋	If no: Oakland	Athletics	
	TICKEI(S)/Fass(es/ provided	by agoing). Tool			Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗆	lf yes: <u>Hagger</u>	Official's Name (Last, First)	
	of agency official?					00
	v.					
3.	Recipients • Use Section A to identify the ager		** C () D *	- Montify on individ	fual • Use Section C to iden	tify an outside organization.
	 Use Section A to identify the ager 	cy's department or unit.				
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
			Passes		· · · · · · · · · · · · · · · · · · ·	
				1		7
			Number			
	B. Name of Ind		of Ticket(s)/	r i.	Identify one of the	following:
	(Last, Fi	st)	Passes			
	Krause, Sherry			Тор	romote attendance at ent in order to maxim	r a county sponsored –
			2	eve	venue for concession	and parking sales
	2			_		. – –
				Cere	monial Role 🛄 Other L cking "Ceremonial Role" or "Other" d	
	Name of Outside C	rganization	Number of Ticket(s)	/ Describe t	he public purpose made pu	irsuant to the agency's policy
	C, (include address an	description)	Passes			
				1.		
		<u>.</u>				· · · · · · · · · · · · · · · · · · ·
				· · · ·		

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

	Lee Ann F	Fergerson	Ticket Administrator	6/27/18
	Print		Title	(month, day, year)
Comment:	10			
			FPPC Toll-Free Helpline: 866/4	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)

		ts and Ticket/F	ass Distri	butions		Public Document
Alame Divisio Board	icy Name eda County on, Department, or Regi d of Supervisors, Distric nated Agency Contact (ct 1			Date Stamp	California Form 802 For Official Use Only
Leah	Leah Doyle-Stevens, Ticket Administrator				Amendment (Must Provide Explanation in Part 3.)	
Area C	Code/Phone Number	E-mail			Date of Original Filing: _	
510-2	272-6691	Leah.Doyle-Steve	ns@acgov.org	1		(month, day, year)
Does Event Ticket Was t	tion or Event Inform the agency have a tick t Description: <u>Snoop D</u> t(s)/Pass(es) provided ticket distribution made gency official?	et policy? Yes ogg Provide Title/ Explo by agency? Yes	[anation [] No [] I	ate(s) <u>04</u>	Each Ticket/Pass \$ _25 / _19 / _19 Name of Source ty, Scott Official's Name (Last, First)	//
3. Rec • Use : A.	ipients Section A to identify the agen Name of Agency, Depa		• Use Section B to Number of Ticket(s)/ Passes	1	Inal. • Use Section C to identi	
B.	Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	e'	Identify one of the for promote attendance a vent in order to maxim	t a county sponsored
Pala			4	Cerer	evenue for concession	and parking sales.

with	111		
Л	Leah Doyle-Stevens	Ticket Administrator	5/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Ag Co	jency Report of: eremonial Role Even	its and Ticket/P	ass Distrib	outions		A Public Document
	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	Board of Supervisors, Distr	ict 1			· · · · ·	
	Designated Agency Contact				1	
	Leah Doyle-Stevens, Ticke				Amondmont (Must	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Flovide Explanation in Flovide Explanation
	510-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation	<u> </u>		······································	250.00
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌 🛛 Fa	ce Value of	Each Ticket/Pass \$	
	Event Description: Snoop Dogg Concert Date(s) 04				<u>, 19 , 19</u>	//
	Ticket(s)/Pass(es) provided			10:		
	Ticket(s)/Pass(es) provided	by agency i rest		0	Name of Source	
	Was ticket distribution made	e at the behest Yes	X No 🗆 If y	es: Scott H	aggerty Official's Name (Last, Firs	<i>t</i>)
	of agency official?					v
3.	Recipients • Use Section A to identify the ages	ncy's department or unit.	Use Section B to ide	entify an individ	lual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes			ursuant to the agency's policy
	R Name of Ind	lividual	Number of Ticket(s)/		Identify one of the	e following:
	B. Name of Ind (Last, Fi		Passes			
	Palacios, Monique	a	2	9 1	event in order to max evenue for concess	e at a county sponsored kimize potential county ion and parking sales.
	Perkins, Myra		2	0	vent in order to max	e at a county sponsored kimize potential county ior: and parking sales.
	C. Name of Outside C	Drganization d description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made p	pursuant to the agency's policy
4.	Verification	4		have verified		t forth above, is in accordanc
	<u> </u>		oyle-Stevens		Ticket Administrato	(month, day, year)
	Signature of Agency Head or Derig	inte F	rint Name		The	
	Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number **Date of Original Filing:** 510-272-6691 Leah Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 27.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's Game Date(s) 04 / 20 / 19 Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗋 Name of Source If yes: Scott Haggerty Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes To reward a school or non-profit organization for Alameda County Deputy Sheriff's Association 4 6689 Owens Drive, Pleasanton, CA 94566 its contributions to the community

4. Verification

I have read and understand Front Requiations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Title	(month, day, year)
	Title

Comment: _

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . Leah.Doyle-Stevens@acgov.org (month, day, year) 510-272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ 27.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's Game 19 Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes 🖾 🛛 No 🗌 Name of Source If yes: Scott Haggerty Was ticket distribution made at the behest Yes 🖄 No 🗌 Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ в. (Last, First) Passes To promote attendance at a county sponsored h event in order to maximize potential county Mosby, Kyle 4 revenue for concession and parking sales. Income 🔲 Other 🗋 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes

4.	Verification	'ations 18944.1 and 18942. I have v	erified that the distribution set forth a	bove, is in accordance
Ý	W Norginature of Agency Head or Decignee Comment:	Leah Doyle-Stevens Print Name	Ticket Administrator	6/6/2019 (month, day, year)

Agency Report of:

С	eremonial Role Even	its and Ticket/F	Pass Distri	butions	Α	Public Document	
1.	Agency Name				Date Stamp	California Form 802	
	Alameda County			Name of Street and Str			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisors, Distri	Board of Supervisors, District 1					
	Designated Agency Contact (Name, Title)						
	Leah Doyle-Stevens, Ticket Administrator				Amendment (Must Pi	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	510-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation			47	<u> </u>	
					Each Ticket/Pass \$ <u>17</u>	.00	
	Event Description: Oakland	A's Game Provide Title/ Expla	D	ate(s)	<u>, 23 , 19</u>	//	
	Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗔 If no:				Name of Source		
			If	vos. Scott H	aggerty		
	Was ticket distribution made of agency official?	e at the benest Yes	⊠ No⊡ "	yes	aggerty Official's Name (Last, First)	<u>, , , , , , , , , , , , , , , , , , , </u>	
3.	Recipients • Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit		Use Section B to id Number of Ticket(s)/ Passes		lual. • Use Section C to ident		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	Top	Identify one of the fo		
	Garcia, Esmerelda		4	eve	To promote attendance at a county spo event in order to maximize potential or revenue for concession and parking s		
					nonial Role D Other king "Ceremonial Role" or "Other" des		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
		<u></u>					

4. Verification I have read and understant PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

	Leah Doyle-Stevens	Ticket Administrator	6/6/2019
Signature of Agency Head or Devignee	Print Name	Title	(month, day, year)
Comment:			

Ce	remonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document
1	Agency Name				Date Stamp	California 802
	Alameda County					
Ī	Division, Department, or Reg	ion (if applicable)	······································			For Official Use Only
	Board of Supervisors, Distri	ict 1				
Ī	Designated Agency Contact ((Name, Title)				
	Leah Doyle-Stevens, Ticket				Amendment (Mus	t Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail	1			
	510-272-6691	Leah.Doyle-Steven	s@acgov.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				312 50
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖 🛛 Fa	ace Value of	Each Ticket/Pass \$.	512.50
	Event Description: <u>Warriors</u>	Playoffs Game Provide Title/ Explai	nation	24	<u>, 24 , 19</u>	///
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗆 If	no:	Name of Source	
				Scott H	Name of Source	
1	Was ticket distribution made	e at the behest Yes	No 🗍 👖	yes: <u>ocon ri</u>	aggerty Official's Name (Last, Firs	<i>t</i>)
	of agency official?					
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to id Number of Ticket(s)/ Passes			entify an outside organization. ursuant to the agency's policy
	v ²					
	B. Name of India (Last, First		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Wente, Karl		2	ev	ent in order to maxi	at a county sponsored mize potential county on and parking sales
	McGrail, Shannon		2	ev	ent in order to maxi	at a county sponsored mize potential county on and parking sales.
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
		PC Pryulations 18944.	.1 and 18942. I	have verified	that the distribution set	forth above, is in accordance

6	Leah Doyle-Stevens	Ticket Administrator	4/25/2019
Signature of Agency Head Or Designee	Print Name	Title	(month, day, year)
Comment:			

A Public Document

Ceremonial Role Events and Ticketh	- ass Distri	ibulion5		r Fublic Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				Form 002	
Division, Department, or Region (if applicable)			1	For Official Use Only	
Board of Supervisors, District 1					
Designated Agency Contact (Name, Title)	<u> </u>		1		
	Leah Doyle-Stevens, Ticket Administrator				
Area Code/Phone Number E-mail		Amendment (Must P	Provide Explanation in Part 3.)		
			Date of Original Filing:		
510-272-6691 Leah.Doyle-Steve	ns@acgov.or]	Date of original range.	(month, day, year)	
2. Function or Event Information					
Does the agency have a ticket policy? Yes		ace Value of	Each Ticket/Pass \$ _	12.50	
			<u></u>		
Event Description: <u>Warriors Playoffs Game</u> Provide Title/ Expl		Date(s)	/	//	
		f no:	`		
Texel(s) Pass(es) provided by agency in tes			Name of Source		
Was ticket distribution made at the behest Yes		f yes: <u>Scott H</u>	aggerty		
of agency official?		-	Official's Name (Last, First)		
3. Recipients					
• Use Section A to identify the agency's department or unit.	• Use Section B to:	identify an individ	lual. • Use Section C to iden	itify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
Alemade County BOS District 1		+		t to the subset	
Alameda County BOS, District 1	4	То	reward a county emp exemplary service		
		+	exemplary service	to the public.	
	Number		······································		
B. Name of Individual	of Ticket(s)/		Identify one of the	following:	
(Last, First)	Passes				
			nonial Role D Other <i>king "Ceremonial Role" or "Other" de</i>		
		If check	ang Ceremonia Role of Other of	Some below.	
		Ceren	nonial Role 🔲 Other	Income	
		lf checi	king "Ceremonial Role" or "Other" de	escribe below:	
	Number	1526			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	F 43504				
			<u> </u>		
4. Merification					
I have read and understand Dec Regulations 1894	4.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance	
10					
	oyle-Stevens		Ticket Administrator	5/3/2019	
	Print Name		Title	(month, day, year)	
Comment:					

