Agency Report of:

| Ceremonial Role Even | ts and Ticket/F | ass Distri | butions | A | Public Documer |
|--|----------------------|-----------------------------------|---------------------|---|-----------------------------------|
| . Agency Name | | | | Date Stamp | California Form 802 |
| Alameda County | | 0 | | - - | Form OO2 For Official Use Only |
| Division, Department, or Regi | , | | | | r or onicial ose only |
| Board of Supervisors, Distric Designated Agency Contact (| | | | 4 | |
| Leah Doyle-Stevens, Ticket | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must) | Provide Explanation in Part 3.) |
| 510-272-6691 | Leah.Doyle-Stever | ns@acgov.org | | Date of Original Filing: | (month, day, year) |
| . Function or Event Inforr | nation | ē | | | |
| Does the agency have a tick | et policy? Yes [| | ace Value of | Each Ticket/Pass \$ <u>3</u> | 12.50 |
| Event Description: Warriors | | D | ate(s) <u>06</u> | <u>, 05 , 19</u> | // |
| Ticket(s)/Pass(es) provided I | | | no: | | |
| Was ticket distribution made of agency official? | at the behest Yes | No If | yes: <u>Scott H</u> | Name of Source aggerty Official's Name (Last, First) | |
| A. Name of Agency, Depar | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| B. Name of Indiv | | Number of Ticket(s)/ | ····· | Identify one of the f | ollowing: |
| (Last, First Nice, Steven | 0 | Passes 2 | event | mote attendance at a t in order to maximize tue for concession ar | e potential county |
| Campbell, Connie Ala Meda Coruntz | f DA Office | 2 | To re | eward a county emplo exemplary service t | |
| C. Name of Outside Org (include address and o | | Number of Ticket(s)/ Passes | Describe the | e public purpose made pur | suant to the agency's policy |
| | | | | | |
| а Д | | | | | |
| Verification | C Regulations 18944. | 1 and 18942. I | have verified ti | hat the distribution set fo | rth above, is in accordanc |
| | Leah Do | yle-Stevens | | Ticket Administrator | 6/6/2019 |
| | | nt Name | | Title | (month, day, year) |

÷

Comment:

| C | eremonial Role Even | its and licket/ | ass Distr | ibutions | A | Public Document |
|----|---|--------------------------|-----------------------------------|-----------------------|---|--------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | |
| | Division, Department, or Reg | ion (if applicable) | 1 | For Official Use Only | | |
| | Board of Supervisors, Distri | ct 1 | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Leah Doyle-Stevens, Ticket | Administrator | | | Amendment (Must P | rovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | ionde Explanatori in r art 5.) |
| _ | 510-272-6691 | Leah.Doyle-Steve | ns@acgov.or | g | Date of Original Filing: . | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a ticl | ket policy? Yes | 🛛 No 🔲 🖡 | ace Value of | Each Ticket/Pass \$ | 2.50 |
| | Event Description. Warriors | Finals Game 4 | | Date(s) 06 | <u>, 07 , 19</u> ° | / |
| | Event Description: Warriors | Provide Title/ Expla | anation | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🛛 No 🗌 🛛 | f no: | Name of Source | |
| | | - 6 11 1 1 1 | | Scott H | Name of Source | |
| | Was ticket distribution made | e at the benest Yes | 🛛 No 🗌 📕 | ryes: | aggerty Official's Name (Last, First) | <u></u> |
| | of agency official? | | | | | |
| 3. | • Use Section A to identify the agen | cy's department or unit. | Use Section B to | identify an individ | dual. • Use Section C to identi | ify an outside organization. |
| | A. Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | ne public purpose made purs | suant to the agency's policy |
| | · | <u></u> . | | | > | |
| | B. Name of India (Last, First | | Number of Ticket(s)/ Passes | | Identify one of the fo | blowing: |
| | Dosanjh, Jessi | | 4 | ever | omote attendance at a nt in order to maximize enue for concession a | e potential county |
| | | 2 8 2 | | | nonial Role D Other D king "Ceremonial Role" or "Other" desc | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| 4. | Verification | | | | 5 | |

Make read and under Man HEPPC 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 ISIgnature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: | | | |

A Public Document

| - | American | | | | Data Stawn | California 000 | |
|----|---|--------------------------|-------------------------|-----------------------|---|------------------------------|--|
| 1. | Agency Name | | Date Stamp | Form 802 | | | |
| | Alameda County | | For Official Use Only | | | | |
| | Division, Department, or Reg | | | | | | |
| | Board of Supervisors, Distri | | · | | | | |
| | Designated Agency Contact | | | | | | |
| | Leah Doyle-Stevens, Ticket | | | | Amendment (Must Pro | vide Explanation in Part 3.) | |
| | Area Code/Phone Number | E-mail | | | | | |
| | 510-272-6691 | Leah.Doyle-Steve | ns@acgov.o | rg | Date of Original Filing: | (month, day, year) | |
| 2. | Function or Event Infor | mation | | | 312 | 50 | |
| | Does the agency have a tick | | 🛛 No 🗌 | Face Value of I | Each Ticket/Pass \$ <u>312</u> | | |
| | Event Description: Warriors | Finals Game | | Date(s) | <u>, 13 , 19</u> | 1 1 | |
| | | Provide Title/ Expl | anation | | | <u></u> | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🛛 No 🗖 | If no: | Name of Source | | |
| | | | | If yes: Haggert | | | |
| | Was ticket distribution made | at the benest Yes | 🖄 No 🗌 | II yes | Official's Name (Last, First) | | |
| | of agency official? | | | | | | |
| 3. | Recipients | | 8 | | | | |
| | • Use Section A to identify the agen | cy's department or unit. | • Use Section B t | o identify an individ | ual. • Use Section C to identify | an outside organization. | |
| | | | Number | | | | |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe the | e public purpose made pursuant to the agency's policy | | |
| | Alameda County Board of | Supervisors, | 4 | То | reward a county employee for his or her | | |
| | District 1 | | | | exemplary service to | | |
| | | | | | | 1 | |
| | | | | | | | |
| | B. Name of Indiv | | of Ticket(s)/ | | Identify one of the foll | owing: | |
| | (Last, Firs | st) | Passes | | | | |
| | | | | | onial Role Other Other | Income | |
| | | | | IT CRECK | ing "Ceremonial Role" or "Other" descri | De Delow. | |
| | <u></u> | | | | | | |
| | | | | | onial Role D Other descri | Income | |
| | | | | , oneon, | | | |
| | <u></u> | | Number | | | | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ | Describe the | e public purpose made pursu | ant to the agency's policy | |
| | | deacmpuoli | Passes | | | | |
| | | | | | | | |
| | | | | | | · · · · · | |
| | | | | | | | |
| | | · | | | | | |

4. Verification

| | ${\cal M}$ Leah Doyle-Stevens | Ticket Administrator | 07/02/19 |
|--------------------------------------|-------------------------------|----------------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| V | | | |
| Comment: | | | |

| | eremonial Role Ever | its and Ticket/ | Pass Dis | tributions | A | Public Document |
|----|--|---------------------------------|-----------------------------------|---------------------------------|---|---|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | |
| | Division, Department, or Region (if applicable) | | | | | For Official Use Only |
| | Board of Supervisors, Distri | | | | | 7. |
| | Designated Agency Contact | | | | | |
| | Leah Doyle-Stevens, Ticket | Administrator | | Provide Explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | | | | rovice Explanation in Fan 3.) |
| | 510-272-6691 | Leah.Doyle-Steve | ns@acgov. | org | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | · · · · · · · · · · · · · · · · · · · |
| | Does the agency have a tick | ket policy? Yes | 🛛 No 🗌 | Face Value of | Each Ticket/Pass \$ 4 | 5.00 |
| | Event Description: Oakland A's Game Date(s)06 | | | | | / |
| | Ticket(s)/Pass(es) provided | Provide Title/ Expla | anation | lf no: | Name of Source | |
| | | | _ | Seett 11 | Name of Source | |
| | Was ticket distribution made of agency official? | at the behest Yes | 🖄 No 🗌 | If yes: <u>Scott H</u> | aggerty Official's Name (Last, First) | <u> </u> |
| | A. Name of Agency, Depa | rtment or Unit | Number of Ticket(s) Passes | / Describe th | e public purpose made pur | suant to the agency's policy |
| | B. Name of Indiv (Lest, Firs | | Number of Ticket(s)/ Passes | | Identify one of the fo | bllowing: |
| | | | | | onial Role Other Other ing "Ceremonial Role" or "Other" des | |
| | | | | | onial Role Other Ing "Ceremonial Role" or "Other" desc | Income |
| | C. Name of Outside Org (include address and o | | Number of Ticket(s)/ Passes | Describe the | public purpose made purs | uant to the agency's policy |
| | Dublin Sister City Associatio Gala) P.O. Box 2534, Dubl | on (Green&White in, CA 94568 | 4 | To re | ward a school or non- its contributions to t | -profit organization for the community |
| | | | | | | |

4. Verification

| 11 | have read and understand FPPC Re- | ations 18944.1 and 18942 | . I have verified th | at the distribution set fort | h above, is in accordance |
|----|-----------------------------------|--------------------------|----------------------|------------------------------|---------------------------|
| W | | | | | - |
| _ | | \sim | | | |
| 7 | | 3 Leah Doyle-Stevens | s T | Ticket Administrator | 6/6/2019 |
| T | orgeneration and on the signed | Print Name | | Title | (month, day, year) |

| Ŧ | Gignataio | ы луенсу | ല്ഷം വ | Designee | |
|---|-----------|----------|--------|----------|--|
|---|-----------|----------|--------|----------|--|

Agency Report of: nte and Ticket/Page Distributions

| С | eremonial Role Even | ts and Ticket/F | Pass Distr | ibutions | A | Public Document |
|----|--|--------------------------|-----------------------------------|--|--|--|
| 1. | Agency Name | | | Date Stamp | California 802 | |
| | Alameda County | | | | | Form 002 |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name, Title) | | |] | |
| | Vener Bates, Supervisor's A | ssistant | | | Amendment (Must P | rovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | |] — | |
| | 510-272-6691 | vener.bates@acgo | ov.org; | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | - 00 |
| | Does the agency have a tick | ket policy? Yes | Each Ticket/Pass \$ | 5.00 | | |
| | Event Description: Alameda County Fair Date(s) Date(s) | | | | <u>, 14 , 19</u> | |
| | | Provide Title/ Expla | | Alameda | County Fair Associati | on |
| | | | | | Name of Source | |
| | Was ticket distribution made at the behest Yes 🖾 No 🔲 If yes: Superv | | | f yes: <u>Supervi</u> | sor Scott Haggerty | |
| | of agency official? | | | | Official's Name (Last, First) | |
| 3. | • Use Section A to identify the agen | cy's department or unit. | Use Section B to | identify an individ | lual. • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Department or Unit | | of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's pol | | suant to the agency's policy |
| | Alameda County General Services Agency | | 85 | To reward a County employee for his or her exemplant service to the public or to encourage staff developme | | |
| | Tri-Valley Substation Sheriff's Office | | 40 | To reward a County employee for his or her exempla service to the public or to encourage staff development | | |
| | B. Name of India (Last, First) | | Number of Ticket(s)/ Passes | Identify one of the following: | | ollowing: |
| | Mel Luna | | 20 | Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored eve at a County facility to maximize potential County re | | scribe below: sy sponsored event held |
| | Wanda Thompson | • | 12 | Ceremonial Role DOther Delaw: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored eve at a County facility to maximize potential County re | | ^{scribe below:} y sponsored event held |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | suant to the agency's policy |
| | School of Imagination, 980 Dublin, CA 94568 |)1 Dublin Blvd., | 20 | | school or non-profit or sto the community. | ganization for its |
| | | | | | | |

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? With the requirements?

| Vener Bates | Supervisor's Assistant | July 25, 2019 |
|-------------|------------------------|--------------------|
| Print Name | Title | (month, day, year) |

Comment: _

7

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



Agency Name

Alameda County

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | |
|--|-----------------------------------|--|--|--|--|
| Alameda County Assessor's Office | 35 | To reward a County employee for his or her exemplary service to the public or to encourage staff development. | | | |
| ACDCSS (Child Support Services) | 21 | To reward a County employee for his or her exemplary service to the public or to encourage staff development. | | | |
| Social Services Agency | 10 | To reward a County employee for his or her exemplary service to the public or to encourage staff development. | | | |
| Health Care Services Agency | 6 | To reward a County employee for his or her exemplary service to the public or to encourage staff development. | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: | | | |
| Bob Tucknott | 10 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public. | | | |
| Gloria Olson | 10 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: | | | |
| 6 | | To reward a community volunteer for his or her service to the public. | | | |
| Nat Piazza | 10 | Ceremonial Role D Other . Income If checking "Ceremonial Role" or "Other" describe below: | | | |
| | | To reward a community volunteer for his or her service to the public. | | | |
| Guy Houston | | Ceremonial Role D Other S Income Income | | | |
| | 8 | To reward a community volunteer for his or her service to the public. | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form

A Public Document

| | Division, Department, or Reg | ion (if applicable) | | | | | For Official Use Only |
|----|--|---------------------|---------|-----------------------------------|------------------|--|---|
| | Board of Supervisors Designated Agency Contact (Name, Title) | | | | | | |
| | | | | | | | |
| | Vener Bates, Supervisor's A | | | | | Amendment (Must Pro | vide Evaluation in Port 2) |
| | Area Code/Phone Number | E-mail | | | | | vide Explanation III Fan 3.) |
| | 510-272-6691 | vener.bates@ |)acgov. | org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | - | 00 |
| | Does the agency have a tick | ket policy? | Yes 🛛 | No 🗖 🛛 F | ace Value of | Each Ticket/Pass \$ | |
| | Event Description: Alameda | County Fair | | [| Date(s) <u>6</u> | <u>, 14 , 19</u> | |
| | | Provide 1it | - | | Alameda | County Fair Associatio | n |
| | Ticket(s)/Pass(es) provided | by agency? | Yes 🗌 | | | Name of Source | |
| | Was ticket distribution made | at the behest | | Note | yes: Supervi | sor Scott Haggerty Official's Name (Last, First) | |
| | of agency official? | | 163 | | | Official's Name (Last, First) | |
| | | | | | | | ©∙ |
| | • Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Department of Agency, | | | Number of Ticket(s)/ Passes | | e public purpose made pursu | |
| | | | | | | | |
| | B. Name of Indi (Last, First | | | Number of Ticket(s)/ Passes | | Identify one of the fol | lowing: |
| | Ramsey Ismael | | | 3 | If check | nonial Role D Other X wing "Ceremonial Role" or "Other" descr community volunteer for | Income |
| | Joe Gordon | | | | If check | nonial Role DOther Marine Contract Role of the Cont | sponsored event held |
| | C. Name of Outside O (include address and | | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursu | uant to the agency's policy |
| - | | | | | | | |

4. Verification

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

| | Vener Bates | Supervisor's Assistant | July 25, 2019 |
|---|-------------|------------------------|--------------------|
| 7 | Print Name | Title | (month, day, year) |

Comment: __

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



Agency Name

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------------|---|
| | | Ē |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Mary Koppel | 8 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue. |
| Dawn Argula | 5 | Ceremonial Role Other I Income Income I Income To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue. |
| Arturo Del Rio | 4 | Ceremonial Role Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue. |
| William Martinez | 6 | Ceremonial Role Conter Conternation Income Income Ceremonial Role Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue. |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Livermore Chamber of Commerce, 2157 1st street, Livermore, CA 94550 | 8 | To reward a non-profit organization for its contributions to the community |
| | | |
| | | |

| С | eremonial Role Even | ts and Ticket/F | ass Dist | ributions | A | Public Document |
|----|--|-----------------------|-----------------------------------|-------------------|--|---------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | |
| | Division, Department, or Reg | ion (if applicable) | | ····· | | For Official Use Only |
| | Board of Supervisors, Distri | ct 1 | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1. | |
| | Leah Doyle-Stevens, Ticket | Administrator | | | Amendment (Must F | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | · · · · · | | ferrae Explanation in Face of |
| | 510-272-6691 | Leah.Doyle-Stever | ns@acgov.or | rg | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | 4.00 |
| | Does the agency have a ticl | ket policy? Yes | 🛛 No 🗌 | Face Value of | Each Ticket/Pass \$ 2 | 4.00 |
| | Event Description: Oakland | A's Game | | Date(s) <u>06</u> | <u>, 15 , 19</u> | // |
| | | Provide Title/ Expla | nation | 17 | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🛛 No 🗌 | If no: | Name of Source | |
| | Was ticket distribution made | at the behest . Voc i | | If yes: Scott H | aggerty Official's Name (Last, First) | · · · · · · · · · · · · · · · · · · · |
| | of agency official? | | | | Official's Name (Last, First) | |
| | | | | | | |
| 3. | • Use Section A to identify the agen | | Number | | | tify an outside organization. |
| | A. Name of Agency, Depa | Intment or Unit | of Ticket(s)/ Passes | Describe ti | le public purpose made pui | suant to the agency s poncy |
| | | | | | | |
| | , | | | | 2 | |
| | B. Name of Indi (Last, Fire | | Number of Ticket(s)/ Passes | | Identify one of the f | iollowing: |
| | | | | | nonial Role D Other king "Ceremonial Role" or "Other" de | |
| | (| | | | nonial Role Cther Cther 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 |
| | American Cancer Society Pigs Charity Golf Tournam | | 4 | To rev | ward a school or non- its contributions to t | profit organization for he community |
| | 1401 Golf Course Road, H Tax ID: 13-1788491 | ayward, CA 94541 | | | | 2 |

4. Verification

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

| | Leah Doyle-Stevens | Ticket Administrator | 6/6/2019 |
|-------------------------------------|---------------------------------------|---------------------------------|--------------------|
| Signature of Agency repair Designee | Print Name | Title | (month, day, year) |
| Comment. All proceeds from auct | ion items go toward Relay for Life fu | unds benefiting the American Ca | incer Society. |

Comment: ___

| | | | A Public Document |
|--|-----------------------------------|--|--|
| . Agency Name | | Date Stamp | California Form 802 |
| Alameda County | | | |
| Division, Department, or Region (if applicable) | | * | For Official Use Only |
| Board of Supervisors, District 1 | | | |
| Designated Agency Contact (Name, Title) | | | |
| Leah Doyle-Stevens, Ticket Administrator | | Amendment (M | ust Provide Explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | striunde Explanation in Fait 5.) |
| 510-272-6691 Leah.Doyle-Ste | evens@acgov.org | Date of Original Filir | ng:(month, day, year) |
| . Function or Event Information | | | 17.00 |
| | | e Value of Each Ticket/Pass \$ | |
| Event Description: Oakland A's Game Provide Title/ E | Dat | e(s) <u>06 / 17 / 19</u> | // |
| | | D: Name of Source | |
| | | Name of Source es: Haggerty, Scott | |
| Was ticket distribution made at the behest γ | es⊠ No⊡ ^{πye} | Official's Name (Last, Fi | rst) |
| of agency official? | | | |
| . Recipients | | | |
| • Use Section A to identify the agency's department or uni | | itify an individual. • Use Section C to ic | lentify an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made | pursuant to the agency's policy |
| a (| | · | |
| B. Name of Individual | Number of Ticket(s)/ | Identify one of th | e following: |
| (Last, First) | Passes | | |
| Baca, Joe | 4 | To reward a Community service to t | volunteer for his or her he public. |
| ······································ | | Ceremonial Role Other | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made p | pursuant to the agency's policy |
| | | | |
| ······································ | | | |
| Vertification | <u>t</u> <u>t</u> | | |
| I have read and understand from Jations 189 | 944.1 and 18942. I ha | we verified that the distribution se | t forth above, is in accordance |
| 10 | | | |
| ~ | Doyle-Stevens | Ticket Administrato | or 07/02/19 |

Comment: _

| | Ticket/Pass Dist | ributions | A | Public Document |
|--|-----------------------------------|---|---|-------------------------------------|
| . Agency Name | | | Date Stamp | California Form 802 |
| Alameda County | | | | |
| Division, Department, or Region (if app | licable) | | 9a | For Official Use Only |
| Board of Supervisors, District 1 | | | | |
| Designated Agency Contact (Name, Title | a) | | | |
| Leah Doyle-Stevens, Ticket Adminis | trator | | Amendment (Must | Provide Explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | | |
| 510-272-6691 Leah.D | oyle-Stevens@acgov.o | rg | Date of Original Filing: | (month, day, year) |
| . Function or Event Information | | | 4 | 500 |
| Does the agency have a ticket policy | ? Yes 🛛 No 🗖 | Face Value of | Each Ticket/Pass \$ _ | ,500 |
| Event Description: Oakland A's Gam | IC ovide Title/ Explanation | Date(s) <u>06</u> | <u>18 19</u> | |
| Ticket(s)/Pass(es) provided by agend | | lf no: | Name of Source | |
| | | Haggert | Name of Source | |
| Was ticket distribution made at the bo of agency official? | ehest Yes 🖄 No 🗌 | If yes: <u>Haggert</u> | Official's Name (Last, First) | |
| Recipients • Use Section A to identify the agency's departr | nant ar unit . • Use Section D to | - identify an individ | ual + Use Section C to iden | tify an outside organization |
| · Use Section A to identify the agency's department | Number | | | iny an outside organization. |
| A. Name of Agency, Department or L | | Describe the | e public purpose made pu | suant to the agency's policy |
| | | | | |
| | | | 2 | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | | | onial Role Other of "Other" de | |
| | | | onial Role D Other ng "Ceremonial Role" or "Other" de | |
| | Number | | | |
| C. Name of Outside Organization (include address and description | of Ticket(s)/ | Describe the | public purpose made pur | suant to the agency's policy |
| | | TO, 1 | eward a | hon-profit, |
| Alameda County Firefighters Assoc 369 15th Street, Oakland, CA 9461 | 2 | Dub1 | C Stivant | Manizati |
| | 2 | for the | c servant reir hard i | Manizati work and the alamedi |
| 369 15th Street, Oakland, CA 9461 | 2 | FV- H Grad CMh- I have verified th | ter hard in ter hard in the com to the distribution set to | |
| 369 15th Street, Oakland, CA 9461 Verification | 2 | | | |

- new Deneut of

| - | remonial Role Even | ts and Ticket/l | Pass Distri | ibutions | A | Public Document |
|------|---|---------------------------------|---|--------------------|--|---|
| 1. / | Agency Name | | | | Date Stamp | California Form 802 |
| | Alameda County | | | | | |
| Ī | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, Distri | ct 1 | | | | |
| ī | Designated Agency Contact (| (Name, Title) | | A | | |
| | Leah Doyle-Stevens, Ticket | Administrator | | | Amondmont (Must 6 | Provide Explanation in Part 3.) |
| 7 | Area Code/Phone Number | E-mail | | | | rovide Explanation in Part 3.) |
| | 510-272-6691 | Leah.Doyle-Steve | ns@acgov.org |] | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | ž. | 1' | 7.00 |
| l | Does the agency have a tick | ket policy? Yes | No 🗆 F | ace Value of | Each Ticket/Pass \$ | 7.00 |
| ł | Event Description: Oakland | A's Game Provide Title/ Expl | C anation | 060ate(s) | <u>, 18 , 19</u> | // |
| 8 | Ticket(s)/Pass(es) provided | by agency? Yes | | no: | Name of Source | |
| | | | | . Hanner | Name of Source | |
| ١ | Nas ticket distribution made of agency official? | e at the behest Yes | 🖾 No 🗌 🧏 | yes: <u>Hagger</u> | ty, Scott Official's Name (Last, First) | · ···· |
| 3. | • Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Depa | | • Use Section B to i Number of Ticket(s)/ Passes | | | tify an outside organization. suant to the agency's policy |
| | B. Name of India | | Number of Ticket(s)/ | | Identify one of the f | olfowing: |
| | (Last, Firs | st) | Passes | | | |
| | Rudolph, Linda | | 4 | То | reward a Community service to f | r volunteer for his or her the public. |
| | | | | | onial Role Other Control of the transformed and the transformed an | - |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| - | | | | | | |
| | 2 | | | | | |
| 4. V | /erification | - | <u>1</u> | · · · · | | |

