Ceremonial Role Events a	and Ticket/Pass Di	stributions	A	Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (if applicable)	o		For Official Use Only	
Board of Supervisors, District 1					
Designated Agency Contact (Name	e, Title)				
Leah Doyle-Stevens, Ticket Adr	ninistrator	Amendment (Must Pro	vide Explanation in Part 3.)		
Area Code/Phone Number E-m	nail				
510-272-6691 Le	ah.Doyle-Stevens@acgo	v.org	Date of Original Filing:	(month, day, year)	
2. Function or Event Informat	ion		17	00	
Does the agency have a ticket p	olicy? Yes 🛛 No 🗌		Each Ticket/Pass \$ <u>17</u> .		
Event Description: Oakland A's	Game	_ Date(s)05	<u>, 08 , 19</u>	//	
	Provide Title/ Explanation				
Ticket(s)/Pass(es) provided by a	agency? Yes 🖾 No 🗌] If no:	Name of Source		
Was ticket distribution made at t	Was ticket distribution made at the behest Yes 🖄 No 🗌 If yes: Scott Ha				
of agency official?			Official's Name (Last, First)		
	· · · · · · · · · · · · · · · · · · ·				
3. Recipients • Use Section A to identify the agency's d	lepartment or unit. • Use Section	B to identify an indivi	dual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Departme	nt or Unit of Ticke Passe	t(s)/ Describe tl	ne public purpose made purs	uant to the agency's policy	
			ш.		
B. Name of Individua (Last, First)	al Numb Passe	t(s)/	Identify one of the fo	llowing:	
Luna, Mel			o promote attendance a event in order to maxin	nize potential county	
	4		revenue for concession	n and parking sales.	
			nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income 🔲	
C. Name of Outside Organi (include address and des		t(s)/ Describe t	he public purpose made purs	uant to the agency's policy	
	e .				
	l				

4. Verification

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

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

Ce	eremonial Role Event	ts and Ticket/P	ass Distrik	outions	<i>I</i>	A Public Document	
1. Agency Name					Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regi	on (if applicable)				For Official Use Only	
	Board of Supervisors, Distric						
	Designated Agency Contact (Name, Title)					
	Leah Doyle-Stevens, Ticket				Amendment (Must	t Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Data of Original Filing		
	510-272-6691	Leah.Doyle-Steven	s@acgov.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation				242.50	
	Does the agency have a tick	ket policy? Yes [🛛 No 🗌 🖓 Fa	ace Value of	Each Ticket/Pass \$	312.50	
	Event Description: Warriors	Playoffs Game	Da	ate(s) 05	<u>, 08 , 19</u>	//	
		Provide Title/ Explai	nation		-		
	Ticket(s)/Pass(es) provided	by agency? Yes	X No 🗌 Ifi	no:	Name of Source	<u></u>	
	Was ticket distribution made	at the behest. You I		ves: <u>Scott Ha</u>	aggerty Official's Name (Last, Firs		
	of agency official?	tat the believer fest		,	Official's Name (Last, Firs	(1)	
3.	Recipients Use Section A to identify the agen 	ov's department or unit	Use Section B to id	lentify an individ	lual. • Use Section C to ide	entify an outside organization.	
	• Use Section A to identify the agen	icy's department of unit.	Number				
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·						
			Number				
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:	
			Passes		To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.		
	Gibbons, Connor		4				
				r r			
	<u> </u>	·····		Cerer	nonial Role 🔲 Other		
				lf chec	king "Ceremonial Role" or "Other"	' describe below:	
	C. Name of Outside C	•	Number of Ticket(s)/	Describe t	ne public purpose made p	oursuant to the agency's policy	
	(include address and	d description)	Passes				
	-						
				l			
4.	Verification	tions 1804	4 1 and 18042 1	l have verified	that the distribution se	t forth above, is in accordance	
	V F	:0015-1094*	T. I UNU IU342. I				
C		1 Leah D	oyle-Stevens		Ticket Administrato	or 5/10/2019	
	Signature of Agency Head or Desig		Print Name		Title	(month, day, year)	
	Commonti						
	Comment:						

Agency Report of: onte and Ticket/Pass Distributions C 1.

С	eremonial Role Even	ts and Ticket/P	ass Disti	ributions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002 For Official Use Only
	Division, Department, or Region (if applicable)					For Oriclai Use Only
	Board of Supervisors, Distric					
	Designated Agency Contact (
	Leah Doyle-Stevens, Ticket		Amendment (Must Pi	rovide Explanation in Part 3.)		
	Area Code/Phone Number E-mail					
_	510-272-6691	Leah.Doyle-Steven	s@acgov.o	rg	Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				7 OD
				Each Ticket/Pass \$ <u>17</u>		
	Event Description: Oakland A's Game Date(s)/				<u>, 10 , 19</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	lf no:	Name of Source	
	Was ticket distribution made at the behest Yes 🖄 No 🔲 If yes: Scott H			aggerty Official's Name (Last, First)		
	of agency official?			· .	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	o identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			4		nonial Role D Other king "Ceremonial Role" or "Other" de	
	Ð				nonial Role D Other C	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	ne public purpose made pur	suant to the agency's policy
	Sunol 4-H Club (Annual P 11601 Main Street, Sunol		4	To re	eward a school or nor its contributions to	-profit organization for
					its contributions to	the community

4. Verification

I have read and understand TEPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance V -Ticket Administrator 6/6/2010

	Leah Doyle-Stevens	I IC	ket Administrator	6/6/2019
Supervision of Agency Head or Designee	Print Name	<u>^</u>	Title	(month, day, year)
Comment: Proceeds from ticket s	ales went back into supporting the	e youth 4-H	program in Sunol.	

Agency Report of: C 1 Tickot/Pas e Distributions

C	eremonial Role Ever	its and Ticket/Pa	ass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County			the second se		
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	Board of Supervisors, Distr	ict 1				
	Designated Agency Contact	(Name, Title)				
	Leah Doyle-Stevens, Ticke	t Administrator	Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	Number E-mail				
	510-272-6691	Leah.Doyle-Steven	s@acgov.c	org	Date of Original Filing: _	(month, day, year)
2.	Function or Event Info	rmation				00
					Each Ticket/Pass \$	
	Event Description: Oakland A's Game Date(s)/				<u>, 10 , 19</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes D	🛛 No 🗖	lf no:	Name of Source	
				Scott H	Name of Source aggerty	
Was ticket distribution made at the behest Yes 🖄 No 🗍 If yes: <u>Scott Haggerty</u> of agency official?					Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit.		to identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	partment 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, F		Number of Ticket(s) Passes	1	Identify one of the fo	ollowing:
					nonial Role D Other king "Ceremonial Role" or "Other" des	
		<u>, , , , , , , , , , , , , , , , , , , </u>			nonial Role D Other king "Ceremonial Role" or "Other" dea	
	C. Name of Outside (include address ar		Number of Ticket(s) Passes)/ Describe ti	e public purpose made pur	suant to the agency's policy
	Alameda County Firefigh Dublin, CA	ters IAFF 55	4	To re	ward a school or non- its contributions to t	profit organization for he community
						6

4. Verification

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

X	Leah Doyle-Stevens	Ticket Administrator	6/6/2019
dv = v - v	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

Ceremonial Role Ev	vents and Ticket/I	Pass Distril	butions		A Public Document
1. Agency Name		<u> </u>		Date Stamp	California Form 802
Alameda County					
Division, Department, or	Region (if applicable)				For Official Use Only
Board of Supervisors, D	District 1		÷		
Designated Agency Cont	act (Name, Title)				
Leah Doyle-Stevens, Ti	cket Administrator			Amendment (Mus	t Provide Explanation in Part 3.)
Area Code/Phone Numbe	er E-mail				
510-272-6691	Leah.Doyle-Steve	ns@acgov.org		Date of Original Filing	g:(month, day, year)
2. Function or Event Ir	formation				45.00
Does the agency have a	a ticket policy? Yes		ace Value of I	Each Ticket/Pass \$	45.00
Event Description: Oak	and A's Game	D	ate(s)	<u>/ 11 / 19</u>	//
	Provide Title/ Expl				
Ticket(s)/Pass(es) provi	ded by agency? Yes	No 🗌 If	no:	Name of Source	
Was ticket distribution n	nade at the behest Ves		yes: Scott Ha	aggerty Official's Name (Last, Fire	
of agency official?				Official's Name (Last, Fir	st)
3. Recipients					
• Use Section A to identify the	e agency's department or unit.	• Use Section B to i	dentify an individ	lual. • Use Section C to id	entify an outside organization.
A. Name of Agency,	Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	pursuant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·
D	of Individual st, First)	Number of Ticket(s)/ Passes		Identify one of th	ne following:
				nonial Role D Other king "Ceremonial Role" or "Other	
51				nonial Role Dother king "Ceremonial Role" or "Other	
	ide Organization ss and description)	Number of Ticket(s)/ Passes	Describe th	he public purpose made	pursuant to the agency's policy
Drivers for Survivors (39270 Paseo Padre F	8 18.	To re	reward a school or non-profit organization fo its contributions to the community		
	52				
4. Verification	PPC Pegulations 189	44.1 and 18942.	l have verified	that the distribution se	et forth above, is in accordance
Ĵ	l Leah	Doyle-Stevens		Ticket Administrate	or 6/6/2019
Signature of Agency Had of	Pesignee	Print Name		Title	(month, day, year)
Comment: Proceeds fr	rom auction item sales a	at the annual fu	ndraiser help	to provide continue	d svcs.to cancer survivors.

Agency Report of: -ket/Deen Distributions

Signature of Agency Head of Destance

Comment: _

Ceremonial Role Event	s and Ticket/Pa	ass Distrik	outions	A	Public Document	
I. Agency Name				Date Stamp	California 802	
Alameda County					Form 002 For Official Use Only	
Division, Department, or Regio					i on onicial ose only	
Board of Supervisors, District						
Designated Agency Contact (A						
Leah Doyle-Stevens, Ticket A	E-mail			Amendment (Must)	Provide Explanation in Part 3.)	
		Access ord		Date of Original Filing:		
	Leah.Doyle-Stevens				(month, day, year)	
2. Function or Event Inform		_			24.00	
Does the agency have a ticke				Each Ticket/Pass \$ 2		
Event Description: Oakland A	A's Game	Da	ate(s)5	, 12 , 19	//	
Ticket(s)/Pass(es) provided b	Provide Title/ Explan		no:			
				Name of Source		
Was ticket distribution made	at the behest Yes	S No⊡ If	yes: <u>been n</u>	aggerty Official's Name (Last, First,)	
of agency official?						
3. Recipients		_				
• Use Section A to identify the agenc	y's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to iden	ntify an outside organization.	
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy	
BOS, District 1	· · ·	4		To reward a county employee for his or her exemplary service to the public.		
B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	·····	
				nonial Role D Other king "Ceremonial Role" or "Other" of		
				nonial Role D Other king "Ceremonial Role" or "Other"		
C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the agency's policy	
4. Venification	<u> </u>					
/ have lead and understand	Perulations 18944	.1 and 18942.	l have verified	that the distribution set	t forth above, is in accordance	
1	K Leah De	oyle-Stevens		Ticket Administrato		
Signature of Agency Head of Design		rint Name		Title	(month, day, year)	

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: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Playoffs Game Date(s) 05 / 14 / 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 В. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored F Grech, Melissa event in order to maximize potential county 4 revenue for concession and parking sales. Income Ceremonial Role 🔲 Other I If checking "Ceremonial Role" or "Other" 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 EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance **Ticket Administrator** 6/6/2019 Leah Doyle-Stevens (month, day, year) Signature of Agency Head of Designee Print Name Title

Comment: _

Agency Report of:

C	eremonial Role Even	ts and Ticket/Pa	ass Distr	ibutions	A	Public Document
	Agency Name				Date Stamp	California 802
	Alameda County					1 COMPANY
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors, Distri	ct 1		<i>,</i>		
	Designated Agency Contact	Name, Title)			1	
	Leah Doyle-Stevens, Ticket	Administrator	Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				,
	510-272-6691	Leah.Doyle-Steven	s@acgov.or	g	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			~	10 50
	Does the agency have a tic	ket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$ _	
	Event Description: Warriors	Playoffs Game		Date(s) 05	<u>, 16 , 19</u>	/
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes D	🛛 No 🗌	If no:	Name of Source	
	Mas tigket distribution mode	at the behast of B		lf ves. Scott H	aggerty Official's Name (Last, First,	
	Was ticket distribution made of agency official?	e at the benest Yes P			Official's Name (Last, First,)
	of agency officials					
	Use Section A to identify the agen A. Name of Agency, Dep.	<u> </u>	Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. ursuant to the agency's policy
			Number			fellouingu
	B. Name of Ind (Last, Fil		of Ticket(s)/ Passes		Identify one of the	following:
	Bukhan, Rahil	· · · · · · · · · · · · · · · · · · ·	4	eve	omote attendance at nt in order to maximi enue for concession	
		-			monial Role D Other cking "Ceremonial Role" or "Other"	
	C. Name of Outside C (include address an	Organization d description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy
					S	
	<u></u>					

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

1	Lean Doyle-Stevens	Ticket Administrator	6/6/2019
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:		ē.	9

Agency Report of: and Ticket/Base Distributions

Comment: _

C	eremonial Role Even	ts and T	icket/P	ass Distril	outions		A Public	Document
	Agency Name					Date Stamp	Califo	m ^{mia} 802
	Alameda County					The second	Difficial Use Only	
	Division, Department, or Reg		ble)					Jincial Use Only
	Board of Supervisors, Distri			·				
	Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator							
	Area Code/Phone Number	E-mail				Amendment (M	ust Provide Explan	ation in Part 3.)
	510-272-6691		le-Steven	s@acgov.org		Date of Original Fili	ing:(month, a	lay, year)
2	Function or Event Infor	mation						
2.	Does the agency have a tick		Vec	No 🗆 🕞	ace Value of	Each Ticket/Pass \$	\$ 250.00	
						<u>, 17 , 19</u>		,
	Event Description: Carrie U	Provid	e Title/ Expla		ate(s)		/	/
	Ticket(s)/Pass(es) provided	by agency	? Yes	⊠ No⊡ If	no:	Name of Source		
					vos. Scott H	Name of Source aggerty		
	Was ticket distribution made of agency official?	e at the ben	est Yes	⊠ No∐ "	yes	aggerty Official's Name (Last, F	-irst)	
3.								
	• Use Section A to identify the ager	cy's departmen	nt or unit. •		lentify an individ	ual. • Use Section C to	identify an outsid	le organization.
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the	agency's policy
	B. Name of Ind (Last, Fin			Number of Ticket(s)/ Passes		Identify one of	the following:	
	Chudor Kimborhu				То	promote attendan	ce at a count	y sponsored
	Snyder, Kimberly			4	ev re	vent in order to ma evenue for conces	sion and par	king sales.
						monial Role Dth cking "Ceremonial Role" or "Oth	her describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe ti	he public purpose mad	e pursuant to the	agency's policy	
							· · · · ·	
4.	Venification	no na vlat	ions 18944	4.1 and 18942. I	l have verified	that the distribution :	set forth above	, is in accordance
C							20 E	010/0010
	Signature of Adency Head or Dech			Print Name		Ticket Administra	110 r	6/6/2019 (month, day, year)
	THE OWNER OF AUCTOR FIGURE OF A CASE							

eremonial Role Eve	ents and Ticket/P	ass Distrik	outions		A Public Doc	ument
Agency Name				Date Stamp	California Form	802
Alameda County						
Division, Department, or R	egion (if applicable)		•		For Official U	se Only
Board of Supervisors, Dis	trict 1					
Designated Agency Contac	ct (Name, Title)					
Leah Doyle-Stevens, Tick	et Administrator			Amendment (Mu	st Provide Explanation in	Part 3.)
Area Code/Phone Number	E-mail			P. C. Codelard Fills		
510-272-6691	Leah.Doyle-Steven	ns@acgov.org		Date of Original Filin	g:(month, day, year	1
Function or Event Inf	ormation				45.00	
Does the agency have a f	icket policy? Yes [🛛 No 🗌 Fa	ace Value of	Each Ticket/Pass \$	45.00	
Event Description: Oakla	nd A's Game	Da	ate(s)	<u>, 24 , 19</u>	//	
	Provide Title/Expla	nation				
Ticket(s)/Pass(es) provide	ed by agency? Yes	🛛 No 🗌 🛛 If	no:	Name of Source		
Was ticket distribution ma	de at the behest Yes	No 🗆 👫	yes: <u>Scott H</u>	aggerty Official's Name (Last, Fil	ref)	
of agency official?				Ometars Name (Last, 1 h		
. Recipients						
• Use Section A to identify the a	gency's department or unit.	Use Section B to id	lentify an indivio	dual. • Use Section C to id	dentify an outside organ	nization.
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made	pursuant to the agend	y's policy
					· · · · · · · · · · · · · · · · · · ·	
		Number				
D.	Individual First)	of Ticket(s)/ Passes		Identify one of t	he following:	
			Cerei	monial Role 🔲 Othe	er 🔲	Income
			lf cheo	cking "Ceremonial Role" or "Othe	er" describe below:	
		-			× >	
			1		er 🗖 '	Income
			If cheo	cking "Ceremonial Role" or "Othe	er" describe below;	
· ·						
C. Name of Outsid (include address	e Organization and description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made	pursuant to the agen	cy's policy
Tri-Valley Community T	.V. (fundraiser event)	18	To	reward a school or	non-profit organi	zation for
4663 Bernal Ave. Ste.B	, Pleasanton,CA94566		-		s to the commun	
						•
Varification	<u>^</u>					
. Verification	FPIPC Regulations 1894	4.1 and 18942.	l have verified	I that the distribution s	et forth above, is in	accordance
v.	ί	aula Ctours-		Ticket Administrat	tor 6#	5/2019
		Ooyle-Stevens		Title		th, day, year)
	C.		tinued condi	cas to the Tri-\/allow	community	
Comment: Proceeds fro	m auction item sales he	eip to tuna con			Joshiniunity.	