Agency Report of: d Ticket/Pass Distributions

Ceremonial Role Eve	nts and Ticket/I	Pass Distr	ibutions	· · · · · · · · · · · · · · · · · · ·	A Public Document
1. Agency Name	······································			Date Stamp	California Form 802
Alameda County	<u></u>				Form OUZ For Official Use Only
Division, Department, or Re					For Official Ose Only
Board of Supervisors, Dist					
Designated Agency Contac					
Leah Doyle-Stevens, Tick	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
	1			Date of Original Filin	g:
510-272-6691	Leah.Doyle-Steve	ns@acgov.org			g:(month, day, year)
2. Function or Event Info				6	312 50
Does the agency have a ti				Each Ticket/Pass \$	012.00
Event Description: Warrior	s Playoffs Game	C	Date(s)	<u>, 30 , 19</u>	//
Ticket(s)/Pass(es) provide	Provide Title/ Expla		no:		
Tickel(3)/1 ass(es) provide	a by agency: Tes			Name of Source	
Was ticket distribution mac	le at the behest Yes	🖾 No 🗆 🔢	yes: Scott H	aggerty Official's Name (Last, Firs	st)
of agency official?					
3. Recipients • Use Section A to identify the age A. Name of Agency, De		• Use Section B to i Number of Ticket(s)/ Passes			entify an outside organization. oursuant to the agency's policy
B. Name of In (Last, F		Number of Ticket(s)/ Passes		Identify one of the	e following:
Dosanjh, Jessi		4	ever	nt in order to maxim	t a county sponsored ize potential county and parking sales.
	а Х			nonial Role Dother ding "Ceremonial Role" or "Other"	— / —
	C. Name of Outside Organization (include address and description)		Describe th	e public purpose made p	ursuant to the agency's policy
				-80 	
4. Arification					
have read and understand A	C Regulations 18944	4.1 and 18942. I	have verified i	that the distribution set	forth above, is in accordance
L	l eah D	ovle-Stevens		Ticket Administrato	r 5/3/2019

A Public Document

1.	Agency Name	<u> </u>			Date Stamp	California 802
	Alameda County					Form 6022 For Official Use Only
	Division, Department, or Regi	on (If Applicable	e)			For Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail		,,,,,,		
	(510) 272-6692	Gabriela.Ch	risty@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				(E I. Tislast/Dees fr	350 30
	Does the agency have a ticket		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description GS Warn	ULS VS. De	<u>nvor</u>	Date(s) <u>7</u>	<u>, , 19</u>	//
	Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Goll	DENSHUE WOUR	prs
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D Official's Name (La	ist, First)
3.	• Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	
					·····	
	<u></u>					
			1.			
	B. Name of Individua	1	Number of		Identify one of the followin	
	D. (Last, First)		Ticket(s)/ Pass(es)			g.
				Ceremonial Role	Other al Role" or "Other" describe below:	Income
				" Checking Colemon"		
				Ceremonial Role		Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
	CHEISTON YOUL ORGAN	zaten	. 200(00)	to reisional a	non profit for	its contributers
Bo	SCOTBALL - LOUG OURLA		1 4/1	to he comm		
1 r	3 cotractumunaly,	A94587		10 10 001.		
<i>(</i> C						
	Verification			<u>-</u>		······································
	I have read and understand FPPC Regula	ations 18944.1 and				the requirements.
			Gabriela C		Supervisor's Assistant	(Month, Day, Year)
	r Designee		Print Nam	c	1140	(<i>institut, 203</i>), (<i>isai)</i>
	Comment:					
				F	-PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

April 5-2 copies

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

Comment: _

Ceremonial Role Events and Ti	cket/Pass [Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (If Application	ble)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		<u> </u>	1	
Gabriela Christy				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692 Gabriela.C	hristy@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				27
Does the agency have a ticket policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	091
Event Description Oakland Als No. BQ Provide Title/Ex	FON REJSOX	Date(s)	4, 0, 19	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🕅	-	Name of Sc	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🗵	If yes: Valle	, Richard- Supervisor Official's Name (District 2 (Last, First)
 Recipients Use Section A to identify the agency's department of the agency's departm	a Lise Section	on B to identify an individ	ual • Use Section C to iden	tify an outside organization.
	Number of		blic purpose made pursuant	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)			
				<u> </u>
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Oiol Dolo		Income
Ramos, Brianng	2		community volunte service to the publ	
ê.			service to the publ	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
	Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's policy
	Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's policy
(include address and description)	Ticket(s)/ Pass(es)	Ť		
(include address and description)	Ticket(s)/ Pass(es)	ied that the distribution set f	olic purpose made pursuant forth above, is in accordance wi Supervisor's Assistan	ith the requirements.

Ce	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					
ī	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
ĺ	Designated Agency Contact	(Name,Title)				
	Gabriela Christy				Amondmont (Musta	rovide explanation in Part 3.)
7	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.Ch	risty@acgov	v.org	Date of Original Filing:	(Morith, Day, Year)
2.	Function or Event Infor	mation				KED
ſ	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$	
E	Event Description	Provide Title/Expl	C	Date(s)	<u>, 8 , 19</u>	//
٦	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	🛛 If no:	Name of So	urca
1	Nos tiskat distribution made a	t the hohest		valle	Richard- Supervisor I	
	Vas ticket distribution made a of agency official?	it the penest	No 🗌 Yes	If yes:	Official's Name (l	Last, First)
	Recipients					
	 Use Section A to identify the agency 	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
7	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-	ļ				· · · · · · · · · · · · · · · · · · ·	
-						
Ē	3. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other	
				It checking "Ceremon	al Role" or "Other" describe below:	
-	<u> </u>			Ceremonial Role	Other	
				If checking "Ceremoni	al Role" or "Other" describe below:	
	с. С					
c	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant	to the agency's policy
Īr	Itero Fomdatis	 N		TO reward a non	profit for its c	introvers to
	& positivelympation		4	Le communit		
	Being & Chill BOOM					
	Min he community in					
	/erification		<u> </u>			
h	nave read and understand FPPC Regula	ations 18944.1 and	18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	h the requirements.
_			Gabriela Cl	nristy	Supervisor's Assistant	5/6/19
			Print Name	9	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass Dis	stributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form See
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Gabriela Christy				
Area Code/Phone Number E-mail		L	Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692 Gabriela.Chi	risty@acgov.org	Dat	e of Original Filing:	(Month, Day, Year)
2. Function or Event Information				07
Does the agency have a ticket policy?	Yes 🗵 No 🗌	Face Value of Eac		2+
Event Description Oakland Als US. BOB Provide Title/Expl	ton Redsox	Date(s)/_		4,4,19
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No 🛛	If no: Oalclarc	Name of So	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Valle, Rich	Official's Name (I	District 2 .ast, First)
3. Recipients • Use Section A to identify the agency's department or the section of the section	unit. • Use Section I	B to identify an individual.	Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public pu	rpose made pursuant	to the agency's policy
· · · ·				
B. Name of Individual	Number of Ticket(s)/	Iden	tify one of the followi	na:
(Lest, First)	Pass(es)			
opange, Randy	2	Ceremonial Role L	Other 🗆	Income L
<u> </u>			rvice to the pub	
sprios, Jasur	`∼	xt	¢ (
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public pu	rpose made pursuant	to the agency's policy
	·			
4. Verification	<u> </u>			

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	4/4/9
gnee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass Dis	stributions		A Public Document		
1. Agency Name	<u> </u>		Date Stamp	California 802		
Alameda County						
Division, Department, or Region (If Applicable	e)			For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Gabriela Christy	Sabriela Christy					
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	risty@acgov.org		Date of Original Filing: _	(Month, Day, Year)		
2. Function or Event Information				7957		
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	300		
Event Description & Wartfing VS		Date(s)	<u></u>	/		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛		DENTATE WAR Name of Sou			
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Valle,	, Richard- Supervisor D Official's Name (La	District 2		
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Section E	B to identify an individu	ual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t			
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
		Ceremonial Role	Other	Income		
Bakshii, toona	4	To reward a	community volunt	eer for		
		his or he	er service to the pub			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
I. Verification		bat the distribution set f	orth above, is in accordance with	the requirements		

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 requirement

, e negaratione			the states
_	Gabriela Christy	Supervisor's Assistant	45/6/9
or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

A Public Document

1.	Agency Name		÷		Date Stamp	California 802	
	Alameda County					Form OOL For Official Use Only	
	Division, Department, or Reg	ion (If Applicabl	le)			To Onicial Ose Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		····			
	Gabriela Christy				Amendment (Must pr	nuide evelenation in Part 3.	
	Area Code/Phone Number	E-mail			_		
	(510) 272-6692	Gabriela.Ch	nristy@acgov.	org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				100	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌		f Each Ticket/Pass \$		
	Event Description _ @ AR	HTCLM Provide Title/Exp	57H		<u>, (0 , 19</u>	//	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛽		DGAN STATE WI Name of Sou	<i>IIC</i> E	
	Was ticket distribution made a	t the behest	No 🗌 Yes 🛛	If ves: Valle,	Richard- Supervisor	District 2	
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients			÷	<u> </u>		
	Use Section A to identify the agency	r's department or		ion B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua (Last, First)	i	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Oursi Frank	R				Income	
(Aranji, Tegunde		4	lo reward a c his or her	ommunity voluntee service to the public	er for	
					service to the public	C Income 🗌	
				I Cliboning Corona			
	C. Name of Outside Organi	zation	Number of	Describe the sub?	ic purpose made pursuant t	to the agency's policy	
	(include address and desc	cription)	Ticket(s)/ Pass(es)				
4.	Verification						
	have read and understand EDDC Regula	ations 18944.1 and	l 18942. I have verif	fied that the distribution set fo	rth above, is in accordance with	the requirements.	
	_		Gabriela Ch	risty S	Supervisor's Assistant	5/6/19	
	- Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						