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

| C |) | Leah Doyle-Stevens | Ticket Administrator | 07/02/19 |
|--------------------------------------|---|---------------------------------------|----------------------|--------------------|
| Bignature of Agency Head or Designee | | Print Name | Title | (month, day, year) |
| Comment: | | · · · · · · · · · · · · · · · · · · · | | |

| Ceremonial Role Events and Ticket/Pass Distributions | | | | | | A Public Document |
|--|--|--|-----------------------------------|-----------------------|--|---|
| | Agency Name | | | | Date Stamp | California Form 802 |
| | Alameda County | | | | | |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, Distri | ct 1 | | | | |
| | Designated Agency Contact | Name, Title) | | | | |
| | Leah Doyle-Stevens, Ticket | Administrator | | | Amendment (Musi | t Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | ······································ |
| | 510-272-6691 | Leah.Doyle-Stever | ns@acgov.c | org | Date of Original Filing | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | 100.00 |
| | Does the agency have a tick | et policy? Yes | 🛛 No 🗌 | Face Value of | Each Ticket/Pass \$ | 100.00 |
| | Event Description: Pepe Ag | uilar Concert | | Date(s) _06 | <u>, 22 , 19</u> | // |
| | Ticket(s)/Pass(es) provided | Provide Title/ Expla by agency? Yes | No 🗖 | lf no: | <u> </u> | |
| | | | | Hanger | Name of Source | |
| | Was ticket distribution made of agency official? | at the behest Yes | 🖄 No 🗌 | If yes: <u>Hagger</u> | ty, Scott Official's Name (Last, First | <i>t)</i> |
| | • Use Section A to identify the agen A. Name of Agency, Depa | | Number of Ticket(s)/ Passes | | | ursuant to the agency's policy |
| | | 15 | | | | |
| | | | | | | |
| | B. Name of Indi (Last, Fire | | Number of Ticket(s)/ Passes | | Identify one of the | a following: |
| | | | - | 1 | nonial Role Other king "Ceremonial Role" or "Other" of | |
| | | <u></u> | | | nonial Role D Other king "Ceremonial Role" or "Other" o | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | ursuant to the agency's policy |
| | Livermore Chamber of Cor 2157 First St., Livermore, C | | 4 | Tor | eward a Community service to | volunteer for his or her the public. |
| | | | | | | |

| 4. Verification | tions 18944.1 and 18942. I have v | rerified that the distribution set forth a | bove, is in accordance |
|---|-----------------------------------|--|--------------------------------|
| W Signature of Agency Head or Designee | Leah Doyle-Stevens | Ticket Administrator | 07/02/19 (month, day, year) |
| Comment: | | | |

Agency Report of:

| Agency Name | | | | Date Stamp | Californi | aona |
|--|--|--|---------------------------------------|---|-----------------------|-------------|
| Oakland-Alameda County Co | liseum Authority | | | | Form | * 802 |
| Division, Department, or Regio | | | | 1 | For Officia | al Use Only |
| OACCA Commissioner | | | | | | |
| Designated Agency Contact (N | ame, Title) | - | | 1 | | |
| Leah Doyle-Stevens, Ticket A | Administrator | | | Amendment (Musi | t Provide Exploration | in Dort 21 |
| Area Code/Phone Number | E-mail | <u></u> | | | revide Explanation | in Part 3.) |
| 510-272-6691 | Leah.Doyle-Stever | ns@acgov.or | g | Date of Original Filing | (month, day, ye | ear) |
| Function or Event Inform | ation | | · · · · · · · · · · · · · · · · · · · | | | |
| Does the agency have a ticke | t policy? Yes | 🛛 No 🗆 🛛 | ace Value of | Each Ticket/Pass \$ | 1,500 | |
| Event Description: Oakland A | | | | <u>, 22 , 19</u> | , | 1 |
| | Provide Title/ Expla | nation | | | / | ./ |
| Ticket(s)/Pass(es) provided by | y agency? Yes | No 🗌 🛙 | f no: | | | |
| 141 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | f yes: <u>Hagger</u> f | Name of Source | | |
| Was ticket distribution made a | at the behest Yes | 🖾 No 🗌 🔢 | ryes: <u>ridggon</u> | Official's Name (Last, First | t) . | |
| of agency official? | | | | | | |
| Recipients • Use Section A to identify the agency A. Name of Agency, Departure | | Number of Ticket(s)/ | | ual. • Use Section C to ide e public purpose made pu | | |
| • Use Section A to identify the agency | | Number | | | | |
| • Use Section A to identify the agency | ment or Unit | Number of Ticket(s)/ | | | ursuant to the ager | |
| Use Section A to identify the agency A. Name of Agency, Departs B. Name of Individ | ment or Unit | Number of Ticket(s)/ Passes Number of Ticket(s)/ | Describe the | e public purpose made pu | ursuant to the ager | |
| Use Section A to identify the agency A. Name of Agency, Departs B. Name of Individ | ment or Unit | Number of Ticket(s)/ Passes Number of Ticket(s)/ | Describe the | e public purpose made pu Identify one of the onial Role Other [| e following: | Income |
| Use Section A to identify the agency A. Name of Agency, Departs B. Name of Individ | ment or Unit | Number of Ticket(s)/ Passes Number of Ticket(s)/ | Describe the | e public purpose made pu Identify one of the onial Role D Other [ing "Ceremonial Role" or "Other" o onial Role Other [ing "Ceremonial Role" or "Other" o e public purpose made pu | e following: | Income |
| Use Section A to identify the agency A. Name of Agency, Departu B. Name of Individ (Last, First) | ment or Unit dual dual escription | Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes | Describe the | e public purpose made pu Identify one of the onial Role D Other [ing "Ceremonial Role" or "Other" of onial Role Other [ing "Ceremonial Role" or "Other" of | e following: | Income |

I have lead and understand FARC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

| | eah Doyle-Stevens | Ticket Administrator | 07/02/19 |
|----------|-------------------|----------------------|--------------------|
| | Print Name | Title | (month, day, year) |
| Comment: | | | |

| Ceremonial Role Events | and lickeura | ass Dist | inducions | A | Fublic Document |
|---|-------------------------|-------------------------|-------------------------|---------------------------------------|--------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form OUZ |
| Division, Department, or Region | (if applicable) | | | | For Official Use Only |
| Board of Supervisors, District 1 | 1 | | | | |
| Designated Agency Contact (Nar | me, Title) | | | | × |
| Leah Doyle-Stevens, Ticket Ad | Iministrator | | | Amendment (Must P | rovide Explanation in Part 3.) |
| Area Code/Phone Number E- | mail | | | | |
| 510-272-6691 Lo | eah.Doyle-Stevens | s@acgov.or | g | Date of Original Filing: | (month, day, year) |
| 2. Function or Event Informa | tion | (1) | | | |
| Does the agency have a ticket | policy? Yes 🗵 | 🛾 No 🗖 | Face Value of I | Each Ticket/Pass \$ 24 | 4.00 |
| Event Description: Oakland A's | s Game | | Date(s) | , 23 , 19 | 1 1 |
| Event Description. | Provide Title/ Explana | | | | |
| Ticket(s)/Pass(es) provided by | agency? Yes 🛛 | No 🗖 | lf no: | Name of Source | |
| | | | If yes: <u>Scott Ha</u> | aggerty | |
| Was ticket distribution made at | the behest Yes | No 🗌 | if yes | Official's Name (Last, First) | |
| of agency official? | | | | | |
| 3. Recipients | · · · · · · | | | | |
| • Use Section A to identify the agency's | department or unit. • U | Jse Section B to | identify an individ | ual. • Use Section C to ident | ify an outside organization. |
| | | Number | | | |
| A. Name of Agency, Departme | ent or Unit | of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| R Name of Individu | lei | Number | | Identify one of the f | ollowing |
| B. Name of Individu (Last, First) | 101 | of Ticket(s)/ Passes | | Identity one of the h | onowing. |
| | | | Cerem | nonial Role 🗌 Other 🗌 | |
| | | | | ting "Ceremonial Role" or "Other" des | scribe below: |
| | | | | | |
| | | | Cerem | ionial Role 🔲 Other | |
| | | | | ing "Ceremonial Role" or "Other" des | scribe below: |
| | | | | | |
| Name of Outside Organ | vization | Number | Dereitherth | hlis | uent to the econouic policy |
| C. (include address and des | | of Ticket(s)/ Passes | Describe the | e public purpose made pur | suant to the agency's policy |
| American Cancer Society (11 | th Appual Elving | | | | |
| Pigs Charity Golf Tournament | | 4 | To rew | ard a school or non-p | |
| | | | 1 | its contributions to th | e community |
| 1401 Golf Course Road, Hayv Tax ID: 13-1788491 | walu, CA 94541 | | | | ļ |
| | | | <u> </u> | | |

4. Verification

I have read and understand FPAR Real lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

| | Leah Doyle-Stevens | Ticket Administrator | 6/6/2019 |
|--------------------------|----------------------------------|----------------------------------|--------------------|
| - an Designee - | Print Name | Title | (month, day, year) |
| All proceeds from quetic | n items as toward Polov for Life | funds benefiting the American Ca | ancer Society |

| | | | Date Stamp | California Form 802 |
|--|--|---|---|---|
| | | | | |
| e) | | | | For Official Use Only |
| | | | | |
| | | | | |
| Leah Doyle-Stevens, Ticket Administrator Area Code/Phone Number E-mail | | | | ovide Explanation in Part 3.) |
| | | |] | |
| Stevens | @acgov.ol | rg | Date of Original Filing: _ | (month, day, year) |
| | | | | 0.00 |
| Yes 🛛 | No 🗌 | Face Value of | Each Ticket/Pass \$ | 0.00 |
| | | Date(s) 06 | <u>, 28 , 19</u> | 1 1 |
| itle/ Explanat | tion | | | |
| Yes 🛛 | , No 🗖 | lf no: | Nome of Source | |
| t v 1521 | | If ves. Hagger | ty, Scott | |
| Yes 🖄 | No 🗀 | in yes | Official's Name (Last, First) | |
| | | | ÷. | <u>^</u> |
| runit. •Us | e Section B to | identify an individ | lual. • Use Section C to identi | fy an outside organization. |
| | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| | | | | |
| | | | | |
| | Number of Ticket(s)/ Passes | | Identify one of the fo | |
| | | | | |
| | 4 | re | evenue for concession | and parking sales. |
| | | 1 | | . Income |
| | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| 7 | | | | |
| | | | | |
| | | | | |
| r t | Stevens Yes X tle/Explanat Yes X t Yes X | Stevens@acgov.or Yes No C tle/Explanation Yes No C Yes No C Yes No C Yes No C Yes No C Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes 4 | Stevens@acgov.org Yes INO Face Value of Date(s) Date(s) Tes INO If no: Yes INO If yes: Hagger runit. • Use Section B to identify an individ Number of Ticket(s)/ Passes To 4 Cerem // cerem // check Number of Ticket(s)/ Passes To 4 Cerem // check Number of Ticket(s)/ Passes To 4 Cerem // check Number of Ticket(s)/ Passes Describe th Passes | ☐ Amendment (Must Pr Stevens@acgov.org Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 10 Date of Original Filing: |

I have read and understand PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with With Comparison of Designed Print Name Ticket Administrator 07/02/19 Print Name Title (month, day, year)

| Ŷ | eremonial Role Events and Tic | ket/Pass L | Jistributions | | A Public Document |
|----|---|---|---|--|--|
| 1. | Agency Name | | | Date Stamp | California 802 |
| | Alameda County | | | | Form 002 |
| | Division, Department, or Region (If Applicable | e) | | | For Official Use Only |
| | Board of Supervisors | | | | |
| | Designated Agency Contact (Name, Title) | - | | | |
| | Gabriela Christy | | | | |
| | Area Code/Phone Number E-mail | | · · · · · · · · · · · · · · · · · · · | Amendment (Must p. | rovide explanation in Part 3.) |
| | | isty@acgov.o | rg | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Information | | | | 24 |
| | Does the agency have a ticket policy? | Yes 🖾 No 🗌 |] Face Value o | of Each Ticket/Pass \$ _ | <i>A</i> |
| | Event Description Oakland A's vs. Houston | Astros | Date(s)06 | 6 , 02 , 19 | 1 1 |
| | Provide Title/Expl | anation | | | ······································ |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No 🗵 | If no: Oaklan | d Athletics | |
| | | | | Name of Sol | |
| | Was ticket distribution made at the behest | No 🗋 Yes 🛛 | If yes: Valle, | Richard- Supervisor D | ast First) |
| | of agency official? | | | | |
| 3. | Recipients | | ma tanaté na balada | ul - Line Castion C to ident | ife en outoido organization |
| | Use Section A to identify the agency's department or | Number of | | | |
| | A. Name of Agency, Department or Unit | Ticket(s)/ Describe the pub Pass(es) | | 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 followi | ng: |
| | | | Ceremonial Role | Other Image: Comparison of the comparison of | Income |
| | | | Ceremonial Role | | Income 🗌 |
| | | | - | ial Role" or "Other" describe beiow: | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | To reward a organizatio community | a school or nonprofit n for its contribution | is to the 'cy's policy |
| | League of Women Voters (eden) P.O. Box 2234 Castro Valley, CA 94546 | 2 | | | , |
| | encourages informed and active participation in government, works to | | of major public polic education and advo | | es public policy through |
| | Verification | | | | |
| ŀ. | I have read and understand EDDC Partilations 18944.1 and | 18942. I have verifi | ed that the distribution set fo | orth above, is in accordance with | n the requirements. |
| ŀ. | | | | | |
| ŀ. | | Gabriela Chr | isty | Supervisor's Assistant | |
| ¥. | | Gabriela Chr Print Name | isty | Supervisor's Assistant | (Month, Day, Year) |

| С | eremonial Role Ever | its and Tic | ket/Pass Dis | tributions | | A Public Document |
|----|---|--------------------|---------------------------------------|------------------------|---|-----------------------------|
| 1. | Agency Name | 1141 | | | Date Stamp | California 802 |
| | Alameda County | | | | | Form 002 |
| | 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 | | | Amendment (Must prov | ide explanation in Part 3.) |
| | (510) 272-6692 | Gabriela.Chr | risty@acgov.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Infor | mation | | | <u></u> | Flip |
| | Does the agency have a ticke | et policy? | Yes 🗵 No 🗔 | Face Value o | of Each Ticket/Pass \$ | 15/10 |
| | Event Description Alameda | County Fair | | Date(s) 6 | | |
| | | Provide Title/Expl | lanation | | | |
| | Ticket(s)/Pass(es) provided b | by agency? | Yes 🗌 🛛 No 🛛 | If no: Alame | da County | - |
| | | | | Name of Source | | |
| | Was ticket distribution made of agency official? | at the benest | No 🗌 Yes 🛛 | If yes: <u>Valle</u> , | Richard- Supervisor Dis Official's Name (Las | t, First) |
| 2 | | | | · · · · | · · · · · · · · | |
| J. | • Use Section A to identify the agend | cy's department or | unit. • Use Section B | to identify an individ | ual. • Use Section C to identify | an outside organization. |
| | A. Name of Agency, Departm | | Number of | | blic purpose made pursuant to | |
| | | | Ticket(s)/ Pass(es) | | ······································ | |
| | | | | | | |
| | | λ | | | | |
| | | | | | | |
| | 3 | | Number of | | | <u>.</u> |
| | B. Name of Individu (Last, First) | aí | Ticket(s)/ Pass(es) | | Identify one of the following | : |
| | | | | e ve esta | | |
| | Rodriquez, Roberto | | | To reward a | a community volunteer | for |
| | | | | his or her se | ervice to the public | |
| | | | | - | | |
| | | |) | | | |
| | | | e. | | | |
| | | | | | | |
| | C. Name of Outside Orga | | Number of Ticket(s)/ | Describe the pub | blic purpose made pursuant to | the agency's policy |
| | (include address and description) | | Pass(es) | | ···· | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| | | | | | | |
| 4. | Verification | | | | | |
| | I have read and understand EPPC Rem | "e#ons 18944.1 and | | | | ne requirements. |
| × | - | ÷ | Gabriela Christy | | Supervisor's Assistant | 01112019 |
| | | | Print Name | | Title | (Month, Day, Year) |

(Month, Day, Year)

Comment: _

| U | | its and in | Keur ass Dis | libutions | | A Public Docume |
|----|--|---------------------|--|---------------------------------------|--------------------------------------|---------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | |
| | Division, Department, or Reg | jion (If Applicabl | le) | | · · · | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name,Title) | , · · · | | - | |
| | Gabriela Christy | | | | | L |
| | Area Code/Phone Number | E-mail | | | Amendment (Must prov | vide explanation in Part 3.) |
| | (510) 272-6692 | | risty@acgov.org | | Date of Original Filing: | (Month, Day, Year) |
| 2 | Function or Event Infor | | | · · · · · · · · · · · · · · · · · · · | | (Month, Day, Year) |
| 4. | Does the agency have a tick | | Yes 🕅 No 🗌 | Face Value | of Each Ticket/Pass \$ | 15/10 |
| | • • | | | | | |
| | Event Description Alameda | Provide Title/Exp | lanation | Date(s) | <u> </u> | - |
| | T dest(s)/Dess(ss) succided b | | | If no: Alame | eda Countv | |
| | Ticket(s)/Pass(es) provided k | by agency? | Yes 🗋 No 🛛 | 11 HO. | Name of Source | ;e |
| | Was ticket distribution made | at the behest | No 🗌 Yes 🖾 | lf ves. Valle | , Richard- Supervisor Dis | strict 2 |
| | of agency official? | | | | Official's Name (Las | st, First) |
| 3. | Recipients | | | | | · · · · · · · · · · · · · · · · · · · |
| | Use Section A to identify the agend | cy's department or | unit. • Use Section B | to identify an individ | lual. • Use Section C to identify | / an outside organization. |
| | A. Name of Agency, Departm | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant to | • the agency's policy |
| | | | | | | |
| | | | | | | - |
| | | | | | | |
| | | | | | | |
| | B. Name of Individu | al | Number of Ticket(s)/ | | Identify one of the following | j : |
| | | | Pass(es) | | | |
| | Greene, Jackie | | | Ceremonial Role | | Income |
| | | | 4/2 | | community volunteer f | or |
| | | | 1 | his or her ser | vice to the public | |
| | | | | | | Income |
| | | | | | | |
| | | | | | | |
| | | | Number of | | | |
| | C. Name of Outside Organ (include address and det | | Ticket(s)/ Pass(es) | Describe the pul | blic purpose made pursuant to | the agency's policy |
| | | | 1 435(05) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | M | | <u> </u> | | | |
| 4. | Verification I have read and understand FPPC Read | ulations 18944 1 an | d 18942. I have verified th | at the distribution set | forth above, is in accordance with f | ihe requirements |
| | | sene roorn ran | | | | Blilan |
| | | | Gabriela Christy Print Name | | Supervisor's Assistant | (Month, Day, Year) |
| | | | | | | (·····/ = -// · - 4// |

Buddella

-

| С | eremonial Role Even | ts and Tic | ket/Pass Dis | tributions | | A Public Document | |
|----|--|---------------------|---|---|--------------------------------------|--------------------------------|--|
| 1. | 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 | | | Amendment (Must pr | rovide explanation in Part 3.) | |
| | (510) 272-6692 | | risty@acgov.org | | Date of Original Filing: . | (Month, Day, Year) | |
| 2 | Function or Event Infor | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | Does the agency have a ticke | | Yes 🛛 No 🗌 | Face Value o | of Each Ticket/Pass \$ | 15 \$10 | |
| | | | | | | | |
| | Event Description Alameda C | Provide Title/Expl | lanation | Date(s) | | - : | |
| | Ticket(s)/Pass(es) provided b | v agency2 | | If no: Alame | da County | | |
| | nokel(s)/Fass(es) provided b | y agency? | | | Name of Source | | |
| | Was ticket distribution made at the behest No I Ye | | No 🗌 Yes 🛛 | If yes: <u>Valle, Richard- Supervisor District 2</u> Official's Name (Last, First) | | District 2 | |
| | of agency official? | | | | Official's Name (L | ast, First) | |
| 3. | Recipients | | | | | | |
| | Use Section A to identify the agence | y's department or | | to identify an individu | ual. • Use Section C to ident | ify an outside organization. | |
| | A. Name of Agency, Departme | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy | |
| 7 | | | \$ 4/2 | To reward | a County employee fo | | |
| / | | | 312 | The caemp | ary service to the mult | lio or | |
| | Assessor's Atrae | | | to encourag | ge staff development | | |
| | B. Name of Individue (Last, First) | al | Number of Ticket(s)/ Pass(es) | | laenary one or and an | 41 | |
| | | | | Ceremonial Role | Other | | |
| - | Lim, Mathew | | 4 | If checking "Ceremon | ial Role" or "Other" describe below: | | |
| | | | | | . 25 | | |
| | | | | Ceremonial Role | | Income | |
| | | | | | ial Role" or "Other" describe below: | | |
| | | | | | | | |
| | C. Name of Outside Organ | | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy | |
| | (include address and des | | Pass(es) | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | Verification | | | | - | 20 | |
| | I have read and understand EDDO D | lations 18944.1 and | 18942. I have verified the | at the distribution set fo | orth above, is in accordance with | the requirements. | |
| | | | Gabriela Christy | | Supervisor's Assistant | 8/1/2019 | |
| | - 0 | | Print Name | ··· | Title | (Month, Day, Year) | |
| | | | | | | | |
| | Comment: | | | | | FPPC Form 802 (4/12) | |