C	eremonial Role Even	ts and Ticket/Pa	ass Disti	ributions	A	Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002 For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Distri			. <u></u>		
	Designated Agency Contact					
	Leah Doyle-Stevens, Ticket				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Oxidinal Filings	
	510-272-6691	Leah.Doyle-Steven	s@acgov.o	rg	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor				27	00
	Does the agency have a ticl	_			Each Ticket/Pass \$ 27	
	Event Description: Oakland	A's Game Provide Title/ Explar	nation	Date(s)05	<u>, 24 , 19</u>	//
	Ticket(s)/Pass(es) provided			lf no:	Name of Source	
	Man tiplet distribution mode	at the behast of m	a m ·	If ves. Scott H	aggerty Official's Name (Last, First)	
	Was ticket distribution made of agency official?	e at the benest Yes	NOLI	<u></u>	Official's Name (Last, First)	
3.	Recipients					
J .	• Use Section A to identify the ager		Use Section B to	o identify an indivi	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep.	· · · · ·	Number of Ticket(s)/ Passes		he public purpose made pur	
	8		Number			
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the f	ollowing:
					monial Role Other C cking "Ceremonial Role" or "Other" dea	-
					monial Role Other cking "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address an		Number of Ticket(s) Passes	Describe t	he public purpose made pur	suant to the agency's policy
	Sunol Glen School (Sprin 11601 Main Street, Sunol	g Fling Fundraiser) , CA 94586	4	To re	eward a school or non- its contributions to	-profit organization for the community

4. Verification

I have read and understand FRPC 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
17	angriature of Agency ries of a second	Print Name	Title	(month, day, year)
	Comment: Proceeds from auction iten	n sales help to fund continued	school extra-currricular activities for	or students.
	Comment.			

Ce	eremonial Role Events and Licket/	Pass Dist	ributions		lic Document
١.	Agency Name			Date Stamp Ca	lifornia 802
	Alameda County			percentage and a second s	
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Board of Supervisors, District 1				
	Designated Agency Contact (Name, Title)				
	Leah Doyle-Stevens, Ticket Administrator			Amendment (Must Provide E)	(planation in Part 3.)
	Area Code/Phone Number E-mail				
	510-272-6691 Leah.Doyle-Steve	ens@acgov.o	org	Date of Original Filing:	nth, day, year)
2.	Function or Event Information			24.00	
	Does the agency have a ticket policy? Yes	s 🛛 No 🗌	Face Value of	Each Ticket/Pass \$ 24.00	· · · · · · · · · · · · · · · · · · ·
	Event Description: Oakland A's Game		Date(s) 05	<u>, 27 , 19</u>	
	Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes	s 🖾 No 🗔	lf no:	Name of Source	
	Mee ticket distribution made at the behast of		If ves: Scott H	aggerty Official's Name (Last, First)	
	Was ticket distribution made at the behest Yes of agency official?			Official's Name (Last, First)	
				2	
3.	Recipients				
	• Use Section A to identify the agency's department or unit.	• Use Section B	to identify an indivi	dual. • Use Section C to identify an o	utside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s Passes	1 1 1 1 1 1	he public purpose made pursuant to	o the agency's policy
		Number-			
	B. Name of Individual (Last, First)	Number of Ticket(s Passes		Identify one of the followin	g:
				monial Role Other Other cking "Ceremonial Role" or "Other" describe bei	Income
				monial Role D Other C	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s Passes		he public purpose made pursuant t	o the agency's policy
	Alameda County DSA (crab feed fundraiser) 6689 Owens Drive, Pleasanton, CA 94566	4	To rev	ward a school or non-profit its contributions to the cor	
			Y		

- - - A

4. Verification

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

N	Leah Doyle-Stevens	Ticket Adminis	trator	6/6/2019
Comment:	eds 90 to	Chanties	in th	(month, day, year)
alamedi	a County,	BAY Area	CEQUE FPP	C Form 802 (2/2016) PPC (866/275-3772)

C	eremonial Role Event	ts and licket/P	ass Dist	riputions	Α	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County				V.	and the second of the second o
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors, Distric	ct 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				ondo Explanation in Fort oly
	510-272-6691	Leah.Doyle-Steven	s@acgov.o	rg	Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$	5.00
	Event Description: Warriors	Finals Watch Party		Date(s) 05	<u>, 30 , 19</u>	/
		Provide Title/ Explai				
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no:	Name of Source	
	Was ticket distribution made	at the behest. Voc 1	81 No 🗔	If ves: Scott H	aggerty Official's Name (Last, First)	
	of agency official?	at the beliese Tes			Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •		o identify an individ	Iual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	Leticia Gomez, Alameda C	County GSA	4	Tc	reward a county emp exemplary service	
	<u> </u>					
	<u> </u>					
	B. Name of Indi (Last, Fir:		Number of Ticket(s)/ Passes		Identify one of the f	ollowing
	S				nonial Role Other	
	F.				nonial Role	
					king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	<u></u>	<u> </u>				<u> </u>
			1			····

4. Verification

Ahave read and understand 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
V	Signature of Agenty Teat or Designed	Print Name	Title	(month, day, year)
	Comment:			<u>A</u>

	eremonial Role Events and Ticl	ket/Pass Di	stributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOZ For Official Use Only
	Division, Department, or Region (If Applicable)			For Onicial Ose Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6692 Gabriela.Ch	risty@acgov.or	g .	Date of Original Filing:	(Month, Day, Year)
C	Function or Event Information				10-120
	Does the agency have a ticket policy?	Yes 🛛 No 🗆	Face Value o	f Each Ticket/Pass \$ _	45/200
	Event Description Oakland A's vs. Cincinn	ati Reds	Date(s) 05	, 07 , 19	
	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oaklar	Name of S	
		No 🗌 Yes 🛛	Valla		
	Was ticket distribution made at the behest of agency official?	If yes: Valle,	Richard- Supervisor	(Last, First)	
_					
3. R	• Use Section A to identify the agency's department or	unit. • Use Sectio			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursual	nt to the agency's policy
-					
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role	Identify one of the follo	
		Ticket(s)/			
		Ticket(s)/	If checking "Ceremo	Other o	income
		Ticket(s)/	If checking "Ceremo	Other o	Income
		Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other	income
		Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo To reward a C her exemplary	Other	Income
	C. Name of Outside Organization	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo To reward a C her exemplary	Other Other Other Other Other Other Other County employee for	Income

Gabriela Christy

Print Name

Comment: _

Supervisor's Assistant Title

5

29/10

(Month, Day, Year)

remonial Role Event	s and Ticl	ket/Pass Dis	Inducións		
gency Name				Date Stamp	California 802
Alameda County					Form 602 For Official Use Only
Division, Department, or Regi	on (If Applicable)		1	
Board of Supervisors					
Designated Agency Contact (Name, Title)				1	
Gabriela Christy				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6692	Gabriela.Ch	risty@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Inform	mation				20A.201
Does the agency have a ticke	t policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	
Event Description Warriors P	Playoffs		Date(s) 0	5 <u>, 08 , 19</u>	
	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors	ource
Was ticket distribution made a	at the heheet	No 🗌 Yes 🛛	Jewas Valle		
of agency official?	at the beliest		n yes:	e, Richard- Supervisor Official's Name	(Last, First)
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy
B. Name of Individu	nal	Number of Ticket(s)/	To rowar	d a community volu	ateet for
(Last, First)	ial	Number of		d a community volu r service to the public	
	nal	Number of Ticket(s)/			
(Last, First)	ial	Number of Ticket(s)/	his or he	r service to the public	C Income
(Last, First)	ial	Number of Ticket(s)/	his or her To reward		C Income
Burnett, Cindy	Inization	Number of Ticket(s)/	his or her To reward his or her	r service to the public a community volunt	c income
Burnett, Cindy Hill, Mallory	Inization	Number of Ticket(s)/ Pass(es) 2	his or her To reward his or her	r service to the public a community volunt service to the public	c income
Burnett, Cindy Hill, Mallory C. Name of Outside Orga (include address and de	Inization	Number of Ticket(s)/ Pass(es) 2	his or her To reward his or her	r service to the public a community volunt service to the public	c income
C. Name of Outside Orga (include address and de	anization ascription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	his or her To reward his or her Describe the p	r service to the public a community volunt service to the public ublic purpose made pursua	ceer for
C. Name of Outside Orga (include address and de	anization ascription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	his or her To reward his or her Describe the p	r service to the public a community volunt service to the public	ceer for

1. Aa	ency Name				Date Stamp	California 802
-	meda County					Form OUZ
	sion, Department, or Regi	on (If Applicable,)			For Official Use Only
	-					
	ard of Supervisors ignated Agency Contact ()	Name Title)				
	5 5 7	vanio, niloj				
	briela Christy			· · · · · · · · · · · · · · · · · · ·	Amendment (Must	provide explanation in Part 3.)
	a Code/Phone Number	E-mail	i-t-@eeee		Date of Original Filing	
	0) 272-6692		risty@acgov.c			(Month, Day, Year)
2. Function or Event Information					f Each Ticket/Doop f	17
	es the agency have a ticke		Yes 🛛 No 🗌	-	of Each Ticket/Pass \$.	
Eve	nt Description Oakland A	's vs. Cincinn	ati Red	Date(s)	5 , 09 , 19	////////
		Provide Title/Expl	anation			
Tick	<pre>ket(s)/Pass(es) provided b</pre>	y agency?	Yes 🗌 No 🛛	If no: Oakla	Name of S	Source
14/	. It is a distribution mode -	t the helicat		- Valle	, Richard- Superviso	r District 2
	s ticket distribution made a agency official?	at the penest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)
J. Ke +Us	ecipients se Section A to identify the agenc	y's department or		ion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			Number of			
B,	, Name of Individu (Last, First)	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
			1.032(03)	Ceremonial Role	Other	Income
				+	onial Role" or "Other" describe belo	
	v					
				Ceremonial Role	Other U onial Role" or "Other" describe belo	
				" theoking belefin		
_	Name of Outside Orm	nization	Number of	To reward a s	chool or nonprofit	
С	Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	U U	for its contributions	to the agency's policy
_	the of the second Others date of			- community		. <u></u>
	ity of Hayward Citywide (/eekes Park April 27	Jiean-up	2			
			<u> </u>			
				A fail and a second second	الالاحمالمم مغيممالمممم	ar and abandanad dabute is
	he Annual Citywide Clea ick-up event hosted at W				together to collect litt noods throughout the	er and abandoned debris ir City

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.

	·	· · · · · · · · · · · · · · · · · · ·
Gabriela Christy	Supervisor's Assistant	5/29/19
Print Name	Title	(Month, Day, Year)

Comment: _____

~

A Public Document

					Data Stamp	California 000
1.	Agency Name				Date Stamp	Form 802
	Alameda County					For Official Use Only
	Division, Department, or Regio	on (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amenament (Must p	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chr	risty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				At
					of Each Ticket/Pass \$ _	45
	Event Description Oakland A		eveland India	ns Detecto 05	5 , 10 , 19	/
	Event Description	Provide Title/Expl		//		
	Ticket(s)/Pass(es) provided by	v agency?				
	nokel(s)/Fass(es) provided by	y agency :	Name of S			
	Was ticket distribution made a	t the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name	District 2
	of agency official?				Official's Name	(Last, FIrst)
3.	Recipients	·	-			
	Use Section A to identify the agence	y's department or		ion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy	
			Pass(es)			
			Number of			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			1 400(00)	Ceremonial Role	Other	Income
					onial Role" or "Other" describe below	c
				Ceremonial Role	Other Other or "Other" describe below	
				" checking berein		
	Name of Outside Orga	nization	Number of	 To reward a 	school or nonprofit	
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	, v	for its contributions	s to the agency's policy
	Linian City Eamily Conter 7	25 Mbinnlo		community		
	Union City Family Center 7 Rd, Union City, CA 94587	zo wnippie				
	The Union City Family Cer			community and p	ublic and private orga e to retirement" succe	nizations working togethe
	partnership of families, sch					
4	I. Verification	wistions 19011 1 a	nd 18042 hour w	arified that the distribution se	at forth above, is in accordance	with the requirements.
) have read and understand EVPL: Red	"iidiions 16944.1 ai				- Lalla
	`		Gabriela C		Supervisor's Assista	
		е	Print Nan	ne	nue	(Month, Day, Year)
	Comment:					. <u></u>

A Public Document

Ce	eremonial Role Event	s and Tick	et/Pass D	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)		- <u></u>		
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chri	isty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				100
	Does the agency have a ticket		Yes 🗵 No 🗌	Face Value c	f Each Ticket/Pass \$ _	17/24
	- Oakland A	's vs. Clevelar			, 10 , 19	05 , 11 , 19
	Event Description	Provide Title/Expla				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	d If no: Oakla	nd Athletics	
	3				Name of Sc Dichard Supervisor	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name ((Last, First)
_						
3.	• Use Section A to identify the agency	v's department or u	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	Number of				blic purpose made pursuan	
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)				
	B. Name of Individue (Lest, First)	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(<u></u>		Pass(es)	Ceremonial Role	Other	income
					nial Role" or "Other" describe below:	
				Ceremonial Role	nial Role" or "Other" describe below	
				in checking Ceremo		•
	Name of Outside Orga	nization	Number of	To reward a	school or nonprofit	
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)		n for its contribution	ns to the ency's policy
	City of Hayward Citywide C	lean-un		community		P
	Weekes Park April 27	noun up	A			
	The Appuel Citerride Class			Volunteers come	ogether to collect litte	r and abandoned debris ir
	The Annual Citywide Clear pick-up event hosted at We				oods throughout the C	
7	. Verification		1			-
	I have read and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	arified that the distribution se	t forth above, is in accordance v	
			Gabriela C		Supervisor's Assista	- alla

 Gabriela Christy
 Supervisor's Assistant
 5/2// []

 mee
 Print Name
 Title
 (Month, Day, Year)