A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: ... Gabriela.Christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 350/30 Face Value of Each Ticket/Pass \$ ____ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>GS WATTICLE JS</u>. <u>Ladippur</u> Provide Title/Explanation 17, 194 Date(s) If no: GIOIDEN STATE WARRENESS Ticket(s)/Pass(es) provided by agency? Yes No 🛛 If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the followina: (Last First) Pass(es) Income ()onstree, Andrew Fo reward a community volunteer for his or her service to the public Income tohnstone, Jerry Fo reward a community volunteer for his or her service to the public Number of Name of Outside Organization ncy's policy C. Ticket(s)/ (include address and description) Pass(es) Verification I have read and understand EPPO Desculations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Gabriela Christy

Title

Comment: _

æ

Print Name

Δ

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



Agency Name

Alameda County

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 I Income		
Chan, CHRISTI	311	Fo reward a community volunteer for		
Ramos (Seleng	3	his or her service to the public		
Amequita, Francisico	3	Ceremonial Role Other I Income		
Retement i Danny	3	his or her service to the public		
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		
5				

Ceremonial Role Events and Tic	ket/Pass Di	stributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Gabriela Christy				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	risty@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			<u></u>	
	Yes 🖾 No 🗖	Face Value	of Each Ticket/Pass \$	100
Event Description			<u>F, 10, 19</u>	. ,
Event Description	lanation			······
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: <u>Go</u>	1DGN STARS 1 Name of Sou	NARCORS
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor I	District 2
of agency official?			Official's Name (I	_ast, First)
Use Section A to identify the agency's department or	Unit. • Use Section Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
^	1 400(00)	Ceremonial Role	Other	Income
godrgivez, Todo	4	To reward a	a community volume	teer for
8		nis or hi	er service to the pub	blic Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
4. Verification		<u>.</u>		······

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	5/6/19
	Designee	Print Name	Title	(Month, Day, Year)
Comment:				

С	eremonial Role Even	ts and Tic	ket/Pass D	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Tom
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy				Amendment (Must pro	uide explanation in Part 3.)
	Area Code/Phone Number	E-mail				Side explanation in Fan 9.7
	(510) 272-6692	Gabriela.Ch	risty@acgov.o	ing	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				100
	Does the agency have a ticke		Yes 🛛 No 🗌		of Each Ticket/Pass \$	
	Event Description Trc M	19nnivm	TUUR_	Date(s)	12,19	
		Provide Title/Exp	lanation			RRICKS
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: <u>ere</u>	IDEN STATE WO Name of Sou	rce
	Was ticket distribution made a	at the behest	No 🗌 Yes 🗵		, Richard- Supervisor D Official's Name (Li	
	of agency official?			I in yes	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or		on B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
						······································
	R Name of Individua	21	Number of		N	
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	
				Ceremonial Role		Income
	(SCOTT, DAVIPA	7	A		the roluntee	r for
	OCULL, DIMPI			To reward a c	community voluntee	0
				his or her	service to the public	income
	Alama of Outoide Ormon	Instian	Number of			
	C. Name of Outside Organ (include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	o the agency's policy
						1
4.	Verification		•			
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have verifi			the requirements.
			Gabriela Chr	isty	Supervisor's Assistant	
	esignee		Print Name		Title	(Month, Day, Year)
	Comment:					EDD0 Form 000 (4/40)

A Public Document

Agonov Namo				Date Stamp	California 000
Agency Name			2000 - 2000	Form 802	
Alameda County Division, Department, or Region	n /lf Applicable	1		4	For Official Use Only
Division, Department, or Region	n (<i>ii Appileable</i>)			
Board of Supervisors				-	
Designated Agency Contact (Na	ame, Title)				
Gabriela Christy				Amendment (Mustu	provide explanation in Part 3.)
Area Code/Phone Number E	-mail			}	
(510) 272-6692	Gabriela.Chr	isty@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation				
Does the agency have a ticket p	olicy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ _	· · · · · · · · · · · · · · · · · · ·
Event Description GS Warn			Date(s)	13 , <u>19</u>	4, 15, 19
Ticket(s)/Pass(es) provided by a		Yes 🗌 No 🛛	lf no: <u> </u>	DEN STACE NA Name of Sci	RROAC
Was ticket distribution made at 1	he behest	No 🗌 Yes 🛛			
of agency official?	ne penest		ii yes:	, Richard- Supervisor Official's Name ((Last, First)
Recipients					
Use Section A to identify the agency's	department or u	unit. • Use Section	B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		plic purpose made pursuan	
		1 433(03)			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		1 435(03)	Ceremonial Role	Other	income
Flores, Indikia		411	To reward a		eer for
			his or her	service to the pub	lic Income [
enredy, ottvok		411			
C. Name of Outside Organizz (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
14		1			
Verification					
Verification	ons 16944.1 and	18942. I have verified	d that the distribution set f	forth above, is in accordance w	ith the requirements.
Verification I have-read and understand FPPC Regulation	ons 18944.1 and	18942. I have verified Gabriela Chris		forth above, is in accordance w Supervisor's Assistan	TALLICI
Verification I have-read and understand FPPC Regulation	ons 18944.1 and				TALLICI

eremonial Role Events	and Ticket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Alameda County				1 chill
Division, Department, or Region	n (If Applicable)		-	For Official Use Only
Board of Supervisors				÷
Designated Agency Contact (Na	ame, Title)		-	340
Gabriela Christy				
Area Code/Phone Number E	-mail			rovide explanation in Part 3.)
(510) 272-6692	Gabriela.Christy@acgov	.org	Date of Original Filing:	(Month, Day, Yeer)
Function or Event Inform	ation	<u> </u>		10 -
Does the agency have a ticket p		Face Value of	of Each Ticket/Pass \$ _	17
Event Description _Oakland f	to VS. Admos			4,17,19
Ticket(s)/Pass(es) provided by a	agency? Yes 🗌 No		land AtMLETICS Name of Sou	
Was ticket distribution made at t	he behest No 🗌 Yes	If yes: Valle,	, Richard- Supervisor I	District 2
of agency official?	_		Official's Name (I	.ast, First)
• Use Section A to identify the agency's	department or unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	or Unit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
<u></u>				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other	Income
Estrada, Jackia	2		community volunt	
		his or he	er service to the pub	olic Income
NUñez, Blanca	5	~	ú	
C. Name of Outside Organiza (include address and descrip		Describe the pub	lic purpose made pursuant	to the agency's policy
			. a	

	Gabriela Christy	Supervisor's Assistant	5/6/19
signee	Print Name	Title	(Month, Day, Year,

Ceremonial Role Events a	nd Ticket/Pass E	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (/	f Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name	ə, Title)		×	
Gabriela Christy				
Area Code/Phone Number E-m	ail		Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692 Gal	oriela.Christy@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
Function or Event Informati	on			
Does the agency have a ticket poli	cy? Yes 🛛 No 🗆		f Each Ticket/Pass \$	
Event Description	201	Data(s) 4	, 19, 19	
Provi	de Title/Explanation			
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 No 🛛	If no: <u>Go</u>	DEN MATE L Name of Sou	Narrors
Was ticket distribution made at the of agency official?	behest No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor D Official's Name (La	ast. First)
A. Name of Agency, Department or I	Ticket(s)/ Pass(es)		ic purpose made pursuant t	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
		Ceremonial Role	Other	Income
Rodrigvez, PoBer	TO 4	Γο reward a c	community voluntee	er for
		ins or her	service to the public	c Income
C. Name of Outside Organization (include address and descriptio		Describe the publi	ic purpose made pursuant t	o the agency's policy
			5	
÷				
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.

 			1 1
 	Gabriela Christy	Supervisor's Assistant	5619
asignee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Perss.\$ Yes 🛛 No 🗌 Event Description Oakland A'S US, TOPONTOPENESTAY 19 2 Date(s) If no: Wakland ATH Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income 2 To reward a community volunteer for E SARAH his or her service to the public income na rous of other describe below HERNANDEZI ROCIO N k Number of C. Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

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	65/10/19
	ignee	Print Name	Title	(Month, Day, Year)
Comment:				
				EDDC Earm 902 (4/42)

Comment: ___

Ceremonial Role Even	ts and Tic				A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	mation				
Does the agency have a ticket	t policy?	Yes 🛛 No	Face Valu	e of Each Ticket/Pass \$ _	45 20
Event Description Oakland	Als VS. Tor Provide Title/Expl		Joy Date(s)	4 , 20, 19	······································
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Kland Athletics Name of Sci	
Was ticket distribution made at of agency official?	t the behest	No 🗌 Yes	If yes: Va	Ile, Richard- Supervisor Official's Name (District 2 Last, First)
• Use Section A to identify the agency	's department or	unit e Lise Ser	tion B to identify an indi	vidual elles Section C to idom	
A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		public purpose made pursuant	
Jocial Services Agen	ay	183	To reward a @a exemp	comy complayers	for mere phace
B. Name of Individual (Last, First)	·	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
4	<u></u>	F 455(55)	Ceremonial Rol If checking "Cerer	e Other nonial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceren	e Other other conial Role" or "Other" describe below:	
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	If checking "Ceren	e 🔟 Other 🛄	
C. Name of Outside Organiz. (include address and descr		Ticket(s)/	If checking "Ceren	e 🔲 Other 🛄	
(include address and descr	iption)	Ticket(s)/ Pass(es)	If checking "Ceren	e L Other L nonial Role" or "Other" describe below: ublic purpose made pursuant f	to the agency's policy
C. Name of Outside Organiz (include address and descr Verification	iption)	Ticket(s)/ Pass(es)	If checking "Ceren Describe the p	e L Other L nonial Role" or "Other" describe below: ublic purpose made pursuant f	to the agency's policy