Comment: _

| Function or Event Information Does the agency have a ticket policy? | Christy@acgov.org Yes⊠ No □ | | Date Stamp | |
|---|---|----------------------|---|--|
| Division, Department, or Region (If Applic Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela Christy Function or Event Information Does the agency have a ticket policy? | Christy@acgov.org Yes⊠ No □ | | | For Official Use Only |
| Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? | Christy@acgov.org Yes⊠ No □ | | | vide explanation in Part 3.) |
| Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.0 Function or Event Information Does the agency have a ticket policy? | Yes 🛛 No 🗌 | | | |
| Gabriela ChristyArea Code/Phone NumberE-mail(510) 272-6692Gabriela.0Function or Event InformationDoes the agency have a ticket policy? | Yes 🛛 No 🗌 | | | |
| Area Code/Phone NumberE-mail(510) 272-6692Gabriela.0Function or Event InformationDoes the agency have a ticket policy? | Yes 🛛 No 🗌 | | | |
| Area Code/Phone NumberE-mail(510) 272-6692Gabriela.0Function or Event InformationDoes the agency have a ticket policy? | Yes 🛛 No 🗌 | | | |
| (510) 272-6692 Gabriela (Function or Event Information Does the agency have a ticket policy? | Yes 🛛 No 🗌 | | Date of Original Filing: | |
| Does the agency have a ticket policy? | | | | (Month, Day, Year) |
| | | | | 18-1-10 |
| | | Face value of | of Each Ticket/Pass \$ | 15/610 |
| – , – , , Alameda County Fair | | B () 6 | , 14 , 19 | |
| Event Description Alameda County Fair | Explanation | _ Date(s) | | |
| Ticket(s)/Pass(es) provided by agency? | | If no: Alame | da County | |
| Tickel(s)/Fass(es) provided by agency? | Yes 🗌 No 🛛 | n no | Name of Sour | ce |
| Was ticket distribution made at the behes | st No 🗌 Yes 🖾 | If yes: Valle, | , Richard- Supervisor Di | strict 2 |
| of agency official? | | | Official's Name (La | |
| Use Section A to identify the agency's department A. Name of Agency, Department or Unit | t or unit. • Use Section I Number of Ticket(s)/ Pass(es) | | ual. • Use Section C to identif | |
| | | | | * |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following | g: |
| | 1 455(05) | Ceremonial Role | Other O | Income |
| Brown, Tyra | | If checking "Ceremor | nial Role" or "Other" describe below: | _ |
| | 4/2 | To reward a | community volunteer : | for |
| · · · · · · · · · · · · · · · · · · · | | _ his or her ser | vice to the public | |
| | | | 1 | Income |
| | | 21 | | |
| | | - ^{- 2} | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuant to | o the agency's policy |
| | | | | |
| · · · | | | | |
| Verification | | | · | ······································ |

| eremonial Role Events and Tie | | insulono | | A Public Document |
|--|---|-----------------------------------|----------------------------|---------------------------------------|
| Agency Name | | | Date Stamp | California 802 |
| Alameda County | | | | Form 002 |
| Division, Department, or Region (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name, Title) | | | | |
| Gabriela Christy | | | | · · · · · · · · · · · · · · · · · · · |
| Area Code/Phone Number E-mail | · · · · · · · · · · · · · · · · · · · | L · | Amendment (Must pi | rovide explanation in Part 3.) |
| · · · · · · · · · · · · · · · · · · · | nristy@acgov.org | Date | of Original Filing: . | (Month, Day, Year) |
| Function or Event Information | | | | |
| Does the agency have a ticket policy? | Yes 🛛 No 🗋 | Face Value of Eac | h Ticket/Pass \$ | 15 310 |
| Event Description Alameda County Fair | | Date(s)6/ | 14 , 19 | |
| Event Description | planation | Date(s) | / | - , - |
| Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No 🛛 | If no: <u>Alameda Co</u> | unty | |
| | | | Name of Sol | |
| Was ticket distribution made at the behest | No 🗌 Yes 🛛 | If yes: Valle, Richa | ard- Supervisor E | Alstrict 2 |
| of agency official? | | | Uniciai s Marrie (L | |
| Recipients | | - tal-autofic tal-tal-tal-set | 11 04i 04id4 | ** |
| Use Section A to identify the agency's department of A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public pur | | |
| \$ | | To reward a Cou | nty employee for | r his o: |
| | 4/2 | her exemplary set | vice to the publ | lic or |
| | | to encourage staf | f development | |
| BO2-D2 | | _ | 1 | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | Iden | tify one of the followi | ng: |
| | | Ceremonial Role | Other | |
| Munoz Ramos, Cinthya | , · · | If checking "Ceremonial Role" | or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | Other | Income |
| | ! | If checking "Ceremonial Role" | | |
| | | | | |
| | | | | 0 |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public pur | pose made pursuant | to the agency's policy |
| | | | | (2) |
| | | | | |
| | | | | |
| | | ' | | |
| Verification | | · · · · | | |
| | nd 18942. I have verified that | at the distribution set forth abo | ove, is in accordance wit | h the requirements. |
| | nd 18942. I have verified the Gabriela Christy | | rvisor's Assistant | allia |
| | | | | allia |

| Area Code/Phone Number (510) 272-6692 E-mail Date of Original 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/P Event Description Alameda County Fair Provide Title/Explanation Date(s) 6 14 1 Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Mate active tistribution made at the behest of agency official? No Yes Vestor If no: Alameda County Market distribution made at the behest of agency official? No Yes Vestor If yes: Valle, Richard- Supe Official Supe Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section | Form OU2 For Official Use Only t (Must provide explanation in Part 3.) I Filing:(Month, Day, Year) ass \$S LO 9 arme of Source rvisor District 2 's Name (Last, First) |
|---|--|
| Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Cabriela. Christy@acgov.org Des the agency have a ticket policy? Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? of agency official? Name of Agency, Department or Unit Vas sticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. #BOS - DZ B. Name of Individual (Last. Pray Miley, Chris Ceremonial Role | For Official Use Only t (Must provide explanation in Part 3.) I Filing: (Month, Day, Year) ass \$ 9 ame of Source rvisor District 2 's Name (Last, First) |
| 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 Dees the agency have a ticket policy? Yes IN NO Face Value of Each Ticket/P Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes IN NO If no: Alameda County If no: Alameda County Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes IN NO If yes: Valle, Richard-Supe Official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section Official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section County employ her exemplary service to th to encourage staff develop B. Name of Individual (Latt. Proj Number of Ticket(s)/ Pass(es) Ceremonial Role Other I Milley, Chris If checking "Ceremonial Role Other I If checking "Ceremonial Role Other I | t (Must provide explanation in Part 3.) I Filing: |
| Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela.Christy@acgov.org Des the agency have a ticket policy? Yes Image: No image: N | I Filing: ass \$ 9 ame of Source rvisor District 2 's Name (Last, First) |
| Gabriela Christy Image: Amendmer (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Date (s) 272-6692 2. Function or Event Information Does the agency have a ticket policy? Yes IN NO Include Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes Include Title/Explanation Face Value of Each Ticket/P Date (s) | I Filing: ass \$ 9 ame of Source rvisor District 2 's Name (Last, First) |
| Area Code/Phone Number (510) 272-6692 E-mail Gabriela. Christy@acgov.org Date of Original Date of Original Date of Original Date of Original Date of Original Date of Original Provide Title/Explanation Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/P Date(s) Event Description Alameda County Fair Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes INO If no: Alameda County If no: Alameda County Was ticket distribution made at the behest of agency official? No I Yes I If yes: Valle, Richard- Supe Official • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section Official • Use Section A to identify the agency. Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made her exemplary service to th to encourage staff develop B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) To reward a County emple her exemplary service to th to encourage staff develop Miley, Chris Ceremonial Role I Other I If checking "Ceremonial Role I Other I Other I | I Filing: ass \$ 9 ame of Source rvisor District 2 's Name (Last, First) |
| Area Code/Phone Number (510) 272-6692 E-mail Date of Original 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/P Event Description Alameda County Fair Provide Title/Explanation Date(s) 6 14 1 Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Mate a dentry If no: Alameda County No Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supe Official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made her exemplary service to the to encourage staff develop B. Name of Individual (Last. Fire) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Miley, Chris Ceremonial Role Other If checking "Ceremonial Role Other If | I Filing: ass \$ 9 ame of Source rvisor District 2 's Name (Last, First) |
| 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/P Event Description Alameda County Fair Date(s) Date(s) Provide Title/Explanation If no: Alameda County Alameda County Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Alameda County Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Super Official? 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 individual. • Use Section a to identify an individual. • Use Section B to identify an individual. • Use Section a county employ her exemplary service to the reaction a country employ her exemplary service to the countrage staff develop B. Name of Individual Number of Ticket(s)/ Pass(es) Identify an end of the countrage staff develop Milley, Chris Ceremonial Role □ Other | (Month, Day, Year) ass \$ 9 ame of Source rvisor District 2 's Name (Last, First) |
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| Event Description Alameda County Fair Date(s) 6 14 1 Provide Title/Explanation Date(s) 6 14 1 Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County N Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Super Official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section • Use Section A to identify the agency is department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made Pass(es) • Use Section A to identify the agency is department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made Pass(es) • BOS - D2 B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) To reward a County emplot her exemplary service to the to encourage staff develop Miley, Chris Ceremonial Role | ass \$9 ame of Source rvisor District 2 's Name (Last, First) |
| Ticket(s)/Pass(es) provided by agency? Yes I No I res If no: Alameda County Was ticket distribution made at the behest of agency official? No I Yes I res If yes: Valle, Richard- Super Official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) To reward a County empletee her exemplary service to the to encourage staff develop B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Identify Ceremonial Role I of ther I descing 'Ceremonial Role" or "Other" desc Miley, Chris Ceremonial Role I of the I If checking 'Ceremonial Role I of ther I | ame of Source rvisor District 2 's Name (Last, First) |
| Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Alameda County Was ticket distribution made at the behest of agency official? No I Yes I If yes: Valle, Richard- Super Official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made her exemplary service to the to encourage staff develop B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Identify description of the encourage staff develop Miley, Chris Ceremonial Role Other If checking "Ceremonial Role" or "Other" description | ame of Source rvisor District 2 's Name (Last, First) |
| Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Superoficial 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made A. Name of Agency, Department or Unit To reward a County employ her exemplary service to the or encourage staff develop B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) ro encourage staff develop Miley, Chris Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ | rvisor District 2 's Name (Last, First) |
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| 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) To reward a County employ her exemplary service to the to encourage staff develop Miley, Chris Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" desc | · · · · |
| 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) To reward a County employ her exemplary service to the to encourage staff develop Miley, Chris Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" desc | · · · · |
| Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) To reward a County employ her exemplary service to th to encourage staff develop B. Name of Individual (Last. First) Miley, Chris Ceremonial Role Other | |
| A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made A A 2 To reward a County employee to the exemplary service to the to encourage staff develop B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) To reward a County employee to the to encourage staff develop Miley, Chris Number of Individual (Last, First) Ceremonial Role I Other I desc Ceremonial Role Other I If checking "Ceremonial Role" or "Other" desc | c to identify an outside organization. |
| B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Identity one or to Pass(es) Miley, Chris Ceremonial Role I Other I If checking "Ceremonial Role I or "Other" description | oursuant to the agency's policy |
| B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Identity one or to Pass(es) Miley, Chris Ceremonial Role I Other I If checking "Ceremonial Role I or "Other" description | wee for his o |
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| B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Miley, Chris Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" desc Ceremonial Role □ Other □ | ± |
| Miley, Chris Ceremonial Role Other If checking "Ceremonial Role" or "Other" desc Ceremonial Role Other Other | le tollowing: |
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| | be below: |
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| If checking "Ceremonial Role" or "Other" desc. | 'be below: |
| Number of | |
| C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made | oursuant to the agency's policy |
| | |
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| | |
| 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in acco | |
| Gabriela Christy Supervisor's A | dance with the requirements. |
| ee Print Name Title | 1.1000 |
| | al. 1000 |

| Ce | eremonial Role Ever | nts and Tio | ket/Pass | Distributions | | A Public Document |
|----|--|----------------------|---|---------------------------------------|--|---------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | ronn |
| | Division, Department, or Reg | gion (If Applicabl | e) | | | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name, Title) | · | · · · · · · · · · · · · · · · · · · · | 1 | |
| | Gabriela Christy | | | , | Amondment (Must | I. |
| | Area Code/Phone Number | E-mail | | · · · · · | | provide explanation in Part 3.) |
| | (510) 272-6692 | Gabriela.Ch | risty@acgov | .org | Date of Original Filing | (Month, Day, Year) |
| 2. | Function or Event Infor | rmation | | | | 15/10 |
| | Does the agency have a tick | et policy? | Yes 🛛 No | | of Each Ticket/Pass \$. | 10110 |
| | Event Description Alameda | County Fair | lanation | Date(s) | 8 <u>14</u> 19 | |
| | Ticket(s)/Pass(es) provided t | by agency? | Yes 🗌 No | If no: Alame | eda County | |
| | | | | \/alle | Name of S | |
| | Was ticket distribution made of agency official? | at the benest | No 🗌 Yes | If yes: Valle | , Richard- Supervisor Official's Name | (Last, First) |
| 2 | Recipients | | | | | |
| э. | Use Section A to identify the agend | cy's department or | unit. • Use Sec | ction B to identify an individ | lual. • Use Section C to ide | ntify an outside organization. |
| | A. Name of Agency, Departm | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuar | nt to the agency's policy |
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| | | | Number of | | ······································ | |
| | B. Name of Individu | al | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ving: |
| • | | | | Ceremonial Role | | Income |
| | Demartini, Andy | | 412 | To reward a | community volunte | |
| | | | ' <i> </i> | his or her se | rvice to the public | er for |
| | | | | | Public | |
| | | | | | | |
| | | | I | | | 4 |
| | | | | | | |
| (| C. Name of Outside Organ (include address and det | | Number of Ticket(s)/ | Describe the pu | blic purpose made pursuar | t to the agency's policy |
| • | | | Pass(es) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Verification | | 1 | J | | |
| 1 | have real and under the set of | ulations 18944.1 and | d 18942. I have ve | erified that the distribution set | forth above, is in accordance w | ith the requirements. |
| | _ | | Gabriela C | hristy | Supervisor's Assistar | <u>t 8112019</u> |
| | .78 | e | Print Nam | ie | Title | (Month, Day, Year) |
| | Comment: | | | | | |
| | | | | | | ······ |

Comment: ____

| C | eremonial Role Even | ts and lic | cket/Pass D | Istributions | | A Public Document |
|----|--|----------------------------------|--|--|---|--------------------------------|
| 1. | Agency Name Alameda County | | | · _ · _ · _ · _ · _ · _ · _ · _ · | Date Stamp | California Form 802 |
| | Division, Department, or Reg | ion (If Applicabl | le) | | - | For Official Use Only |
| | Board of Supervisors Designated Agency Contact (| Name Title) | | | - | |
| | | Name, Huey | 121 | | <u></u> | |
| | Gabriela Christy Area Code/Phone Number | E-mail | | <u> </u> | Amendment (Must pl | rovide explanation in Part 3.) |
| | (510) 272-6692 | | risty@acgov.or | g | Date of Original Filing: . | (Month, Day, Year) |
| 2. | Function or Event Inform | mation | | | | ic 14m |
| | Does the agency have a ticke | t policy? | Yes 🛛 No 🗌 | | of Each Ticket/Pass \$ | 15 1010 |
| | Event Description Alameda C | County Fair Provide Title/Exp | lanation | Date(s)6 | | |
| | Ticket(s)/Pass(es) provided by | y agency? | Yes 🗌 No 🛛 | | Name of Sou | |
| | Was ticket distribution made a of agency official? | t the behest | No 🗌 Yes 🛛 | If yes: Valle, | Richard- Supervisor D Official's Name (L | District 2 |
| 3. | • Use Section A to identify the agency | /'s department or | unit. • Use Section | n B to identify an individ | ual. • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Departme | | Number of Ticket(s)/ Pass(es) | | olic purpose made pursuant | |
| | | | | | | it. |
| | | | | | | |
| | B. Name of Individua (Last, First) | ll . | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| | Schmidt, Lorenzo | | 4/1 | To reward a co | Cther C | Income |
| | | | | his or her servi | | Income |
| | | | | | | ž |
| | 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 | | |
| | | | | | | |
| | | | | | | |
| - | Verification | | | | | |
| | l have_ead and understand FPPC Rerul | ations 18944.1 and | d 18942. I have verifie Gabriela Chri | | orth above, is in accordance with Supervisor's Assistant | |
| | | 5 | Print Name | | Title | (Month, Day, Year) |

| Cer | remonial Role Ever | nts and Tic | :ket/Pass | Distributions | | A Public Document |
|------|--|----------------------|-------------------------|---------------------------------------|---|--------------------------------|
| 1. A | gency Name | | | | Date Stamp | California 802 |
| А | lameda County | | | | | Honn - |
| D | ivision, Department, or Reg | gion (If Applicable | 9) | | 1 | For Official Use Only |
| B | oard of Supervisors | | | | | |
| D | esignated Agency Contact | (Name, Title) | <u> </u> | · · · | - | |
| G | abriela Christy | | | | | |
| | rea Code/Phone Number | E-mail | | · · · · · · · · · · · · · · · · · · · | Amendment (Must pi | rovide explanation in Part 3.) |
| (5 | 510) 272-6692 | Gabriela.Ch | risty@acgov. | org | Date of Original Filing: . | (Month, Day, Year) |
| 2. F | unction or Event Info | rmation | | | | 15/10 |
| | oes the agency have a tick | | Yes 🗵 No | Face Value of | of Each Ticket/Pass \$ | (3) 10 |
| F | vent Description Alameda | County Fair | | Date(s)6 | | _ |
| - | | Provide Title/Exp | lanation | | | |
| Ti | icket(s)/Pass(es) provided I | by agency? | Yes 🔲 No | If no: Alame | da County Name of Sou | 1722 |
| 14 | as ticket distribution made | at the beheat | | Valle | | |
| | of agency official? | at the benest | No 🗌 Yes | If yes: Valle, | Richard- Supervisor D Official's Name (L | ast, First) |
| R | Recipients | | | · · · · · · · · | | |
| | Use Section A to identify the agen | cy's department or | unit. 🔹 Use Sec | ction B to identify an individ | ual. • Use Section C to ident | ify an outside organization. |
| Ā | Name of Agency, Departm | ent or Unit | Number of Ticket(s)/ | Describe the put | lic purpose made pursuant | to the agency's policy |
| | | • | Pass(es) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| В | Name of Individu | ual | Number of | | | |
| | (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| | | | | | Other | |
| | | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | | |
| | | | | Ceremonial Role | Other | Income |
| | | | | | ial Role" or "Other" describe below: | |
| | | | | | | |
| _ | 3 | | | | | <u> </u> |
| С | Name of Outside Orga (include address and de | | Number of Ticket(s)/ | | d a school or nonprof | |
| | | | Pass(es) | the comm | tion for its contribution | ons to |
| | nion City Family Center 25 Whipple Rd., Union Cit | v CA 94587 | 30 | | iunity | |
| _ | ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· | | | | | |
| | trive to build community b | | | | | nd community member |
| | nd preparing youth and ac | | | will have at their line | | vices and oppostunities |
| | erification | ulations 18011 1 | 118012 1 hovo vo | vitied that the distribution set f | orth above, is in accordance witi | h the requirements |
| 1 14 | ave (eau a | urallona 10944.1 ANC | | | | |
| ; | - te | <u></u> | Gabriela C | | Supervisor's Assistant | 101 20C |
| | 70 | e . | Print Nam | с | nite | (wonth, Day, Year) |
| С | omment: | | | | | |
| ÷ | | | | 16 | | FPPC Form 802 (4/12) |

| _ | eremonial Role Even | ts and Tic | ket/Pass | Distributions | | A Public Document |
|----|--|--------------------|-------------------------|-------------------------------------|---|-----------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | _ | | | | Form OOZ For Official Use Only |
| | Division, Department, or Reg | ion (If Applicable | e) | | | For Onicial Ose Osity |
| | Board of Supervisors | | | | - | |
| | 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.Ch | risty@acgov | .org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Infor | mation | | | | 15-12:00 |
| | Does the agency have a ticke | t policy? | Yes 🗵 No | Face Value of | of Each Ticket/Pass \$ | 15 DIU |
| | Event Description Alameda C | ounty Fair | | Data(c) 6 | 1419 | |
| | | Provide Title/Exp | lanation | Date(s) | // | |
| | Ticket(s)/Pass(es) provided by | y agency? | Yes 🗌 No | If no: Alame | da County | 10 II. |
| | | | | | Name of Sou | |
| | Was ticket distribution made a of agency official? | t the behest | No 🗌 Yes | If yes: Valle, | Richard- Supervisor D Official's Name (L | ast First |
| | | | | | | |
| | Recipients | | | ation D to take the one instruction | | |
| | Use Section A to identify the agency | · · · · | Number of | ction B to identify an individu | Jai. • Use Section C to identi | ry an outside organization. |
| | A. Name of Agency, Departme | nt or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant f | to the agency's policy |
| | | | | | | |
| | | | | | | |
| | í. | | | | | · |
| | | | | | - | |
| | B. Name of Individua | ıl | Number of Ticket(s)/ | | Identify one of the followir | ng: |
| | | , | Pass(es) | | | |
| | | | | Ceremonial Role | ial Role" or "Other" describe below: | |
| | | | | | | |
| | | | | | | |
| | | | | Ceremonial Role | Other | Income |
| | | | I | If checking "Ceremoni | al Role" or "Other" describe below: | |
| | | | | | | |
| | | | Number of | | school or nonprofit | |
| | C. Name of Outside Organi (include address and dese | | Ticket(s)/ | | n for its contributions | to the ney's policy |
| | , | | Pass(es) | community | | |
| | Cypress Mandela 977 66th Ave, Oakland, CA S | 4621 | 30 | | | |
| | | | 13 | <u> </u> | | |
| | The Cypress Mandela Traini | | | | es by providing pre-ap | |
| | a community based organiza | | | and life skills training | g along with employme | ent assistance. |
| • | Verification | | | | | |
| | I have read and understand FPPC Regula | ations 18944.1 and | | | orth above, is in accordance with | the requirements. |
| | - | | Gabriela C | | Supervisor's Assistant | <u></u> |
| | nee | | Print Nam | e | Title | (Month, Dby, Year) |
| | Comment: | | | | | |
| | | | | | BBC Tell Free Helplines 80 | FPPC Form 802 (4/12) |

| | | | istributions | | A Public Document |
|--|-------------------|-------------------------------------|------------------|---|---------------------------------|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | e . | | | | Form |
| Division, Department, or Reg | ion (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | | |
| Gabriela Christy | | | | | |
| Area Code/Phone Number | E-mail | | | . [] Amendment (Must p | provide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Ch | risty@acgov.org | g . | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Infor | mation | · · · · · | | · | 15/10 |
| Does the agency have a ticke | et policy? | Yes 🗵 No 🗖 | Face Value c | of Each Ticket/Pass \$ _ | 15 10 |
| Event Description Alameda | County Fair | | Date(s)6 | , 14 , 19 | |
| | Provide Title/Exp | planation | | | _ |
| Ticket(s)/Pass(es) provided b | y agency? | Yes 🗌 No 🛛 | If no: Alamed | da County Name of Sc | |
| Was ticket distribution made a | at the behast | | v Valle | Richard- Supervisor I | |
| of agency official? | at the benest | No 🗌 Yes 🛛 | If yes: <u></u> | Official's Name (| Last, First) |
| A. Name of Agency, Departme | | Ticket(s)/ Pass(es) | ······ | lic purpose made pursuan | |
| B. Name of Individua (Last, First) | al | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| Gutierrez, Alia | | 1 | Ceremonial Role | | Income |
| | | 4/2 | | ommunity volunteer ice to the public | 101 |
| | | | his or her serv | ice to the public | |
| | | | _ | | Income |
| C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | | |
| | | | | | |

| Agency Name | | | | Date Stamp | Calif | ornia 802 |
|---|----------------------|--|---|--|----------------------|--------------------|
| Alameda County | | | | | 1 | |
| Division, Department, or Regi | on (If Applicable) |) | | | For | Official Use Only |
| Board of Supervisors | | | | | | |
| Designated Agency Contact (| Name, Title) | | | - | | |
| Gabriela Christy | | | | | | ···· |
| Area Code/Phone Number | E-mail | | · · · · · · · · · · · · · · · · · · · | Amendment (Mu | ist provide explar | nation in Part 3.) |
| (510) 272-6692 | Gabriela.Chris | sty@acgov | .org | Date of Original Filin | ng:(Month. I | Day, Year) |
| Function or Event Inform | nation | | 2 | | (| -107 |
| Does the agency have a ticket | policy? | Yes 🗵 No | Face Value | of Each Ticket/Pass \$ | s <u> </u> | 5124 |
| Event Description Oakland A | s vs. Seattle N | | Date(s)(|)6 , 14 , 19 | , | |
| Event Description | Provide Title/Explai | | Date(s) | | | / |
| Ticket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no: Oakla | and Athletics | | |
| | | | _ | Name of | | |
| Was ticket distribution made at of agency official? | t the behest | No 🗌 Yes | If yes: Valle | e, Richard- Superviso | ne (Last, First) | |
| Recipients | | | | | | |
| • Use Section A to identify the agency | 's department or ur | nit. 🔹 Use Sec | tion B to identify an indivi: | dual. • Use Section C to id | lentify an outsid | le organization. |
| A. Name of Agency, Departmen | | Number of Ticket(s)/ | | iblic purpose made pursua | ant to the agen | cy's policy |
| | | Number of | | ublic purpose made pursua | ant to the agen | cy's policy |
| A. Name of Agency, Departmen | nt or Unit | Number of Ticket(s)/ | | ublic purpose made pursua | ant to the agen | cy's policy |
| A. Name of Agency, Departmen | nt or Unit | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ | Describe the pu | a community volution to the p | unteer for | Income |
| A. Name of Agency, Department B. Name of Individual (Last. First) | nt or Unit | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ | To reward his or to Ceremonial Role | a community volu her service to the p | unteer for public | |
| A. Name of Agency, Department B. Name of Individual (Last. First) | nt or Unit | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ | To reward his or to Ceremonial Role If checking "Ceremonial To reward | a community volu her service to the p D Other nial Role" or "Other" describe below d a school or nonpro ion for its contribut | unteer for public | |
| A. Name of Agency, Department B. Name of Individual (Lest, First) Riener, Eileen | ation ription) | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) | To reward his or Ceremonial Role If checking "Ceremo | a community volu her service to the p D Other nial Role" or "Other" describe below d a school or nonpro ion for its contribut | unteer for public | Income |