Comment: _

				stributions		AFUL	olic Documen
. Agei	ncy Name				Date Stamp		
Alam	eda County						
Divisi	on, Department, or Regio	on (If Applicable)			For	Official Use Only
Boar	d of Supervisors						
	nated Agency Contact (/	Name, Title)			4		
Gabr	iela Christy						
	· · · · · · · · · · · · · · · · · · ·	E-mail			Amendment (Musi	t provide expla	nation in Part 3.)
	272-6692		risty@acgov.org	a	Date of Original Filing	g:	Day, Year)
	ction or Event Inform			-		(Wonth)	
	the agency have a ticket		Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$		<u>u0</u>
	Pontatoniy				5 , 11 , 19		
Event	t Description	Provide Title/Expl	anation	Date(s)	<u> </u>	/.	/
Ticke	t(s)/Pass(es) provided by	agency?	Yes 🗌 No 🖾	lf.no [.] Golde	n State Warriors		
TIONO		ugonoj.			Name of S		
	ticket distribution made a	t the behest	No 🗌 Yes 🛛	If yes: Valle	e, Richard- Superviso Official's Name	r District 2	
of a	gency official?				Umiciai s Ivame	e (Last, First) _	
	• Use Section A to identify the agency's department or the section A to identify the agency's department or the section of the			B to identify an individ	lual. • Use Section C to id	entify an outs	ide organization.
• Use	, , ,		Number of				
• Use A.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the age	ency's policy
		nt or Unit	Ticket(s)/	Describe the pu	blic purpose made pursua	ant to the age	ency's policy
			Ticket(s)/	Describe the pu	blic purpose made pursua		ency's policy
A.	Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the folio	owing:	income
A.	Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role	Identify one of the folio	pwing: .	
A.	Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo	Identify one of the folic Other	owing: .	Income
A.	Name of Agency, Departme	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo To reward a organization	Identify one of the folio	Dwing: .	Income
A. B. C.	Name of Agency, Departme Name of Individua (Last, First)	al nization scription) rice 26081	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo To reward a	Identify one of the folic Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other School or nonprofit	Dwing: .	Income

Gabriela Christy Supervisor's Assistant 599117

Print Name Title (Month, Day, Year

Comment: _

Ce	remonial Role Events and Tick	et/Pass D	Distributions		A Public Document
	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors			Б.	
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692 Gabriela.Chri	sty@acgov.c	org	Date of Original Filing: -	(Month, Day, Year)
<u>)</u>	Function or Event Information				24
	Does the agency have a ticket policy?	Yes 🛛 No 🗆		f Each Ticket/Pass \$	<u>7</u>
	Event Description Oakland A's vs. Clevelan		Date(s)5	, 12 , 19	66 \$
	Provide Title/Expla	nation	If no: Oaklar	ad Athletics	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛛		Name of Sou	urce
	Was ticket distribution made at the behest	No 🗌 Yes 🗵	a if yos. Valle,	Richard- Supervisor [District 2
	of agency official?		<u> </u>	Official's Name (L	.ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	Init. • Use Secti		· · · · · ·	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic 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 Dial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other	Income
	C. Name of Outside Organization	Number of Ticket(s)/		chool or nonprofit or its contributions t	o the agency's policy
	(include address and description)	Pass(es)	 community 		
	City of Hayward Citywide Clean-up Weekes Park April 27	2			
	The Annual Citywide Clean-Up is a litter pick-up event hosted at Weekes Park.			ogether to collect litter bods throughout the C	and abandoned debris ir ity.
4.	Verification				
	I have read and understand FPPC Regulations 18944.1 and			forth above, is in accordance w Supervisor's Assistan	Thalia
		Gabriela Cl		Title	(Month, Day, Year)
		Print Name	9	Title	(Month, Day, Yea

		s and ne	ket/Pass Dis	libutions		A Public Documen	
Ag	ency Name				Date Stamp	California 802	
Ala	meda County					Form GOZ	
Div	ision, Department, or Regi	on (If Applicable	e)			For Onicial Use Only	
Bo	ard of Supervisors						
	signated Agency Contact (/	Vame, Title)			1		
Ga	briela Christy						
	a Code/Phone Number	E-mail				provide explanation in Part 3.)	
(5 ⁻	10) 272-6692	Gabriela.Ch	nristy@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Fı	Inction or Event Inform	nation				anden	
	es the agency have a ticket		Yes 🛛 No 🗌 ·	Face Value	of Each Ticket/Pass \$ _	804.80	
	ent Description Warriors P			Date(s)	5 <u>, 14 , 19</u>	/	
		Provide Title/Exp	planation				
Tic	Ticket(s)/Pass(es) provided by agency? Yes D No X If			If no: Golde	en State Warriors		
					e, Richard- Supervisor		
	Was ticket distribution made at the behest No I Yes X of agency official?			If yes:	Official's Name	(Last, First)	
G	A. Name of Agency, Department or Unit General Service Agency - Motorpool	Ticket(s)/ Pass(es)					
		· · · · · ·	_				
					<u> </u>		
B	Name of Individu	al	Number of Ticket(s)/ Pass(es)	Identify one of the		ollowing:	
_			, 400(00)	O D-l-		Income	
G	arcia, Al		AL		a County employee f		
			1[1]		lary service to the pu		
				to encoura	ge staff development	Income	
					moone		
c	Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy	
_							

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	5/29/19
Print Name	Title	(Month, Day, Year)

eremonial Role Events	s and fic	Ket/Pass D	Istributions		A Public Document	
Agency Name				Date Stamp	California 802	
Alameda County					Term	
Division, Department, or Regio	n (If Applicable	ə)		1	For Official Use Only	
Board of Supervisors						
Designated Agency Contact (A	lame, Title)			4		
Gabriela Christy						
	E-mail			Amendment (Must	provide explanation in Part 3.)	
		risty@acgov.or	g	Date of Original Filing	(Month, Day, Year)	
Function or Event Inform			-			
				of Each Ticket/Pass \$ -	304.00 80	
				5 <u>, 16 , 19</u>	1 1	
Event Description Warriors Pl	Provide Title/Exp	lanation	Date(s)		//	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors		
Tickel(s)/Pass(es) provided by	agency:			Name of Source		
Was ticket distribution made at	t the behest	No 🗌 Yes 🛛	If yes: Valle	e, Richard- Supervisor Official's Name	District 2	
of agency official?				Official's Name (Last, First)		
• Use Section A to identify the agency	's department or		n B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	public purpose made pursuant to the agency's polic		
Alameda County Sheriffs Of	Alameda County Sheriffs Office			-		
			×			
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the fo		llowing:	
			To powerd		Income	
Ellison, Felix		411	her evem	a County employee lary service to the pu	for his of	
			to encoura	ge staff development	blic or	
				ge stan development	Income	
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy	
		1 1				

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	5/29/19
ignee	Print Name	Title	(Month, Day, Year)

Comment: _____

1

remonial Role Events and Tick	et/Pass D	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If Applicable)			1	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.Chri	sty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				250
	Yes 🗵 🛛 No 🗌		of Each Ticket/Pass \$ _	
Event Description Carrie Underwood Provide Title/Expla	nation	Date(s)	5 , 16 , 19	///
		a lf no. Golde	n State Warriors	
noner(a)/Fasales) provided by agency?	Yes 🗌 No 🛛	3	Name of St	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Valle	e, Richard- Supervisor Official's Name	Last, First)
Recipients				
Use Section A to identify the agency's department or u	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:
(Last, First)	Pass(es)	Ceremonial Role	Other	Income
			onial Role" or "Other" describe below	
		Ceremonial Role		Income
		If checking "Cerem	onial Role" or "Other" describe below	¢.
	Number of	To reward a	a school or nonprofit	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	organizatio community	n for its contributior	ns to the
Hayward Ed Foundation P.O. Box 56444 Hayward, Ca				
The Hayward Education Foundation is an accredited non-profit 501(c)(3) organi			bing ALL Hayward Stu s with the resources n	dents Succeed by ecessary to support, er
. Verification				with the requirements
I have read and understand EDDC Regulations 18944.1 an				e lacile
	Gabriela C		Supervisor's Assista	
100	Print Nan	ne	Title	(Month, Day, Y
Comment:				

	nonial Role Events	and licket/P		Supulions		A Public Document
1. Agei	ncy Name	· · · · ·			Date Stamp	California 802
Alam	eda County					Form GOZ For Official Use Only
Divisi	ion, Department, or Region	(If Applicable)				For Onicial Use Only
Boar	d of Supervisors					
	nated Agency Contact (Nan	ne, Title)				
Gabr	riela Christy					
		mail			Amendment (Must	provide explanation in Part 3.)
		abriela.Christy@a	acgov.or	g	Date of Original Filing	(Month, Day, Year)
	ction or Event Informa	tion			I	. 1.
	the agency have a ticket po		No 🗆	Face Value of	of Each Ticket/Pass \$.	27
	t Description Oakland Athle	etics vs. Seattle N		Date(s)	5 <u>24</u> 19	5,26,19
Ticke	et(s)/Pass(es) provided by a	gency? Yes] No 🛛	lf no: Oakla	nd Athletics Name of S	Source
\M/ae	ticket distribution made at th	ne bebest No E] Yes 🛛	If yes. Valle	, Richard- Supervisor	District 2
	igency official?		II yes	Official's Name	(Last, First)	
A.	A. Name of Agency, Department or U	or Unit Tick	ber of (et(s)/ (s(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
 B.	Name of Individual (Lest, First)	Tic	nber of ket(s)/ ss(es)	=	Identify one of the folic	wing:
B.		Tic	ket(s)/	Ceremonial Role		Income
B.		Tic	ket(s)/	If checking "Ceremo Ceremonial Role	Other D	Income [
B. 		ation Nur	ket(s)/	If checking "Ceremonial Role If checking a comparison of the comparison of t	Other Other Other Other Other Other Other Other Other onial Role" or "Other" describe belo onial Role" or "Other" describe belo a school or nonprof on for its contributio	Income [w: w: it
 C. 	(Lest, First)	ation iption) Pa	ket(s)/ ss(es)	If checking "Cerem Ceremonial Role If checking "Cerem	Other Other Other Other Other Other Other Other Other onial Role" or "Other" describe belo onial Role" or "Other" describe belo a school or nonprof on for its contributio	Income [w: w: it

-						
1. /	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
ī	Division, Department, or Regi	on (If Applicable)			For Onicial Use Only
ł	Board of Supervisors					
ī	Designated Agency Contact (Name, Title)	,* *			
	Gabriela Christy				Amendment (Must or	ovide explanation in Part 3.)
7	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.Ch	risty@acgov.c	rg	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				<u>~4</u>
	Does the agency have a ticke		Yes 🛛 No 🗌		of Each Ticket/Pass \$	0
1	Event Description Oakland A	's vs. Seattle	Mariners	Date(s)05	5 , 25 , 19	//
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No 🗵	lf no: Oakla	nd Athletics Name of So	
		1.11		. Valle	, Richard- Supervisor I	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛛	If yes:	Official's Name (I	Last, First)
_					14	
3.	• Use Section A to identify the agend	v's department or	unit. • Use Secti	on B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	Number of		blic purpose made pursuant		
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)			
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the follow	ring:
	(Last, Filst)		Pass(es)			income
				Ceremonial Role If checking "Ceremo	Dial Role" or "Other" describe below:	income
	· · · · · · · · · · · · · · · · · · ·	-		Ceremonial Role		
				If checking "Ceremo	onial Role" or "Other" describe below:	
			Number of	To reward	a school or nonprofit	
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)		on for its contributio	
			F d35(c3)	communit		·
	Sunol 4-H PO Box 397 Su	nol, Ca	2			
				T		
	4-H, the largest youth development development of the largest youth development of the largest develop			people to reach the	neir full potential as cor ter who contribute and	npetent, confident, are connected to their co
_						
4.	Verification	lations 18944.1 a	nd 18942. I have ve	rified that the distribution se	t forth above, is in accordance v	vith the requirements.
	6		Gabriela C		Supervisor's Assista	-loalia
			Gabriela Q	e	Title	(Month, Day, Year)

Comment: ____

A Public Document

1. Agency Name Alameda County Date Stamp California 802 Board of Supervisors Board of Supervisors For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail Gabriela Christy Gabriela. Christy@acgov.org Immediate additional additionaddit additional additional additex additional a
Division, Department, or Region (if Applicable) For Official Use Chiy Board of Supervisors
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Event Description Oakland Athletics vs. Seattle Mariners Provide Title/Explanation Face Value of Each Ticket/Pass \$45/20 Event Description Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakland Athletics Name of Source Name of Source Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If ne: Oakland Athletics Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit (Mather of Ticket(s)/Pass(es) • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit (A, Name of Agency, Department or Unit (A, Name of Agency, Department or Unit) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (past, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es)
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Event Description Oakland Athletics vs. Seattle Mariners Provide Title/Explanation Face Value of Each Ticket/Pass \$45/20 Event Description Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakland Athletics Name of Source Name of Source Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If ne: Oakland Athletics Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit (Mather of Ticket(s)/Pass(es) • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit (A, Name of Agency, Department or Unit (A, Name of Agency, Department or Unit) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (past, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es)
Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month. Day. Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No I Face Value of Each Ticket/Pass \$
Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing:
(510) 272-6692 Gabriela.Christy@acgov.org Date of Original Filing:
(10) 2120032 Calified Official Strengther Strengt Strengther Str
Does the agency have a ticket policy? Yes X No I Face Value of Each Ticket/Pass \$
Does the agency have a ticket policy? Yes X No Yes No Yes No Yes Yes 2 Date(s) Pace value of Each TicketPass \$
Provide InterExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:
Provide InterExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:
Was ticket distribution made at the behest of agency official? No I Yes I If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other I Income
Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income
of agency official? Omdars Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income
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) B. Name of Individual (Last, First) Recipient Ceremonial Role Other Income
• 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) B. Name of Individual (Last, First) Restart of the section C to identify an outside organization. Ceremonial Role Other Income
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income
B. Name of Individual (Lest, First) Ticket(s)/ Pass(es) Ceremonial Role Other I Income
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role Other I Income
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role Other I Income
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role Other I Income
If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role Other Income
If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) To reward a school or nonprofit organization for its contributions to the
community
O. Box 3151 Hayward, Ca
Our Mission is to promote the value of community involvement.
education, cultural diversity, and

. 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.

(Ga	abriela Christy	Super	rvisor's Assistant		29	19	_
		Print Name		Title	- (Ň	Nonth, Da	iy, Year)	

Comment: __

A Public Document

Ce	eremonial Role Even	ts and Tic	ket/Pass D	listributions		A Public Documen
	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			. C Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		24-11-
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗌] Face Value of	of Each Ticket/Pass \$ _	01-11-
	Event Description Oakland	Athletics vs. L/	A Angels		5 <u>, 27 ,</u> 19	05 , 28 , 19
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🗵	If no: Oakla	nd Athletics	
					Name of Se Richard-Supervisor	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: valle	, Richard- Supervisor Official's Name	(Last, First)
5.	• Use Section A to identify the agen	cv's department or	∙unit. • Use Secti	on B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
	B. Name of Individu (Last. First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below	Income
				Ceremonial Role If checking "Ceremo	Other D	income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	 To reward a organization community 	school or nonprofit 1 for its contribution	s to the gency's policy
	American Cancer Society Street NW	250 Williams	4	Communey		
			` `			