A Public Document 1. Agency Name Date Stamp California 8 Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6692 Date of Original Filing: Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information \$17 Does the agency have a ticket policy? 27 Yes 🛛 No 🗌 Face Value of Each Ticket/Mass \$. Event Description Oakland ATTH STICS VS. Texas 22--19 Date(s) Provide Title/Explanation If no: Oakland ATHETICS Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🛛 of agency official? 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Income Creil Johnson 2 Fo reward a community volunteer for his or her service to the public Income 🔲 2 Jarata 11 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

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	576/19
Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Comment: _

eremonial Role Events and Tie		s Distributions		A Public Document
. Agency Name	Date Stamp	California 802		
Alameda County		Ponni CC-		
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Gabriela Christy				provide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6692 Gabriela.Christy@acgov.org			Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			·	
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description Oakland Als VS. Tex Provide Title/Exp	AS lanation	Date(s) _4	<u>, 23, 19</u>	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakl	and ATHETLGS Name of Sol	urce
Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Valle			Richard- Supervisor [Official's Name (L	District 2 _ast, First)
. Recipients	54			
• Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify 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		
	News			
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	·	Identify one of the following	ng:
×			Cther Cther al Role" or "Other" describe below:	Income
		Ceremonial Role	D Other I Other I Other I Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
some sunol 4-H D.O.BOX. 71, sunol	2	To reward a	t school or n	e community
largest youndevelopment organization in the nation helps young peoplecto read new ful potiental as competent, ronfi	n	INT Echaractersu		
Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements.
	Gabriela Cl	nristy S	upervisor's Assistant	5/10/19
ee	Print Name		Title	(Month, Day, Year)

eremonial Role Even	is and Ho	Reveass	Distributions		A Public Documen
Agency Name		Date Stamp	California 802		
Alameda County			I onn		
Division, Department, or Region (If Applicable)				4	For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Name, Title)		<u> </u>		
Gabriela Christy					
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6692	Gabriela.Christy@acgov.org			Date of Original Filing:(Month, Day, Year)	
Function or Event Inform			0		(Wohth, Day, Year)
Does the agency have a ticket		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	
Event Description <u>GS</u> War		Uppers	Date(s)		//
Ticket(s)/Pass(es) provided by		Yes 🗌 No [⊠ if no: <u>Got</u>	DENS CATE L	
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes [If yes: Valle,	Richard- Supervisor I Official's Name (I	District 2 .ast, First)
Recipients • Use Section A to identify the agency'	s department or i	unit. • Use Sect	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	c 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	ng:
Lage, Chan V		4/1	To reward a c his or her	ommunity volunted service to the public	income [er for c
Name of Outside Organiz	ation	Number of			
(include address and descr		Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant f	o the agency's policy
	j				

2C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. je d

	-					
	~	Gabriela Christy	Supervisor's Assistant	#15/H0/6/9		
	Designee	Print Name	Title	(Month, Day, Year)		
. .						
Comment:						

Ceremonial Role Event	s and licket/Pas	ss Distributions		A Public Document	
. Agency Name		Date Stamp	California 802		
Alameda County			and secondary		
Division, Department, or Regio	n (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (A	ame, Title)		-		
Gabriela Christy					
· · · · · · · · · · · · · · · · · · ·	E-mail		Amendment (Must)	provide explanation in Part 3.)	
(510) 272-6692	Gabriela.Christy@aco	gov.org	Date of Original Filing:	(Month, Day, Year)	
. Function or Event Inform	ation				
Does the agency have a ticket	policy? Yes 🛛 I	No 🖾 🛛 🛛 Face Value	of Each Ticket/Pass \$ _		
Event Description GS War	Provide Title/Explanation		- ,00, 19	4,30,19	
Ticket(s)/Pass(es) provided by	agency? Yes 🗌 N		Name of Sc	ource	
Was ticket distribution made at of agency official?	vas ticket distribution made at the behest No □ Yes ⊠ If y of agency official?		Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
• Use Section A to identify the agency's	department or unit. • Use	Section B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department	or Unit Number of Ticket(s) Pass(es)	/ Describe the pu	ibe the public purpose made pursuant to the agency's policy		
*	·				
B. Name of Individual (Lasi, First)	Number o Ticket(s) Pass(es)	1	Identify one of the follow	ing:	
<u> </u>			· ·		
Pryde Tia	$ \mathcal{A} $				
71900 1.	1571	To reward a	community volunte	er for	
		his or he	r service to the publ	ic ————————————————————————————————————	
D I in Alarda					
Derkans, Cherly		1	l		
C. Name of Outside Organiza (include address and descri			cribe the public purpose made pursuant to the agency's policy		
			E		
·					
Verification	ons 18944.1 and 18942. I have	verified that the distribution set a	forth above, is in accordance wit	h the requirements.	
	Gabriela	Christy	Supervisor's Assistant		
d or Designee	Print N	ame	Title	(Month, Day, Year)	

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



Agency Name

Alameda County

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
	Number of	
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
CampBell Belter Anikg	0	To reward a community volunteer for his or her service to the public
ADAMS, Linda		
		Ceremonial Role Other I Income
		Ceremonial Role Other Income
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

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Ceremonial Role Events	and Ticket/Pa	iss Di	stributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Region	(If Applicable)		<u></u>	•	For Official Use Only
Board of Supervisors				1	
Designated Agency Contact (Nam	ne, Title)			-	
Sarah Oddie					
	nail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 sa	rah.oddie@acgov.	org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Informat	tion		· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticket po	licy? Yes 🛛	No 🗔	Face Value o	of Each Ticket/Pass \$	27
Event Description Baseball game			Deta(a) 04	, 03 , 19	
Event Description	vide Title/Explanation		_ Date(s)	//	//
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗌	No 🕅	lf no: <u>Oaklar</u>	nd A's	
				Name of Sou	rce
Was ticket distribution made at the	e behest No 🗖 `	Yes 🛛	lf yes: <u>Chan</u>	, Wilma Official's Name (L	est First)
of agency official?					aor, i norj
A. Name of Agency, Department or	Unit Number Ticket(s Pass(et	5)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Number	of			
B. Name of Individual (Last, First)	Ticket(s Pass(es			Identify one of the following	ig:
Brekke-Miesner, Lukas			Ceremonial Role		Income
DIERRE-MIESHEI, LURAS	2		o promote attenda	al Role" or "Other" describe below: ance at a(n) event he potential County revent	eld at a County facility in
	2		Ceremonial Role	☐ Other ☐ al Role" or "Other" describe below:	Income
C. Name of Outside Organizatio (include address and descripti		y l	Describe the publ	ic purpose made pursuant t	o the agency's policy
4. Verification					······

1 5---- Quant understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Sarah Oddie	Supervisor's Assistant	05.06.2019
r-	Print Name	Title	(Month, Day, Year)

Comment: _

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		0		Date Stamp	California 802
	Alameda County					Politi
	Division, Department, or Regi	ion (If Applicable)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		<u> </u>	-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovìde explanation in Part 3.)
	(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	150
	Event Description Michael Bu	ıble			<u>4 , 03 , 19</u>	1 1
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	en State Warriors	
					Name of So	urce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Cha	Official's Name (I	.est. First)
_						
3.	• Use Section A to identify the agency	's denartment or i	unit e Lise Ser	tion B to identify an individ	tual. • Use Section C to ident	ify an outside organization.
			Number of			
	A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				· · · · · · · · · · · · · · · · · · ·		
					i#	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ng
	(Lasi, Filsi)		Pass(es)			
	Danish, Cole			Ceremonial Role	nial Role" or "Other" describe below:	Income
	,		4	To promote attend	lancè at a(n) event he	eld at a County facility in
					potential County reven	
				Ceremonial Role	Other	Income
			4	If checking "Ceremo	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	<u> </u>					
						<u>.</u>
					······································	
					·····	

4. Verification I have read and understand Fl	PPC Regulations 18944.1	and 18942. I have verified that the dist	ribution set forth above, is in accordance with the re	equirements.
		Sarah Oddie	Supervisor's Assistant	04.29.2019
		Print Name	Title	(Month, Day, Year)
V				
Comment:	<u> </u>			

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OU
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		1		
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org	J	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	nation				
-	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	150
	Event Description Weezer &	Pixies			, 10 , 19	///////
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	Ist If no: Golde	n State Warriors	
		agonoj.			Name of Sou	Irce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes. Chan	, Wilma Official's Name (L	
	of agency official?					.ast, First)
	Recipients					
•				stian D to Identify on Individu	(a) • Use Section C to ident	ify an outside organization.
•	Use Section A to identify the agency	's department or				
	Use Section A to identify the agency A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)			
		nt or Unit	Number of Ticket(s)/			to the agency's policy
	A. Name of Agency, Departme B. Name of Individua (Last, First)	nt or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Iic purpose made pursuant Identify one of the followin Other	to the agency's policy ng: Income
	A. Name of Agency, Departme B. Name of Individua (Last, First)	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Iic purpose made pursuant Identify one of the followin Other	to the agency's policy ng: Income [
	A. Name of Agency, Departme B. Name of Individua (Last, First) Vilchis, Jeadi	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	lic purpose made pursuant Identify one of the followin Conter Contential County reven Cother Contential County reven Cother Cother Contential County reven Cother C	to the agency's policy ng: Income
	A. Name of Agency, Departme B. Name of Individua (Last, First)	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	lic purpose made pursuant Identify one of the followin Other Identify one of the followin Identify one of the followin Identify of "Other" describe below: Identify County reven Identify Other Identify	to the agency's policy ng: Income eld at a County facility i ue Income
	A. Name of Agency, Departme B. Name of Individua (Last, First) Vilchis, Jeadi	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda	lic purpose made pursuant Identify one of the followin Other Identify one of the followin Identify one of the followin Identify of "Other" describe below: Identify County reven Identify Other Identify	to the agency's policy ng: Income eld at a County facility i ue Income
	A. Name of Agency, Departme B. Name of Individua (Last, First) Vilchis, Jeadi	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda order to maximize p	lic purpose made pursuant Identify one of the followin Other Identify one of the followin Identify one	to the agency's policy ng: Income [eld at a County facility i ue Income [eld at a County facility i ue
	A. Name of Agency, Departme B. Name of Individua (Lest First) Vilchis, Jeadi Rivas, Morelia	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda order to maximize p	lic purpose made pursuant Identify one of the followi Cother Coth	to the agency's policy ng: Income eld at a County facility ue Income eld at a County facility i ue
	A. Name of Agency, Departme B. Name of Individua (Lest First) Vilchis, Jeadi Rivas, Morelia	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda order to maximize p	lic purpose made pursuant Identify one of the followi Cother Coth	to the agency's policy ng: Income [eld at a County facility i ue Income [eld at a County facility i ue