Comment: _

e

| eremonial Role Eve | nts and lic | | | | |
|--|--|--|--|--|---|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | ronni |
| Division, Department, or Re | gion (If Applicabl | e) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | · · · · · · | | | 2 |
| Gabriela Christy | | | | | |
| Area Code/Phone Number | E-mail | | | [] Amendment (Must) | provide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Ch | risty@acgov | .org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Info | rmation | | | | i d |
| Does the agency have a tick | et policy? | Yes 🛛 No | Face Valu | ue of Each Ticket/Pass \$ _ | 24 |
| Event Description Oakland | A's vs. Seattle | Mariners | Date(s) | 06, 116 15 19 | / |
| | Provide Title/Expl | lanation | | | |
| Ticket(s)/Pass(es) provided | by agency? | Yes 🗌 No | If no: Oak | Aland Athletics | |
| Was ticket distribution made | at the behavi | | N \/a | lle, Richard- Supervisor I | |
| 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 Se | ction B to identify an ind | ividual. • Use Section C to iden | tify an outside organization. |
| | ent or Unit | Number of | Describe the | public purpose made pursuant | to the agency's policy |
| A. Name of Agency, Departm | ient of Onit | Ticket(s)/ Pass(es) | | | |
| A. Name of Agency, Departm | | Pass(es) | | · · · · · · · · · · · · · · · · · · · | |
| A. Name of Agency, Departm | | | | | |
| A. Name of Agency, Departm | | | | | |
| A. Name of Agency, Departm B. Name of Individu (Last First) | | | | Identify one of the follow | ing: |
| B. Name of Individu | | Pass(es) | Ceremonial Ro | | ing: |
| B. Name of Individu | | Pass(es) | Ceremonial Ro If checking "Cere Ceremonial Ro | ole D Other D other or "Other" describe below: | Income |
| B. Name of Individu | | Pass(es) | Ceremonial Ro If checking "Cere Ceremonial Ro | ole D Other D other or "Other" describe below: | Income |
| B. Name of Individu | | Pass(es) | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere | ole Dther commonial Role" or "Other" describe below: | Income [|
| B. Name of Individu (Last First) | ıal | Pass(es) Number of Ticket(s) Pass(es) Number of | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewat | ole D Other c constraints of the constraint of the constraints of the constraint of the constraints of the c | Income |
| B. Name of Individu (Last First) | nization | Pass(es) Number of Ticket(s)/ Pass(es) | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewa: Organiza | ole Dother Dothe | Income |
| B. Name of Individu (Last First) | nization scription) | Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewat | ole Dother Dothe | Income [|
| B. Name of Individu (Last First) C. Name of Outside Organ (include address and der Newark American Little Lea PO Box 62 Newark, Califorr Familiarize young players w fundamentals of baseball ar | nization scription) gue nia 9456 | Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewa organiza commun | ole Dother Dothe | Income [Income [Ins to the cy's policy |
| B. Name of Individu (Last First) C. Name of Outside Organ (include address and dea Newark American Little Lea PO Box 62 Newark, Californ | nization scription) gue nia 9456 | Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewa organiza commun | ole D Other c contribution for its contribution ity | Income [Income [Ins to the cy's policy |
| B. Name of Individu (Last First) C. Name of Outside Organ (include address and dea Newark American Little Lea PO Box 62 Newark, Californ Familiarize young players w fundamentals of baseball ar | nization scription) gue nia 9456 ith the nd in doing so | Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewa organiza commun of good sportsma | De Dther Dth | Income |
| B. Name of Individu (Last First) C. Name of Outside Organ (include address and der Newark American Little Lea PO Box 62 Newark, Californ Familiarize young players w fundamentals of baseball ar to firmly implet the ideals | nization scription) gue nia 9456 ith the nd in doing so | Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | Ceremonial Ro If checking "Cere Ceremonial Ro If checking "Cere To rewa: organiza commun of good sportsma | De Dther Dth | Income |

| eremonial Role Eve | | | | | |
|--|--------------------|---|--|---|--|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | 1 chilli |
| Division, Department, or Re | egion (If Applicab | nle) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contac | t (Name, Title) | | | - | 14 |
| Gabriela Christy | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must | provide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Ch | nristy@acgov. | org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Info | rmation | | | - I | 1540 |
| Does the agency have a tick | ket policy? | Yes 🛛 No 🛛 | _ Face Value | of Each Ticket/Pass \$ _ | 43/20 |
| Event Description Oakland | A's vs. Seattle | Mariners | Date(s) | 16 , 1161 , 19 | |
| Event Description | Provide Title/Exp | planation | | | |
| Ticket(s)/Pass(es) provided | by agency? | Yes 🔲 🛛 No 🕻 | If no: Oakia | nd Athletics | |
| | .1.0 | | | Name of So Disbord Supervisors | |
| Was ticket distribution made of agency official? | at the behest | No 🗌 Yes 🕻 | If yes: Valle | , Richard- Supervisor | |
| | | | | | |
| • Use Section A to identify the agen | cy's department or | unit. • Use Sect | ion B to identify an individ | lual. • Use Section C to iden | tify an outside organization |
| | | Number of | | | |
| A. Name of Agency, Departm | nent or Unit | Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant | t to the agency's policy |
| A. Name of Agency, Departn | nent or Unit | Ticket(s)/ | Describe the pu | blic purpose made pursuani | t to the agency's policy |
| | | Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuani | t to the agency's policy |
| | | Ticket(s)/ Pass(es) | | | |
| B. Name of Individu (Last First) | | Ticket(s)/ Pass(es) | To reward | blic purpose made pursuant l a community volut her service to the pu | nteer for Income |
| B. Name of Individu (Last. First) Riener, Curtis | | Ticket(s)/ Pass(es) | To reward | l a community volu | nteer for Income |
| B. Name of Individu (Last. First) Riener, Curtis | | Ticket(s)/ Pass(es) | To reward his or To reward | l a community volu | nteer for Income |
| B. Name of Individu (Lassi, First) Riener, Curtis | Ial | Ticket(s)/ Pass(es) | To reward his or To reward his or h | l a community volut her service to the pu a community volunt | nteer for Income |
| B. Name of Individu (Last First) Riener, Curtis Austria, Charles | Ial | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3 3 1 Number of Ticket(s)/ Pass(es) | To reward his or To reward his or h | l a community volum her service to the put a community volum er service to the put | nteer for Income |
| B. Name of Individu (Last First) Riener, Curtis Austria, Charles C. Name of Outside Organ (include address and det | Ial | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3 3 1 Number of Ticket(s)/ Pass(es) | To reward his or To reward his or h | l a community volum her service to the put a community volum er service to the put | nteer for Income |
| B. Name of Individu (Last. First) Riener, Curtis Austria, Charles C. Name of Outside Organ (include address and dea Verification | ial | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es) | To reward his or To reward a his or h | l a community volum her service to the put a community volum er service to the put | nteer for Income |
| B. Name of Individu (Last. First) Riener, Curtis Austria, Charles C. Name of Outside Organ (include address and dea Verification | ial | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es) | To reward his or To reward a his or h Describe the put | l a community volum her service to the put a community volum er service to the put | nteer for Income |

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



Agency Name

Alameda County

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|-------------------------------------|---|
| | | |
| B. Name of Individual | Number of Ticket(s)/ Pass(es) | |
| Austria, Carlo | 311 | To reward a community volunteer for Income Income |
| Phillips , JO | 33 | To reward a community volunteer for Income Income I |
| James, Colleen | 3 | To reward a community volunteer for |
| Garcia, Susie | 3 | To reward a community volunteer for $free for$ f_{f} his or her service to the public $free for$ |
| 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 -2 |
| 2 | | |
| | | |
| | | |

| | | | | and the second | |
|---|---------------------------------------|-------------------------------------|--|--|---|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form 002 |
| Division, Department, or Regio | on (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (A | lame, Title) | | | | |
| Gabriela Christy | | | | | |
| | E-mail | | | Amendment (Must | provide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Ch | risty@acgov | .org | Date of Original Filing | (Month, Day, Year) |
| Function or Event Inform | nation | | | | (, , , , , , , , , , , , , , , , , , , |
| Does the agency have a ticket | policy? | Yes 🗵 No | Face Val | ue of Each Ticket/Pass \$ _ | |
| Event Description Oakland A's | vs. Seattle | Mariners | Date(s) _ | 06 , 16 , 19 | , , |
| Event Description | Provide Title/Exp | lanation | Date(s)_ | / | |
| Ticket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no: Oa | kland Athletics | |
| | | | | Name of S | |
| Was ticket distribution made at of agency official? | the behest | No 🗌 Yes | If yes: Va | alle, Richard- Supervisor Official's Name | District 2 |
| | | | | | |
| • Use Section A to identify the agency's | s department or | | tion B to identify an inc | lividual. • Use Section C to ider | tify an outside organization. |
| A. Name of Agency, Department | t or Unit | Number of Ticket(s)/ Pass(es) | Describe the | public purpose made pursuan | t to the agency's policy |
| | | | | | |
| | | | | | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| B. Name of Individual (Last. First) | | | Ceremonial R If checking "Cer | | ing: |
| B. Name of Individual (Last, First) | | Ticket(s)/ | It checking "Cer Ceremonial Re | ole D Other amonial Role" or "Other" describe below: | |
| (Last, First) | | Ticket(s)/ | It checking "Cer Ceremonial Re If checking "Cen To reward organizatio | ole Other control of the service below: one Other control of the service below: amonial Role" or "Other" describe below: a school or nonprofit on for its contributions | Income |
| (Last. First) C. Name of Outside Organiza (include address and descri League of Women Voters (ede | iption) en) | Ticket(s)/ Pass(es) | It checking "Cer Ceremonial R It checking "Cen To reward | ole Other control of the service below: one Other control of the service below: amonial Role" or "Other" describe below: a school or nonprofit on for its contributions | Income |
| (Last. First) C. Name of Outside Organiza (include address and descri League of Women Voters (ede P.O. Box 2234 Castro Valley, (encourages informed and activ | iption) en) CA 94546 /e | Ticket(s)/ Pass(es) | It checking "Cer Ceremonial Re If checking "Cen To reward organizatio community | ole Other control of the service below: one Other control of the service below: a school or nonprofit on for its contributions on for its contributions | Income |
| C. Name of Outside Organiza (include address and descri League of Women Voters (ede P.O. Box 2234 Castro Valley, (encourages informed and activ participation in government, wo | iption) CA 94546 //e orks to | Ticket(s)/ Pass(es) | If checking "Cer Ceremonial R If checking "Cen To reward organizatio community of major public p education and ac | ole Dther control of the service below: emonial Role" or "Other" describe below: emonial Role" or "Other" describe below: a school or nonprofit on for its contributions on for its contributions on for its and influence dvocacy. | Income [Income [to the gency's policy es public policy through |
| C. Name of Outside Organiza (include address and descri League of Women Voters (ede P.O. Box 2234 Castro Valley, (encourages informed and activ participation in government, wo | iption) CA 94546 //e orks to | Ticket(s)/ Pass(es) | If checking "Cer Ceremonial R If checking "Cen To reward organizatio community of major public p education and ac | ole Other control of the service below: one Other control of the service below: a school or nonprofit on for its contributions on for its contributions | Income Income Income |

| eremonial Role Events and Tic | · | | | |
|--|---|---|---|---|
| Agency Name | | | Date Stamp | California 802 |
| Alameda County | | | | Form 002 |
| Division, Department, or Region (If Applicable | le) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name, Title) | | <u></u> | 1 | |
| Gabriela Christy | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6692 Gabriela.Ch | risty@acgov | v.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Information | | | | |
| Does the agency have a ticket policy? | Yes 🛛 No | | of Each Ticket/Pass \$ _ | |
| Event Description Oakland A's vs. Baltimo | re Orioles | Date(s) | <u>6 , 17 , 19</u> | // |
| Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | If no: Oaklar | nd Athletics | |
| Was ticket distribution made at the behest | | M . Valle | | |
| of agency official? | No 🗌 Yes | If yes: <u>valid</u> , | Richard- Supervisor D | ast, First) |
| | Ticket(s)/ | | | |
| | Pass(es) | | · · · · · · | |
| B. Name of Individual (Last First) | Number of Ticket(s)/ | | Identify one of the followi | ng: |
| B. Name of Individual (Last First) | Number of | Ceremonial Role If checking "Ceremon | | ng: |
| B. Name of Individual (Last First) | Number of Ticket(s)/ | If checking "Ceremon Ceremonial Role | Other Control of the selow: | |
| B. Name of Individual (Last First) C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a organization | Cther | Income |
| (Last First) | Number of Ticket(s)/ Pass(es) | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a | Other Other A control of the cont | Income |
| (Last First) C. Name of Outside Organization (Include address and description) La Familia 26081 Mocine Ave, Hayward, CA 94544 La Familia provides services throughout Alameda and Contra Costa counties, with | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a organization community | Other Other A control of the cont | Income [Income [s to the ncy's policy |
| (Last First) C. Name of Outside Organization (Include address and description) a Familia 26081 Mocine Ave, Hayward, CA 94544 a Familia provides services throughout Alameda and Contra Costa counties, with Comprehensive collection of Verification | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a organization community programs to meet a support needs. | Other | Income [Income [s to the ncy's policy h and community |
| (Last First) C. Name of Outside Organization (Include address and description) a Familia 26081 Mocine Ave, Hayward, CA 94544 a Familia provides services throughout Alameda and Contra Costa counties, with | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a organization community programs to meet a support needs. | Other | Income [Income] Income] Inc |
| (Last First) C. Name of Outside Organization (Include address and description) a Familia 26081 Mocine Ave, Hayward, CA 94544 a Familia provides services throughout Alameda and Contra Costa counties, with Comprehensive collection of Verification | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a organization community programs to meet a support needs. | Other | Income [Income [s to the ncy's policy h and community |

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| 1. Agency Name | | | Date Stamp | California 003 |
|--|--|-------------------------------------|--|-------------------------------|
| Alameda County | | | · | Form OUZ |
| Division, Department, or Region (| lf Applicable) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Nam | e, Title) | | | |
| Gabriela Christy | | | | |
| Area Code/Phone Number E-n | nail | | Amendment (Must pro | ovide explanation in Part 3.) |
| | oriela.Christy@acgov | org | Date of Original Filing: _ | (Month, Day, Year) |
| 2. Function or Event Informat | ion | | | |
| Does the agency have a ticket pol | icy? Yes 🛛 No | Face Value of | of Each Ticket/Pass \$ | [][] |
| Event Description Oakland A's vs | . Baltimore Orioles | Date(s)06 | 6 , 18 , 19 | // |
| Ticket(s)/Pass(es) provided by age | ency? Yes 🗌 No | In If no: Oaklar | nd Athletics | |
| | | | Name of Sour | ** |
| Was ticket distribution made at the of agency official? | behest No 🗌 Yes | If yes: Valle, | Richard- Supervisor Di Official's Name (La | strict 2 |
| B. Recipients | | | <u> </u> | |
| Use Section A to identify the agency's de | | ction B to identify an individu | ual. • Use Section C to identif | y an outside organization. |
| A. Name of Agency, Department or | Unit Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | |
| | | | | |
| | | | | |
| B. Name of Individual (Last First) | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | Ceremonial Role | Other | Income |
| | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | |
| | | Ceremonial Role | Other | Income |
| | | If checking "Ceremon | al Role" or "Other" describe below; | |
| | | | 1 1 | |
| C. Name of Outside Organization | | lo reward a | school or nonprofit for its contributions t | to the incv's policy |
| (include address and description | on) Pass(es) | • | TOP ILS CONTIDUCIONS | |
| La Familia | 2 | community | | |
| La Familia provides services thro Alameda and Contra Costa coun | | programs to meet a support needs. | variety of mental health | and community |
| . Verification | | | | · · · · · |
| I have read and understand EPPC Regulations | 18944.1 and 18942. I have ve | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | Gabriela Cl | briety | Supervisor's Assistant | 11472,20 19 |

Comment: __

Comment: ___

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| Alar | ency Name | | | | Date Stamp | California 802 |
|-----------------------------|--|--|---|---|---|--|
| | meda County | | | | | Form OOZ |
| | sion, Department, or Reg | ion (If Applicat | nle) | <u></u> | - | For Official Use Only |
| Boar | rd of Supervisors | | | | - | |
| | ignated Agency Contact | (Name, Title) | · | | - | |
| Gab | riela Christy | | | | Amondmont (Must av | |
| | a Code/Phone Number | E-mail | | | Amendment (Must pr | ovide explanation in Part 3.) |
| (510 |)) 272-6692 | Gabriela.Ch | nristy@acgov.c | org | Date of Original Filing: _ | (Month, Day, Year) |
| . Fun | nction or Event Infor | mation | | | | 17 |
| | s the agency have a ticke | | Yes 🛛 No 🕻 | Face Value o | of Each Ticket/Pass \$ | / |
| Even | nt Description Oakland A | 's vs. Baltime Provide Title/Ex | pre Orioles | Date(s)0 | 5 , 19 , 19 | // |
| Ticke | et(s)/Pass(es) provided b | v agency? | Yes 🗌 No 🛛 | If no: Oaklar | nd Athletics | |
| | | , <u>.</u> , . | | - | Name of Sou | |
| | ticket distribution made a agency official? | at the behest | No 🗌 Yes 🛛 | If yes: Valle, | Richard- Supervisor D Official's Name (L | ast, First) |
| | | | | | | · · · |
| | cipients Section A to identify the agenc | y's department o | r unit. 🔹 Use Secti | ion B to identify an individe | ual. • Use Section C to identi | fy an outside organization. |
| Α. | Name of Agency, Departme | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | | | |
| | | | Number of | <u>_</u> | | |
| В. | Name of Individua (Lesi, First) | al | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | ng: |
| В. | | al | Ticket(s)/ | Ceremonial Role If checking "Ceremon | | ng: Income [|
| B. | | al | Ticket(s)/ | If checking "Ceremon | Other is the scribe below: | |
| B. | | ization | Ticket(s)/ | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a so organization fo | Other Control of the formation of the f | Income |
| C. | (Lasi, First) | ization cription) | Ticket(s)/ Pass(es) | If checking "Ceremon Ceremonial Role If checking "Ceremon | Other Other Control or "Other" describe below: Other Other Nal Role" or "Other" describe below: Chool or nonprofit | Income |
| C. Sunc | (Lasi, First) Name of Outside Organ (include address and des | ization cription) ol, Ca | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a so organization fo community people to reach thei | Other Other Control or "Other" describe below: Other Other Nal Role" or "Other" describe below: Chool or nonprofit | Income Income |
| C. Sunc 4-H, orgar | (Lasi, First) Name of Outside Organ (include address and des of 4-H PO Box 397, Sun the largest youth develo | ization cription) ol, Ca opment elps young | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon — To reward a sc organization fo community people to reach thei leaders of character | Other Other ial Role" or "Other" describe below: Other | Income In |
| C. Sunc 4-H, orgar | (Lasi, First) Name of Outside Organ (include address and des of 4-H PO Box 397, Sun the largest youth develo nization in the nation, he fication | ization cription) ol, Ca opment elps young | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 | If checking "Ceremon Ceremonial Role If checking "Ceremon — To reward a sc organization fo community people to reach thei leaders of character | Other Other ial Role" or "Other" describe below: Other | Income [Income] the igency's policy |
| С | eremonial Role Even | ts and Tic | ket/Pass | Distributions | | A Public Documen |
|----|---|---------------------|-------------------------------------|---|---|-------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | Form OUZ For Official Use Only |
| | Division, Department, or Reg | ion (If Applicabl | e) | | | For Oriclar Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name, Title) | · · | ····· | 1 | |
| | Gabriela Christy | | | | | |
| | Area Code/Phone Number | E-mail | | | [_] Amendment (Must p | provide explanation in Part 3.) |
| | (510) 272-6692 | Gabriela.Ch | risty@acgov. | org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Infor | mation | | | | to the lan |
| | Does the agency have a ticke | t policy? | Yes 🛛 No | Face Value | of Each Ticket/Pass \$ _ | QIT ISTS HOW |
| | Event Description Oakland A | 's vs. Tampa | | | 06 , 20 , 19 | 1 1 |
| | Event Description | Provide Title/Exp | | Date(3) | | |
| | Ticket(s)/Pass(es) provided b | y agency? | Yes 🗌 No | If no: Oakla | and Athletic | |
| | | | | | Name of Sc | |
| | Was ticket distribution made a of agency official? | at the behest | No 🗌 Yes | If yes: Valle | e, Richard- Supervisor I Official's Name (| Last, First) |
| _ | | | | | | |
| 3. | • Use Section A to identify the agenc | v'e denartment er | unit a Lice Sec | tion B to identify an indivi | dual. • Use Section C to iden | tifv an outside organization. |
| | | | Number of | | | |
| | A. Name of Agency, Departme | ent or Unit | Ticket(s)/ Pass(es) | Describe the pl | ublic purpose made pursuant | to the agency's policy |
| | R Name of Individua | sl | Number of | | | e. |
| | B. Name of Individua (Last, First) | 41 | Ticket(s)/ Pass(es) | | ard a community volu | nteer for |
| | Gutierrez, Freddy | | 2 | c his or ho | er service to the public | c income |
| | τ, | | | Ceremonial Role | e 🛄 Other 🛄 onial Role" or "Other" describe below: | Income |
| | C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ Pass(es) | organiza | rd a school or nonprot ation for its contributi | fit ons to the ' s policy |
| | League of Volunteers, Newa 8440 Central Ave, Newark, 0 | | 18/3 | commu | hity | |
| | The Mission of LOV is to provolunteerism and to enhance | the quality | | and Newark, Calit citizens and those | fornia and to meet the r in need. | needs of youth, senior |
| 4. | Verification | | | | | |
| | I have read and understand FPPC Regu | lations 18944.1 and | d 18942. I have ve | rified that the distribution se | | th the requirements. |
| | | | Gabriela Cl | hristy | Supervisor's Assistant | 1 0142,2019 |