California 802 Form 802 For Official Use Only For Official Use Only mendment (Must provide explanation in Part 3.) f Original Filing: (Month, Day, Year) Ticket/Pass \$ [7] 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 9 19 19 10 10 10 10 10 11 10 12 10 13 10 14 10 15 10 16 10 17 10
For Official Use Only nendment (Must provide explanation in Part 3.) f Original Filing:(Month, Day, Year) Ticket/Pass \$ Ticket/Pass \$ Ficket/Pass \$
Ticket/Pass \$ Another (Must provide explanation in Part 3.) f Original Filing:(Month, Day, Year) Ticket/Pass \$ Ticket/Pass \$ 9 19 9 9 9 19 9 9 19 19 9 19 19 19 19 19 19 19 19 19 19 19 10
f Original Filing:(Month, Day, Year) Ticket/Pass \$ 919 Petics Name of Source rd- Supervisor District 2 Official's Name (Last, First) See Section C to identify an outside organization.
f Original Filing:(Month, Day, Year) Ticket/Pass \$ 919 Petics Name of Source rd- Supervisor District 2 Official's Name (Last, First) See Section C to identify an outside organization.
f Original Filing:(Month, Day, Year) Ticket/Pass \$ 919 Petics Name of Source rd- Supervisor District 2 Official's Name (Last, First) See Section C to identify an outside organization.
f Original Filing:(Month, Day, Year) Ticket/Pass \$ 919 Petics Name of Source rd- Supervisor District 2 Official's Name (Last, First) See Section C to identify an outside organization.
(Month, Day, Year) Ticket/Pass \$ 9
etics Name of Source Cd- Supervisor District 2 Official's Name (Last, First) Se Section C to identify an outside organization.
etics Name of Source Cd- Supervisor District 2 Official's Name (Last, First) Se Section C to identify an outside organization.
etics Name of Source rd- Supervisor District 2 Official's Name (Last, First) se Section C to identify an outside organization.
etics Name of Source rd- Supervisor District 2 Official's Name (Last, First) se Section C to identify an outside organization.
Name of Source cd- Supervisor District 2 Official's Name (Last, First) se Section C to identify an outside organization.
rd- Supervisor District 2 Official's Name (Last, First) se Section C to identify an outside organization.
Official s Name (Last, First)
ese made pursuant to the agency's policy
y one of the following:
Other Other" Income
Other I Income I
ol or nonprofit
ts contributions to the 'cy's policy
s nationwide. For tax purposes, please and tax ID listed below. To mail a dona
ve, is in accordance with the requirements.
visor's Assistant 52919
Title (Month, Day, Year)

	onial Role Events and Tick	et/Pass I	Distributions A Public Docum
Agen	cy Name		Date Stamp California 80
Alame	eda County		Form OU
	n, Department, or Region (If Applicable)		For Official Use Only
Board	of Supervisors		
Design	nated Agency Contact (Name, Title)		
Gabrie	ela Christy		
	ode/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)
(510)	272-6692 Gabriela.Chris	sty@acgov.	org Date of Original Filing:(Month, Day, Year)
Func	tion or Event Information		11-
Does t	he agency have a ticket policy?	Yes 🖾 🛛 No 🕻	Face Value of Each Ticket/Pass \$
Event	Description Oakland Athletics vs. Hou Provide Title/Explain		Date(s) <u>05 19</u> //
Ticket(Yes 🗌 No 🛙	If no: Oakland Athletics
Man ti	cket distribution made at the behest		Valle Dichard Supervisor District 2
	ency official?	No 🗌 Yes 🕻	Official's Name (Last, First)
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
 B.	Name of Individual	Number of	
D.	(Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
	Ť		Ceremonial Role Conter
	(3 4)		Ceremonial Role D Other D Incom
			To reward a school or nonprofit
	Name of Outside Organization	Number of Ticket(s)/	organization for its contributions to the Jency's policy
C.	(include address and description)	Pass(es)	
Newa		Pass(es)	community
Newa Newa We a	(include address and description) ark Little League PO Box 62	Pass(es)	Familiarize young players with the fundamentals of baseball a in doing so to firmly implant the ideals of good sportsmanship
Newa Newa We a cons	(include address and description) ark Little League PO Box 62 ark, California 94560 accept all players without sideration of prior experience or talen fication	7	Familiarize young players with the fundamentals of baseball a in doing so to firmly implant the ideals of good sportsmanship
Newa Newa We a cons	(include address and description) ark Little League PO Box 62 ark, California 94560 accept all players without sideration of prior experience or talen fication	7	Familiarize young players with the fundamentals of baseball a
Newa Newa We a cons	(include address and description) ark Little League PO Box 62 ark, California 94560 accept all players without sideration of prior experience or talen fication	7	Familiarize young players with the fundamentals of baseball a in doing so to firmly implant the ideals of good sportsmanship artified that the distribution set forth above, is in accordance with the requirements.

A Public Document

				Jistinbutions		A Public Document
1. A	gency Name				Date Stamp	California 802
Д	lameda County					Point
D	ivision, Department, or Regi	on (If Applicable,)		· ·	For Official Use Only
F	Board of Supervisors					
	esignated Agency Contact (Name, Title)			-	
c	Sarah Oddie					
	rea Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	Function or Event Inform	mation	<u></u>			
	oes the agency have a ticke		Yes 🗵 No [Face Value of	of Each Ticket/Pass \$ _	\$17
					5 , 07 , 19	1 1
E	Event Description Baseball g	Provide Title/Expl	anation	Date(s)	/ /	///
т	icket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🛙	If no: Oakla	nd A's	
1	ickel(s)/i ass(cs) provided b	y agency.	IES [] NO B		Name of S	ource
	Vas ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: <u>Char</u>	n, Wilma Official's Name	Hand First
	of agency official?				Unicial s Name	
3. 1	Recipients				*	
_	• Use Section A to identify the agence	y's department or	unit. • Use Sec Number of			
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
-			rass(es)			
-						
-	B. Name of Individu	ual	Number of		Identify one of the follo	wina
	D. (Last, First)		Ticket(s)/ Pass(es)			
				Ceremonial Role		Income
	Stadmire, Sylvia		2		onial Role" or "Other" describe below	s or her service to the
				public	numity volunteer for m	s of their service to the
				Ceremonial Role	Other	Income
					onial Role" or "Other" describe belov	
			2		•	
	C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the n	ublic purpose made pursua	nt to the agency's policy
	(include address and de	escription)	Pass(es)			
A	Verification	-				0
4.	I have Ad and understand EDDO Re	gulations 18944.1 a	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance	with the requirements.
	M		Sarah O		Supervisor's Assista	

		Sarah Oddie		Supervisor's Assistant	06.03.2019
-	signee	Print Name	-	Title	(Month, Day, Year)
			60		

Comment: ____

÷.

remonial Role Events and Tick	CUI 435 L			
Agency Name			Date Stamp	California 802
Alameda County				Form OOL
Division, Department, or Region (If Applicable)			1	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.Chri	sty@acgov.c	org	Date of Original Filing	(Month, Day, Year)
Function or Event Information				A
	Yes 🖾 No 🗌] Face Value	of Each Ticket/Pass \$1	
Event Description Oakland A's vs. Cincinna	ati Reds	Date(s) 0	5 , 07 , 19	05 , 08 , 19
Event Description Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗵	If no: Oakla	and Athletics	201700
		- Valle		
Was ticket distribution made at the behest of agency official?	No 🗋 Yes 🛛	If yes:	e, Richard- Supervisor Official's Name	(Last, First)
• Use Section A to identify the agency's department or u	unit. • Use Secti	on B to identify an indivi	dual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of		iblic purpose made pursua	
A. Name of Agency, Department of once	Ticket(s)/ Pass(es)			
	1 1			
B. Name of individual	Number of Ticket(s)/		Identify one of the follo	wing:
B. Name of Individual (Last, First)				
B. Name of Individual (Last, First) Munoz, Angelo	Ticket(s)/		community volunted	
(Last, First)	Ticket(s)/			
(Last, First)	Ticket(s)/		community volunted	er for Income
(Last, First)	Ticket(s)/		community volunted	er for Income
(Last, First)	Ticket(s)/		community volunted	er for Income
(Last, First)	Ticket(s)/		community volunted	er for Income
(Last, First) Munoz, Angelo	Ticket(s)/ Pass(es)	his or her set	community volunted rvice to the public school or nonprofit	er for Income
(Last, First)	Ticket(s)/ Pass(es)	To reward a organization	community volunted	er for Income
(Last, First) Munoz, Angelo C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	his or her set	community volunted rvice to the public school or nonprofit	er for Income
(Last, First) Munoz, Angelo Name of Outside Organization	Ticket(s)/ Pass(es)	To reward a organization	community volunted rvice to the public school or nonprofit	er for Income
(Last, First) Munoz, Angelo C. Name of Outside Organization (include address and description) Sunol 4-H PO Box 397, Sunol , Ca	Ticket(s)/ Pass(es)	To reward a organization community	community volunted rvice to the public school or nonprofit for its contributions	er for Income
(Last, First) Munoz, Angelo C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	To reward a organization community	community volunted rvice to the public school or nonprofit for its contributions heir full potential as c	er for Income
(Last, First) Munoz, Angelo C. Name of Outside Organization (include address and description) Sunol 4-H PO Box 397, Sunol , Ca 4-H, the largest youth development organization in the nation, helps young Verification	Ticket(s)/ Pass(es)	To reward a organization community people to reach t leaders of charac	community volunted rvice to the public school or nonprofit for its contributions heir full potential as co	er for Income
(Last, First) Munoz, Angelo C. Name of Outside Organization (include address and description) Sunol 4-H PO Box 397, Sunol , Ca 4-H, the largest youth development organization in the nation, helps young	Ticket(s)/ Pass(es)	To reward a organization community people to reach t leaders of charac	community volunted rvice to the public school or nonprofit for its contributions heir full potential as co	er for Income Income s to the agency's policy ompetent, confident, id are connected to their
(Last, First) Munoz, Angelo C. Name of Outside Organization (include address and description) Sunol 4-H PO Box 397, Sunol , Ca 4-H, the largest youth development organization in the nation, helps young Verification	Ticket(s)/ Pass(es)	To reward a organization community people to reach t leaders of charact	community volunted rvice to the public school or nonprofit for its contributions heir full potential as co	er for Income

Ce	eremonial Role Event	s and Tick	et/Pass D	istributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Regi	on (If Applicable)			1	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	acdov.ord		Date of Original Filing:	(Month, Day, Year)
1	Function or Event Infor		,			
۷.	Does the agency have a ticke		Yes 🗵 No 🗌	T Face Value (of Each Ticket/Pass \$ _	\$17
				-		, ,
	Event Description Baseball g	Provide Title/Explai	nation	Date(s)	<u> </u>	/
				d If no: Oakia	nd A's	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	2	Name of S	ource
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Char	n, Wilma	
	of agency official?			_ ,	Official's Name	(Last, First)
З.	• Use Section A to identify the agence • Use Section A to identify the agence • Use Section A to identify the agence • Use Section A to identify the agence		nit. • Use Sect Number of Ticket(s)/ Pass(es)		dual. • Use Section C to ide	
	e					а,
	B. Name of Individu	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	· · · · · · · · · · · · · · · · · · ·		F 455(65)	Ceremonial Role	Other	Income [
				т спескілу Сеген.		
				Ceremonial Role	e D Other D Ionial Role" or "Other" describe below	Income
	C. Name of Outside Orga (include address and d		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy
	Satellite Affordable Housir 1835 Alcatraz Ave, Berkel	ng Associates, ey 94703	2	To reward a scho to the community		zation for its contributions
	Non-profit housing develo					

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.

	a	Sarah Oddie	Supervisor's Assistant	06.03.2019
1	30	Print Name	Tille	(Month, Day, Year)
- 4				

Comment: ___

A Public Document

Agency Name					Date Stamp	California 802
Alameda County						Form OOZ
Division, Departm		on (If Applicable)			For Official Use Only
Board of Superv	visors					
Designated Agen		Name, Title)				
Sarah Oddie					Amendment (Must	provide explanation in Part 3.)
Area Code/Phone	e Number	E-mail	······································			
(510) 272-6693		sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or E	vent Infor	mation				\$312.50 ticket/\$30 park
Does the agency			Yes 🛛 No 🗌			\$312.50 ticket/\$30 park
Event Description	Basketbal	Game		Date(s)	5 <u>, 08 , 19</u>	//
Event Desemption		Provide Title/Exp	lanation			
Ticket(s)/Pass(es	s) provided b	y agency?	Yes 🗌 🛛 No 🛛	If no: Golde	en State Warriors	Source
		1.11 1.1		If yes: Char	n. Wilma	
Was ticket distrib of agency officia		at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	e (Last, First)
Recipients				······		
Use Section A to id	lentify the agend	y's department or	unit. • Use Sect	tion B to identify an individ	dual. • Use Section C to id	entify an outside organization.
A. Name of Ag	jency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	iblic purpose made pursua	ant to the agency's policy
			Pass(es)		14	
					<u> </u>	
B. N	ame of Individ	ual	Number of Ticket(s)/		Identify one of the foll	owing:
	(Last, First)		Pass(es)	Ceremonial Role	Other	Income
Brekke-Miesne	er Lukas				onial Role" or "Other" describe bel	
Dickke meene	.,		2	To promote atten	dance at a(n) even	t held at a County facility
		_		order to maximize	e potential County rev	
				Ceremonial Role		Income
Brown, Maddie	Ð		2		nonial Role" or "Other" describe bei	it held at a County facility
				order to maximize	e potential County rev	venue
C. Name	of Outside Org	anization	Number of Ticket(s)/	Describe the p	ublic purpose made pursu	uant to the agency's policy
(include	address and d	escription)	Pass(es)			

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

	Sarah Oddie	Supervisor's Assistant	06.03.2019
7	nee Print Name	Title	(Month, Day, Year)

Comment: _____

Agency Name		Date Stamp California 802
Alameda County		For Official Use Only
Division, Department, or Region (#	f Applicable)	
Board of Supervisors		
Designated Agency Contact (Name	e, Title)	
Sarah Oddie		Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number E-m	nail	
	ah.oddie@acgov.org	Date of Original Filing:(Month, Day, Year)
. Function or Event Informati	ion	\$45 tix/\$20 park
Does the agency have a ticket poli	icy? Yes 🛛 No 🗌	Face value of Each Tickel/Pass \$
Event Description Baseball game	e	Date(s) 0919/
Event Description	vide Title/Explanation	
Ticket(s)/Pass(es) provided by age	ency? Yes 🗆 No 🛽	If no: Oakland A's Name of Source
Was ticket distribution made at the of agency official?	e behest 🛛 No 🗌 Yes 🛛	If yes: <u>Chan, Wilma</u> Official's Name (Last, First)
 Recipients Use Section A to identify the agency's departure 	epartment or unit. • Use Sect	ion B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department of	Number of	Describe the public purpose made pursuant to the agency's policy
A. Name of Agency, Department of	r Unit Ticket(s)/ Pass(es)	
		18
o		
v	Number of	
B. Name of Individual	Number of Ticket(s)/ Pass(s)	Identify one of the following:
	Ticket(s)/	
	Ticket(s)/	Ceremonial Role Other I Income
	Ticket(s)/	Ceremonial Role Other Income
	Ticket(s)/	Ceremonial Role D Other I Income If checking "Ceremonial Role" or "Other" describe below:
	Ticket(s)/	Ceremonial Role Other Income
(Ləst, First)	Ticket(s)/ Pass(es)	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income
	tion	Ceremonial Role D Other I Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organizat (include address and descrip	tion ption) Number of Ticket(s)/ Pass(es)	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Describe the public purpose made pursuant to the agency's policy To reward a school or nonprofit organization for its contributions
(Lost, First)	tion ption) 3909 E	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income Describe the public purpose made pursuant to the agency's policy
C. Name of Outside Organizat (include address and descrip San Leandro Senior Center,13	tion ption) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3909 E 18+3p	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Describe the public purpose made pursuant to the agency's policy To reward a school or nonprofit organization for its contributions

Sarah Oddie Supervisor's Assistant 06.03.2019 Designee Print Name Title (Month, Day, Year)

Comment: __

A Public Document

A Public Document

. Agency Name		Date Stamp California 802
Alameda County		Form OO2
Division, Department, or Region (If	Applicable)	For Official Use Only
Board of Supervisors		· 32
Designated Agency Contact (Name,	Title)	
Sarah Oddie		
Area Code/Phone Number E-ma		Amendment (Must provide explanation in Part 3.)
	ah.oddie@acgov.org	Date of Original Filing:(Month, Day, Year)
. Function or Event Information	on	\$17
Does the agency have a ticket polic	y? Yes 🛛 No 🕻	Face Value of Each Ticket/Pass \$
Event Description Baseball game		Date(s)/ 09 _/_ 19//
Event Description	de Title/Explanation	
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗔 No 🖸	If no: Oakland A's Name of Source
		Name of Source
Was ticket distribution made at the of agency official?	behest No 🗌 Yes 🕻	If yes: Chan, Wilma Official's Name (Last, First)
3. Recipients		
Use Section A to identify the agency's dep		tion 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:
Clast, First)	Ticket(s)/	Ceremonial Role 🔲 Other 🗌 Income
McCurry, Danielle	Ticket(s)/ Pass(es)	Ceremonial Role Other Income
(Last, First)	Ticket(s)/	Ceremonial Role 🔲 Other 🗌 Income
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role C Other C Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
(Last, First)	Ticket(s)/ Pass(es) 2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income To reward a community volunteer for his or her service to the public Ceremonial Role Other Ceremonial Role Other Income
(Last, First)	on Number of	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income To reward a community volunteer for his or her service to the public Ceremonial Role Other Ceremonial Role Other Income
(Last, First) McCurry, Danielle	on Number of Ticket(s)/	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public Ceremonial Role Other Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income
(Last, First) McCurry, Danielle	on Number of Ticket(s)/	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public Ceremonial Role Other Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income
(Last, First) McCurry, Danielle	on Number of Ticket(s)/	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public Ceremonial Role Other Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income

Sarah OddieSupervisor's Assistant06.03.2019DesigneePrint NameTitle(Month, Day, Year)