		Sarah Oddie	Supervisor's Assistant	04.29.2019
- }	188	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

1	Agency Name			0	Date Stamp	California
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name Title)			-	
		,				
	Sarah Oddie	1			Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	Baagovara		Date of Original Filing:	
_	(510) 272-6693		@acgov.org			(Month, Day, Year)
2.	Function or Event Infor				f Each Ticket/Dece	250
	Does the agency have a ticke		Yes 🛛 No	لعط	of Each Ticket/Pass \$ _	
	Event Description	nium Tour		Date(s)	<u>, 12 , 19</u>	//
		Provide Title/Exp.	lanation	Calda	n Stata Marriana	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	burce
	Meetisket distribution mode a	t the heheet		If yes: Chan		
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name ('Last, First)
3.	• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	1	lic purpose made pursuan	
	Λ					
					<u> </u>	
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
			1 4 4 4 4 4 4	Ceremonial Role	Other	
					ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
					ial Role" ar "Other" describe below:	
	C. Name of Outside Organ	zation	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	The East Oakland Collective 5382, Oakland, CA 94605	e, P.O. Box	4	To reward a school to the community	or nonprofit organiza	tion for its contributions
	Community building group ir Oakland	n East				
4.	Verification					

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

	4	Sarah Oddie	Supervisor's Assistant	04.29.2019
1	inee	Print Name	Title	(Month, Day, Year)
-				

Comment: _

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document
1. Agency Name	6 - 1 - 1		Date Stamp	California 802
Alameda County				Form OUL For Official Use Only
Division, Department, or Region (If Applica	ble)			For Onicial Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				
Area Code/Phone Number E-mail	2		Amendment (Must	provide explanation in Part 3.)
	ie@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ -	\$312.50 ticket/\$30 park
			1 . 13 . 19	\$312.50 ticket/\$30 park
Event Description	Event Description Basketball Game Date(s)			
		Golde	n State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of S	ource
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	
of agency official?	Official's Name	(Last, First)		
Use Section A to identify the agency's department A. Name of Agency, Department or Unit	or unit. • Use Set Number of Ticket(s)/ Pass(es)	1	olic purpose made pursuar	
R Name of Individual	Number of		Identify one of the follow	
B. Name of Individual (Lasi, Fust)	Ticket(s)/ Pass(es)		Identify one of the follow	witig.
Cartwright, Dellie	2+p	If checking "Ceremon To promote attend	Definition of the other ot	held at a County facility ir
	2+p	Ceremonial Role If checking "Ceremon	D Other D Other D Other D Other D Other	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	nt to the agency's policy
4. Verification				

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

		Sarah Oddie	Supervisor's Assistant	04.29.2019
7	ee	Print Name	Title	(Month, Day, Year)
				·
Comment:	<u>.</u>			EPPC Form 802 (4/12)

eremonial Role Events	s and Lic	sheur ass	Diotinationio		A Public Documer
Agency Name				Date Stamp	California 802
Alameda County				·	Ponin
Division, Department, or Regio	n (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
Sarah Oddie					
	E-mail			. [_] Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation	<u> </u>			
Does the agency have a ticket p	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	312.50 ticket/\$30 park
Event Description Basketball C	Same			, 13 , 19	1 1
Event Description	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Golder	State Warriors	
		_		Name of So.	urce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Chan	Official's Name (i	.ast, First)
	P				
• Use Section A to identify the agency's	department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ifv an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
=					
				λ	E:
B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng
				Other	income
McCormick, Mike		2	÷	al Role" or "Other" describe below:	ald at a County facility i
				otential County reven	eld at a County facility in ue
			Ceremonial Role	Other	Income
-		2		Other describe below:	Income [
		2		_	Income [
-				_	Income [
C. Name of Outside Organiza		Number of Ticket(s)/	If checking *Ceremoni	_	
C. Name of Outside Organiza (include address and descri		Number of	If checking *Ceremoni	al Role" or "Other" describe below:	
		Number of Ticket(s)/	If checking *Ceremoni	al Role" or "Other" describe below:	
		Number of Ticket(s)/	If checking *Ceremoni	al Role" or "Other" describe below:	
		Number of Ticket(s)/	If checking *Ceremoni	al Role" or "Other" describe below:	

	Sarah Oddie	Supervisor's Assistant	04.29.2019
signee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

1. Agency Name	74° (N		Date Stamp	California 802
Alameda County				Form For Official Use Only
Division, Department, or Region (If A	Applicable)		1	For Official Use Offic
Board of Supervisors				
Designated Agency Contact (Name, 7	Title)	·····	-	. 8
- · - ·				
Sarah Oddie Area Code/Phone Number E-mai			Amendment (Musi	t provide explanation in Part 3.)
	n.oddie@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Informatio				
Does the agency have a ticket policy		Face Value	of Each Ticket/Pass \$	\$312.50 ticket/\$30 park
			4 , 15 , 19	//
Event Description	e Title/Explanation	Date(s)		
24		If no. Golde	n State Warriors	
Ticket(s)/Pass(es) provided by agen	cy? Yes 🗌 No		Name of S	Source
Was ticket distribution made at the b	ehest No 🗌 Yes	If yes: Char	n, Wilma	
of agency official?			Official's Name	e (Last, First)
3. Recipients				
Use Section A to identify the agency's depart	rtment or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Un		Describe the pul	blic purpose made pursua	nt to the agency's policy
	Pass(es)			
P Name of Individual	Number of		1.1. (If	
B. Name of Individual (Lest, Fust)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role		Income
Rascon, Omar	2		nial Role" or "Other" describe below	
	2	To promote attend	ance at a(n) event potential County reve	held at a County facility in
*				
Zeieler Fries			D Other niel Role" or "Other" describe below	v:
Zeigler, Erica	2	-		held at a County facility in
		order to maximize	potential County reve	enue
	Number of			
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
			· · · · · · · · · · · · · · · · · · ·	
4. Verification		erified that the distribution set	forth shove is in scrondarco	with the requirements
julations 18	5944.1 and 18942.1 have ve		Supervisor's Assista	

		Sarah Oddie	Supervisor's Assistant	04.29.2019
	ee	Print Name	Title	(Month, Day, Year)
/				
Comment:		-		

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL For Official Use Only
	Division, Department, or Reg	ion (If Applicable	e)			Tor Oniciar Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie		5.90		Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail		<u></u>		rovide explanation in Part 5.7
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		ч		24
	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event DescriptionBaseball g	ame		Date(s)	i <u>19</u> 19	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklai	nd A's Name of So	DUICE
	Was ticket distribution made a	t the behast		If yes: Chan	Wilma	
	of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name (Last, First)
	Use Section A to identify the agency A. Name of Agency, Departme	22	unit. • Use Sec Number of Ticket(s)/ Pass(es)		ial. • Use Section C to iden	
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	ina:
	(Last, First)		Pass(es)			
	Cheung, Tina		2	To promote attenda	ial Role" or "Other" describe below:	eld at a County facility in nue
			2	Ceremonial Role	Other Other	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification					
	l həv	tions 18944.1 and	18942. I have ve Sarah Oc		orth above, is in accordance wit Supervisor's Assistant	

Print Name Title (Month, Day, Year)

Comment: .

Ce	remonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. /	Agency Name	0.00	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California 802
ŀ	Alameda County					Poniii
C	Division, Department, or Regi	ion (If Applicable	;)		1	For Official Use Only
F	Board of Supervisors					
	Designated Agency Contact (Name, Title)		·	-	22
	Sarah Oddie	. ,				
	rea Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	510) 272-6693	sarah.oddie(ຟິລດຕຸດນຸດເຕ		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform		<u>adogorio</u> rg			(Wohn, Day, Year)
	oes the agency have a ticket			Fine Value (of Each Ticket/Pass \$ _	250
			Yes 🗵 No			
E	vent Description Snoop Dog	39 Provide Title/Expli	anation	Date(s)	4	//
		-			n State Warriors	
Т	icket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No		Name of Sc	burce
v	Vas ticket distribution made a	t the behest	No 🗌 Yes	If yes: Char	n, Wilma	
	of agency official?			<u></u>	Official's Name ('Last, First)
3. F	Recipients					
	Use Section A to identify the agency	's department or u	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
ļ	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	5					
				23		
E	S. Name of Individua (Last First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
F	Pumphrey, Tyra			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
					ance at a(n) event h potential County rever	eld at a County facility in nue
				Ceremonial Role If checking "Ceremor	Other describe below:	Income
c	Name of Outside Organi		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
					1	
			54			

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.

		Sarah Oddie	Supervisor's Assistant	04.29.2019
ブ	inee	Print Name	Title	(Month, Day, Year)

Comment: ___

1.	Agency Name		A. B		Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	e)	-		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Vame, Title)		······································	-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation	· · · · · · · · · ·			07
	Does the agency have a ticket	policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	27
	Event DescriptionBaseball ga	ame		Date(s) 04	4 <u>20</u> 19	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd A's	
					Name of Sou	Irce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Chan	Official's Name (L	.ast, First)
_						
3.	• Use Section A to identify the agency	's department or	unit. ● Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/		blic purpose made pursuant	
			Pass(es)			
					₽ S	
						a.
			Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	ng
	<u></u>			Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
					Other	Income
				Ceremonial Role If checking "Ceremon	iai Role" or "Other" describe below:	income
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	SOS Meals on Wheels, 2235 Ave #260, San Leandro, CA		2	To reward a school to the community	or nonprofit organizati	on for its contributions
	Meal service for low-income seniors	homebound				4

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.