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| Agency Name | | | | Date Stamp | California 802 |
|-------------------------------------|---|--|---|---|--|
| | | | | <i>x</i> | Form 002 |
| | on (If Applicable) | | | 1 | For Official Use Only |
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| - | lame, Title) | | | - | |
| • | , , | | | | |
| | E-mail | | - | Amendment (Must pl | rovide explanation in Part 3.) |
| | | sty@acgov.o | rg | Date of Original Filing: . | (Month, Day, Year) |
| Function or Event Inform | nation | | | | 5/20 |
| Does the agency have a ticket | policy? | /es 🗵 🛛 No 🗌 | | | 40100 |
| Event Description Oakland A's | vs Tampa Ba | y Rays | Date(s)6 | 20, 22, 19 | // |
| | | | a If no. Oaklar | d Athletics | |
| Tickel(s)/Pass(es) provided by | agency | | 2 | Name of Sol | |
| | the behest | No 🗌 Yes 🛛 | If yes: Valle, | Richard- Supervisor D Official's Name (L | District 2 .ast, First) |
| | | | | | |
| Recipients | e denostment or ur | it a Lica Sacti | on B to identify an individu | al Ise Section C to ident | ify an outside organization. |
| | | Number of | | | 5 5 |
| A. Name of Agency, Departmen | t or Unit | Ticket(s)/ Pass(es) | Describe the pub | | to the agoney o poney |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| | | | Ceremonial Role | | ng: Income |
| | | Ticket(s)/ | Ceremonial Role If checking "Ceremon | | |
| | | Ticket(s)/ | | Other | |
| | | Ticket(s)/ | If checking "Ceremon | Other D | Income |
| | | Ticket(s)/ | If checking "Ceremon | Other Control of "Other" describe below: Other Other | |
| | | Ticket(s)/ | If checking "Ceremon | Other D | Income |
| | | Ticket(s)/ | If checking "Ceremon | Other Control of "Other" describe below: Other Other | Income |
| C. Name of Outside Organiz | | Ticket(s)/ | If checking "Ceremon Ceremonial Role If checking "Ceremon | Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: | |
| (Last, First) | | Ticket(s)/ Pass(es) | If checking "Ceremon Ceremonial Role If checking "Ceremon De: | Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: ial Role" or "Other" describe below: rd a school OF DODDIO | Income |
| C. Name of Outside Organiz | ription) | Ticket(s)/ Pass(es) | If checking "Ceremon Ceremonial Role If checking "Ceremon De: | Other Action for its contribute | Income |
| | Alameda County Division, Department, or Regio Board of Supervisors Designated Agency Contact (A Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Inform Does the agency have a ticket Event Description Oakland A's Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients • Use Section A to identify the agency' | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Event Description Cakland A's vs Tampa Ba Provide Title/Explant Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela.Christy@acgov.o Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Oakland A's vs Tampa Bay Rays Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes [Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela.Christy@acgov.org Function or Event Information Does the agency have a ticket policy? Yes X No I Face Value of Event Description Oakland A's vs Tampa Bay Rays Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No X If no: Oaklar Was ticket distribution made at the behest No Yes X of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Describe the pub | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy |

PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in a I have read and understa

| | Gabriela Christy | Supervisor's Assistant | JUY 2,2019 |
|-------------|------------------|------------------------|--------------------|
| or Designee | Print Name | Title | (Month, Day, Year) |

| eremoni | | | | | | | | |
|--|---|---|---|--------------|---|---|--|-------------------------------------|
| . Agency | Name | | | | | Date Stamp | | lifornia 80 |
| Alameda | a County | | | | | | | Form 002 |
| | epartment, or Reg | ion (If Applicabl | le) | | | 1 | | For Official Use Only |
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| Designated | d Agency Contact | (Name, Title) | | | | | | |
| Gabriela C | Christy | | | | | | <u></u> | |
| Area Code | /Phone Number | E-mail | | | | Amendment | (Must provide ex | planation in Part 3.) |
| (510) 272- | 6692 | Gabriela.Ch | risty@acgov | org | | Date of Original F | iling:(Mon | th, Day, Year) |
| . Function | n or Event Infor | mation | | | | | ~ | 1445/171 |
| Does the a | gency have a ticke | t policy? | Yes 🔀 🛛 No | | | of Each Ticket/Pas | ss\$ | F10-13- |
| Event Desc | cription Oakland A | 's vs Tampa I | | | Date(s)0 | <u> </u> | | |
| | | Provide Title/Exp | lanation | | | | | |
| Ticket(s)/Pa | ass(es) provided b | y agency? | Yes 🗌 🛛 No | \boxtimes | lf no: Oaklar | Nam | e of Source | |
| Was ticket | distribution made a | it the behest | No 🗌 Yes | | If yos. Valle, | Richard- Superv | | 2 |
| of agency | | | | | If yes: | Official's l | Vame (Last, First | 9 |
| • Use Section | A to identify the agency | 's department or | | ction B to i | dentify an individ | ual. • Use Section C t | to identify an οι | itside organization. |
| | e of Agency, Departme | nt or Unit | Number of Ticket(s)/ | | Describe the put | olic purpose made pu | rsuant to the a | gency's policy |
| A. Name | 0 2 1 | | Pass(es) | | | | | |
| A. Name | | | Pass(es) | | | 2 | · <u> </u> | <u> </u> |
| A. Name | Name of Individua | 1 | Pass(es) Number of Ticket(s)/ Pass(es) | | To reward a | Identify one of the f | | |
| | Name of Individua (Last, First) | 1 | Number of Ticket(s)/ | | | | nteer for | |
| B. | Name of Individua (Last, First) | 1 | Number of Ticket(s)/ | I | his or her ser | community volu vice to the publi | nteer for c | |
| B. Victor Snov | Name of Individua (Last, First) | zation | Number of Ticket(s)/ | I | nis or her ser ocionicana rolo It checking "Ceremon To reward organizatio | community volu vice to the publi ial Role" or "Other" describe a school or nonp on for its contrib | nteer for c ^{below:} | Income |
| B. Victor Snow | Name of Individua (Last, First) Wball ame of Outside Organi | zation cription) | Number of Ticket(s)/ Pass(es) | I | nis or her ser colonnonna rolo If checking "Ceremon To reward | community volu vice to the publi ial Role" or "Other" describe a school or nonp on for its contrib | nteer for c ^{below:} | Income |
| B. Victor Snow | Name of Individua (Last. First) wball ude address and desc Lions, 34009 Alva City, CA 94587 | zation cription) trado-Niles | Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) | | nis or her ser colonnen i ole It checking "Ceremon To reward organizatio community | community volu vice to the publi ial Role" or "Other" describe a school or nonp on for its contrib | nteer for c ^{below:} profit utions to th | Income |
| B. Victor Snov C. Na (incl Union City Rd, Union (Founded in Colifornia of Verificatio | Name of Individua (Last, First) wball ame of Outside Organi lude address and desc Lions, 34009 Alva City, CA 94587 1963, the Lions in contine communication | zation cription) trado-Niles n Union City, | Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) 18/3 | men ar | nis or her ser ocionionia rolo It checking "Ceremon To reward organizatio community nd women wh | community volu vice to the publi ial Role" or "Other" describe a school or nonp on for its contrib no like to work har | nteer for c ^{below:} profit utions to th rd and have | Income |
| B. Victor Snov C. Na (incl Union City Rd, Union (Founded in Colifornia of Verificatio | Name of Individua (Last. First) wball ude address and desc Lions, 34009 Alva City, CA 94587 | zation cription) trado-Niles n Union City, | Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) 18/3 | men ar | nis or her ser ocionionia rolo It checking "Ceremon To reward organizatio community nd women wh | community volu vice to the publi ial Role" or "Other" describe a school or nonp on for its contrib no like to work har | nteer for c ^{below:} profit utions to th rd and have | Income cy's policy ne fun. |
| B. Victor Snov C. Na (incl Union City Rd, Union (Founded in Colifornia of Verificatio | Name of Individua (Last, First) wball ame of Outside Organi lude address and desc Lions, 34009 Alva City, CA 94587 1963, the Lions in contine communication | zation cription) trado-Niles n Union City, | Number of Ticket(s)/ Pass(es) A Number of Ticket(s)/ Pass(es) 18/3 | men ar | nis or her ser occommune too If checking "Ceremon To reward organizatic community nd women wh | community volu vice to the publi ial Role" or "Other" describe a school or nonp on for its contrib no like to work har | nteer for .c below: profit utions to th rd and have | Income |

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| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|--|----------------------------------|-------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| | Alameda County | | | | _ | For Official Use Only |
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| | Board of Supervisors | | | | | |
| | Designated Agency Contact (Name | , Title) | | | 1 | |
| | Gabriela Christy | | | | Amendment (Must pro | ovide explanation in Part 3.) |
| | Area Code/Phone Number E-m | | | | Date of Original Filing: _ | |
| _ | · · / | | risty@acgov. | org | Date of Originar Fining. | (Month, Day, Year) |
| 2. | Function or Event Informati | | | | | 100 |
| | Does the agency have a ticket poli | | Yes 🛛 No [| _ | of Each Ticket/Pass \$ | |
| ~ | Event Description Hilson United | USA To | ur | Date(s) | <u>6 , 03 , 19 </u> | // |
| | · J Provi | de Title/Exp | planation | | | |
| | Ticket(s)/Pass(es) provided by age | ency? | Yes 🗌 No 🛛 | If no: Golder | n State Warriors Name of Sou | rce |
| | | b = b = = t | | - Valle | , Richard- Supervisor D | |
| | Was ticket distribution made at the of agency official? | penest | No 🗌 Yes 🛛 | If yes: <u>Cane</u> , | Official's Name (La | ast, First) |
| | | | | | | |
| 3. | • Use Section A to identify the agency's dep | artment or | unit. ● Use Sect | tion B to identify an individ | ual. • Use Section C to identi | fy an outside organization. |
| | | | Number of | | blic purpose made pursuant t | |
| | A. Name of Agency, Department or I | Jan | Ticket(s)/ Pass(es) | Describe die put | one purpose made pursuant t | o the agency s policy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ | | | C |
| | (Last, First) | | Pass(es) | | rd a community volun | |
| | Gilbert, Monetta | | | Ce his or he | r service to the public | |
| | | | 9 | 11 (| | |
| | | | | To rewa | rd a community volun | teer for |
| | | | | _{C€} his or he | r service to the public | |
| | Gardley, Kassendra | | 2 | H c | 1 | |
| | | | a | | | |
| | | | | | | |
| | C. Name of Outside Organization | | Number of Ticket(s)/ | Describe the pub | olic purpose made pursuant t | o the agency's policy |
| | (include address and descriptio | n) | Pass(es) | | | |
| | | | | | | |
| | | • | | | | |
| | | | | * | | |
| | | | | | | |
| 4. | Verification | | -l | | | |
| | I have mad and understand FPPC Regulations | 18944.1 and | d 18942. I have veri | ified that the distribution set f | orth above, is in accordance with | the requirements. |
| | (| | Gabriela Ch | nristy | Supervisor's Assistant | July 2,2019 |
| | | | Print Name | | Title | (Month, Day, Year) |
| | | | | | | |
| | Comment: | | | · · · · | | FPPC Form 802 (4/12) |
| | | | | | FPPC Toll-Free Helpline: 86 | 6/ASK-FPPC (866/275-7772) |

A Public Document

| .1 | . Agency Name | | | | Date Stamp | California 802 |
|----|---|---------------------|---|---------------------------------------|--|---------------------------------|
| | Alameda County | | | | | Form 002 |
| | Division, Department, or Reg | jion (If Applicable | e) | | 4 | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name, Title) | | · · · · · · · · · · · · · · · · · · · | | |
| | Gabriela Christy | | | | | |
| | Area Code/Phone Number | E-mail | | | _ [_] Amendment (Must p | provide explanation in Part 3.) |
| | (510) 272-6692 | Gabriela.Chi | risty@acgov.o | org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Infor | mation | | | | 100 |
| | Does the agency have a ticke | | Yes 🔀 🛛 No 🛛 | Face Value of | of Each Ticket/Pass \$ _ | 100 |
| | Event Description Sonu Niga | in and Neha K | lakkar | Date(s)06 | <u> </u> | // |
| | | Provide Title/Expl | lanation | | | |
| | Ticket(s)/Pass(es) provided b | y agency? | Yes 🗌 No 🛛 | If no: Golder | State Warriors | |
| | | at tha habaat | | - Valle | | |
| | Was ticket distribution made a of agency official? | at the benest | No 🗌 Yes 🛛 | If yes: Vane, | Richard- Supervisor I Official's Name (| Last, First) |
| З. | • Use Section A to identify the agence A. Name of Agency, Departme | | unit. • Use Sect Number of Ticket(s)/ Pass(es) | | ual. • Use Section C to iden | |
| | | | | | î. | |
| | 2 | | | | | |
| | B. Name of Individue (Last, First) | al | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| | | | | Ceremonial Role | Other D | Income |
| | | | | Ceremonial Role | Other ial Role" or "Other" describe below: | Income |
| | | | | | | |
| | C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ Pass(es) | organization | school or nonprofit for its contributions | to the ency's policy |
| ſ | U . | nont | Ticket(s)/ | | | to the ency's policy |

 Gabriela Christy
 Supervisor's Assistant
 UUY 2 (2019)

 Print Name
 Title
 (Month, Day, Year)

A Public Document

| 1. Agency Name | | | Date Stamp | California 802 |
|---|--|------------------------------|---------------------------------------|-------------------------|
| Alameda County | | | | Form 002 |
| Division, Department, or Region (# | f Applicable) | | - | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name, | ,Title) | | - | |
| Gabriela Christy | | | | |
| Area Code/Phone Number E-ma | ail | | Amendment (Must provide | explanation in Part 3.) |
| | riela.Christy@acgov. | org | Date of Original Filing: | Month, Day, Year) |
| 2. Function or Event Information | on | | | |
| Does the agency have a ticket polic | y? Yes 🛛 No [| Face Value | of Each Ticket/Pass \$ | 100 |
| Event Description Pepe Aguilar | | Date(s) 00 | 3 , 21 , 19 | |
| Provid | de Title/Explanation | | | |
| Ticket(s)/Pass(es) provided by age | ncy? Yes 🗌 No 🕻 | If no: Golder | n State Warriors | |
| | | | , Richard- Supervisor Distr | ict 2 |
| Was ticket distribution made at the of agency official? | behest No 🗌 Yes 🕻 | If yes: Valle, | Official's Name (Last, i | First) |
| 8. Recipients | | | | |
| Use Section A to identify the agency's dep | artment or unit. • Use Sect Number of | ion B to identify an individ | ual. • Use Section C to identify a | outside organization. |
| A. Name of Agency, Department or L | Jnit Ticket(s)/ Pass(es) | Describe the pul | blic purpose made pursuant to th | e agency's policy |
| | | | | |
| | | | | |
| | | | | |
| R Name of Individual | Number of | | | |
| B. Name of Individual (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the following: | |
| | | Ceren To ret | ward a community volun | teer for Income |
| Parra, Laura | 4 | If check his or | her service to the public | |
| | · · | | | |
| | | Cerem | | |
| | | | niai kole" or "Uther" describe below: | income L |
| | AM . | | | |
| | | | | 2 |
| C. Name of Outside Organization (include address and descriptio | | Describe the pul | blic purpose made pursuant to th | e 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.

| juicitorio ro | Gabriela Christy | Supervisor's Assistant | July 212019 |
|---------------|------------------|------------------------|--------------------|
| iee | Print Name | Title | (Month, Day, Year) |
| | | | |

| | | | · | | | |
|--|---|---|--|--|---|--|
| . Agency Name | | | | | Date Stamp | California 802 |
| Alameda County | | | | | | Form OOZ |
| Division, Department, or Re | gion (If Applicab | ole) | | | | For Official Use Only |
| Board of Supervisors | | | | | | < |
| Designated Agency Contact | t (Name, Title) | | | | | |
| Gabriela Christy | | | | | | <u> </u> |
| Area Code/Phone Number | E-mail | | | | Amendment (Mus | st provide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Ch | nristy@acgo | .org | | Date of Original Filin | g: |
| Function or Event Info | rmation | | | ••••••••••••••••••••••••••••••••••••••• | ···· | |
| Does the agency have a tick | et policy? | Yes 🗵 No | | ace Value of | Each Ticket/Pass \$ | <u> </u> |
| Event Description Anuel AA | | | | Date(s)06 | , 22 , 19 | , , |
| | Provide Title/Exp | planation | 1 | | | // |
| Ticket(s)/Pass(es) provided t | by agency? | Yes 🗌 No | | f no: Golden | State Warriors | |
| | | | | | Name of | |
| Was ticket distribution made of agency official? | at the behest | No 🗌 Yes | | fyes: <u>Valle, F</u> | Richard- Supervisor | r District 2 |
| | | | | | | |
| • Use Section A to identify the agence | v's denartment or | unit a Llea Sa | ction R to ide | tifu an individua | Les Section C to id | |
| | | Number of | | | | |
| A. Name of Agency, Departm | ent or Unit | Ticket(s)/ Pass(es) | De | scribe the publi | c purpose made pursua | int to the agency's policy |
| | | | 1 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| B. Name of Individua (Last. First) | al | Number of Ticket(s)/ | | | Identify one of the follo | wing: |
| B. Name of Individua (Last. First) | al | | | | | |
| B. Name of Individua (Last, First) | al | Ticket(s)/ | | remonial Role | Identify one of the follo | |
| B. Name of Individu. (Last. First) | al | Ticket(s)/ | | remonial Role | Other | |
| B. Name of Individus (Last, First) | al | Ticket(s)/ | | remonial Role | Other | |
| B. Name of Individue (Lassi, First) | al | Ticket(s)/ | lf c. | remonial Role | Other Rale" or "Other" describe below, | |
| | al | Ticket(s)/ | lf c Ce | remonial Role | Other Rale" or "Other" describe below, | Income |
| B. Name of Individu. (Last, First) | al | Ticket(s)/ | lf c Ce | remonial Role | Other Role" or "Other" describe below | Income |
| (Last, First) | | Ticket(s)/ Pass(es) | lf c Cei If d | remonial Role necking "Ceremonial remonial Role necking "Ceremonial | Other Rale" or "Other" describe below, Other Role" or "Other" describe below School or nonprofi | Income |
| (Last, First) | ization | Ticket(s)/ Pass(es) | lf c Cei If d | remonial Role necking "Ceremonial remonial Role necking "Ceremonial | Other Rale" or "Other" describe below, Other Role" or "Other" describe below School or nonprofi | Income |
| (Last, First) C. Name of Outside Organ (include address and des | ization | Ticket(s)/ Pass(es) | lf c Ce If ci If ci I O | remonial Role necking "Ceremonial remonial Role necking "Ceremonial | Other Rale" or "Other" describe below, Other Role" or "Other" describe below School or nonprofi | Income |
| (Last, First) C. Name of Outside Organ (include address and des Union City. Family Center | ization cription) | Ticket(s)/ Pass(es) | lf c Ce If ci If ci I O | remonial Role necking "Ceremonial remonial Role necking "Ceremonial o reward a s rganization | Other Rale" or "Other" describe below, Other Role" or "Other" describe below School or nonprofi | Income |
| (Last, First) C. Name of Outside Organ (Include address and des Union City. Family Center 725 Whipple Rd, Union City, | ization cription) CA 94587 | Ticket(s)/ Pass(es) | If c Ce If of Ce If o Ce | remonial Role hecking "Ceremonial remonial Role hecking "Ceremonial co reward a s rganization community | Other Rale" or "Other" describe below Other Role" or "Other" describe below school or nonprofi for its contributio | Income Income |
| (Last, First) C. Name of Outside Organ (Include address and des Union City Family Center 725 Whipple Rd, Union City, Strive to build community by | ization cription) CA 94587 engaging | Ticket(s)/ Pass(es) | Cei If d If d Communi | remonial Role hecking "Ceremonial remonial Role hecking "Ceremonial or reward a s rganization ommunity ties, so that | Other Rale" or "Other" describe below Coller or "Other" describe below Role" or "Other" describe below school or nonprofi for its contribution | Income |
| (Last, First) C. Name of Outside Organ (Include address and des Union City, Family Center 725 Whipple Rd, Union City, Strive to build community by and preparing youth and adu | ization cription) CA 94587 engaging ults to | Ticket(s)/ Pass(es) | Cei <i>II d</i> Cei <i>II d</i> Communi will have | remonial Role hecking "Ceremonial remonial Role hecking "Ceremonial or reward a s rganization ommunity ties, so that | Other Rale" or "Other" describe below Conter Role" or "Other" describe below School or nonprofi for its contribution every child, family, rtips high-quality se | Income Income |
| (Last, First) C. Name of Outside Organ (Include address and des Union City. Family Center 725 Whipple Rd, Union City, Strive to build community by and preparing youth and adu | ization cription) CA 94587 engaging ults to | Ticket(s)/ Pass(es) | Cee If of Cee If of Community will have | remonial Role recking "Ceremonial remonial Role recking "Ceremonial recking "Ceremonial or reward a s rganization ommunity ties, so that at their finge | Other Rale" or "Other" describe below Concerned and the second of the s | Income In |
| (Last, First) C. Name of Outside Organ (include address and des Union City. Family Center 725 Whipple Rd, Union City, Strive to build community by and preparing youth and adu | ization cription) CA 94587 engaging ults to | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 18942. I have ver | Cee If of Cee If of Communi will have | remonial Role hecking "Ceremonial remonial Role ecking "Ceremonial or reward a s rganization ommunity ties, so that i at their finge | Other Rale" or "Other" describe below Conter Role" or "Other" describe below school or nonprofi for its contribution every child, family, rtips high-quality se | Income In |
| (Last, First) C. Name of Outside Organ (include address and des Union City, Family Center 725 Whipple Rd, Union City, Strive to build community by and preparing youth and adu | ization cription) CA 94587 engaging ults to | Ticket(s)/ Pass(es) | Cee If of Cee If of Communi will have communi will have | remonial Role hecking "Ceremonial remonial Role ecking "Ceremonial or reward a s rganization ommunity ties, so that i at their finge | Other Rale" or "Other" describe below Concerned and the second of the s | Income In |

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 100 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🗵 No 🗌 Event Description Khalid 28 19 06 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last First) Income To reward a community volunteer for Vang, sang his or her service to the public Income Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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

| | Gabriela Christy | Supervisor's Assistant | ELJU142,2019 |
|---------|------------------|------------------------|--------------------|
| esignee | Print Name | Title | (Month, Day, Year) |
| | | | |