Comment: _

Agency Name Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Trifle) Sarah Oddle Area Code/Phone Number E-mail Gold (Galifornia Base) Barb Oddle Area Code/Phone Number E-mail Gold (Galifornia Base) Barb Oddle Area Code/Phone Number E-mail Gold (Galifornia Base) Base of Original Filing: (dense, Day, Vew) 2. Function or Event Information Dees the agency have a ticket policy? Yes IN NO Des the agency have a ticket policy? Yes IN NO Des the agency have a ticket policy? Yes IN NO Des the agency have a ticket policy? Yes IN NO Des the agency filing? 3. Recipients	Cerem	onial Role Events	s and Tic	ket/Pass	Distributions		A Public Document
Attended County For Official Use Dity Division, Department, or Region (# Applicable) For Official Use Dity Board of Supervisors Designated Agency Contact (Name: Title) Sarah Oddie Amendment (Must provide explanation in Part 2.) Area Code/Phone Number (510) 272-6693 E-mail Charter of Supervisors Date of Original Filing:	1. Agen	icy Name				Date Stamp	California 802
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Isarah oddie@acgov.org Dest of Original Filing:		•			Pom		
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (S10) 272-6693 Sarah oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$	Divisio	on, Department, or Regio	on (If Applicable		For Onicial Use Only		
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (S10) 272-6693 Sarah oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$	Board	of Supervisors					
Area Code/Phone Number (\$10) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filing:		•	lame, Title)		,		
Area Code/Phone Number (\$10) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filing:	Sarah	n Oddie					
(Not PT2000 Ideation Outlege egg(vicity (Month, Day, Ver) (Month, Day, Ver) (Month, Day, Ver) \$17 Does the agency have a ticket policy? Yes 🖾 No 🗌 Face Value of Each Ticket/Pass S \$17 Event Description Baseball game Date(s) 05 19			E-mail		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)
Does the agency have a ticket policy? Yes X No X Face Value of Each Ticket/Pass \$	(510)	272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy? Yes ⊠ No □ Pace value of Each licket/Pass s Event Description Baseball game Date(s) _ 05 _ 10 _ 19	2. Func	tion or Event Inform	nation				
Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No Yes No Yes If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Official's Name of Source 3. Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section A to identify an outside organization. A. Name of Agency, Department or Unit Number of Tacket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (sast row) Number of Tacket(s)/ Pass(es) Identify one of the following: Angelo, Jesus 2 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 2 Ceremonial Role Other Income 2 2 Ceremonial Role or "Other" describe below: Income 2 2 Ceremonial Role or "Other" describe below: Income 2 2 Ceremonial Role or "Other" describe below: Income 2 2 Ceremonial Role or "Other" describe below: Income 2 Ceremonial Role or "Other"	Does t	the agency have a ticket	policy?	Yes 🔀 🛛 No [Face Value of	of Each Ticket/Pass \$ _	\$17
Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No Yes If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Officiel's Name (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Identify one of the following: Identify one of the following: Angelo, Jesus 2 Ceremonial Role Other Income If checking 'Ceremonial Role Other Income Income If checking 'Ceremonial Role' or "Other' describe below." To promote attendance event held at a County facilitymaximize potential County revenueconcession sales 2 If checking 'Ceremonial Role' or "Other' describe below." Income 2 Ceremonial Role' or "Other' describe below." Income 2 Ceremonial Role' or "Other' describe below." Income 2 Ceremonial Role' or "Other' describe below." <	Event	Event Description Baseball game Date(s				5 , 10 , 19	///
Was licket distribution made at the behest of agency official? No I Yes I fryes: Chan, Wilma Official? Official? Name of Source 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (cart, freq) Number of Ticket(s) Identify one of the following: Ceremonial Role: Other Angelo, Jesus 2 Ceremonial Role: Other Income 2 Ceremonial Role: <			1 / 0 / 0 0 / 1 / 0 / _ / p	nd A's			
of agency official? Officials Mame (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(sy) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fiel) Number of Ticket(sy) Pass(es) Identify one of the following: Angelo, Jesus 2 Ceremonial Role	LICKET	Ticket(s)/Pass(es) provided by agency? Yes I No X If no:				Name of So	urce
of agency official? Officials Mame (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(sy) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fiel) Number of Ticket(sy) Pass(es) Identify one of the following: Angelo, Jesus 2 Ceremonial Role		Was ticket distribution made at the behest No 🗍 Yes 🛛 If ves: Chan				, Wilma	
• 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.	of ag	of agency official?			_ ,	Official's Name (Last, First)
Indexistor Indexistor Pass(es) Pass(es) B. Name of Individual (Last, Find) Number of Ticket(s)/ Pass(es) Angelo, Jesus 2 Ceremonial Role Other Income If checking "Caremonial Role or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Ceremonial Role Other Income If checking "Caremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income If checking "Caremonial Role" or "Other" describe below: Income If checking "Caremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy	• Use S	Use Section A to identify the agency's department or unit. Num		Number of			
B. Name of Individual (Last, Freit) Ticket(s)/ Pass(es) Identify one of the following: Angelo, Jesus 2 Ceremonial RoleOtherOther Income 2 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales 2 2 Ceremonial RoleOtherOther Income 2 2 Ceremonial RoleOther OtherOther Income 11 checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: 2 2 If checking "Ceremonial Role" or "Other" describe below: Income 4 C. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4 1 Income Income Income 11 checking "Ceremonial Role" or "Other" describe below: Income Income 12 1	А.	A, Name of Agency, Department of Onit					
B. Name of Individual (Last, Freit) Ticket(s)/ Pass(es) Identify one of the following: Angelo, Jesus 2 Ceremonial RoleOtherOther Income 2 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales 2 2 Ceremonial RoleOtherOther Income 2 2 Ceremonial RoleOther OtherOther Income 11 checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: 2 2 If checking "Ceremonial Role" or "Other" describe below: Income 4 C. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4 1 Income Income Income 11 checking "Ceremonial Role" or "Other" describe below: Income Income 12 1					а	à	
Angelo, Jesus Ceremonial Role Other Income 2 2 Ceremonial Role Other Income 1 thecking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales 2 Ceremonial Role Other Income 1 Other Income Income 2 Income Income Income 2 Ceremonial Role Other Income 1 Other Income Income 1 Income Income Income 1 Income Income Income 2 Other Income Income 3 Income Income Income 4 Income Income Income 5 Income Income I	В.					Identify one of the follow	······································
Angelo, Jesus 2 If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales 2 Ceremonial Role Other Income 2 If checking "Ceremonial Role" or "Other" describe below: 2 Income Income 2 If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy		(Last, First)					
2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales 2 Ceremonial Role Other Income 2 If checking "Ceremonial Role" or "Other" describe below: 2 Number of Ticket(s)/ Pass(es) 0 Describe the public purpose made pursuant to the agency's policy	Ande	ngelo, Jesus					Income
2 If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy				2	To promote attend	lanceevent held at a	County nueconcession sales
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy				2			Income [
4. Verification	C.	(include address and description) Ticket(s)/		Describe the pu	Describe the public purpose made pursuant to the agency's policy		
4. Verification						×	
4. Verification							
	4. Veri	ification					

	Sarah Oddie	Supervisor's Assistant	06.03.2019		
	 Print Name	Tille	(Month, Day, Year)		
/					
Comment:	 				
Ce	eremonial Role Events and Tick	et/Pass D	Distributions	8	A Public Document
----	---	-------------------------------------	---------------------------------	--	---------------------------------
1.	Agency Name	6		Date Stamp	California 802
	Alameda County			л — 2	Form COL
	Division, Department, or Region (If Applicable)	·····		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie		×		
	Area Code/Phone Number E-mail				provide explanation in Part 3:)
	(510) 272-6693 sarah oddie@)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				\$45 tickot/\$20 park
	Does the agency have a ticket policy?	Yes 🛛 No 🗆] Face Value	of Each Ticket/Pass \$ _	\$45 ticket/\$20 park
	Event Description Baseball game		Date(s)	5 <u>,</u> 10 , 19	//
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛	If no: Oakla	Name of Si	ource
	and the first of the second states here of		If yes: Char		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)
2	Recipients		- F		
э.	Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section of the sec	init. • Use Sect	tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuar	nt to the agency's policy
				(4) (4)	v
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	
			Ceremonial Role		
	Boskovich, Benjamin	4+1park		nonial Role" or "Other" describe below danceevent held at a	
			facilitymaximize	e potential County reve	enueconcession sales
			Ceremonial Role	e 🗌 Other 🗌	Income
		4+1park	If checking "Cererr	nonial Role" or "Other" describe,belov	У.
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
		F (35)(C5)		· · · · · · · · · · · · · · · · · · ·	
				0	
				Э	
-	L Varification				
4	I. Verification	id 18942. I have v	erified that the distribution s	et forth above, is in accordance	with the requirements.
		Sarah O	ddie	Supervisor's Assista	ant 06.03.2019
	,	Print Nar		Title	(Month, Day, Year)
	Comment:				

Ce	eremonial Role Event	s and Ticke	t/Pass D	istributions		A Public Document
1.	Agency Name Alameda County Division, Department, or Regio	on (If Applicable)		1	Date Stamp	California 802 Form 802
	Board of Supervisors Designated Agency Contact (/	Vame, Title)			-	
	Sarah Oddie		8		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie@a	acgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Inform Does the agency have a ticker Event Description Baseball g Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official?	t policy? Ye ame Provide Title/Explana y agency? Y	es 🛛 No 🗖 etion es 🗍 No 🕅 No 🗋 Yes 🕅	Date(s) If no: _Oakla	Name or s	/ Source
3	Recipients Use Section A to identify the agence A. Name of Agency, Department		it. • Use Secti Number of Ticket(s)/ Pass(es)		dual. • Use Section C to id ublic purpose made pursua	
	B. Name of Individu	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the foll	
	~			Ceremonial Rol If checking "Ceren	e 🔲 Other 🗋 nonial Role" or "Other" describe bek	Income 🗌
	÷	1		Ceremonial Rol If checking "Cerer	le 🔲 Other 🛄 monial Role" or "Other" describe bel	Income 🗌
	C, Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the r	public purpose made purst	uant to the agency's policy
	Deputy Sheriff's Activities E 14th St, San Leandro, C	League, 16335 CA 94578	2	To reward a schoot to the community		ization for its contributions
	Sports and recreation lea	gue in County			16	

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.

Ū	Sarah Oddie	Supervisor's Assistant	06.03.2019
signee	Print Name	Title	(Month, Day, Year)

.

Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Departmen	nt, or Region (If Applicable)				For Official Use Only
Board of Superviso				_	
Designated Agency	Contact (Name, Title)				
Sarah Oddie				Amendment (Must pro	vide explanation in Part 3.)
Area Code/Phone N				Date of Original Filing:	
(510) 272-6693	sarah.oddie@	acgov.org		Date of Brighter Fining.	(Month, Day, Year)
Function or Eve				of Each Ticket/Pass \$	\$60
Does the agency ha	ve a ticket policy?	Yes 🛛 No 🗌			
Event Description _	Pentatonix: The World T Provide Title/Expla	OUI	Date(s)		//
Ticket(s)/Pass(es) p	provided by agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors Name of Sour	се
Was ticket distribution of agency official?	on made at the behest	No 🗌 Yes 🛛	lf yes: <u>Cha</u>	n, Wilma Official's Name (La	əst, First)
. Recipients				8 Une Creation Cite identit	fu an outside organization
Use Section A to identi	ify the agency's department or i	unit. • Use Sectio		dual. • Use Section C to identi	
A. Name of Agence	cy, Department or Unit	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
·, · · · _ · · · · · ·					
	a		>	<u></u>	
B. Name	e of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Rol If checking "Cerer	e Other monial Role" or "Other" describe below:	Income
a			Ceremonial Ro	le D Other describe below:	Income
iac -					Income
C. Name of C (include add	Dutside Organization dress and description)	Number of Ticket(s)/ Pass(es)	If checking "Cerei		
(include add	dress and description) sland City, 1724 Santa	Ticket(s)/	If checking "Cerei Describe the	monial Role" or "Other" describe below: public purpose made pursuan ool or nonprofit organiza	to the agency's policy
Girls Inc. of the Is Clara Ave, Alame	dress and description) sland City, 1724 Santa	Ticket(s)/ Pass(es) 4	If checking "Cerei Describe the p To reward a sch	monial Role" or "Other" describe below: public purpose made pursuan ool or nonprofit organiza	to the agency's policy
Girls Inc. of the Is Clara Ave, Alame	dress and description) sland City, 1724 Santa eda, CA 94501 organization in Alameda	Ticket(s)/ Pass(es) 4	If checking "Cerei Describe the p To reward a sch to the communit	monial Role" or "Other" describe below: public purpose made pursuan ool or nonprofit organiza y	to the agency's policy tion for its contributions
Girls Inc. of the la Clara Ave, Alame Youth services o	dress and description) sland City, 1724 Santa eda, CA 94501 organization in Alameda	Ticket(s)/ Pass(es) 4 nd 18942. / have ver	If checking "Cerei Describe the p To reward a sch to the communit	monial Role" or "Other" describe below: public purpose made pursuan OOI or nonprofit organiza y set forth above, is in accordance w	to the agency's policy tion for its contributions ith the requirements.
Girls Inc. of the la Clara Ave, Alame Youth services o	dress and description) sland City, 1724 Santa eda, CA 94501 organization in Alameda	Ticket(s)/ Pass(es) 4	If checking "Cerei Describe the To reward a sch to the communit	monial Role" or "Other" describe below: public purpose made pursuan ool or nonprofit organiza y	to the agency's policy tion for its contributions ith the requirements.

A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: _ sarah.oddie@acgov.org (Month, Day, Year) (510) 272-6693 2. Function or Event Information \$24 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗖 Event Description _____Baseball game 05 12 19 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source Chan, Wilma Was ticket distribution made at the behest If ves: No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 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 Name of Agency, Department or Unit Α. Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual Β. Ticket(s)/ (Last. First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization C. Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Satellite Affordable Housing Associates, 2 1835 Alcatraz Ave, Berkeley 94703 to the community Non-profit housing developer

Verification 4

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	06.03.2019
-	nee	Print Name	Title	(Month, Day, Year)
			*	

Comment: _

3.