34	_	Sarah Oddie	Supervisor's Assistant	05.06.2019
\mathcal{I}	лее	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

Ceremonial Role Events an				
1. Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If A)	oplicable)	<u> </u>		For Official Use Only
Board of Supervisors			-	
Designated Agency Contact (Name, Ti	tle)		1	
Sarah Oddie			Amondmont (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6693 sarah	.oddie@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information	1			24
Does the agency have a ticket policy'	? Yes 🛛 No		of Each Ticket/Pass \$ -	
Event Description Baseball game		Date(s)	4 , 21 , 19	/
Provide	Title/Explanation			
Ticket(s)/Pass(es) provided by agence	y? Yes 🗌 No	If no: Oakla	Name of S	ource
Was ticket distribution made at the be	ehest No □ Yes	If yes: Char		
of agency official?	NO LI Yes	M If yes:	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's depart		ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Uni	t Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
21			-	
2:			8	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	Ýing:
	Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follow	
	Ticket(s)/		Other	
	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other	Income
	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other Other Other Other Other Other	Income
	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other Other	Income
C. Name of Outside Organization	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income
C. Name of Outside Organization (include address and description) SOS Meals on Wheels, 2235 Polvo	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income Income
C. Name of Outside Organization (include address and description) SOS Meals on Wheels, 2235 Polvo Ave #260, San Leandro, CA 94577 Meal service for low-income homeb seniors Verification	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other	Income Income t to the agency's policy tion for its contributions
C. Name of Outside Organization (include address and description) SOS Meals on Wheels, 2235 Polvo Ave #260, San Leandro, CA 94577 Meal service for low-income homeb seniors Verification	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other	Income

Ceremonial Role Ever	its and Tic	skeur asa	Distributions		A Public Documen
Agency Name	••••••••••••••••••••••••••••••••••••••		~	Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	jion (If Applicabl	e)			For Official Use Only
Board of Supervisors				-	
Designated Agency Contact	(Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org)	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation	······			(((((((((((((((((((((((((((((((((((((((
Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	17
Event Description Baseball g	game Provide Title/Exp			<u>, 24 , 19</u>	//////
Ticket(a) (Deco/ac) provided b			IX If no: Oaklar	nd A's	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of So	Irce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	Wilma	
of agency official?				Official's Name (l	.ast, First)
		Pass(es)			
n P		· ·			a
B. Name of Individua	l	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
B.A				Other	Income
Murphy, Ann		2		al Role" or "Other" describe below:	eld at a County facility in
		1	I To promote anenoa	nce al a(n) event ne	ar at a County facility in
		2	order to maximize p Ceremonial Role	otential County reven Other County reven Cou	
C. Name of Outside Organi (include address and desc		2 Number of Ticket(s)/ Pass(es)	order to maximize p Ceremonial Role [If checking "Ceremonia	otential County reven	ue
		Number of Ticket(s)/	order to maximize p Ceremonial Role [If checking "Ceremonia	otential County reven Other	ue
		Number of Ticket(s)/	order to maximize p Ceremonial Role [If checking "Ceremonia	otential County reven Other	ue

1 h gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_			Sarah Oddie	Supervisor's Assistant	05.06.2019
6	-	 jnee	Print Name	Title	(Month, Day, Year)

Comment: _

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County		·		Form 002
Division, Department, or Region (If Appl.	icable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693 sarah.oo	ddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			6	\$312 50 ticket/\$30 park
Does the agency have a ticket policy?	Yes 🛛 No			\$312.50 ticket/\$30 park
Event Description Basketball Game		Date(s)	2419	//
Provide Title	e/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golder	Name of So	ource
Was ticket distribution made at the beha	st No 🗌 Yes	If yes: Chan	, Wilma	4
of agency official?			Official's Name ('Last, First)
3. Recipients				
Use Section A to identify the agency's departme	the second s	ction B to identify an individu	al. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
R Name of Individual	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	nng:
			Other	Income
Staggers-Elmore, Celeste	2+p		al Role" or "Other" describe below:	eld at a County facility in
			otential County rever	
		Ceremonial Role	Other	
	215		al Role" or "Other" describe below:	
	2+p			
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
<u> </u>			<u></u>	
				· · · · · · · · · · · · · · · · · · ·
. Verification		I		
I ha gulations 18944.	1 and 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
-				
	Sarah Oo	ddie	Supervisor's Assistan	t 04.29.2019

Comment: _

Ceremonial Role Events and T	icket/Pass	s Distributions		A Public Document
1. Agency Name	<u>6</u> . <i>n</i>		Date Stamp	California 802
Alameda County				Ponni
Division, Department, or Region (If Applic	able)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693 sarah.odd	die@acgov.org]	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 \$ 🖣	312.50 ticket/\$30 park
Event Description Basketball Game	Explanation	Date(s)	4 <u>, 24 , 19</u>	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	urce
Was ticket distribution made at the behes	+	Char		
of agency official?	t No 🗌 Yeş	If yes: Char	Official's Name (Last, First)
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing
Wilson, Galen	2	If checking "Ceremon To promote attenda		Income □ eld at a County facility in
	2	Ceremonial Role	Dotential County reven	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification			i	

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

		Sarah Oddie	Supervisor's Assistant	04.29.2019
-	signee	Print Name	Tille	(Month, Day, Year)
Comment:				

		8	5 n	1	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER	
Agency Name				Date Stamp	California 802	
Alameda County			-9-		Form For Official Use Only	
Division, Department, or Regio	on (If Applicabl	e)			For Oniciar use Only	
Board of Supervisors						
Designated Agency Contact (Na	lame,Title)					
Sarah Oddie			· .			
Area Code/Phone Number E	E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6693	sarah.oddie	@acgov.org]	Date of Original Filing	(Month, Day, Year)	
Function or Event Inform	ation	<u>0</u> 9 9				
Does the agency have a ticket p	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$312.50 ticket/\$30 park	
Event Description Basketball G	Game		Date(s)	, 28 , 19	1 1	
Event Description	Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Golde	n State Warriors	-	
				Name of S	ource	
Was ticket distribution made at t of agency official?	the behest	No 🗌 Yes	If yes: Chan	Official's Name	(Last First)	
			ð			
• Use Section A to identify the agency's	department or	unit. • Use Se	ction B to identify an Individu	al. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
		1.				
	·			2 s		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
(Last, First)		Ticket(s)/	Ceremonial Role	Identify one of the follow		
B. Name of Individual (Last, First) Lam, Marianne		Ticket(s)/ Pass(es)	If checking "Ceremoni	Other al Role" or "Other" describe below:	Income	
(Last, First)		Ticket(s)/	If checking "Ceremoni To promote attenda	☐ Other ☐ al Role" or "Other" describe below: nce at a(n) event h	Income [
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p	Other describe below: al Role" or "Olher" describe below: nce at a(n) event h otential County rever	Income [neld at a County facility income	
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	☐ Other ☐ al Role" or "Other" describe below: nce at a(n) event h	Income	
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other	Income	
(Last, First)		Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role	Other	Income [neld at a County facility income	
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other	Income	
(Last, First) Lam, Marianne		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other Al Role" or "Other" describe below: nce at a(n) event h otential County rever Other Other I Role" or "Other" describe below:	Income neld at a County facility i nue Income	
(Last, First) Lam, Marianne		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other Al Role" or "Other" describe below: nce at a(n) event h otential County rever Other Other I Role" or "Other" describe below:	Income	
(Last, First) Lam, Marianne		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other Al Role" or "Other" describe below: nce at a(n) event h otential County rever Other Other I Role" or "Other" describe below:	Income	
(Last, First) Lam, Marianne		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other Al Role" or "Other" describe below: nce at a(n) event h otential County rever Other Other I Role" or "Other" describe below:	Income [neld at a County facility i nue Income [
(Last, First) Lam, Marianne C. Name of Outside Organizat (include address and descrip		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Other Al Role" or "Other" describe below: nce at a(n) event h otential County rever Other Other I Role" or "Other" describe below:	Income neld at a County facility nue Income	
Lam, Marianne C. Name of Outside Organizat (include address and descrip	ption)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	Conter C	Income reld at a County facility in nue Income	
Lam, Marianne C. Name of Outside Organizat (include address and descrip	ption)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [If checking "Ceremoni Describe the publ	Conter C	Income [neld at a County facility inue Income [to the agency's policy	

C	eremonial Role Events and Ti	cket/Pass	s Distributions		A Public Document
1	Agency Name	A		Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (If Applical	ble)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 sarah.oddi	e@acgov.org]	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	312.50 ticket/\$30 park
	Baskethall Game	, ,	Date(s)		1 1
	Event Description Basketball Game Brovide Title/Ex	planation	Date(s)	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golder	n State Warriors	· · · · · · · · · · · · · · · · · · ·
				Name of So	urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	, VVIIMa Official's Name (i	(ast First)
			2 0 		
3.	Recipients				416
	Use Section A to identify the agency's department o	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			3		<u> </u>
				<u> </u>	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ina
	(Last, First)	Pass(es)			
	Chan Carl			Other	Income
	Chan, Carl	2+p	-	ial Role" or "Other" describe below: unity volunteer for his	or hor convice to the
			public	unity volunteer for his	of her service to the
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Ceremonial Role	Other	
		0		al Role" or "Other" describe below:	
		2+p			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			
		- 1	l		