Comment: _

A Public Document

| A | | | | | A Public Documen |
|---|---|--|-----------------------------------|---|-----------------------------------|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form OOZ For Official Use Only |
| Division, Department, or Re | gion (If Applicab | le) | | | i or ornolar osc only |
| Board of Supervisors | | | | | |
| Designated Agency Contac | t (Name, Title) | ······································ | | a | |
| Gabriela Christy | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must pr | ovide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Ch | risty@acgov.org | 9 | Date of Original Filing: _ | (Month, Day, Year) |
| Function or Event Info | rmation | | | | |
| Does the agency have a tick | et policy? | Yes 🔀 🛛 No 🗖 | Face Value o | of Each Ticket/Pass \$ | \$0 |
| Event Description Insomnia | c and Alda | | Date(s)06 | 5,29,19 | 1 1 |
| | Provide Title/Exp | planation | | | |
| Ficket(s)/Pass(es) provided | by agency? | Yes 🗋 No 🛛 | If no: Golder | State Warriors | |
| | | | | Name of Sou | |
| Nas ticket distribution made | at the behest | No 🗌 Yes 🖾 | lf yes: <u>Valle,</u> | Richard- Supervisor D Official's Name (Li | istrict 2 |
| of agency official? | | | | Unicial s Ivame (La | 451, <i>F1</i> /SI) |
| Recipients | | | . | | |
| Use Section A to identify the agen | | Number of | B to identify an individu | ial. • Use Section C to identif | y an outside organization. |
| A. Name of Agency, Departm | ient or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| B. Name of Individu (Lesi, First) | al | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g. |
| Alvarado, Car | eing | 24 2 | Cer II a To reway his or he | rd a community volur r service to the public | iteer for Income |
| | | | To rewar | d a community volun | teer for |
| Shamir, Harri | aN | × 2 | | service to the public | |
| | | | | | |
| Name of Outside Organ (include address and de | lization | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy |
| Name of Outside Organ | lization | Ticket(s)/ | Describe the publi | ic purpose made pursuant to | the agency's policy |
| Name of Outside Organ (include address and de | lization | Ticket(s)/ | Describe the publ | ic purpose made pursuant to | o the agency's policy |
| Name of Outside Organ (include address and des | nization scription) | Ticket(s)/ Pass(es) | | | |
| Name of Outside Organ (include address and de | nization scription) | Ticket(s)/ Pass(es) 18942. I have verified t | that the distribution set for | th above, is in accordance with t | he requirements. |
| Name of Outside Organ (include address and des | nization scription) lations 18944.1 and | Ticket(s)/ Pass(es) | that the distribution set for | | |

| C | eremonial Role Events and | Ticket/Pass D | Distributions | A | Public Documen |
|----|---|-------------------------------------|---------------------------|--|---------------------------------------|
| 1. | Agency Name | | | Date Stamp | California 802 |
| | Alameda County | | | 2- | Form |
| | Division, Department, or Region (If Appli | cable) | | 1 | For Official Use Only |
| | Board of Supervisors | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Gabriela Christy | | | <u></u> | |
| | Area Code/Phone Number E-mail | | | Amendment (Must provide | e explanation in Part 3.) |
| | (510) 272-6692 Gabriela. | Christy@acgov.or | g | Date of Original Filing: | Month, Day, Year) |
| 2. | Function or Event Information | | | .I | 1 |
| | Does the agency have a ticket policy? | Yes 🛛 No 🗋 | Face Value of | of Each Ticket/Pass \$ | 304,50 30 |
| | Event Description Warriors vs. Raptors | | Date(s) | | // |
| | Provide Title | /Explanation | 0-1-1 | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗌 🛛 No 🛛 | If no: Golder | Name of Source | · · · · · · · · · · · · · · · · · · · |
| | Was ticket distribution made at the beha | st No 🗌 Yes 🛛 | Kuran, Valle, | Richard- Supervisor Distri | ict 2 |
| | of agency official? | | II yes | Official's Name (Last, F | First) |
| | Use Section A to identify the agency's department A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | | lic purpose made pursuant to th | |
| | R Name of Individual | Number of | | | |
| | B, Name of Individual (Last First) | Ticket(s)/ Pass(es) | | Identify one of the following: | |
| | Rector, Warren | 2 | To reward his or her s | a community volunteer service to the public | Income 🗖 |
| | Cooley, Todd | 2 | To reward a his or her se | community volunteer fo rvice to the public | Dr. Income |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | IC purpose | ncy's policy |
| | | | | | |

4. Verification

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

| _ | | Gabriela Christy | Supervisor's Assistant | 10142,2019 | |
|----------|---------|------------------|------------------------|--------------------|--|
| | esignee | Print Name | Title | (Month, Day, Year) | |
| Comment: | | | | | |

| Ceremonial Role Events and Ti | cket/Pass D | istributions | A Public Documen |
|---|---------------------------------------|--|------------------------------------|
| 1. Agency Name | | Date Stamp | California 802 |
| Alameda County | | A THE REPORT | |
| Division, Department, or Region (If Application | ble) | | For Official Use Only |
| Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) | | | ±: |
| Gabriela Christy | | | |
| Area Code/Phone Number E-mail | | Amendment (Mu | st provide explanation in Part 3.) |
| (510) 272-6692 Gabriela.Cl | hristy@acgov.org | Date of Original Filin | g:(Month, Day, Year) |
| . Function or Event Information | | · · · · | |
| Does the agency have a ticket policy? | Yes 🛛 No 🗌 | Face Value of Each Ticket/Pass \$ | 304.80 30 |
| Event Description Warriors vs. Raptors | | Date(s) 06 07 19 | <u>304.80[30</u> |
| Provide Title/Ex | planation | Date(s) | // |
| Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No 🖾 | If no: Golden State Warriors | |
| | | Name of | |
| Was ticket distribution made at the behest of agency official? | No 🗌 Yes 🛛 | If yes: <u>Valle, Richard- Superviso</u> Official's Nam | r District 2 |
| | | | |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the public purpose made pursua | ant to the agency's policy |
| | | - 21 | |
| B. Name of Individual (Lasi, First) | Number of Ticket(s)/ Pass(es) | Identify one of the follo | wing: |
| | | Ceremonial Role D Other D Ceremonial Role" or "Other" describe below | Income |
| | | Ceremonial Role D Other If checking "Ceremonial Role" or "Other" describe below | Income |
| 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 | s to the gency's policy |
| Alameda County Office of Education 313 W Winton Ave, Hayward, CA 94544 | 4/1 | · community | |
| The Alameda County Office of Education (ACOE) supports students through our | | ssion to provide, promote, and support the success of every child, in every s | |
| Verification | · · · · · · · · · · · · · · · · · · · | ······································ | |

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

| _ | | Gabriela Christy | Supervisor's Assistant | JULY 2,2019 |
|---|-----|------------------|------------------------|--------------------|
| | nee | Print Name | Title | (Month, Day, Year) |
| | | | | |

Comment: ____

| Ceremonial Role Events ar | nd Ticket/Pass D | istributions | | A Public Documen |
|---|-------------------------------------|---------------------------|---|-------------------------------|
| . Agency Name | | | Date Stamp | California 802 |
| Alameda County | | | | |
| Division, Department, or Region (If) | Applicable) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name, 7 | Title) | | | |
| Gabriela Christy | | | | |
| Area Code/Phone Number E-mai | il | | Amendment (Must pr | ovide explanation in Part 3.) |
| (510) 272-6692 Gabri | iela.Christy@acgov.or | | Date of Original Filing: _ | (Month, Day, Year) |
| Function or Event Informatio | | · · · | · · · · · · · · · · · · · · · · · · · | 1 |
| Does the agency have a ticket policy | | Face Value of | Each Ticket/Pass \$ | \$25 |
| | | | | |
| | Title/Explanation | Date(s) | | // |
| | | If no. Golden S | State Warriors | |
| Ticket(s)/Pass(es) provided by agen | cy? Yes 🗌 No 🛛 | | Name of Sou | |
| Was ticket distribution made at the ba | ehest No 🗌 Yes 🛛 | If ves: Valle, R | lichard- Supervisor D | istrict 2 |
| of agency official? | | | Official's Name (L | ast, First) |
| | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | dentify one of the followin | g: |
| - ~~0 | Pass(es) | To resure a | community volunto | or for |
| Jones, John | 4 | | community volunte vice to the public | er ior Income |
| | the second | If checking "Ceremonial F | Role" or "Other" describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the public | purpose made pursuant to | the agency's policy |
| | | | | |
| | | | | ia III |

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 | MY212017 |
|---------|------------------|------------------------|--------------------|
| esignee | Print Name | Title | (Month, Day, Year) |
| | | | |

Comment: ____

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1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Gabriela.Christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 304.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Warriors vs. Raptors , 13 , 19 06 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To reward a school or nonprofit Number of Name of Outside Organization organization for its contributions to the C. ency's policy Ticket(s)/ (include address and description) Pass(es) community New Haven Unified School District34200 4 Alvarado-Niles Rd., Union City, CA 94587 11 mission is to develop and empower every successful. student to be productive, responsible 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.

| ð | Gabriela Christy | Supervisor's Assistant | My 2,20 M |
|---|------------------|------------------------|--------------------|
| | Print Name | Title | (Month, Day, Year) |

Comment:

4

 $\sim \sqrt{\alpha}$

A Public Document

7

A Public Document

| 1. | Agency Name Alameda County | on // An-linch | Date Stamp Form For Official Use 0 | | | |
|----|--|-------------------------------------|--|--|-----------------------------------|--------------------------------------|
| | Division, Department, or Regional Board of Supervisors | on (It Applicabl | e) | | W | |
| | Designated Agency Contact (/ | lame, Title) | | | | |
| | Heather Cartwright | | | | C Amondmont (Musica | |
| | Area Code/Phone Number | E-mail | | | | rovide explanation in Part 3.) |
| | (510) 272-6693 | heather.car | twright@acg | ov.org | Date of Original Filing: . | (Month, Day, Year) |
| 2. | Function or Event Inform | nation | | | | \$27 tix / \$45 park |
| | Does the agency have a ticket | - | Yes 🔀 🛛 No | Face Value o | of Each Ticket/Pass \$ | |
| | Event Description Baseball ga | ame | | Date(s) | <u>, 01 , 19</u> | // |
| | | 1.101100 1110,220 | Oaklar | ad A's | | |
| | Ticket(s)/Pass(es) provided by | Yes 🔲 No | If no: Oaklar | Name of Sou | urce | |
| | Was ticket distribution made at the behest $No \square$ Yes 🛛 If | | | If yes: Chan | , Wilma | |
| | of agency official? | | Official's Name (L | .ast, First) | | |
| 3. | Recipients | | · · · · | | | |
| | • Use Section A to identify the agency' | s department or | unit. • Use Sec | tion B to identify an individu | al. • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) | | | Describe the public purpose made pursuant to the agency's policy | | |
| | | ·· | | | | |
| | | | | | | |
| | | | | | 1 | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng. | |
| | | | | | Other Clher describe below: | Income 🔲 |
| | | | | Ceremonial Role If checking "Ceremoni | Other | Income 🗌 |
| | · · · · · · · · · · · · · · · · · · · | | | | 17 | |
| | C. Name of Outside Organiz (include address and desc | ation ription) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | Girls Inc. of the Island City | | 18+P3 | To reward a school to the community | or nonprofit organizati | ion for its contributions |
| | Provide Youth Development Geared for Girls in Alameda | Services | | | | |
| ١. | Verification | | | | | 1 1 |
| / | the state of the s | ions 18944.1 and | 18942. have vei | rified that the distribution set fo | orth above, is in accordance with | the requirements |
| (| | <u> </u> | Heather Car | | Supervisor's Assistant | <u>F/1/19</u> |
| Ċ | | 2 | Print Name | 9 | Tille | (Mor t h, Da f , Year) |
| | Comment: | | | | | |

| eremonial Role Events | and Ticke | et/Pass | s Distributions | a e | A Public Docume |
|--|---------------------|-------------------------------------|--|--|--------------------------------|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form |
| Division, Department, or Region | (If Applicable) | | | | For Official Use Only |
| Board of Supervisors | | | | | - |
| Designated Agency Contact (Nam | e, Title) | | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number E-n | nail | | | _ [_] Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6693 he | ather.cartwri | ght@acg | jov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Informat | ion | | | | |
| Does the agency have a ticket pol | | s 🛛 No | Face Value o | of Each Ticket/Pass \$ _ | \$25 ticket |
| Event Description Basketball Ga | me | | Date(s)0 | 5 ; 02 , 19 | |
| Prov | vide Title/Explanat | ion | | | |
| Ticket(s)/Pass(es) provided by age | ency? Ye | s 🗖 No | If no: Golde | n State Warriors | |
| | | | | Name of Sol | urce |
| Was ticket distribution made at the of agency official? | benest N | o 🗌 Yes | If yes: Chan | Official's Name (L | .ast. First) |
| Desinients | | | · · · · · · · · · · · · · · · · · · · | â | |
| Recipients • Use Section A to identify the agency's de | partment or unit. | • Use Se | ction B to identify an individu | ual. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Department or | 11 | lumber of Ticket(s)/ Pass(es) | · · | lic purpose made pursuant | |
| | | | | | |
| D Nama of Individual | | umber of | | | |
| B. Name of Individual (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the following | ng: |
| Raymond, Steve | | 2 | | Other | Income |
| | | 2 | | anceevent held at a (| |
| | | | · · · · · | otential County reven | r |
| Milkie, Anne | | | Ceremonial Role If checking "Ceremoni | al Role" or "Other" describe below: | Income |
| | | 2 | To promote attenda | nceevent held at a C otential County revenu | |
| Name of Outside Organization (include address and description | (n) | umber of licket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant t | o the agency's policy |
| > | | | | 21 | |
| × | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| Verification | | | | | |
| Verification have read an understand FBPC Reminstrens | | ther Car | twright S | Supervisor's Assistant | 06.27.2019 |
| | | | twright S | | |

| Ceremonial Role Events | and Tic | cket/Pas | s Distributions | | A Public Documen |
|---|-----------------|-------------------------|---|------------------------------------|--------------------------------|
| 1. Agency Name |) | | | Date Stamp | California 802 |
| Alameda County | | | | | Form OUZ |
| Division, Department, or Region | (If Applicable | e) | , | · - | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (Nar | ne, Title) | | | | |
| Heather Cartwright | | | • | | |
| | mail | | · · · · · · · · · · · · · · · · · · · | Amendment (Must pi | rovide explanation in Part 3.) |
| | | wright@acg | aov.ora | Date of Original Filing: . | (Month, Day, Year) |
| . Function or Event Informa | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | (Month, Day, Year) |
| Does the agency have a ticket po | | Yes 🔀 No | Face Value o | f Each Ticket/Pass \$ | \$24 |
| | | | _ | | |
| Event Description Baseball gam | vide Title/Expl | anation | Date(s)06 | | // |
| | | | If no: Oaklar | nd A's | |
| Ticket(s)/Pass(es) provided by ag | jency? | Yes 🗌 No | | Name of Sou | rce |
| Was ticket distribution made at the | e behest | No 🗌 Yes | If yes: Chan | Wilma | |
| of agency official? | | | <u> </u> | Official's Name (L | ast, First) |
| Recipients | | | | | |
| Use Section A to identify the agency's de | epartment or ι | unit. • Use Se | ction B to identify an individu | al. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Department of | r Unit | Number of Ticket(s)/ | Describe the publ | ic purpose made pursuant t | o the agency's policy |
| | | Pass(es) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| B. Name of Individual | | Number of Ticket(s)/ | | Identify one of the followin | a: |
| (Loo(, / 110)) | | Pass(es) | | | |
| | | | | Other | Income |
| | | | r cnecking "Ceremonia | l Role" or "Other" describe below: | |
| | | | | | |
| | | | Ceremonial Role | Other | |
| | | | - | Role" or "Other" describe below: | |
| | | | | <i></i> | |
| | | | | | |
| C. Name of Outside Organizatio | | Number of Ticket(s)/ | Describe the publi | c purpose made pursuant to | the acceptic policy |
| (include address and description | on) | Pass(es) | Describe the publi | c pulpose made pulsuant to | The agency's policy |
| Deputy Sheriff's Activities Leagu | ie. 16335 | | To reward a school of | or nonprofit organizatio | on for its contributions |
| E 14th St, San Leandro, CA 945 | 78 | 2 | to the community | | |
| Sports and regrestion league in | | | ······································ | | |
| Sports and recreation league in unjacorporated Alameda County | , | | | | |
| | | | | | |
| Verification | 18944.1 and 1 | 8942 Thave ver | rified that the distribution set for | th above is in accordance with i | the requirements |
| 20 | | | • | | The requirements. |
| > | нн | leather Cart | | upervisor's Assistant | _ ///// |
| <u> </u> | | Print Name | - | Title | (Month Day, Yeār) |
| Comment: | | | | | |
| Comment: | | | · · · · · · · · · · · · · · · · · · · | | FPPC Form 802 (4 |

A Public Document

| 1 | Agency Name | | | <u> </u> | Date Stamp | California 802 |
|-----|--|-------------------|---|--|---|---------------------------------|
| | Alameda County | | | Form OOZ For Official Use Only | | |
| | Division, Department, or Reg | ion (If Applicabl | e) | | | Tor Official Osc Offiy |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | |
| | Heather Cartwright | | 2 | | Amendment (Must p | provide explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-6693 | 1 | twright@acg | ov.org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Inform | | | | of Each Ticket/Pasis \$ _ | \$100 |
| | Does the agency have a ticke | | Yes 🛛 No | - | | |
| | Event Description Hillsong U | Provide Title/Exp | lanation | Date(s) | 8 03 19 | // |
| | Ticket(s)/Pass(es) provided by | | n State Warriors | | | |
| | Ticket(s)/Pass(es/ provided b) | agency | Name of So | purce | | |
| | Was ticket distribution made a | t the behest | No 🗌 Yes | If yes: Chan | , Wilma Official's Name (i | Last First) |
| | of agency official? | e. | | | | |
| 3. | Recipients | 's department or | unit allsa Sar | ction B to identify an individu | ∎al ● Use Section C to iden | tify an outside organization. |
| | Use Section A to identify the agency's department or unit. Use Sec | | | Describe the public purpose made pursuant to the agency's policy | | |
| | A. Name of Agency, Department or Unit | | Ticket(s)/ Describe the put Pass(es) | | The purpose made pursuant to the agency's policy | |
| | - | | | | | |
| | | · · · · · · | | | | |
| | | | | | | |
| | B. Name of Individua (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| | Cardley Kassandra | | | Ceremonial Role | | Income |
| | Gardley, Kassendra | | 4 | | ial Role" or "Other" describe below: anceevent held at a l | County |
| | | | | | otential County reven | |
| | | | | Ceremonial Role | Other | Income |
| | | | 4 | If checking "Ceremoni | al Role" or "Other" describe below: | |
| | | | | | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | | | |
| | | | | | ····· | |
| | | | | | | |
| 4 | f. c. c. | ū | | | | |
| 4./ | | tions 18944.1 and | 18942. I have ve | rified that the distribution set fo | orth above, is in accordance wit | h the requirements. |
| [| / | ζ, | Heather Car | twright | Supervisor's Assistant | +1,119 |
| C | | <u> </u> | Print Name | | Title | (Month, Day, Year) |
| | | | | | | |
| | Comment: | | | | · · · · · · · · · · · · · · · · · · · | |

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| eremonial Role Event | s and Th | cket/Pass | Distributions | | A Public Docume |
|--|-------------------|-------------------------------------|--|---|-----------------------------------|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form OU2 For Official Use Only |
| Division, Department, or Regi | on (If Applicabl | le) | | | For Onicial Ose Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (/ | Vame, Title) | | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | · | ····· | | provide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | jov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Inform | nation | | | | |
| Does the agency have a ticket | • | Yes 🔀 No | Face Value | of Each Ticket/Pass \$ _ | \$312.50 ticket/\$40 park |
| Event Description Basketball | Game | | Date(s) | 06 , 05 , 19 | 1 1 |
| | Provide Title/Exp | lanation | | ŭ | |
| Ticket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no: Gold | en State Warriors | |
| | | _ | — Cha | | burce |
| Was ticket distribution made at of agency official? | the benest | No 🗌 Yes | If yes: Cha | Official's Name (| 'Last, First) |
| Destate | | | | | |
| • Use Section A to identify the agency' | s department or | unit. • Use Se | ction B to identify an indivi | dual. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Departmen | t or Unit | Number of Ticket(s)/ Pass(es) | Describe the p | ublic purpose made pursuan | t to the agency's policy |
| | · · · · | | | ε. | |
| v | | | | ÷ | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| Havrilenko, Gene | | | Ceremonial Role If checking "Ceremo | Other D | Income |
| | | 2 | | dance at a(n) event h potential County rever | eld at a County facility i nue |
| | | | Ceremonial Role | | Income |
| | | 2 | If checking "Ceremo | onial Role" or "Other" describe below: | |
| Name of Outside Organiz | | Number of Ticket(s)/ | Describe the nu | blic purpose made pursuant | to the agency's policy |
| (include address and descr | iption) | Pass(es) | | | ······ |
| | | | | · | |
| | | | | 2 | |
| | | | | P | |
| Verification | one 18011 1 and | 18012 1 have up | rified that the distribution sof | forth above, is in accordance wit | h the requirements |
| 10 | | | | | |
| < | | Heather Car | | Supervisor's Assistant | (Month, Day, Year) |
| | i - | Phint Name | - | nue - | (monin, Day, rear) |
| Comment: | | | | | |

4.

| C | eremonial Role Events and Tic | ket/Pass | Distributions | | A Public Documen | | | | |
|-----|---|-----------------------------------|--|-------------------------------------|----------------------------|--|--|--|--|
| 1. | Agency Name | | | Date Stamp | California 802 | | | | |
| | Alameda County | | Pomin | | | | | | |
| | Division, Department, or Region (If Applicable | 1 | For Official Use Only | | | | | | |
| | Board of Supervisors | 8 | | ÷ | | | | | |
| | Designated Agency Contact (Name, Title) | · · · · · · · · · · · · · · · · · | | | | | | | |
| | Heather Cartwright | | | | | | | | |
| | Area Code/Phone Number E-mail | Amendment (Must pro | ovide explanation in Part 3.) | | | | | | |
| | (510) 272-6693 heather.cart | wright@acg | ov.org | Date of Original Filing: | (Month, Day, Year) | | | | |
| 2. | Function or Event Information | | | L | | | | | |
| | Does the agency have a ticket policy? | Yes 🛛 No | Face Value o | f Each Ticket/Pass \$ | 312.50 ticket/\$40 park | | | | |
| | Event Description Basketball Game | | Date(s)06 | , 05 , 19 [,] | // | | | | |
| | Provide Title/Expla | | // | | | | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | If no: Golder | n State Warriors | | | | | |
| | | Name of Sou | rce | | | | | | |
| | Was ticket distribution made at the behest of agency official? | No 🗌 Yes | If yes: Chan, | Official's Name (La | ast. 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 | | | 43 1 | | | | | |
| | A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | B. Name of Individual | Number of Ticket(s)/ | | Identify one of the followin | g | | | | |
| | (Last, First) | Pass(es) | | | | | | | |
| | Havrilenko, Gene | | | Other Other describe below: | Income | | | | |
| | | 2 | - | | ld at a County facility in | | | | |
| | | | | otential County revenu | | | | | |
| | | | Ceremonial Role | Other | Income | | | | |
| | Δ' | 2 | If checking "Ceremonia | al Role" or "Other" describe below: | | | | | |
| | | 2 | | | | | | | |
| | 0 | | ······································ | | | | | | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ | Describe the publ | ic purpose made pursuant to | the agency's policy | | | | |
| | (| Pass(es) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | <u></u> | | | | 5 | | | | |
| ŀ./ | Verification | | | | | | | | |
| / | | | | rth above, is in accordance with | | | | | |
| Ċ | | leather Carl | twright S | Supervisor's Assistant | 06.27.2019 | | | | |
| (| | leather Carl | | Supervisor's Assistant Tille | (Month, Day, 1 | | | | |

| Agency Name Alameda County Division, Department, or Reg | | | | Date Stamp, | California 802 |
|---|---------------------------|-------------------------------------|---------------------------------------|---|---------------------------------|
| - | | | | | |
| Division, Department, or Reg | | | | | Form 002 |
| | ion (If Applicabl | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (| Name, Title) | ·· | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6693 | heather.car | wright@acg | ov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Inform | nation | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| Does the agency have a ticke | | Yes 🗵 No | Face Value of | of Each Ticket/Pass \$ $\frac{3}{2}$ | 312.50 ticket/\$40 park |
| Event Description Basketball | Game Provide Title/Exp | lanation | Date(s) | 6 , 05 , 19 | /// |
| Ticket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no. Golde | n State Warriors | |
| | agency: | | لاست | Name of Sol | urce |
| Was ticket distribution made a | t the behest | No 🗖 Yes | If yes: Chan | , Wilma Official's Name (L | |
| of agency official? | | | | Official's Name (L | .ast, First) |
| Recipients Use Section A to identify the agency | 's department or | unit. • Use Se | ction B to identify an individu | ual. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Department | nt or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| 21 2 | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | S. | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| Friedman, Mark | | 2+P | If checking "Ceremon | Other D al Role" or "Other" describe below: unity volunteer for his o | Income |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| а 10 - 12 | | 2+P | Ceremonial Role | Other al Role" or "Other" describe below: | income |
| Name of Outside Organiz (include address and desc | | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant f | to the agency's policy |
| | | | | | |
| / | | | | ų. | |
| /erification | | | and the state of the state of the | | the requirements |
| | | 18942. I have ve Heather Car | | rth above, is in accordance with Supervisor's Assistant | the requirements. 06.27.2019 |
| | | Print Name | | Title | (Month, Day, Year) |

| Ceremonial Role Even | its and Tic | cket/Pass | Distributions | 4.9.0.1 | A Public Documen |
|---------------------------------------|-------------------|---|--|---|---|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | - Onit |
| Division, Department, or Reg | ion (If Applicabl | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | <u> </u> | ************************************** | Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | jov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Infor | mation | | | | |
| Does the agency have a ticke | t policy? | Yes 🗵 No | Face Value | of Each Ticket/Pass \$ _ | 312.50 ticket/\$40 park |
| Event Description Basketball | Game | | Date(s) | of Each Ticket/Pass \$ | <i>()</i> |
| Event Description | Provide Title/Exp | lanation | Date(s) | | // |
| Ticket(s)/Pass(es) provided by | v agency? | Yes 🗌 No | If no: Gold | en State Warriors | |
| | | | | Name of Sol | urce |
| Was ticket distribution made a | it the behest | No 🔲 Yes | If yes: Cha | n, Wilma Official's Name (L | |
| of agency official? | - | | | Official's Name (L | .ast, Hirst) |
| Recipients | | | | | |
| Use Section A to identify the agency | | unit. • Use See | ction B to identify an indivi | dual. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Departme | nt or Unit | Ticket(s)/ | Describe the pu | iblic purpose made pursuant | to the agency's policy |
| <u> </u> | | Pass(es) | | (*: | |
| | | | | | |
| | | | | В | |
| R Name of Individua | 1 | Number of | | | · · · · |
| B. Name of Individua (Last First) | | Ticket(s)/ Pass(es) | | Identify one of the following | ng |
| | | | Ceremonial Role | | Income |
| Cravalho, Brian | | 2+P | - | nial Role" or "Other" describe.below: | 2 - units |
| | | | | lanceevent held at a (potential County revent | |
| | | 1 | Ceremonial Role | | |
| | | | | nial Role" or "Other" describe below: | |
| | | 2+P | * - | | |
| Name of Outside Organia | zation | Number of | | · · · · · · · · · · · · · · · · · · · | |
| C. (include address and desc | | Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant f | to the agency's policy |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | |
| | | 1 1 | | | |
| | | | | | |
| | | | | | |
| / Verification | | | | | |
| Verification | tions 105 1 and | 18942. I have vei | rified that the distribution set | forth above, is in accordance with | the requirements. |
| Verification | | | | | |
| Verification | | 18942. I have ver Heather Carl Print Name | twright | forth above, is in accordance with Supervisor's Assistant Title | the requirements. 06.27.2019 (Month, Day, Year) |