1.	Agency Name				Date Stamp	California 802
	Alameda County				8.#	Form 002
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Títle)				
	Sarah Oddie				Amendment (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 Infor				of Each Ticket/Pass \$	\$312.50 ticket/\$30 park
	Does the agency have a ticke		Yes 🛛 No 🕻		$\frac{1}{10}$	//
	Event Description Basketba	Provide Title/Exp	lanation	Date(s)	05 <u>14</u> 19	//
				a If no. Gold	den State Warriors	
	Ticket(s)/Pass(es) provided t	by agency:	Yes 🔲 🛛 No 🖸		Name of S	ource
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Ch	an, Wilma Official's Name	(Look First)
	of agency official?				Omciai s iyame	(Last, Fitst)
3.	• Use Section A to identify the agen	cy's department o	r unit. • Use Sect	ion B to identify an indi	vidual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursua	nt to the agency's policy
					<u>1</u>	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	
	Tague, Ron			Ceremonial Ro	ble Other ble Other' ble Other' ble below	. Income
				To promote atte order to maximized	ndance at a(n) event ze potential County rev	held at a County facility in enue
	2			Ceremonial R	ole DOther Other emonial Role" or "Other" describe below	Income
				i checking out		
	C. Name of Outside Org	anization	Number of Ticket(s)/	Describe the	public purpose made pursua	ant to the agency's policy
			Pass(es)			
					2: 369	
4	. Verification	i i i i i i i i i i i i i i i i i i i				
-		egulations 18944.1	and 18942. I have v	erified that the distribution	set forth above, is in accordance	
			Sarah O	ddie	Supervisor's Assist	and the second sec
	esic	nee	Print Nai	me	Title	(Month, Day, Year)

A Public Document

Comment: ____

-

ency Name	a ser a second a seco				
choy name				Date Stamp	California 802
meda County					Form COL
•	on (If Applicable)				For Official Use Only
ard of Supervisors					
•	Vame, Title)			201	
ch Oddie					
	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
))acgov.org		Date of Original Filing: .	(Month, Day, Year)
	nation			¢	212 EQ tickot/\$20 park
es the agency have a ticket	policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ <mark>⊅</mark>	312.50 lickel/\$50 park
					//
ent Description	Provide Title/Expla	anation			
ket(s)/Pass(es) provided b	y agency?	Yes 🗖 No 🛛	lf no: <u>Golde</u>	n State Warriors	11/04
				Milma	
	at the behest	No 🗌 Yes 🗵	If yes: Ona	Official's Name (Last, First)
ecipients	v's department or	unit. • Use Section	on B to identify an individ	Iual. • Use Section C to iden	tify an outside organization.
· · · · · · · · · · · · · · · · · · ·		Number of Ticket(s)/			
Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
			Ceremonial Role	Other	Income
ague, Ron		2	To promote attend	dance at a(n) event	held at a County facility ir
		_			Income
		2			:
		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
2					
/erification		nd 18942 have ve	vified that the distribution s	et forth above, is in accordance	with the requirements.
	guiations 16944.1 a				
	nee	Print Nam		Title	(Month, Day, Year)
	sion, Department, or Reginant of Supervisors ignated Agency Contact (/ rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description ket(s)/Pass(es) provided by a ticket distribution made a fagency official? ecipients se Section A to identify the agence Name of Agency, Department Name of Individu (Last, First) ague, Ron Name of Outside Orga (include address and definition)	sion, Department, or Region (If Applicable) and of Supervisors ignated Agency Contact (Name, Title) rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Information es the agency have a ticket policy? ent Description Basketball Game Provide Title/Expla ket(s)/Pass(es) provided by agency? as ticket distribution made at the behest agency official? ecipients se Section A to identify the agency's department or Name of Agency, Department or Unit Name of Individual (Last First) ague, Ron	slon, Department, or Region (if Applicable) ard of Supervisors ignated Agency Contact (Name, Title) rah Oddie a Code/Phone Number a Code/Phone Number by 272-6693 contact (Name, Title) rah Oddie a Code/Phone Number by 272-6693 contact (Name, Title) ration or Event Information es the agency have a ticket policy? Yes ID No es the agency have a ticket policy? Yes ID ent Description Basketball Game Provide Title/Explanation No ID ket(s)/Pass(es) provided by agency? Yes ID agency official? No ID ecipients sestetion A to identify the agency's department or unit. • Use Section Name of Agency, Department or Unit Number of Ticket(s)/ gauge, Ron 2 2 Name of Outside Organization Number of Ticket(s)/ (include address and description) Pass(es) agulations 18944.1 and 18942.1 have versions Sarah Oct	slon, Department, or Region (If Applicable) ard of Supervisors ignated Agency Contact (Name, Title) rah Oddie a Code/Phone Number [] 272-6693 nction or Event Information es the agency have a ticket policy? Pervide Title/Explanation Date(s) Mame of Description Basketball Game Provide Title/Explanation ket(s)/Pass(es) provided by agency? Yes No Yes No Sticket distribution made at the behest No Yes No Section A to identify the agency's department or unit. • Use Section B to identify an individual Name of Agency, Department or Unit Number of Individual Name of Individual Number of Individual Itext Feet Ceremonial Role ague, Ron 2 Name of Outside Organization Number of Ticket(s)/ Pass(es) Verification Sar	sion, Department, or Region (# Applicable) and of Supervisors ignated Agency Contact (Name: Title) a Code/Phone Number a Code/Phone Number b a Code/Phone Number a Code/Phone Number b a Code/Phone Number of The Explanation b a to identify the agency's department or unit. b a section A to identify an individual b a code/Phone Number of The Ket(s) b a c

Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Regio	n (If Applicable	;)			T OF Official Ose Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
Sarah Oddie				Amendment (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 Inform	nation				\$312.50 ticket/\$30 park
Does the agency have a ticket		Yes 🛛 No 🗌] Face Valu	ie of Each Ticket/Pass \$	
Event Description Basketball	Game		Date(s) _	05 , 14 , 19	\$312.50 ticket/\$30 park
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 🛛 No 🖄	If no: Go	Iden State Warriors	Source
				nan, Wilma	
Was ticket distribution made a of agency official?	t the benest	No 🔲 Yes 🛛	If yes:	Official's Nam	e (Last, First)
Destiniente					
• Use Section A to identify the agency	's department o	r unit. • Use Secti	ion B to identify an in	lividual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursu	ant to the agency's policy
		1 400(00)			
					-
				*	
				£	
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the fol	owing:
	al	Ticket(s)/	Ceremonial	Role Other	Income
	al	Ticket(s)/	If checking "C To promote at	Role Other c eremonial Role" or "Other" describe bel	Income ow: It held at a County facility
(Last, First)	al	Ticket(s)/ Pass(es)	If checking "O To promote at order to maxin	Role Other content of the series of the seri	Income ow: It held at a County facility venue
(Last, First)	al	Ticket(s)/ Pass(es)	If checking ⁺ O To promote at order to maxin Ceremonial	Role Other content of the series of the seri	Income ow: It held at a County facility venue Income
Elliott, Laura	al	Ticket(s)/ Pass(es)	If checking ⁺ O To promote at order to maxin Ceremonial	Role D Other c eremonial Role" or "Other" describe bel cendance at a(n) ever nize potential County re Role D Other C	Income ow: It held at a County facility venue Income
(Last, First)	al	Ticket(s)/ Pass(es) 2+1p	If checking ⁺ O To promote at order to maxin Ceremonial	Role D Other c eremonial Role" or "Other" describe bel cendance at a(n) ever nize potential County re Role D Other C	Income ow: It held at a County facility venue Income
Elliott, Laura	nization	Ticket(s)/ Pass(es) 2+1p	If checking "C To promote at order to maxin Ceremonial If checking "C	Role D Other c eremonial Role" or "Other" describe bel cendance at a(n) ever nize potential County re Role D Other C	Income ow: It held at a County facility venue Income low:
Elliott, Laura	nization	Ticket(s)/ Pass(es) 2+1p 2+1p Number of Ticket(s)/	If checking "C To promote at order to maxin Ceremonial If checking "C	Role Other C eremonial Role" or "Other" describe bei cendance at a(n) ever nize potential County re Role Other C eremonial Role" or "Other" describe be	Income ow: It held at a County facility venue Income low:
Elliott, Laura	nization	Ticket(s)/ Pass(es) 2+1p 2+1p Number of Ticket(s)/	If checking "C To promote at order to maxin Ceremonial If checking "C	Role Other C eremonial Role" or "Other" describe bei cendance at a(n) ever nize potential County re Role Other C eremonial Role" or "Other" describe be	Income ow: It held at a County facility venue Income low:
Elliott, Laura	nization	Ticket(s)/ Pass(es) 2+1p 2+1p Number of Ticket(s)/	If checking "C To promote at order to maxin Ceremonial If checking "C	Role Determinal Role" or "Other" describe bei eremonial Role" or "Other" describe bei nize potential County re Role Dother Determinal Role" or "Other" describe be he public purpose made purs	Income ow: It held at a County facility venue Income low:
C. Name of Outside Orga (include address and de	inization escription)	Ticket(s)/ Pass(es) 2+1p 2+1p Number of Ticket(s)/ Pass(es)	If checking "C To promote at order to maxin Ceremonial If checking "C Describe t	Role Determinal Role" or "Other" describe bei eremonial Role" or "Other" describe bei nize potential County re- Role Dother Determinal Role" or "Other" describe bei he public purpose made purs	Income ow: It held at a County facility venue Income tow:
C. Name of Outside Orga (include address and de	inization escription)	Ticket(s)/ Pass(es) 2+1p 2+1p Number of Ticket(s)/ Pass(es)	If checking "C To promote at order to maxin Ceremonial If checking "C Describe to verified that the distribut	Role Determinal Role" or "Other" describe bei eremonial Role" or "Other" describe bei nize potential County re Role Dother Determinal Role" or "Other" describe be he public purpose made purs	Income ow: It held at a County facility venue Income low: uant to the agency's policy

Comment: ____

Cerer	nonial Role Even	ts and Tic	ket/Pass E	Distributions		A Public Document
. Age	ency Name	<u> </u>			Date Stamp	California 802
Alar	neda County					Form OOZ For Official Use Only
Divis	ion, Department, or Reg	ion (If Applicable)			For Onicial Use Only
Boa	rd of Supervisors					
	gnated Agency Contact	(Name, Title)			ē	
Sar	ah Oddie					unvide evelopetien in Dort 2.)
	Code/Phone Number	E-mail				provide explanation in Part 3.)
(51)	0) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				312 50 ticket/\$30 park
	s the agency have a ticke		Yes 🖾 🛛 No 🗌			\$312.50 ticket/\$30 park
Evo	nt Description Basketba	ll Game		Date(s)	5 <u>16</u> 19	//
Eve		Provide Title/Exp	lanation			
Tick	et(s)/Pass(es) provided I	by agency?	Yes 🗌 🛛 No 🛛	If no: Golde	en State Warriors	ource
187.	s ticket distribution made	at the hebest		If yes: Cha	n, Wilma	
	agency official?	at the benest	No 🗌 Yes 🛛	s it yes:	Official's Name	(Last, First)
3 Re	cipients					
• Us	e Section A to identify the agen	dual. • Use Section C to ide	ntify an outside organization.			
Α.	Name of Agency, Departn	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
		· · · ·				
В.	Name of Individ (Last, First)	luai	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role	e 🔲 Other 🗌	Income
Cla	ayton, Eric		2		nonial Role" or "Other" describe below	^a held at a County facility ir
				order to maximiz	e potential County reve	enue
				Ceremonial Rol	e 🔲 Other 🗌	income
			2	If checking "Ceren	nonial Role" or "Other" describe below	<i>V</i> :
			2			
			Number of			
C.	Name of Outside Org (include address and o		Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursua	nt to the agency's policy
_						
4. V	erification					
		aulations 18944.1	and 18942. I have v	erified that the distribution s	set forth above, is in accordance	with the requirements.
h:						
			Sarah O		Supervisor's Assist	ant 06.03.2019 (Month, Day, Year)

eremonial Role Events	and Tick	ket/Pass [Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					POINT
Division, Department, or Regio	n (If Applicable))			For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Títle)			~	
Sarah Oddie				Amendment (Must c	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 Inform	nation				\$312.50 ticket/\$30 park
Does the agency have a ticket		Yes 🛛 No 🗌			
Event Description Basketball	Game		Date(s)	5 , 16 , 19	<u> </u>
	Provide Title/Expl	anation	Golde	on State Warriors	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🕻		en State Warriors Name of So	ource
Was ticket distribution made a	the behest	No 🗌 Yes 🛙	If yes: Char	n, Wilma	
of agency official?			<u> </u>	Official's Name	(Last, First)
. Recipients					
Use Section A to identify the agency	's department or				
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
		Pass(es)			
B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follo	wing:
(Last, First)		Pass(es)	O comparied Data	Other	Income
Chan, Zoe			Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below	
onan, 200		2+1p	To promote atten	dance at a(n) event	held at a County facility i
			order to maximize	e potential County reve	enue
			Ceremonial Role		Income
		2+1p	If checking "Cerem	nonial Role" or "Other" describe below	Υ.
Name of Outside Orga	nization	Number of		ublic purpose made pursua	ant to the appendix's policy
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	and to the agency's poncy
4. Verification					
have read and understand the	ulations 18944.1 a	and 18942. I have v	verified that the distribution s	et forth above, is in accordance	with the requirements.
/		Sarah C)ddie	Supervisor's Assist	
2	e	Print Na	ame	Tille	(Month, Day, Year)
Comment:					EPPC Form 802 (

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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$27 Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Does the agency have a ticket policy? 24 19 Baseball game 05 Date(s). Event Description Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Chan, Wilma 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 following: (Last, First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. McCue, Susan 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy. Ticket(s)/ (include address and description) Pass(es) Verification have read and understand EDDO Degulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

inee Print Name Supervisor's Assistant 06.03.2019 (Month, Day, Year)

Comment: -

A Public Document

						A Fublic Document
1. Agency Nam	ne				Date Stamp	California 802
Alameda Cou	•				Į	Ponin
Division, Depar	rtment, or Reg	ion (If Applicable)		1	For Official Use Only
Board of Supe	ervisors					
Designated Ag		(Name, Title)				
Sarah Oddie						
Area Code/Pho	ne Number	E-mail			. [_] Amendment (Must p	rovide explanation in Part 3.)
(510) 272-669	93	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or	Event Infor	mation	ųų			AC 1
Does the agen	-		Yes 🗵 No 🗌		of Each Ticket/Pass \$ _	\$24
Event Descripti	ion Baseball	game		Date(s)	5 , 25 , 19	//////
Etom Dooonpi		Provide Title/Exp	lanation			
Ticket(s)/Pass((es) provided I	by agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's Name of So	urce
Was ticket distr	ribution made	at the behest	No 🗋 Yes 🛛	If yes: Chan	i, Wilma	
of agency offi	cial?				Official's Name (Last, First)
3. Recipients	id and if the	avia donantet	unit - 11 0- 1	ion D to identify Indiate	ual a liep Postion C faider	tifu an outeide organization
		· · ·	Number of		ual. • Use Section C to iden	
A. Name of A	Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
<u></u>		*				
D	Name of Individ		Number of			
В.	Name of Individ		Ticket(s)/ Pass(es)		Identify one of the follow	<i>i</i> ng:
	······			Ceremonial Role		Income
Elliott, Laura			2		nial Role" or "Other" describe below:	County
					lanceevent held at a potential County rever	County nueconcession sales
			2		nial Role" or "Other" describe below:	
			. 2			
		·	Number of			
	e of Outside Org le address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
· · · · · · · · · · · · · · · · · · ·			1 430(00)			
4. Verification	<u> </u>					(*1)
-, vernication		gulations 18944.1 ar	nd 18942. I have ve	rified that the distribution set	t forth above, is in accordance w	vith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 06.03.2019
4	۔ ار مح		Print Nam		Tille	(Month, Day, Year)

ž

Comment: _____

	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regior	n (If Applicable)		-	For Official Use Only
	Board of Supervisors Designated Agency Contact (Na	ame,Title)				
	Sarah Oddie					
		-mail			Amendment (Must p.	rovide explanation in Part 3.)
		arah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				¢ 45 tim/\$20 membr
	Does the agency have a ticket p	oolicy?	Yes 🛛 No 🗌] Face Value	of Each Ticket/Pass \$ _	\$45 tix/\$20 park
	Event Description Baseball gar	me		Date(s) (5 , 25 , 19	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🗵	If no: Oakla	and A's Name of So	11700
						arce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🛛	If yes: <u>Cha</u>	Official's Name (Last, First)
3.	Recipients		<u>.</u>		idual the Section C to iden	tife an outside organization
	Use Section A to identify the agency's	s department or	Number of			
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:
	(L60, 7 80)		Pass(es)	Ceremonial Rol	e 🔲 Other 🗌	Income
					nonial Role" or "Other" describe below.	
				I LINECKING CEREI		
				I LINEOKING COROL		
				Ceremonial Ro	le 🗌 Other 🗌	Income
				Ceremonial Ro		Income
	2			Ceremonial Ro	le 🗌 Other 🗌	Income
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Ceremonial Ro	le 🗌 Other 🗌	Income
		cription)	Ticket(s)/	Ceremonial Ro If checking "Cerei Describe the j	e Other monial Role" or "Other" describe below public purpose made pursua ool or nonprofit organiz	Income
	(include address and des Trybe, 2000 Park Blvd, Oak	cription) (land, CA	Ticket(s)/ Pass(es)	Ceremonial Ro If checking "Ceren Describe the p To reward a sch	e Other monial Role" or "Other" describe below public purpose made pursua ool or nonprofit organiz	Income
	(include address and des Trybe, 2000 Park Blvd, Oak 94606 Community building organiz	cription) kland, CA ation in	Ticket(s)/ Pass(es) 6tix+1p	Ceremonial Ro <i>It checking "Ceret</i> Describe the p To reward a sch to the community	le Other monial Role" or "Other" describe below bublic purpose made pursua ool or nonprofit organiz y	Income
4	(include address and des Trybe, 2000 Park Blvd, Oak 94606 Community building organiz Oakland	cription) kland, CA ation in	Ticket(s)/ Pass(es) 6tix+1p and 18942. I have ve	Ceremonial Ro <i>If checking "Ceref</i> Describe the p To reward a sch to the community	e Dother monial Role" or "Other" describe below public purpose made pursua ool or nonprofit organiz y	Income
4	(include address and des Trybe, 2000 Park Blvd, Oak 94606 Community building organiz Oakland	cription) kland, CA ation in	Ticket(s)/ Pass(es) 6tix+1p	Ceremonial Ro If checking "Cerer Describe the p To reward a sch to the community enified that the distribution	le Other monial Role" or "Other" describe below bublic purpose made pursua ool or nonprofit organiz y	Income