4. Verification

1 h ______ end understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

		Sarah Oddie	Supervisor's Assistant	04.29.2019
1	gnee	Print Name	Title	(Month, Day, Year)
Comment:				

icy Name					
				Date Stamp	California 802
eda County					Form OOZ
on, Department, or Reg	ion (If Applicabl	e)		-	For Official Use Only
l of Supervisors					
nated Agency Contact (Name, Title)		<u> </u>		
Oddie					
ode/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
tion or Event Inform	nation		1.		
he agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	312.50 ticket/\$30 park
Basketball	Game			30 , 19	, ,
Description	Provide Title/Exp	lanation	Date(s)		
s)/Pass(es) provided by	ed by agency? Yes 🗆 No 🖾 🕴		IX If no: Golder	n State Warriors	
				Name of Sou	irce
	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	ook Findl
-		<u>*</u> 1	· · · · · · · · · · · · · · · · · · ·	Unicial s Name (L	
	1- 1				
- Num			ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit Tick		Ticket(s)/	Describe the pub	to the agency's policy	
	······				
72					
		Number of Ticket(s)/		Identify one of the followin	nii -
(Lest, First)		Pass(es)			·9·
t Kwan Jared					Income
t-itwall, Jaleu		2			ld at a County facility in
<u></u>				<u> </u>	Income
		2			
		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
(include address and desc		Pass(es)			
		·			
ation					
	ation	A of Supervisors nated Agency Contact (Name, Title) Oddie Od	Name of Individual (Lext, Fret) Number of Ticket(s)/ Pass(es) Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es)	A of Supervisors hated Agency Contact (Name, Title) Index Agency Contact (Name, Title) Index Agency Contact (Name, Title) Sode/Phone Number 272-6693 Sarah.oddie@acgov.org tion or Event Information he agency have a ticket policy? Possion Basketball Game Provide Title/Explanation Sh/Pass(es) provided by agency? Yes Information No Yes Information Sh/Pass(es) provided by agency? Yes Information Sh(Pass(es) provided by agency? Yes Information Sheet distribution made at the behest No Yes Information Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual Name of Individual Number of Ticket(s)/ Pass(es) Ceremonial Role [If checking? Cerem	I of Supervisors nated Agency Contact (Name, Title) Oddie Code/Phone Number 272-6693 sarah.oddie@acgov.org tion or Event Information he agency have a ticket policy? Yes ⊠ No □ Description Basketball Game Provide Title/Explanation Provide Title/Explanation Stress (es) provided by agency? Yes □ No □ If no: Golden State Warriors Name of Societ's Name (I vients No □ isency official? No □ Vients No □ isence of ficial? No □ Vients Official's Name (I Name of Agency, Department or unit • Use Section B to identify an individual. • Use Section C to identify an individual. • Use Section B to identify an individual. • Use Section C to identify an individual. • Use Section B to identify an individual. • Use Section C to identify an individual. • Use Section C to identify an individual is or "Other desche balow: Name of Individual Number of

Supervisor's Assistant Sarah Oddie 04.30.2019 e Print Name Title (Month, Day, Year)

Comment: _

4.

Comment: ____

	eremonial Role Even			21011104110110		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					T OTH	
	Division, Department, or Regi	ion (If Applicabl		For Official Use Only			
	Board of Supervisors					,	
	Designated Agency Contact (Name, Title)				-		
	Sarah Oddie			1			
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	312.50 ticket/\$30 park	
	Event Description Basketball	Game		Date(s)	i, 30 , 19	//	
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder				n State Warriors		
					Irce		
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: Chan	Official's Name (L	.ast, First)	
			0				
3.	• Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
		Number of	of Describe the suble surges made surguest to the economic				
			Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
				•			
	B. Name of Individua	1	Number of Ticket(s)/				
	[Edd, 1 add)				Identify one of the followi	ng:	
	,		Pass(es)	O comparial Rala			
	Geisner, Benjamin		Pass(es)	Ceremonial Role If checking "Ceremon		ng:	
	Geisner, Benjamin			If checking "Ceremon To promote attenda	Other iai Role" or "Other" describe below: ance at a(n) event he	Income	
	Geisner, Benjamin		Pass(es)	If checking "Ceremon To promote attenda	Other D	Income	
	Geisner, Benjamin		Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other	Income	
	Geisner, Benjamin		Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other D ial Role" or "Other" describe below: ance at a(n) event he potential County reven	Income	
	Geisner, Benjamin		2+p	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Other	Income	
		zetion	2+p	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
	Geisner, Benjamin C. Name of Outside Organia (include address and desc		Pass(es) 2+p 2+p	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other	Income	
	C Name of Outside Organiz		Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
	C Name of Outside Organiz		Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
	C Name of Outside Organiz		Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
	C Name of Outside Organiz		Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
4	C. Name of Outside Organi: (include address and desc		Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
	C. Name of Outside Organiz (include address and desc	ription)	Pass(es) 2+p 2+p Number of Tricket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other Other Contential County reven Other Other Other Other Contential County reven Other Other Cotential Role" or "Other" describe below:	Income	
	C. Name of Outside Organiz (include address and desc	ription)	Pass(es) 2+p 2+p Number of Tricket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon Describe the pub	Other Ial Role" or "Other" describe below: ance at a(n) event he potential County reven Other Other Ial Role" or "Other" describe below: lic purpose made pursuant	Income	

C	eremonial Role Even	its and Ticket/P	Α	Public Documen		
1.	Agency Name		Date Stamp	California Form 802		
	Alàmeda County			10		
	Division, Department, or Rec	ion (if applicable)		For Official Use Only		
	Board of Supervisors, Four	th District				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley		Amendment (Must Pr	nvide Explanation in Part 3.1		
	rea Code/Phone Number E-mail					
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				4.90
	Does the agency have a tic	ket policy? Yes	No 🗋 🖡	Face Value of	Each Ticket/Pass \$ $\frac{30}{2}$	4.00
	Event Description: Golden	State Warriors		Date(s) 4	<u>, 2 , 19</u>	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🖾 🛛	f no: <u>Golden S</u>	Name of Source	
	Was ticket distribution made	e at the behest. You				
	of agency official?	e al allo pollocit (165)		f yes:	Official's Name (Last, First)	
_						
3.	Recipients					
	• Use Section A to identify the age	ncy's department or unit. •		identify an Individ	Iual. • Use Section C to Identi	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					······	
	B. Name of Inc (Last, Fi		Number of Ticket(s)/ Passes		identify one of the fo	ollowing:
	Aguilar, Eva Franklin, Mary		2		monial Role de Other describe below: cking, "Ceremonial Role" pr "Other" describe below: e attendance to maximize profit	
			2		ncnial Role Cther Cther king "Cengmonial Role" or "Other" dee attendance to maxim	
	C. Name of Outside ((include address an	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes		Describe ti	ne public purpose made pur	suant 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.

-	nee	Nathan Miley Print Name	Supervisor, Fourth District	05/01/19 (month, day, year)
Comment:	7			

A Public Document

	eremonial Role Events a	and nekeura	122 DI21	induciona	r		cument
Ι.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Region ((if applicable)				For Officia	Use Only
	Board of Supervisors, Fourth Dis	strict					
	Designated Agency Contact (Nam	ne, Title)					
	Nathan Miley				Amendment (Must	Provide Explanation	in Part 3 }
	Area Code/Phone Number E-n	nall				rionos Explanation	art art b.y
	(510) 272-6694 dis	strict4@acgov.org			Date of Original Filing	(month, day, ye	ar)
2.	Function or Event Informat	tion				a o l o	20
	Does the agency have a ticket p	oolicy? Yes 🛛	No 🗖	Face Value of	Each Ticket/Pass \$ _	304	<u>so</u>
	Event Description: Golden State Warriors Date(s)				<u>, 5 , 19</u>	/	J
	Ticket(s)/Pass(es) provided by a	Provide Title/ Explana		If no: Golden S	State Warriors		
	Hickel(s)/Fass(es) provided by a	agency: res L			Name of Source		
	Was ticket distribution made at of agency official?	the behest Yes 🗹	No 🗖	If yes: <u>Miley, N</u>	Official's Name (Last, Firs	6)	
	• Use Section A to identify the agency's of A . Name of Agency, Departme		Number of Ticket(s)/ Passes		ne public purpose made p	10	allel and
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Passes		identify one of the	e following:	
	Walker, Christina		2	Cerei ۲o incrase á	monial Role Other or "Other" of the		Income 🗌
					moniai Role D Other cking "Ceremaniel Role" ar "Cther"		Income
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s) Passes		he public purpose made p	end tractements	
	Hayward Arts Council		2		a nonprofit organizati blic to increase atte		vice to

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.

_	1	Nathan Miley Print Name	Supervisor, Fourth District	9/1/19 (month, day, year)
Comment:	(

A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information 304 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Golden State Warriors Date(s) ____/ 13 19 Provide Title/ Explanation If no: OACCA Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗹 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖄 No 🗖 Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other **П** Paul, Gary If checking, "Ceremonial Role" or "Other" describe below: To increase attendance... maximize profit... 4 Ceremonial Role Other Income If checking "Ceremonial Role" or "Cther" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

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.

		Nathan Miley	Supervisor, Fourth District	5/1/19
	lignee	Print Name	Tite	(month, day, year)
)			
Comment:				

A Public Document

1.	Agency Name			Date Stamp	California 802
	Alameda County		Form 002		
	Division, Department, or Region (if applicable)		For Official Use Only		
	Board of Supervisors, Fourth District				
	Designated Agency Contact (Name, Title)				
	Nathan Miley, Supervisor, Fourth District		st Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				
	(510) 272-6694 district4@acgov.org	9		Date of Original Filin	g:(month, day, year)
2.	Function or Event Information				301 (1)
	Does the agency have a ticket policy? Yes	🛛 No 🗖 🛛 🦻	ace Value of	Each Ticket/Pass \$	
	Event Description: Golden State Warriors	[Date(s)	/ <u>15, 19</u>	//
	Provide Title/ Explan Ticket(s)/Pass(es) provided by agency? Yes	□ No 🗹 🏾 !!	f no: OACCA		
	Tickel(s)/Pass(es) provided by agency fest			Name of Source	
	Was ticket distribution made at the behest Yes	No 🔲 🔢	f yes: <u>Miley, N</u>	Official's Name (Last, Fi	rstj
	of agency official?				
		Passos			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of t	he following:
	Pete, Geoffrey	4	Cerei <i>ff chei</i> To increase	monial Role Dothe king, "Ceremonial Role" or "Othe "attendance, maxi	er Income I Income Income
				monial Role Dthu cking "Ceremonia! Role" or "Othu	er 🔲 Income 🗖
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	he 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 \screwedown

			Nathan Miley	Supervisor, Fourth District	5/1/19
		,	Print Name	Title	(month, day, year)
Comment:	(

Ceremonial Role Event	S and TICKEUF	255 DISCI	Jutions	Date Stamp	A Public Document
. Agency Name				Date Stamp	California 802
Alameda County Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors, Fourth					
Designated Agency Contact (/					
Nathan Miley, Supervisor, Fo					
Area Code/Phone Number	E-mail			Amendment (Mus	at Provide Explanation in Part 3.)
(510) 272-6694	district4@acgov.org	İ		Date of Original Filing	g:(month, dəy, year)
2. Function or Event Inform	mation				
Does the agency have a tick	et policy? Yes	No 🗆 F	ace Value of	Each Ticket/Pass \$	304.80
Event Description: Golden S				<u>, 24 , 19</u>	
Event Description.	Provide Title/ Explan	nation			
Ticket(s)/Pass(es) provided	by agency? Yes [no: OACCA	Name of Scurce	
We all the following the second	at the heheat are a	et su en lif	yes: Miley, N	lathan	1
Was ticket distribution made of agency official?	at the benest Yes P		,	Official's Name (Last, Fir	st)
of agency official?					
• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes	1		pursuant to the agency's policy
B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		identify one of ti	he following:
Paul, Gary		4	Cere To increase	monial Role Dothe cking, "Ceremonial Role" or "Othe attendance maxif	
			Cere (f che	nmonial Role DO Othe Charles Ceremonial Role* cr *Othe	
C. Name of Outside C (include address and	Organization d description)	Number of Ticket(s)/ Passes	Describe	the public purpose made	pursuant to the agency's policy
	<u></u>				

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.