A Public Document

| | | | | | A l'ablic Docalien |
|----|---|-------------------------------------|--------------------------------|--|---------------------------------------|
| 1 | . Agency Name | | | Date Stamp | California 802 |
| | Alameda County | | | | Form 002 |
| | Division, Department, or Region (If Ap | blicable) | | | For Official Use Only |
| | Board of Supervisors | | | | |
| | Designated Agency Contact (Name, Title | e) | | | |
| | Heather Cartwright | | | | |
| | Area Code/Phone Number E-mail | | | | ovide explanation in Part 3.) |
| _ | (510) 272-6693 heathe | r.cartwright@acg | gov.org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Information | | | ¢. | 312 50 tickot/\$40 pork |
| | Does the agency have a ticket policy? | Yes 🛛 No | | of Each Ticket/Pass \$ | |
| | Event Description Basketball Game | | Date(s) | <u> </u> | // |
| | Provide Ti | tle/Explanation | Calda | n Chata Manuiana | |
| | Ticket(s)/Pass(es) provided by agency | ? Yes 🗌 No | If no: Golde | n State Warriors Name of Sou | rce |
| | Was ticket distribution made at the beh | est No 🗖 Yes | If yes: Chan | | |
| | of agency official? | | i i yes | Official's Name (Li | ast, First) |
| 3. | Recipients | | | | · · · · · · · · · · · · · · · · · · · |
| | • Use Section A to identify the agency's departm | | ction B to identify an individ | ual. • Use Section C to identi | fy an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuant t | to the agency's policy |
| | | | | 9 | |
| | B. Name of Individual | Number of | | | |
| | U. (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the followin | .g: |
| | Lam, Marianne | 2 | · · · | Other Other Other Conter Conter | income 🗌 |
| | | | | otential County revenu | |
| | | 2 | | Other D al Role" or "Other" describe below: | Income |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | Ŷ. | |
| | | | <u></u> | | |
| | \wedge | | | | |
| 7. | Verification | | | | |
| | | | | rth above, is in accordance with | |
| | - | Heather Car | | Supervisor's Assistant | 06.27.2019 |
| | | Print Name | | i ilie | (Month, Day, Year) |
| | Comment: | | | 2 | |
| | | | | | FPPC Form 802 (4/12) |

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

| | | | | <u></u> | A Public Documen |
|--|---------------------------------------|-------------------------------------|--|--|--------------------------------|
| Agency Name | | | M 18 | Date Stamp | California 802 |
| Alameda County | | | | | FOILIN |
| Division, Department, or Reg | ion (If Applicab | le) | | <i>.</i> | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name,Title) | | | 1 | - |
| Heather Cartwright | | | | | rovide explanation in Part 3.) |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-6693 | heather.car | twright@acg | ov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Infor | mation | | | | \$25 ticket |
| Does the agency have a ticke | | Yes 🛛 No | | of Each Ticket/Pass \$ _ | |
| Event Description Basketball | l Game | | Date(s)0 | <u> </u> | / |
| | Provide Title/Exp | lanation | | | |
| Ticket(s)/Pass(es) provided by | y agency? | Yes 🗌 No | If no: Golde | n State Warriors | |
| Mas ticket distribution made a | the behast | | ra Chan | | 0100 |
| Was ticket distribution made a of agency official? | at the periest | No 🗌 Yes | If yes: Chan | Official's Name (I | _ast, First) |
| Recipients | | | | × | |
| Use Section A to identify the agency | y's department or | | ction B to identify an individ | ual. • Use Section C to ident | tify an outside organization. |
| A. Name of Agency, Departme | ent or Unit | Number of Ticket(s)/ | Describe the put | lic purpose made pursuant | to the agency's policy |
| | | Pass(es) | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| B. Name of Individua | | Number of | · · · · · · · · · · · · · · · · · · · | Identify and of the followi | ng. |
| D. (Ləst, First) | | Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| Meilee Meylene | | | Ceremonial Role | | Income |
| Mojica, Maylene | | 4 | - | ial Role" or "Other" describe below: anceevent held at a (| County |
| | | | | | |
| <u> </u> | | | iacintymaximize p | otential County reven | ueconcession sales |
| | | | | | ueconcession sales |
| | | | Ceremonial Role | | |
| | | 4 | Ceremonial Role | Other | |
| 1 | | | Ceremonial Role | Other | Income |
| C. Name of Outside Organi (include address and desc | | Number of Ticket(s)/ | Ceremonial Role If checking "Ceremon | Other | Income |
| C. Name of Outside Organi (include address and desc | | Number of | Ceremonial Role If checking "Ceremon | Other D | Income |
| | | Number of Ticket(s)/ | Ceremonial Role If checking "Ceremon | Other D | Income |
| | | Number of Ticket(s)/ | Ceremonial Role If checking "Ceremon | Other D | Income |
| | | Number of Ticket(s)/ | Ceremonial Role If checking "Ceremon | Other D | Income |
| (include address and desc | | Number of Ticket(s)/ | Ceremonial Role If checking "Ceremon | Other D | Income |
| | cription) | Number of Ticket(s)/ Pass(es) | Ceremonial Role <i>If checking "Ceremon</i> Describe the pub | Other | Income |
| (include address and desc | tription) | Number of Ticket(s)/ Pass(es) | Ceremonial Role If checking "Ceremon Describe the pub | Other D ial Role" or "Other" describe below: lic purpose made pursuant | Income |
| (include address and desc | tription) | Number of Ticket(s)/ Pass(es) | Ceremonial Role If checking "Ceremon Describe the pub | Other | Income |

| | | | | | i i ii | | A Public Docume |
|---|-----------------------|--|---|--|---|--|--|
| Agency Name | | | | | Date S | tamp | California 802 |
| Alameda County | | | | | | | Form UU2 |
| Division, Department, or Regio | n (If Applicab | le) | | | | | For Official Use Only |
| Board of Supervisors | | | | | | | |
| Designated Agency Contact (N | ame, Title) | | | | 1 | | |
| Heather Cartwright | | | | | | | |
| | -mail | | · | | Amendm | ent (Must pro | vide explanation in Part 3.) |
| (510) 272-6693 | neather.car | twright@acg | ov.org | | Date of Origin | nal Filing: _ | (Month, Day, Year) |
| Function or Event Inform | | | | | | | |
| Does the agency have a ticket p | | Yes 🛛 No | □ Fa | ace Value o | f Each Ticket/ | Pass \$ | 12.50 ticket/\$40 park |
| | • | | | 06 | 13 | 10 | |
| Event Description Basketball C | Provide Title/Exp | lanation | Da | ate(s) | | | /// |
| Ticket(s)/Pass(es) provided by a | | | reta lifu | . Golder | n State Warrio | ors | |
| ficket(s)/Fass(es) provided by a | gency? | Yes 🗌 No | | 10 | | Name of Sour | ce |
| Was ticket distribution made at t | he behest | No 🗌 Yes | If v | es: Chan, | Wilma | | |
| of agency official? | | | | | Offici | al's Name (La | st, First) |
| Recipients | | | | | | · · | |
| Use Section A to identify the agency's | department or | | tion B to ident | ify an individu | al. • Use Sectio | n C to identify | / an outside organization. |
| A. Name of Agency, Department | or Unit | Number of Ticket(s)/ | Desc | ribe the publ | ic purpose made | e pursuant to | the agency's policy |
| | | Pass(es) | | | | | 16 |
| | | | | | | | |
| | | | | · · · | | | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | | Identify one of | the following | I. |
| (Last, First) | | Ticket(s)/ | | monial Role | Other | | j; Income [|
| B. Name of Individual (Last, First) Cravalho, Christopher | | Ticket(s)/ | lf che | cking "Ceremonia | Other | Cribe below: | Income |
| (Last, First) | | Ticket(s)/ Pass(es) | If che To promo | ^{cking "Ceremonia} te attenda | Other D N Role" or "Other" des | cribe below: eld at a Co | Income [|
| (Last, First) | | Ticket(s)/ Pass(es) | If che To promo facilitym | cking "Ceremonia te attenda naximize p | Other Differ or "Other" des nceevent hotential Coun | cribe below: eld at a Co | Income [punty econcession sales |
| (Last, First) | | Ticket(s)/ Pass(es) 4 | If che To promo facilitym Cere | cking "Ceremonia ite attenda naximize p monial Role | Other Differ or "Other" des nceevent hotential Coun | cribe below: eld at a Co ty revenue | Income [|
| (Last, First) | | Ticket(s)/ Pass(es) | If che To promo facilitym Cere | cking "Ceremonia ite attenda naximize p monial Role | Other des <i>Role" or "Other" des</i> nceevent ho ptential Coun Other | cribe below: eld at a Co ty revenue | Income [punty econcession sales |
| (Last, First) | | Ticket(s)/ Pass(es) 4 | If che To promo facilitym Cere | cking "Ceremonia ite attenda naximize p monial Role | Other des <i>Role" or "Other" des</i> nceevent ho ptential Coun Other | cribe below: eld at a Co ty revenue | Income [punty econcession sales |
| (Last, First) Cravalho, Christopher Name of Outside Organizat | | Ticket(s)/ Pass(es) 4 4 Number of | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [bunty bunconcession sales Income [|
| (Last, First) Cravalho, Christopher | | Ticket(s)/ Pass(es) 4 4 | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [punty econcession sales |
| (Last, First) Cravalho, Christopher Name of Outside Organizat | | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [bunty bunconcession sales Income [|
| (Last, First) Cravalho, Christopher Name of Outside Organizat | | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [bunty bunconcession sales Income [|
| (Last, First) Cravalho, Christopher Name of Outside Organizat | | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [bunty bunconcession sales Income [|
| (Last, First) Cravalho, Christopher Name of Outside Organizat | | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [bunty bunconcession sales Income [|
| (Last, First) Cravalho, Christopher Name of Outside Organizat (include address and descrip | | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize pu monial Role [cking "Ceremonia | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: | Income [bunty bunconcession sales Income [|
| (Last, First) Cravalho, Christopher Name of Outside Organizat | ntion) | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es) | If che To promo facilitym Cere If che | cking "Ceremonia te attenda naximize po monial Role [cking "Ceremonia ribe the publi | Other I Role" or "Other" des nceevent he otential Coun Other I Role" or "Other" des | cribe below: eld at a Co ty revenue cribe below: pursuant to | Income |
| (Last, First) Cravalho, Christopher Name of Outside Organizat (include address and descrip | ntion) :8944.1 and | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es) 18942. / have ver | If che To promo facilitym Cere If che Desc. | cking "Ceremonia te attenda naximize po monial Role [cking "Ceremonia ribe the publi | Other Control of the | cribe below: eld at a Co ty revenue cribe below: pursuant to | Income |
| (Last, First) Cravalho, Christopher Name of Outside Organizat (include address and descrip | ntion) :8944.1 and | Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es) | If che To promo facilitym Cere If che Desc Desc | cking "Ceremonia te attenda naximize po monial Role [cking "Ceremonia ribe the publi | Cther Classifier of "Other" des nceevent hip tential Coun Coun Coun Coun Coun Coun Coun Coun | cribe below: eld at a Co ty revenue cribe below: pursuant to | Income |

A Public Document

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|---|---|---------------------------------------|--|---|---------------------------------|
| | Alameda County | | | | | Form OOZ |
| | Division, Department, or Regi | on (If Applicat | ole) | · · · · · · · · · · · · · · · · · · · | - - | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | |
| | Heather Cartwright | | | | Amendment (Must a | provide explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-6693 | | artwright@ac | gov.org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Inform | | | — F VI | сет. I. т. I И.Т | \$10 park |
| | Does the agency have a ticket | | Yes 🛛 No | | of Each Ticket/Pass \$ _ | |
| | Event Description Alameda C | ounty Fair Provide Title/Ex | olanation | Date(s) | 6 , 14 , 19 | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no: Alame | eda County Fair _{Name of So} | urce |
| | Was ticket distribution made at of agency official? | t the behest | No 🗌 Yes | If yes: Alam | neda County Superviso Official's Name (| or Wilma Chan Ləst, First) |
| 3. | Recipients | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | ц. |
| | Use Section A to identify the agency | 's department o | | ction B to identify an individ | Iual. • Use Section C to iden | tify an outside organization. |
| | A. Name of Agency, Departmen | t or Unit | Number of Ticket(s)/ Pass(es) | Describe the pu | blic 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 follow | |
| | Mumbu Eria | | | Ceremonial Role | Dother Dother nial Role" or "Other" describe below: | Income |
| | Murphy, Eric Cheng, Jason Stadmire, Sylvia | | 1 | | nunity volunteer for his | or her service to the |
| | | | | Ceremonial Role | | income |
| | Whitlock-Peterson, Leisel Clemmons, Estelle | | 1 | If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service | | or her service to the |
| | Voves, Nancy | | | public | anity volunteer lor man | |
| | C. Name of Outside Organiz (include address and desc | | Number of Ticket(s)/ Pass(es) | Describe the pu | olic purpose made pursuant | to the agency's policy |
| | · · · · · · · · · · · · · · · · · · · | | | | | 2 |
| | | i'er en | | | · · · · · · · · · · · · · · · · · · · | |
| | , r | | | | | |
| ./ | Verification |)44.1 an | d 18942. I have ve | rified that the distribution set t | forth above, is in accordance with | h the requirements. |
| ľ | | | Heather Car | | Supervisor's Assistant | |
| l | | | Print Name | | Title | (Month, Day, Year) |
| | | đ. | | | | |
| | Comment: | | | | | FPPC Form 802 (4/12 |

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) Heather Cartwright Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Heather.Cartwright@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$20 VIP park Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Alameda County Fair 14 19 06 Date(s) _ Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest 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 Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ (Last. First) Pass(es) Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Brown, Maddie 1 ea. To promote attendance at a County facility in order to maximize Bacani, Marc Cartwright, Bonnie potential County revenue from parking and concession sales Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Sundararaman, Asha 1 ea. To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 18944.1 and 18942. I have verified that the distribution set forth above; is in accordance with the requirements. Supervisor's Assistant 07.16.2019 Heather Cartwright (Month, Day, Year)

Print Name

Α.

Β.

C.

Title

A Public Document

No California Date Stamp

| A Public Document | | Α | Public | Document |
|-------------------|--|---|--------|----------|
|-------------------|--|---|--------|----------|

| 1. | . Agency Name | · . · | | Date Stamp | California 802 |
|-----|---|-------------------------------------|--|-------------------------------------|------------------------------|
| | Alameda County | | | | Form 002 |
| | Division, Department, or Region (If Applicable |) | | | For Official Use Only |
| | Board of Supervisors | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Heather Cartwright | | | Amendment (Must pro | wide explanation in Part 2 \ |
| | Area Code/Phone Number E-mail | | | | wide explanation in Fant 3.) |
| _ | (510) 272-6693 heather.carty | wright@acgo | ov.org | Date of Original Filing: _ | (Month, Day, Year) |
| 2. | Function or Event Information | | | ····· | ¢45 |
| | Does the agency have a ticket policy? | Yes 🛛 No | | f Each Ticket/Pass \$ | \$15 |
| | Event Description Alameda County Fair | | Date(s)06 | | |
| | Provide Title/Expla | anation | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | If no: Alamed | da County Fair Name of Sour | ce |
| | Was ticket distribution made at the behest | | Alame | eda County Supervisor | |
| | of agency official? | No 🗌 Yes | If yes: | Official's Name (La | st, First) |
| 3. | Recipients | | | | |
| | • Use Section A to identify the agency's department or u | init. • Use Sec | tion B to identify an individu | al. • Use Section C to identif | y an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant to | o the agency's policy |
| | | | | | |
| | | | | (*) | , |
| | | | | | |
| | | Number of | | ····· | |
| | B. Name of Individual (Lest, First) | Ticket(s)/ Pass(es) | | Identify one of the following | 9 |
| | | | Ceremonial Role | Other | Income |
| | Sundararaman, Asha | 2 | • | al Role" or "Other" describe below: | |
| | | 2 | To promote attendanceevent held at a County facilitymaximize potential County revenueconces | | |
| | | | Ceremonial Role | | |
| | | | | al Role" or "Other" describe below: | income 🛄 |
| | | 2 | | | |
| | | · · | | | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy |
| | | | | | |
| | * | - | | <u></u> | |
| | | | 2 | | |
| 4./ | Verification | | · · · · · · · · · · · · · · · · · · · | | |
| 7 | | 18942. I have ver | ified that the distribution set for | rth above, is in accordance with t | he requirements. |
| | F | leather Cart | wright S | Supervisor's Assistant | 07.15.2019 |
| • | | Print Name | | Title | (Month, Day, Year) |
| | \sim | | | | |
| | Comment: | | | | FPPC Form 802 (4/12) |

| eremonial Role Events and Ti | | | the second s | A Public Docun |
|---|--|---|--|--|
| Agency Name | | | Date Stamp | California 80 |
| Alameda County | | | | T OTHE |
| Division, Department, or Region (If Applicat | ile) | | 1 | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name, Title) | | | - | |
| Heather Cartwright | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must | provide explanation in Part 3.) |
| (510) 272-6693 Heather.Ca | artwright@ac | gov.org | Date of Original Filing | (Month, Day, Year) |
| Function or Event Information | | | | (monin, buy, rear) |
| Does the agency have a ticket policy? | Yes 🛛 No | Face Value o | of Each Ticket/Pass \$ _ | \$32 Butler Pa |
| • • • • • | | | 6 <u>, 14 , 19</u> | |
| Event Description <u>Alameda County Fair</u> Provide Title/Ex, | planation | Date(s) | | |
| Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | If no: Alame | eda County Fair | |
| | | | Name of Si | |
| Was ticket distribution made at the behest | No 🗌 Yes | If yes: Alam | eda County Superviso Official's Name | or Wilma Chan |
| of agency official? | | | Oniciais Name | (Lasi, Filsi) |
| Recipients | | | | |
| Use Section A to identify the agency's department of | r unit. • Use See Number of | T | | |
| A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuan | t to the agency's policy |
| | ras(cs) | | | h |
| | | | | |
| | | | | |
| | | | 14 | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the follow | ino |
| (Ləst, Fırst) | Pass(es) | | | |
| Brown, Maddie | | | Other | Income |
| | 1 | | to the station we have all states with a factory of | |
| Bacani, Marc | 1 ea. | | ial Role" or "Other" describe below: ance at a County facili | ity in order to maximiz |
| | 1 ea. | To promote attenda | ial Role" or "Other" describe below: ance at a County facili venue from parking at | |
| Bacani, Marc | 1 ea. | To promote attenda | ance at a County facili | nd concession sales |
| Bacani, Marc | | To promote attenda potential County re ^{Ceremonial Role} | ance at a County facili venue from parking a | nd concession sales |
| Bacani, Marc Cartwright, Bonnie | 1 ea. 1 ea. | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda | ance at a County facili venue from parking at Other ail Role" or "Other" describe below: ance at a County facili | nd concession sales Income ty in order to maximiz |
| Bacani, Marc Cartwright, Bonnie | 1 ea. | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda | ance at a County facili venue from parking at Other D iai Role" or "Other" describe below: | nd concession sales Income ty in order to maximiz |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization | 1 ea. Number of Ticket(s)/ | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re | ance at a County facili venue from parking at Other ail Role" or "Other" describe below: ance at a County facili | nd concession sales Income ty in order to maximiz nd concession sales |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha | 1 ea. Number of | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re | ance at a County facili venue from parking at Other iai Role" or "Other" describe below: ance at a County facili venue from parking ar | nd concession sales Income ty in order to maximiz nd concession sales |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization | 1 ea. Number of Ticket(s)/ | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re | ance at a County facili venue from parking at Other iai Role" or "Other" describe below: ance at a County facili venue from parking ar | nd concession sales Income ty in order to maximiz nd concession sales |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization | 1 ea. Number of Ticket(s)/ | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re | ance at a County facili venue from parking at Other iai Role" or "Other" describe below: ance at a County facili venue from parking ar | nd concession sales Income ty in order to maximiz nd concession sales |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization | 1 ea. Number of Ticket(s)/ | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re | ance at a County facili venue from parking at Other iai Role" or "Other" describe below: ance at a County facili venue from parking ar | nd concession sales Income ty in order to maximiz nd concession sales |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization | 1 ea. Number of Ticket(s)/ | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re | ance at a County facili venue from parking at Other iai Role" or "Other" describe below: ance at a County facili venue from parking ar | nd concession sales Income ty in order to maximiz nd concession sales |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization (include address and description) | 1 ea. Number of Ticket(s)/ Pass(es) | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re Describe the pub | ance at a County facili venue from parking at Other ial Role" or "Other" describe below: ance at a County facili venue from parking at lic purpose made pursuant | nd concession sales Income ty in order to maximiz nd concession sales t to the agency's policy |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization (include address and description) | 1 ea. Number of Ticket(s)/ Pass(es) | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re Describe the pub | ance at a County facili venue from parking at Other ial Role" or "Other" describe below: ance at a County facili venue from parking at lic purpose made pursuant | nd concession sales Income ty in order to maximiz nd concession sales t to the agency's policy |
| Bacani, Marc Cartwright, Bonnie Sundararaman, Asha Name of Outside Organization (include address and description) | 1 ea. Number of Ticket(s)/ Pass(es) | To promote attenda potential County re Ceremonial Role If checking "Ceremon To promote attenda potential County re Describe the pub | ance at a County facili venue from parking at Other ial Role" or "Other" describe below: ance at a County facili venue from parking at lic purpose made pursuant | nd concession sales Income ty in order to maximiz nd concession sales t to the agency's policy |

| Ceremonial Role Even | to and m | sheurass | Distributions | | A Public Documen |
|--|--------------------|-------------------------|-------------------------------------|--|--|
| 1. Agency Name | | · · · · · · · · · · · | | Date Stamp | California 802 |
| Alameda County | | 2 | | | POINT |
| Division, Department, or Reg | ion (If Applicab | le) | 6 | - | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (| (Name, Title) | | | e | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must pr | rovide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | ov.org | Date of Original Filing: . | (Month, Day, Year) |
| 2. Function or Event Infor | | | | | (110/11), 203, 700/ |
| Does the agency have a ticke | | Yes 🔀 No | Face Value o | of Each Ticket/Pass \$ | \$15 |
| Event Description Alameda C | | | | 5 , 14 , 19 | |
| Event Description | Provide Title/Exp | lanation | Date(s) | | |
| Ticket(s)/Pass(es) provided by | v agencv? | Yes 🗌 No | If no: Alame | da County Fair | |
| istorion assisty provided by | , | | | Name of Sou | |
| Was ticket distribution made a | it the behest | No 🗌 Yes | If yes: Alam | eda County Supervisor Official's Name (L | Wilma Chan |
| of agency official? | | | | · Official's Name (L | ast, First) |
| 3. Recipients | | | | | |
| Use Section A to identify the agency | /'s department or | | ction B to identify an individu | al. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | Pass(es) | | | |
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| | | · · · · · | | | |
| | | | | | |
| D Name of leading the | i | Number of | | · · · · · · · · · · · · · · · · · · · | <u></u> |
| B. Name of Individua | | Ticket(s)/ Pass(es) | | Identify one of the followir | ng: |
| | | | Ceremonial Role | Other | Income |
| Various (reference attached | | 153 | | al Role" or "Other" describe below: | |
| spreadsheet) | | 100 | | ance at a County facility | |
| | | | | venue from parking and | |
| | | | Ceremonial Role | Other al Role" or "Other" describe below: | Income |
| | | 153 | " checking "delement | | |
| | | | | | |
| Name of Outside Organi | zation | Number of | | | - Al |
| C. Name of Outside Organi (include address and desc | | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| Various (reference attached | | | To promote attenda | ince at a County facility | / in order to maximize |
| spreadsheet) | | 20 | | venue from parking and | |
| and a second | <u> </u> | | | | |
| Various (reference attached | | 150 | To reward a school to the community | or nonprofit organization | on for its contributions |
| spreadsheet) | | | to the community | | |
| . Verification | ations 18944 1 and | 118942 Thave ve | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| pic | | | | 5 | |
| _ | · | Heather Car | | Supervisor's Assistant | (Month, Day, Year) |
| | | r nn (Nam | ~ | 100 | (monor, Day, Ical) |
| Comment: | | | | | |
| 3 | | Y | | | FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772) |