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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$45 tix/\$20 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description Baseball game 05 25 19 Date(s). Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma 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. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role 🔲 Other If checking "Ceremonial Role" or "Other" describe below: Other 🗌 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Haight Elementary School PTA, 2025 6tix+1p to the community Santa Clara Ave, Alameda, CA 94501 Elementary school parent-teacher association in Alameda Verification 4 gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ihavann-1 -06.03.2019 / Supervisor's Assistant Sarah Oddie Print Name Title (Month, Day, Year) ee 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) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$24 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball game 05 26 19 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma 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 Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other 🔲 Income Rausa, Justin If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) ÷. 4. Verification egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. l hε Sarah Oddie Supervisor's Assistant 06.03.2019 -Print Name Title (Month, Day, Year) Comment: _

					A CONTRACTOR OF THE OWNER OWNE
. Agency Name		Date Stamp	California 802		
Alameda County			Form OO2 For Official Use Only		
Division, Department, or Regi	on (If Applicable	,	Tor Omena ose only		
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail			_	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	mation		ድጋ <i>ለ</i>		
Does the agency have a ticke	t policy?	Yes 🛛 No 🗌] Face Value o	f Each Ticket/Pass \$ _	\$24
Event Description Baseball g	jame		Date(s) 05	5 <u>, 27 , 19</u>	///
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided b	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Oakla			nd A's Name of S	
				ource	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)
		• #	· · · · · · · · · · · · · · · · · · ·		
 Recipients Use Section A to identify the agenc 	v's department or	unit. • Use Secti	on B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
		Number of		blic purpose made pursuar	
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pu		
			······································		
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
		Pass(es)	Ceremonial Role	Other	Income
Murphy, Eric				nial Role" or "Other" describe below	
	Marphy, Elle		· · · · · ·		<i>K</i>
		2	To reward a comm	nunity volunteer for hi	° s or her service to the
		2	To reward a comn public		s or her service to the
		2	To reward a comm public Ceremonial Role	Other	s or her service to the Income
		2	To reward a comm public Ceremonial Role		s or her service to the Income
	-	-	To reward a comm public Ceremonial Role	Other	s or her service to the Income
Name of Outside Orra	nization	2 Number of	To reward a comm public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	s or her service to the Income
C. Name of Outside Orga (include address and de		2	To reward a comm public Ceremonial Role If checking "Ceremo	Other	s or her service to the Income
		2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	s or her service to the Income
		2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	s or her service to the Income
		2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	s or her service to the Income
		2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	s or her service to the Income
(include address and de		2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	s or her service to the Income
4. Verification	escription)	2 Number of Ticket(s)/ Pass(es)	To reward a comm public Ceremonial Role If checking "Ceremon Describe the pu	Other Inial Role" or "Other" describe below	s or her service to the Income
4. Verification	escription)	2 Number of Ticket(s)/ Pass(es)	To reward a comm public Ceremonial Role If checking "Ceremo Describe the pu	Other nial Role" or "Other" describe below blic purpose made pursua	s or her service to the Income
4. Verification	escription) gulations 18944.1 au	2 Number of Ticket(s)' Pass(es)	To reward a comm public Ceremonial Role <i>It checking "Ceremo</i> Describe the pu rified that the distribution se	Other Inial Role" or "Other" describe below blic purpose made pursua t forth above, is in accordance	s or her service to the Income

	gency Name		Date Stamp	California 802		
	lameda County			For Official Use Only		
D	ivision, Department, or Reg	on (If Applicable				
E	Board of Supervisors					
Ē	esignated Agency Contact	Name, Title)				
ç	Sarah Oddie					
	rea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
_	Function or Event Infor	mation				
	oes the agency have a ticke		Yes 🛛 No 🗌	T Face Value	of Each Ticket/Pass \$	\$17
					5 <u>, 28 , 19 </u>	, ,
E	Event Description Baseball game Provide Title/Explanation			Date(s)		///
				If no: Oakla	and A's	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	_	Name of Sou	rce
V	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cha			n, Wilma		
	of agency official?				Officiai's Name (L	ast, First)
	Recipients	······································				
	• Use Section A to identify the agend	y's department or	dual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/ Describe the pu		iblic purpose made pursuant to the agency's policy		
			Pass(es)	ned 5/		
			· .			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, First)		Pass(es)			
	Koiles, Sheldon			Ceremonial Role	e U Other U nonial Role" or "Other" describe below:	Income
	Rolles, offeldon		2		munity volunteer for his	or her service to the
				public	9	
				Ceremonial Role	e 🔲 Other 🔲	Income
				If checking "Cerem	nonial Role" or "Other" describe below:	
			2			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
	(include address and de	escription)	Pass(es)			
						2
-	Verifigation	<u> </u>				
		ulations 18944.1 a	nd 18942. I have ve	erified that the distribution s	et forth above, is in accordance w	th the requirements.
•	17					
••	17		Sarah Oo	ddie	Supervisor's Assistan	t 06.03.2019
••	7		Sarah Oc		Supervisor's Assistan	t 06.03.2019 (Month, Day, Year)

	S and not				A Public Document
Agency Name		Date Stamp	California 802		
Alameda County			Form For Official Use Only		
Division, Department, or Regi	on (If Applicable)				For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (/	Vame, Title)				
Sarah Oddie				Amendment (Musto	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail		····		
(510) 272-6693				Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation			7)	\$27
Does the agency have a ticket		Yes 🗵 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ _	ψ21
Event Description Baseball g	ame		Date(s)	5 , 19 , 19	////
Event Beoorption	Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's Name of So	ource.
NATE OF LEAST 11 Commenciations	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cha				
Was ticket distribution made at the behest No I Yes I If yes: <u>Char</u> of agency official?			Official's Name	(Last, First)	
	0				
 Recipients Use Section A to identify the agency 	/'s department or	ual. • Use Section C to ider	ntify an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
<i>b</i> .					
an contract of the second seco			· · · · · · · · · · · · · · · · · · ·		
B. Name of Individua (Last, First)	B. Name of Individual (Last, First)			Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremo	Other D oniai Role" or "Other" describe below	Income [
5			Ceremonial Role If checking "Geremo	Other Other other" describe below	Income
C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the p	iblic purpose made pursua	nt to the agency's policy
Lakeside Senior Apartmen Ave, Oakland, CA 94606	Lakeside Senior Apartments, 1507 2nd Ave, Oakland, CA 94606		To reward a scho to the community	ol or nonprofit organiz	ation for its contributions
Affordable housing apartm	Affordable housing apartment complex				
4. Verification	ulations 18944.1 ar	nd 18942. have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.
_	 e	Print Nan		Title	(Month, Day, Year)
Comment:		Sarah O Print Nan		Supervisor's Assista ^{Title}	

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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$25 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game 30 19 05 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Chan, Wilma No 🗌 Yes 🛛 Was ticket distribution made at the behest 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Income Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: Simmonds, Alessia 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

I have read and understand 5000 = I lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

		Sarah Oddie	Supervisor's Assistant	06.03.2019
$\overline{\checkmark}$	5	Print Name	Title	(Month, Day, Year)

Comment: ___

Ce	eremonial Role Event	ts and Tic	ket/Pass D	istributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OOL	
	Division, Department, or Regi	ion (If Applicable	· · · · · · · · · · · · · · · · · · ·		_	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail		•		ovide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	mation				\$17	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗆		of Each Ticket/Pass \$ _		
	Event Description Baseball g	jame		Date(s) 0	5 <u>, 31 ,</u> 19	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No 🗵	lf no: Oakla	and A's Name of So	urce	
	Was ticket distribution made at the behest No I Yes I If yes: Char						
	of agency official?	at the benest	Official's Name (i	Last, First)			
2			· · · · · · · · · · · · · · · · · · ·				
э.	• 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 organiz						
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy	
			Pass(es)				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Number of	<u></u>			
	B. Name of Individu	191	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
				Ceremonial Role		Income	
	Shah, Mona		2		nonial Role" or "Other" describe below: munity volunteer for his	or her service to the	
				public	munity volunteer for ma	of the service to the	
				Ceremonial Role	e 🔲 Other 🗌	Income	
					nonial Role" or "Other" describe below:		
			2				
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the p	oublic purpose made pursuar	it to the agency's policy	
	(include address and d		Pass(es)		······		
4	. Verification	lations 18044 1 -	and 18942 I have ve	rified that the distribution s	et forth above, is in accordance v	vith the requirements.	
	1k	100113 10944.1 d	100 100 TA. 1110 VO				
			Sarah Oc	ldia	Supervisor's Assista	nt 06.03.2019	

1.	Agency Name			Date Stamp	California 002	
	Alameda County				Form OUZ	
	Division, Department, or Region (If Ap	plicable)		-	For Official Use Only	
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Tit.	le)	-			
	Sarah Oddie					
	Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693 sarah.	oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	]			# 45 th /@20	
	Does the agency have a ticket policy?	Yes 🛛 No 🕻	Face Value	of Each Ticket/Pass \$	\$45 tix/\$20 park	
	Event Description Baseball game		Date(s)	5 , 31 , 19	/	
	Provide	Title/Explanation				
	Ticket(s)/Pass(es) provided by agence	y? Yes 🗌 No 🛙	If no: Oakla	and A's Name of Sol	Irce	
			If yes: Cha			
	Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes [	X If yes:	Official's Name (I	ast, First)	
~						
ა.	• Use Section A to identify the agency's depart	dual. • Use Section C to iden	ify an outside organization.			
	A. Name of Agency, Department or Uni	Number of		Iblic purpose made pursuant		
	A. Name of Agency, Department of Off	tt Ticket(s)/ Pass(es)				
	-					
		·				
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:	
		Pass(es)	Ceremonial Role	e Other		
				nonial Role" or "Other" describe below:		
			Ceremonial Role If checking "Cerent	e Other O nonial Role" or "Other" describe below:		
			in one of a gradient			
	C. Name of Outside Organization	Number of	Describe the n	ublic purpose made pursuan	t to the agency's policy	
	(include address and description	) Ticket(s)/ Pass(es)	Describe the p			
	St. Joseph Notre Dame High Scho		To reward a scho	ol or nonprofit organiza	tion for its contributions	
	1011 Chestnut St, Alameda, CA 9		to the community			
	High school in Alameda					
	High school in Alameda					
4	. Verification					
4	. Verification	8944.1 and 18942. I have v	erified that the distribution s	et forth above, is in accordance w		
4	. Verification	8944.1 and 18942. I have v Sarah O		Supervisor's Assistar	nt 06.03.2019	
4	. Verification		ddie			

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL For Official Use Only
	Division, Department, or Regio	on (If Applicable)		For Official Ose Only		
	Board of Supervisors			đ		
	Designated Agency Contact (M	lame, Title)				
	Sarah Oddie					
		E-mail			Amendment (Must pr	ovide 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	policy?	Yes 🛛 No 🗌	] Face Value c	of Each Ticket/Pass \$	\$45 tix/\$20 park
	Event Description Baseball ga	ame	5 <u>31</u> 19	1 1		
	Event Description	Provide Title/Expla				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🗵	lf no: Oaklar	nd A's	
		_		Name of Sol	Jrce	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🗵	If yes: Chan	, VVIIMa Official's Name (I	.ast. First)
	-					
3.	• Use Section A to identify the agency	's department or u	ual • Use Section C to ident	ify an outside organization.		
			Number of			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agen		to the agency's policy
	B. Name of Individua (Lest, First)	1	Number of Ticket(s)/		Identify one of the follow	ing:
		· · · · · · · · · · · · · · · · · · ·	Pass(es)	Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	Income _
				Ceremonial Role		Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
	C Name of Outside Organ	vization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	San Leandro Boys and Girl	s Club 401		To reward a schoo	ol or nonprofit organiza	tion for its contributions
	Marina Blvd, San Leandro,		6tix+1p	to the community	gener	
	Pagragtianal non profit for a	outh in San				
	Recreational non-profit for y Leandro	/outn in San				
4	Verification	ē				
т.	I have med and understand CODO Degu	lations 18944.1 and	d 18942. I have ver	ified that the distribution set	forth above, is in accordance w	ith the requirements.
			Sarah Od	die	Supervisor's Assistar	nt 06.03.2019
	- gne	e	Print Name		Title	(Month, Day, Year)
					*	
	Comment:					FPPC Form 802 (4/1
						•

-						
1.	Agency Name		Date Stamp	California 802		
	Alameda County				1	Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)		0	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		- <u> </u>		
	Does the agency have a ticke	t policy?	Yes 🗵 No [	Face Value of	of Each Ticket/Pass \$ _	\$45 tix/\$20 park
	Event Description Baseball game			Date(s)	5 , 31 , 19	1 1
		Provide Title/Exp	planation			//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	If no: Oaklar	nd A's	
					Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	🛛 Ifyes: Chán	, Wilma Official's Name (	last First)
_			Oniciar's Name (			
3.	Recipients			418		
	Use Section A to identify the agence	Number of				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the		t to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
						· · · · · · · · · · · · · · · · · · ·
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)			
					D Other nial Role" or "Other" describe below:	Income
				Ceremonial Role	Other	
				If checking "Ceremo.	nial Role" or "Other" describe below:	
	Name of Outside Ore-	nization	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Asian Health Services 101	8th St		To reward a school		tion for its contributions
	Oakland, CA 94607		6tix+1p	to the community	a or nonpronicorganiza	
	<u> </u>	0-1-1			15i	
	Medical clinic non-profit in	Oakland				
Δ	. Verification				2 P I	
		ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 06.03.2019
	₽ U U U U U U U U U U U U U U U U U U U	e	Print Narr		Title	(Month, Day, Year)
					8	
	Comment:				\$	

Ce	remonial Role Even	ts and Ticket/	Pass Distr	ibutions		<b>A Public Document</b>
. /	Agency Name				Date Stamp	California Form 802
1	Alameda County					Contraction of the second s
Ī	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	n District				
Ī	Designated Agency Contact	Name, Title)				
1	Nathan Miley, Supervisor, F	ourth District				Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				rondo Explanation in Latto.y
	(510) 272-6694	district4@acgov.c	org		Date of Original Filing	: (month, day, year)
2.	Function or Event Infor	mation			-	
	Does the agency have a tic	ket policy? Ye:	s 🖾 No 🗀 🛛	ace Value of	Each Ticket/Pass \$ _	,304:80
	Event Description: Golden S	State Warriors			<u>, 8 , 19</u>	
		Provide Title/ Exp				
	Ticket(s)/Pass(es) provided	by agency? Yes		f no: OACCA	Name of Source	·······
	Was ticket distribution made	at the behest vo		f yes: <u>Miley, N</u>	Vathan	
	of agency official?	at the portoot (6)			Official's Name (Last, Firs	()
	• Use Section A to identify the age A. Name of Agency, Dep		• Use Section B to Number of Ticket(s)/ Passes			entify an outside organization. ursuant to the agency's policy
			Number			
	B. Name of Inc (Last, Fi		of Ticket(s)/ Passes		identify one of th	e following:
	Stewart, Darryl		4	To increase	monial Role Other cking, "Ceremonial Role" or "Other" attendance maxin byee for his or her se	nize profit to reward a
					montal Role D Other cking "Ceremonial Role" or "Other"	
	C. Name of Outside ( (include address an		Number of Ticket(s)/ Passes	Describe t	the public purpose made p	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. *f*_i

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

	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distrik	outions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			And and the other states of the state of the		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley, Supervisor, F	ourth District			Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				er rovide Explanation in rait by
	(510) 272-6694	district4@acgov.org	9		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	X No 🗆 🗜	ace Value of	Each Ticket/Pass \$	304,80
	Event Description: Golden	State Warriors	D	ate(s) <u>5</u>	<u>, 14 , 19</u>	/
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🖾 🛛 If	no: OACCA	Name of Source	
	Was ticket distribution made	e at the behest. Voc I	KI No 🗖 If	yes: Miley, N	lathan	
	of agency official?				Official's Name (Last, Fire	st)
	• Use Section A to identify the age           • Use Section A to identify the age           • Use Section A to identify the age           • Use Section A to identify the age		Number of Ticket(s)/ Passes			pursuant to the agency's policy
	B. Name of Inc (Last, F		Number of Ticket(s)/ Passes		Identify one of th	ne following:
	Priem, Curtis		4	Cere To increase	monial Role Other cking "Ceremonial Role" or "Other attendance maxin	
					monial Role Othe cking "Ceremonial Role" or "Othe	
	C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe	the public purpose made	pursuant to the agency's policy
						·····

### 4. Verification

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

-	jgnee	Nathan Miley Print Name	Supervisor, Fourth District	6/1/19 (month, day, year)
Comment:	(			

Ceremonial Role Eve	nts and Ticket/P	ass Distri	Jutions	Aruc	olic Document
. Agency Name				Date Stamp C	alifornia 802
Alameda County					For Official Use Only
Division, Department, or Re	• • • • •				
Board of Supervisors, Fou					
Designated Agency Contac					
Nathan Miley, Supervisor, Area Code/Phone Number				Amendment (Must Provide I	Explanation in Part 3.)
	E-mail			Date of Original Filing:	
(510) 272-6694	district4@acgov.or	g		pate of original filling(mo	onth, dəy, year)
2. Function or Event Info	ormation				
Does the agency have a t	icket policy? Yes	⊠ No⊡ F	ace Value of	Each Ticket/Pass \$3	04.80
Event Description: Golder				<u>, 16 , 19</u>	, ,
Event Description:	Provide Title/ Expla	anation		/	
Ticket(s)/Pass(es) provide	ed by agency? Yes	🗆 No 🗹 🛛 If	no: OACCA		· · · · · · · · · · · · · · · · · · ·
			yes: Miley, N	Name of Source Jathan	
Was ticket distribution ma	de at the behest Yes		yes:	Official's Name (Last, First)	
of agency official?					
A. Name of Agency, D	epartment of Unit	of Ticket(s)/ Passes		he public purpose made pursuant	to the agency s policy
	Individual First)	Number of Ticket(s)/ Passes		Identify one of the follow	ing:
Priem, Curtis		4		monial Role C Other C	Income Delaw: Ofit
				emonial Role D Other describe l	Income
	ie Organization and description)	Number of Ticket(s)/ Passes	Describe	the public purpose made pursuan	t 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.