		Nathan Miley	Supervisor, Fourth District	5/1/19
-		Print Name	Title	(month, day, year)
	V			
Comment:				

Agency Report of: APublic Ceremonial Role Events and Ticket/Pass Distributions A Public 1. Agency Name Date Stamp Alameda County Date Stamp

A Public Document

1.	Agency Name				Date Stamp	Form 802
	Alameda County				ļ	Form OOZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Onicial Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley, Supervisor, F	ourth District			Amendment (Musi	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.org	1		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				2mil CM
	Does the agency have a tic	ket policy? 👘 Yes 🛛	No 🗆 🖡	ace Value of	Each Ticket/Pass \$.	304.80
	Event Description: Golden	State Warriors	D	ate(s)	<u>, 28 , 19</u>	//
		Provide Title/ Explan	ration			
	Ticket(s)/Pass(es) provided	by agency? Yes] No 🗹 🛛 If	no: OACCA	Name of Source	
	Was ticket distribution made	a at the behast . Vac. B	et North If	ves: Miley, N	Vathan Official's Name (Last, Firs	
	of agency official?	e at the benest Yes v		15	Official's Name (Last, Firs	st)
	or agency onician					
3.	Recipients				1 1	antifa an autoido association
	• Use Section A to identify the age	ncy's department or unit. •		dentify an indivi	dual. • Use Section C to id	entity an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe t	he public purpose made p	pursuant to the agency's policy
			Passes	Contextivors	Element of the state of the	
						······
].		
			Number			
	B. Name of inc (Last, F		of Ticket(s)/ Passes		Identify one of th	e following:
	Halbert, David			Cere	monial Role 🔲 Other	
	Halbert, David		4	To increase	eking "Ceremonial Role" or "Other attendance maxin	describe below: NIZE profit
						- M
				Cere	emoniai Role 🔲 Other	
					cking "Ceremonial Role" or "Other	" describe below:
	C. Name of Outside		Number of Ticket(s)/	Describe t	the public purpose made	pursuant to the agency's policy
	C. (include address ar	td description)	Passes			and the second reaction of the
	57					
			ļ			

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.

		signee	Nathan Miley Print Name	Supervisor, Fourth District	5/1/19 (month, day, year)
Comment:	l				

Ceremonial Role Events and Tick	cet/Pass D	istributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				Form OOL For Official Use Only	
Division, Department, or Region (If Applicable)					
Board of Supervisors					
Designated Agency Contact (Name, Title)		· · ·			
Briana Brown				muide evolution in Part 3	
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	2@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				312.50	
Does the agency have a ticket policy?	Yes 🖾 No 🗆		of Each Ticket/Pass \$ _		
Warriors vs. Clippers		Date(s)	<u>, 14 , 19</u>	//	
Event Description Provide Title/Expla	anation				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🗵	If no: Golde	n State Warriors	ource	
		2 2			
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 a	unit. (• Use Seat	lon & to id <u>entify an individ</u>	• Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit			ublic purpose made pursuant to the agency's policy		
	Pass(es)				
D5	4	To promote attend	ance at a County spo rder to maximize pote	nsored event held at a	
B. Came of individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
		Ceremonial Role If checking "Ceremo	Dinial Role" or "Other" describe below		
		Ceremonial Role	Other Other or "Other" describe below	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	int to the agency's policy	
4. Verification ; 18944.1 ar			et forth above, is in accordance Supervisor's Assista		
·	Briana Br Print Narr		Title	(Month, Day, Year)	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Comment: Parking Pass: \$30.00				FPPC Form 802 (4/12	

A Public Document

Areney Nemo				Date Stamp	California Q12
Agency Name					Form OUZ
Alameda County Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	on (n'nppnousie	·)			
Board of Supervisors				-	
Designated Agency Contact (Name, Litle)				
Briana Brown				Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing:	
(510) 272-6618		n2@acgov.or	g		(Month, Day, Year)
. Function or Event Inform				of Each Ticket/Pass \$ _	312.50
Does the agency have a ticke		Yes 🛛 No 🕻			
Event Description Warriors v	s. Clippers	Jonation	Date(s)	15 19	
			Golde	n State Warriors	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗋 🛛 No 🕻		Name of So	ource
Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	X If yes:	Official's Name	
of agency official?				Official's Name	(Last, First)
. Recipients					
· se Section A to identify the agent	y's department or			• Use Section C to iden	
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
D5		1 400(00)	To promote attend	ance at a County spor	nsored event held at a
05		4	County facility in o	rder to maximize pote	ntial County revenue
B. Name of Individu	34	Number of Ticket(s)/		Identify one of the follow	wing:
(Last, First)		Pass(es)	Ceremonial Role	Other	Income
				onial Role" or "Other" describe below	
v			Ceremonial Role	Other D onial Role" or "Other" describe below	
			in checking Cerema		
				3	
Name of Outside Orga	nization	Number of	Describe the m	ublic purpose made pursua	nt to the agency's policy
C. Name of Outside Orga (include address and de	escription)	Ticket(s)/ Pass(es)	Describe the pr		
					<u> </u>
4. Verification					
;	18944.1 a	and 18942. I have v	erified that the distribution se	et forth above, is in accordance	111 1.00
		Briana B	rown	Supervisor's Assista	$\frac{9/30}{19}$
* *	10 m	Þrint Na	me	Title	" (Month, Day, Year)
Comment: Parking Pass: \$	30.00				
Comment:					FPPC Form 802 (4/

A Public Document

For Official Use Only		
Amendment (Must provide explanation in Part 3.)		
e of Original Filing:		
ch Ticket/Pass \$ 312.50		
24 , 19		
ate Warriors		
Name of Source		
Official's Name (Last, First)		
Official's Name (Last, First)		
U. D. Han C to identify an outside organization		
Use Section C to identify an outside organization.		
rpose made pursuant to the agency's policy		
at a County sponsored event held at a		
County facility in order to maximize potential County revenue		
entify one of the following:		
Other Other Income		
le" or "Other" describe below:		
Other Income		
Other Income Income		
ourpose made pursuant to the agency's policy		
above is in accordance with the requirements		
above, is in accordance with the requirements.		
pervisor's Assistant		

1. Agency Name Alameda County

3. Recipients

Comment:

2. Function or Event Information Does the agency have a ticket policy?

A warrant Manag				Date Stamp	California 000
Agency Name					Form 802
Alameda County					For Official Use Only
Division, Department, or Regi	on (If Applicable)			
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Briana Brown				Amendment (Must pro	vide explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing:	
(510) 272-6618	briana.browr	n2@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				312.50
Does the agency have a ticket	t policy?	Yes 🛛 No 🗖		of Each Ticket/Pass \$	
Event Description Warriors v	s. Rockets	lanation		, 28 , 19	/
			If no. Golde	n State Warriors	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗋 No 🖾	II 110	Name of Sour	ce
Was ticket distribution made a of agency official?	it the behest	No 🗋 Yes 🔀	If yes:	Official's Name (La	st, First)
Recipients • The Section A to identify the agend	y's department or	unit (e Use Section Ad	The second support	• Use Section C to identif	y an outside organization.

A Public Document California 000

-dise	Section A to identify the agency's department or u	nit (0 (king)) in	• Ose Section C to identity 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
D5		4	To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue
В.	(Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income
			Ceremonial Role Other I Income Income
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
. Vei	rification	d 18942. I have v	verified that the distribution set forth above, is in accordance with the requirements.
3		Briana B	U/SA/10
7		Print Na	Title (Month Day Year)
	Parking Pass: \$30.00		

eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				I CHIII
Division, Department, or Region (If Appl	icable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title))			
Briana Brown			Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6618 briana.b	prown2@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				312.50
Does the agency have a ticket policy?	Yes 🛛 No		f Each Ticket/Pass \$ _	
Event Description Warriors vs. Rocker	ts le/Explanation	Date(s)	3019	/
Ticket(s)/Pass(es) provided by agency'		Golder	n State Warriors	
icket(s)/Fass(es) provided by agency			Name of Sc	burce
Was ticket distribution made at the beh of agency official?	est No 🗋 Yes	If yes:	Official's Name ((Last, First)
. Recipients				
 Recipients Use Section A to identify the agency's department 	ent or un Use Sec	itin is to dentity an individi	• Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
D5	4	To promote attenda County facility in or	ance at a County spor der to maximize pote	nsored event held at a ntial County revenue
-				
B.	Number of Ticket(s)/ Pass(es)	-	Identify one of the follow	ving:
		Ceremonial Role If checking "Ceremòr	Other Other Other	Income [
		Ceremonial Role If checking "Ceremor	Other D	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
4. Verification	44.1 and 18942. I have v	erified that the distribution set	forth above, is in accordance v	with the requirements.
	Briana B		Supervisor's Assista	11/m/
-	Print Na	me	Title	(Month, Day, Year)
Comment:				EDDO 5 902 (4)

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)