	7 Ignee	Nathan Miley Print Name	Supervisor, Fourth District	6/1/19 (month, day, year)
Comment:	(	·····		

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** 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, 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 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description: Golden State Warriors Date(s) _____/ 24 / 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 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last. First) Passes Priem, Curtis Ceremoniai Role Other Income If checking, "Ceremonial Rola" or "Other" describe below: To increase attendance... maximize profit... 4 Ceremonial Roie Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ Passes (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.

	gnee	Nathan Miley Print Name	Supervisor, Fourth District Title	6/1/19 (month, day, year)
Comment:	(			

Ce	eremonial Role Events	and Tick	evPass L	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)		F		For Official Use Offiy
	Board of Supervisors				32	
	Designated Agency Contact (Nar	ne, Title)			-	
	R					
	Area Code/Phone Number E	mail	<u> </u>	•: <u></u>		rovide explanation in Part 3.)
	(510) 272-6618 b	riana.brown2	@acgov.or	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation				
	Does the agency have a ticket p	olicy? Y	∕es⊠ No[	] Face Value	of Each Ticket/Pass \$ _	17.00
	Event Description Baseball gan	ne		Date(s) 0	5 , 07 , 19	
	Event Description	rovide Title/Explan	ation			
	Ticket(s)/Pass(es) provided by a	igency?	/es 🔲 No 🛛	d If no: Oakla	nd Athletics Baseball	
	Was ticket distribution made at t of agency official?	he behest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency's</li> </ul>	department or u		ion B to identify an individ		ntify an outside organization.
	A. Name of Agency Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	to the agency's policy
			· · ·			
	B. Name of Individual (Last, First)	_	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role		
	Ayo Lewis			If checking "Cerem	onial Role" or "Other" describe below	c
	Ayo Lewis		4	If checking "Cerem	onial Role" or "Other" describe below	onsored event held at a
	Ayo Lewis			If checking "Cerem To promote atten County facility in Ceremonial Role	onial Role" or "Other" describe below dance at a County spo order to maximize pote	onsored event held at a ential County revenue Income
	Ayo Lewis			If checking "Cerem To promote atten County facility in Ceremonial Role	onial Role" or "Other" describe below dance at a County spo order to maximize pote	ential County revenue
	C Name of Outside Organiz		4 Number of	If checking "Cerem To promote atten County facility in Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below dance at a County spo order to maximize pote Donial Role" or "Other" describe below	onsored event held at a ential County revenue Income
	10 12		4	If checking "Cerem To promote atten County facility in Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below dance at a County spo order to maximize pote	onsored event held at a ential County revenue Income
	C Name of Outside Organiz		4 Number of Ticket(s)/	If checking "Cerem To promote atten County facility in Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below dance at a County spo order to maximize pote Donial Role" or "Other" describe below	ensored event held at a ential County revenue Income
	C Name of Outside Organiz		4 Number of Ticket(s)/	If checking "Cerem To promote atten County facility in Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below dance at a County spo order to maximize pote Donial Role" or "Other" describe below	ensored event held at a ential County revenue Income
4	C. Name of Outside Organiz (include address and desc	ription)	4 Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote atten County facility in Ceremonial Role If checking "Cerem Describe the p	onial Role" or "Other" describe below dance at a County spo order to maximize pote Other Other ublic purpose made pursua	Income
4	C. Name of Outside Organiz (include address and desc	ription)	4 Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote atten County facility in Ceremonial Role If checking "Cerem Describe the p	onial Role" or "Other" describe below dance at a County spo order to maximize pote Other Other ublic purpose made pursua	with the requirements.

eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Reg	ion (If Applicable	e)	· · · · · · · · · · · · · · · · · · ·	- -	For Onicial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Deine D					
Area Code/Phone Number	E-mail		-	Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6618	briana.brow	n2@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	mation	······			17.00
Does the agency have a tick	et policy?	Yes 🗵 No 🛛	Face Value of	of Each Ticket/Pass \$ _	17.00
Event Description Baseball	game		Date(s)	5 , 09 , 19	//
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [	⊠ lf no: <u>Oakla</u>	nd Athletics Baseball Name of So	1/20
	- 1 41 - 1 - 1 - 4		_		
Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	⊠ If yes:	Official's Name (	Last, First)
Recipients					
Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an Individ	ual • Use Section C to iden	tify an outside organization.
A. Name of Agency Departm	nent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
		Pass(es)			
		Number of			
B. Name of Individ (Last, First)	Udi	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			Ceremonial Role		Income
Rob Brooks		4		onial Role" or "Other" describe below: dance at a County spot	
				order to maximize pote	
•	90 F	· · ·	Ceremonial Role	-	Income
				onial Role" or "Other" describe below:	
C. Name of Outside Org		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuar	it to the agency's policy
(nicioue address and c		Pass(es)			
·····					
			<u> </u>		2
I have read and under the COPC Re	equiations 18944.1 a	and 18942. I have v	erified that the distribution se	t forth above, is in accordance v	vith the requirements.
		Briana B		Supervisor's Assista	ntha lu
or Desig	nee	Print Nat		Title	(Month, Day, Year)
Comment:					

eremonial Role Events	s and Tick	et/Pass D	istributions		A Public Documen
Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Regio	n (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
R	-				
Area Code/Phone Number	E-mail			_	rovide explanation in Part 3.)
(510) 272-6618	briana.brown2	2@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation			· · · · ·	
Does the agency have a ticket	policy?	Yes 🗵 No 🗆	Face Value o	f Each Ticket/Pass \$ _	27.00
Event Description Baseball ga	me		Data(s) 05	, 11 , 19	//
	Provide Title/Explan	nation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Oaklar	nd Athletics Baseball	
				Name of So	urce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🗵	If yes:	Official's Name (	Last, First)
					· · · · · · · · · · · · · · · · · · ·
Recipients     Use Section A to identify the energy	s department or u	• Use Sectio	in B to identify an individi	ual • Use Section C to iden	tify an outside organization.
A. Name of Agency Departmen		Number of		olic purpose made pursuant	
A. mame of Agency, department	IL OF CARE	Ticket(s)/ Pass(es)	Describe the put	ne purpose made pursuam	to the agency a policy
				Y	
		Number of			
B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		F435(85)	Ceremonial Role	Other	Income
Mike Connor				nial Role" or "Other" describe below:	· · · · · ·
		4			nsored event held at a
·····		<u>↓</u>	County facility in o	rder to maximize pote	
			Ceremonial Role	l Other L nial Role" or "Other" describe below:	Income
C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
(include address and des	cription)	Pass(es)			
			a.	10	
					·····
4. Verification					
I have read and understand EPDA Regu	lations 18944.1 and				BT 1- 100
		Briana Bro	wn	Supervisor's Assistar	
signee		Print Name		Title	(Month, Day, Year)

Comment: _

1. Agency Name

Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6618 briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information 312.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description Warriors vs. Trailblazers 05 , 14 , 19 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: _ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. (e) Use Section 2 to Market an independent of Use Section C to Identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy athe of Agency, Department or Unit, Α. Ticket(s)/ Pass(es) To promote attendance at a County sponsored event held at a D5 4 County facility in order to maximize potential County revenue Number of Β. Identify one of the following: Ticket(s)/ Pass(es) 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 of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

 Verification
 Iteration
 Iteration
 Iteration

 Iteration
 Iteration
 Iteration
 Iteration
 Iteration
 Iteration

 Iteration
 Iteration
 Iteration
 Iteration
 Iteration
 Iteration
 Iteration

 Iteration
 Iteration
 Iteration
 Iteration
 Iteration
 Iteration
 Iteration
 Iteration

 Iteration

A Public Document

California

Form

Date Stamp

1	Δαρ	ncy Name				Date Stamp	California 000
	-					Date otamp	Form 802
		neda County ion, Department, or Regi	on (If Applicable)				For Official Use Only
			on (ii Applicable)				
		d of Supervisors					
	Desig	gnated Agency Contact (	Name, Title)				
	Briar	na Brown				Amendment (Must pr	ovide explanation in Part 3.)
	Area	Code/Phone Number	E-mail				
	(510	) 272-6618	briana.browr	2@acgov.or	ſġ	Date of Original Filing:	(Month, Day, Year)
2.	Fun	ction or Event Infor	nation				312.50
	Does	the agency have a ticke	t policy?	Yes 🗵 🛛 No 🖡	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	512.00
	Even	t Description <u>Warriors v</u>	s. Trailblazers	i	Date(s) 05	16 , 19	//
	LVCII		Provide Title/Expla	anation			
	Ticke	et(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of Sou	
		ticket distribution made a gency official?	at the behest	No 🗌 Yes	🛛 If yes:	Official's Name (I	ast First)
_							
3.		ipients	der bann the states of			- Lies Section C to ident	lify an outside organization.
	• • • • • • • •	Section A to Mentify the agenc		Number of	a sin siya menning anahanyan	· · · · ·	
	A. Name of Agency, Department or Unit.		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	 D5			To reward a County employee for his or her exemplary service to			
	00			4		ourage staff developm	
		·····					
	В.	A Daily Mr.	al	Number of Ticket(s)/		Identify one of the follow	ing:
		(Last, First)		Pass(es)			
			6		Ceremonial Role		Income
					1 If checking "Ceremo	nial Role" or "Other" describe below:	
					Ceremonial Role	Other	income
						nial Role" or "Other" describe below:	
							×
	C.	Name of Outside Orga		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		(include address and de	scription)	Pass(es)			
4	. Vei	rification	····-		<u>1,</u>		
-	have	a reasond understand EDOC Ban		d 18942. I have v	rerified that the distribution set	forth above, is in accordance w	ith the requirements.
				Briana B	rown	Supervisor's Assistar	$\frac{5}{30}/19$
				Print Na	me	Title	(Month, Day, Year)

For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) **Amendment** (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: _ (510) 272-6618 briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information 24.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 26 , 05 19 1 1 Date(s) Provide Title/Explanation If no: Oakland Athletics Baseball Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source Was ticket distribution made at the behest No 🗌 Yes 🗵 If yes: ____ Official's Name (Last, First) of agency official? 3. Recipients dentify the agency's department counity (vuse Section B to identify an individual) • Use Section C to identify an outside organization. • Use Section Alt Number of Nem+ 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 (Last, First) Identify one of the following: Ticket(s)/ Pass(es) Income Ceremonial Role Other Rodney Brooks If checking "Ceremonial Role" or "Other" describe below: 2 To reward a County employee for his exemplary service to the public or encourage staff development Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

1. Agency Name

Α.

Β.

C.

Alameda County

I have real and understant EDDC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Briana Brown	Supervisor's Assistant	05/30/19
Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

California Form

Date Stamp

Cei	emo	onial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. <i>A</i>	gen	cy Name	<u> </u>			Date Stamp	California 802
A	lame	da County					Form
D	ivislo	n, Department, or Reg	ion (If Applicable	e)			For Official Use Only
E	loard	of Supervisors					
		ated Agency Contact (	(Name, Title)	·			
-	2						
Ā	rea C	ode/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(	510) (	272-6618	briana.brow	n2@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)
2. F	unc	tion or Event Infor	mation			<u>.</u>	
Ľ	oes t	he agency have a ticke	t policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	17.00
F	venti	Description Baseball g	jame		Date(s) 05	5 , 28 , 19	//
	Venti		Provide Title/Exp	planation			
٦	icket(	s)/Pass(es) provided b	y agency?	Yes 🗋 No	If no: Oakla	nd Athletics Baseball	
,	1 4:	a la statistica di su	atika kakaat				
V		cket distribution made a ency official?	at the benest	No 🗌 Yes	🗵 If yes:	Official's Name (	Last, First)
> I	-	-					
		Dients ection 4 to identify the agend	y's department o	unit. • Use Sec	tion B to identify are in the to	• Use Section C to iden	tify an outside organization.
	۹.	Name of Ancing Departm	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
-				Pass(es)			
	ITD			4		ance at a County spor rder to maximize poter	
-	•						
-	3.	Name of Individu	al	Number of		1.4	
	∍.	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	/ng:
					Ceremonial Role		Income
					If checking "Ceremo	nial Role" or "Other" describe below:	
					Ceremonial Role	Other	
					If checking "Ceremo	nial Role" or "Other" describe below:	
		2					
(	С.	Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	t to the agency's policy
-				Pass(es)			
		ication	'jons 18944.1 a	and 18942. I have v	verified that the distribution set	t forth above, is in accordance v	vith the requirements,
				Briana B		Supervisor's Assista	nh/alla
				Print Na		Title	(Month, Day, Year)
	Com	ment:			····		FPPC Form 802 (4/12
						EPPC Toll-Free Helpline	866/ASK-FPPC (866/275-7772

Comment: ____

Ceremonial Role Events and Tic	Acur ass L			A Public Document
. Agency Name	Y Y		Date Stamp	California 802
Alameda County				1 CANIT
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
R R				
Area Code/Phone Number ' [E-mail				provide explanation in Part 3.)
(510) 272-6618 briana.brow	n2@acgov.org	9	Date of Original Filing:	(Month. Day. Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No 🗌	] Face Value o	f Each Ticket/Pass \$ _	17.00
Event Description Baseball game		Dete(a) 05	5 , 31 , 19	
Provide Title/Exp	lanation	Date(s)	/	
Ticket(s)/Pass(es) provided by agency?	Yes 🗂 No 🛛	d If no: Oaklar	nd Athletics Baseball	
		_	Name of So	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes:	Official's Name	Last, First)
<ul> <li>B. Recipients</li> <li>Use Section A to identify the agent, a separament or</li> </ul>	• Use Secti	on B to identify an individu	ual • Use Section C to iden	tify an outside organization.
A. Name of Agency Department or Unit	Number of		lic purpose made pursuan	
A. mene or egenty perpendient of print	Ticket(s)/ Pass(es)	Describe the put		t to the agency a policy
-				
	Number of		<u></u>	<u> </u>
B. Name of the ividual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ving:
	Pass(es)	Ceremonial Role	Other	Income
Sam Simpson			nial Role" or "Other" describe below:	
	4			nsored event held at a
		County facility in or	rder to maximize pote	ntial County revenue
		Ceremonial Role	D Other describe below.	
		" checking Geremon		
C. Name of Outside Organization	Number of	Describe the sol		
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	n to the agency's poncy
		x		
4. Verification	<u> </u>			
I have grad and understand FPPC Regulations 18944.1 a	nd 18942. I have vei	rified that the distribution set	forth above, is in accordance v	vith the requirements.
	Briana Bro	own	Supervisor's Assista	nt <u>05/30/1</u> 9
esignee	Print Name		Title	(Month, Day, Year)