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Jennifer Moyers Name Vince Herrera Brenda Howard Jan Milloz Gray Babaa Rey Wenceslao Sharif Carminer Eric Murphy Linda Herrera Johnny Nila Fernando Valenzuela Eogaf Alayon Christiae Chiovare Margie Rogres Eva Lam Maria Magallon **Doreth Fellows** Miao Ng Nadia Jackson Marian Deguzman Wanda Chiu Nancy Voves **Estelle Clemons** Sylvia Stadmire Herbert Javier **SECTION B - INDIVIDUALS** John Chung Jose Santiago Lourdes Cardenas Leisel Whitlock-Peterson Letty Flores Jason Cheng Organization

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Address

of Tickets

2-1 TICKET RECIPIENTS

Description

Flora Shek Barbara Valenzuel Laurie Miller Larray Kelly Lorranne Shopher Frances Li Brenda Irene Hagebusch Daniel Nila Roberto Saturnbaga SECTION C - OUTSIDE ORGANIZATIONS

| 170 | * | | | |
|-----|---|---------------------------------------|--------------------------------|---|
| 30 | Youth activities & after- school club in San Leandro | 1900 3rd Street, Alameda, CA 94501 | Alameda Boys and Girls Club | |
| 30 | employment assistance | 94612 | Cypress Mandela | |
| | construction, life skills and | 977 66th Ave, Oakland, CA | | |
| | Provides pre-apprentice | | | |
| | | | | |
| 30 | center | CA 94612 | Lotus Bloom | |
| × | Multicultural family resource | 555 19th Street, Oakland, | | |
| 30 | school club in San Leandro | Leandro, CA 94577 | Girls Club | |
| | Youth activities & after- | 401 Marina Blvd, San | San Leandro Boys & | |
| 30 | Alameda | Alameda, CA 94501 | Island City | |
| | Services Geared for Girls in | 1724 Santa Clara Ave, | Girls Inc. of the | |
| | Provide Youth Development | | | |
| 20 | community in San Leandro | Leandro, CA 94577 | Casa Del Mar | 2 |
| | Family focused living | 14055 Doolittle Drive, San | Owner Assocation - | |
| t. | | | San Leandro Home | |
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| . Agency Name | | | | Date Stamp | A Public Documen |
|---|--|-------------------------|-------------------------------------|--|-------------------------------|
| Alameda County | | | | Date Stamp | California 802 |
| Division, Department, or Reg | ion (If Applicable |) | | | For Official Use Only |
| | green (n <i>r.35p.</i> 160.016) | , | | : • : | |
| Board of Supervisors Designated Agency Contact | (Name.Title) | | | - | |
| | (((((((((((((((((((((((((((((((((((((((| | | | 8 |
| Heather Cartwright Area Code/Phone Number | E-mail | <u> </u> | 2 | Amendment (Must pro | ovide explanation in Part 3.) |
| (510) 272-6693 | heather.cartv | vright@aco | iov.ora | Date of Original Filing: _ | (Marsh) Davi Varal |
| Function or Event Infor | distance in the second se | | | | (Month, Day, Year) |
| Does the agency have a ticke | | Yes 🗵 No | Face Value | of Each Ticket/Pass \$ | \$15 |
| Event Description Alameda | | | | 6 <u>14</u> 19 | |
| Event Description | Provide Title/Expla | nation | Date(s) | | |
| Ticket(s)/Pass(es) provided b | y agency? | Yes 🗌 No | If no: Alame | eda County Fair | |
| | | | | Name of Sou | |
| Was ticket distribution made a of agency official? | at the behest | No 🗌 Yes | If yes: Alam | eda County Supervisor | vviima Chan |
| | | | | | |
| • Use Section A to identify the agenc | y's department or u | nit. •Use Se | ction B to identify an individ | ual. • Use Section C to identi | y an outside organization. |
| A. Name of Agency, Departme | | Number of Ticket(s)/ | | olic purpose made pursuant t | |
| | | Pass(es) | | | |
| | | | | | |
| | | | | · | |
| | | | | | |
| R Name of Individua | | Number of | | | |
| B. Name of Individua (Last First) | ai | Ticket(s)/ Pass(es) | | Identify one of the followin | g |
| | | · | Ceremonial Role | | Income |
| Cartwright, Bonnie | | 7 | ° . | ial Role" or "Other" describe below: | t - |
| | | | | anceevent held at a C potential County revenu | |
| | - | | Ceremonial Role | / | Income |
| | | 7 | | ial Role" or "Other" describe below: | |
| | | 1 | | | |
| | | | | (U) | <u></u> |
| C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant to | the agency's policy |
| | | Pass(es) | | ······ | |
| | | | | | |
| | · | • | | | |
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| <u></u> | | | | 14 | |
| yerification | ations 18944.1 and 1 | 8942. I have ve | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | | eather Car | | Supervisor's Assistant | 07.15.2019 |
| | | Print Name | ······ | Title | (Month, Day, Year) |

Comment: _

4.

| Alifornia 80 Form 80 For Official Use Only xplanation in Part 3.) |
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| For Official Use Only |
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| xplanation in Part 3.) |
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| nth, Day, Year) |
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| Agency Name | | Date Stamp | California 802 | | |
| Alameda County Division, Department, or Reg | Ion //f Annling | · · · | For Official Use Only | | |
| | ion (IT Applicab | | | | |
| Board of Supervisors | | | | | |
| Designated Agency Contact (| (Name, Title) | | | | |
| Heather Cartwright | | Amendment (Mus | st provide explanation in Part 3.) | | |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-6693 | heather.cartwright@acgov.org | | | Date of Original Filin | g:(Month, Day, Year) |
| Function or Event Inform | | | | | \$15 |
| | Does the agency have a ticket policy? Event Description <u>Alameda County Fair</u> | | | e of Each Ticket/Pass \$ | |
| Event Description Alameda C | | | Date(s) | 06 , 14 , 19 | |
| | Provide Title/Exp | planation | | | |
| Ticket(s)/Pass(es) provided by | / agency? | Yes 🗌 No | If no: Ala | meda County Fair | Source |
| Was ticket distribution made a | t the hehest | | N Ala | ameda County Supervis | |
| of agency official? | t the benest | No 🗌 Yes | If yes: | Official's Name | e (Last, First) |
| Recipients | | : : | | · · · · · · · · · · · · · · · · · · · | |
| Use Section A to identify the agency | 's department or | unit. • Use Se | ction B to identify an indi | vidual. • Use Section C to ide | entify an outside organization. |
| A. Name of Agency, Department | Number of Ticket(s)/ | Describe the | oublic purpose made pursua | nt to the agency's policy | |
| | | Pass(es) | | | |
| | | Pass(es) | | · · | |
| B. Name of Individual | 1 | Number of Ticket(s)/ Pass(es) | | Identify one of the follo | wing: |
| (Ləst, First) | I | Number of Ticket(s)/ Pass(es) | Ceremonial Ro If checking "Cerei | · | Income |
| (Ləst, First) | 1 | Number of Ticket(s)/ | If checking "Cerei To promote atter | e Other | Income |
| | | Number of Ticket(s)/ Pass(es) | If checking "Cerei To promote atter facilitymaximiz Ceremonial Rol | e Other C nonial Role" or "Other" describe below idanceevent held at a e potential County reve | Income a County nueconcession sales |
| (Ləst, First) | zation | Number of Ticket(s)/ Pass(es) 5 | If checking "Cerei To promote atter facilitymaximiz Ceremonial Rol If checking "Cerer | e Other control of the control of th | Income a County nueconcession sales Income |
| (Last, First) Bacani, Mark Name of Outside Organiz | zation | Number of Ticket(s)/ Pass(es) 5 5 5 Number of Ticket(s)/ | If checking "Cerei To promote atter facilitymaximiz Ceremonial Rol If checking "Cerer | e Other C nonial Role" or "Other" describe below Idanceevent held at a e potential County reve e Other C nonial Role" or "Other" describe below | Income a County nueconcession sales Income |
| (Last, First) Bacani, Mark C. Name of Outside Organiz | zation | Number of Ticket(s)/ Pass(es) 5 5 5 Number of Ticket(s)/ | If checking "Cerei To promote atter facilitymaximiz Ceremonial Rol If checking "Cerer | e Other C nonial Role" or "Other" describe below Idanceevent held at a e potential County reve e Other C nonial Role" or "Other" describe below | Income a County nueconcession sales Income |
| (Last, First) Bacani, Mark C. Name of Outside Organiz | zation ription) | Number of Ticket(s)/ Pass(es) 5 5 Number of Ticket(s)/ Pass(es) | If checking "Cerei To promote atter facilitymaximiz Ceremonial Rol If checking "Cerer Describe the p | e Other C nonial Role" or "Other" describe below Idanceevent held at a e potential County reve e Other C nonial Role" or "Other" describe below | Income |
| (Last, First) Bacani, Mark C. Name of Outside Organiz (include address and desc | ration ription) 1s 18944.1 and | Number of Ticket(s)/ Pass(es) 5 5 Number of Ticket(s)/ Pass(es) | If checking "Cerei To promote atter facilitymaximiz Ceremonial Rol If checking "Cerer Describe the p | e Other control of the sective below idanceevent held at a potential County reverse of the sective below of the | Income [a County nueconcession sales Income [nt to the agency's policy |

| Agency Name | | | | Date Stamp | California O O | |
|---|---|---|---|--|--|--|
| Alameda County | | Dute orang | California Form 802 | | | |
| Division, Department, or Reg | ion (If Applical | | For Official Use Only | | | |
| Board of Supervisors | | | | | | |
| Designated Agency Contact (| Name, Title) | | | | | |
| Heather Cartwright | | | | | | |
| rea Code/Phone Number | E-mail | Amendment (Must p | rovide explanation in Part 3.) | | | |
| 510) 272-6693 | heather.cartwright@acgov.org | | | Date of Original Filing:(Month, Day, Year) | | |
| unction or Event Inforr | nation | | | | | |
| | | | Face Value | of Each Ticket/Pass \$ _ | \$15 | |
| vent Description Alameda C | Ounty Fair | planation | Date(s) | 06 , 14 , 19 | - | |
| | | | If no. Alam | eda County Fair | | |
| · · · · · · | | | | Name of Sou | | |
| | No 🗌 Yes | If yes: Alar | neda County Superviso | r Wilma Chan | | |
| or agency onicial? | | | Official's Name (L | ast, First) | | |
| tecipients | | | | | | |
| | s department o | | ction B to identify an individ | dual. • Use Section C to ident | ify an outside organization. | |
| A. Name of Agency, Department or Unit | | Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant | to the agency's policy | |
| | · · · · · | | * | | | |
| | | | | | n | |
| Name of Individual (Last First) | | Ticket(s)/ Pass(es) | | Identify one of the followin | ng. | |
| urphy Fric | | | | | Income | |
| Murphy, Eric Cheng, Jason Stadmire, Sylvia | | 2 | | | or her service to the | |
| | | | Ceremonial Role | Other | income | |
| lemons, Estelle /hitlock-Peterson, Leisel oves, Nancy | | 2 | | | r her service to the | |
| | | Number of | | | | |
| | Pesignated Agency Contact (Heather Cartwright Trea Code/Phone Number 510) 272-6693 Function or Event Inform toes the agency have a ticket vent Description Alameda C icket(s)/Pass(es) provided by /as ticket distribution made at of agency official? Recipients Use Section A to identify the agency Name of Agency, Department Name of Agency, Department Name of Individual (Lest. First) urphy, Eric heng, Jason admire, Sylvia | Designated Agency Contact (Name, Title) Heather Cartwright Irea Code/Phone Number E-mail 510) 272-6693 heather.cal Function or Event Information roes the agency have a ticket policy? went Description Alameda County Fair Provide Title/Explicited (s)/Pass(es) icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or Name of Individual (Last. First) urphy, Eric heng, Jason admire, Sylvia emons, Estelle hitlock-Peterson, Leisel | Designated Agency Contact (Name, Title) Heather Cartwright Irea Code/Phone Number 510) 272-6693 Function or Event Information oes the agency have a ticket policy? Yes X Vent Description Alameda County Fair Provide Title/Explanation icket(s)/Pass(es) provided by agency? Yes X No Yes X Vas ticket distribution made at the behest of agency official? Use Section A to identify the agency's department or unit. • Name of Agency, Department or Unit Name of Individual (Last First) Pass(es) urphy, Eric heng, Jason admire, Sylvia | Designated Agency Contact (Name, Title) Heather Cartwright Irea Code/Phone Number E-mail 510) 272-6693 heather.cartwright@acgov.org Function or Event Information oes the agency have a ticket policy? Yes ⊠ No □ Face Value vent Description Alameda County Fair Date(s) □ Provide Title/Explanation Date(s) □ Carework icket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Alam //as ticket distribution made at the behest No □ Yes ⊠ //as ticket distribution made at the behest No □ Yes ⊠ //as ticket distribution made at the behest No □ Yes ⊠ If yes: Alam //as section A to identify the agency's department or unit. • Use Section B to identify an individual Number of . Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pu . . Name of Individual Number of Ticket(s)/ Pass(es) urphy, Eric | besignated Agency Contact (Name, Title) deather Cartwright trea Code/Phone Number 510) 272-6693 beat end County Fair provide Title/Explanation vent Description Alameda County Fair Provide Title/Explanation bicket(s)/Pass(es) provided by agency? Yes I No I If no: Alameda County Fair Provide Title/Explanation bicket(s)/Pass(es) provided by agency? Yes I No I idagency official? Vas ticket distribution made at the behest No I Yes I Ise Section A to identify the agency's department or unit. . Name of Agency, Department or Unit Name of Agency Cother Fair urphy, Eric neng, Jason admire, Sylvia emons, Estelle hitlock-Peterson, Leisel 2 Ceremonial Role I Other I tracket distribution | |

| eremonial Role Events | | skeuras | | | A Public Documen |
|---|------------------------------|-----------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form OUZ For Official Use Only |
| Division, Department, or Region | (If Applicabl | | For Onicial Use Only | | |
| Board of Supervisors | | | | · · · · · | |
| Designated Agency Contact (Nar | me, Title) | 1 | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number E- | E-mail | | | _ Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6693 he | heather.cartwright@acgov.org | | | Date of Original Filing: . | (Month, Day, Year) |
| Function or Event Informa | tion | 8 | | | |
| Does the agency have a ticket po | olicy? | Yes 🛛 No | Face Value | of Each Ticket/Pass \$ | \$17 tix/ \$45 park |
| Event Description Baseball gam | | | | 6 , 14 , 19 | 1 1 |
| Event Description | ovide Title/Exp | lanation | Date(s)0 | / | // |
| Ticket(s)/Pass(es) provided by ac | aencv? | Yes 🗌 No | IX If no: Oakla | nd A's | |
| | | | Tringed | Name of Sou | irce |
| Was ticket distribution made at th | e behest | No 🗌 Yes | If yes: Char | I, WIIMA Official's Name (L | |
| of agency official? | of agency official? | | | Official's Name (L | ast, First) |
| Recipients | | | | #) | |
| Use Section A to identify the agency's de | epartment or | unit. • Use Se Number of | ction B to identify an individ | ual. • Use Section C to identi | ify an outside organization. |
| A. Name of Agency, Department or Unit | | Ticket(s)/ | Describe the put | olic purpose made pursuant | to the agency's policy |
| | | Pass(es) | | <u></u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| B. Name of Individual | | Number of | | | |
| (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the following | ıg: |
| | | | Ceremonial Role | Other | Income |
| | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | |
| | | | Ceremonial Role | Other | Income |
| | | | | al Role" or "Other" describe below: | |
| | | | | 8 | |
| | | | | | |
| C. Name of Outside Organizatio | | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| (include address and descripti | ion) | Pass(es) | | ····· | |
| | | 10,02 | To reward a school | or nonprofit organizatio | on for its contributions |
| Building Futures | | 18+P3 | to the community | | |
| Programs and services prioritize | e linking | | | | |
| our clients with housing | g | | | × | |
| Verification | | J | · | | |
| | '8944.1 and | 18942. I have ve | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | | | | | |
| | | -leather Car | twright | Supervisor's Assistant | 7/1/9 |
| | | Heather Car | | Supervisor's Assistant | (Month, Day, Year) |
| Ceremonial Role Even | ts and T | icket/Pass | s Distributions | | A Public Documen |
|--|------------------|-------------------------|---------------------------------------|-------------------------------------|-------------------------------|
| 1. Agency Name | | 4 . | 9. | Date Stamp | California 802 |
| Alameda County | | | | | Form OU2 |
| Division, Department, or Reg | ion (If Applica | ble) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | - | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must pr | ovide explanation in Part 3.) |
| (510) 272-6693 | | rtwright@acg | iov.org | Date of Original Filing: _ | |
| Function or Event Infor | <u> </u> | | , | | (Month, Day, Year) |
| Does the agency have a ticke | | Yes 🔀 No | Face Value o | of Each Ticket/Pass \$ | \$27 tix / \$45 park |
| | | | | | |
| Event Description Baseball g | Provide Title/Ex | planation | Date(s)6 | 5 <u>14</u> 19 | // |
| Ticket(c)/Pace(cc) provided by | | | IX If no: Oaklar | nd A's | |
| Ticket(s)/Pass(es) provided by | / agency / | Yes 🗌 No | X II IIO | Name of Sou | rce |
| Was ticket distribution made a | t the behest | No 🗔 Yes | If yes: Chan | , Wilma | |
| of agency official? | | _ | | Official's Name (La | ast, First) |
| Recipients | | | | | |
| Use Section A to identify the agency | 's department o | runit. ●Use Se | ction B to identify an individu | al. • Use Section C to identif | fy an outside organization. |
| A. Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | Pass(es) | | • | |
| | | | | х. ¹ | |
| | | | · · · · · · · · · · · · · · · · · · · | 3 | |
| | | | | | |
| | | Number of | | | ···· |
| B. Name of Individua (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | F 235(63) | Ceremonial Role | Other | Income |
| | | | | al Role" or "Other" describe below: | |
| | | | | | |
| | | | | | |
| | | | Ceremonial Role | | Income |
| | | | If checking "Ceremonia | al Role" or "Other" describe below: | |
| | | | | | |
| Name of Outside Organic | ation . | Number of | | | |
| C. Name of Outside Organiz (include address and desc | | Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy |
| BOSS Duilding Organization | - fau | | | | a fan Hannan (1) - 11 |
| BOSS - Building Opportunitie Self-Sufficiency | es tor | 2 | to reward a school to the community | or nonprofit organizatio | on for its contributions |
| | | | | | ······ |
| Help homeless, poor, disable health and self-sufficiency | d achieve | | | | |
| Verification | | ł | | | |
| | 44.1 and | d 18942. I have vei | rified that the distribution set fo | rth above, is in accordance with t | the requirements. |
| | _ | Heather Carl | twright S | Supervisor's Assistant | |
| Signature | | Print Name | 9 | Title | (Month, Eay, Year) |
| _ | | | | | |
| Comment: | . | | | | FPPC Form 802 (4/12) |
| | | | | | |

| eremonial Role Event | ts and Ti | cket/Pass | s Distributions | | A Public Docume |
|---|-------------------|-------------------------------------|---|--|---|
| Agency Name | | | | Date Stamp | California 803 |
| Alameda County | | | | | Form 002 |
| Division, Department, or Regi | on (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (/ | Vame, Title) | | | | 2 |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | gov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Inform | nation | | · · · · · · · · · · · · · · · · · · · | | <u>a</u> |
| Does the agency have a ticket | | Yes 🔀 No | Face Value | of Each Ticket/Pass \$ _ | \$24 |
| Event Description Baseball ga | ame | | Date(s) | 6 , 15 , 19 | |
| | Provide Title/Exp | lanation | | | |
| Ticket(s)/Pass(es) provided by | agency? | Yes 🗌 No | If no: Oakla | nd A's | |
| Mon linket distribution and the | the total states | | | Name of So | urce |
| Was ticket distribution made at of agency official? | the behest | No 🗌 Yes | If yes: Char | Official's Name () | Last. First) |
| | <i>0</i> -0- | | | | |
| • Use Section A to identify the agency's | s department or | unit. • Use Se | ction B to identify an individ | • ual. • Use Section C to iden | tify an outside organization |
| A. Name of Agency, Departmen | | Number of Ticket(s)/ Pass(es) | | olic purpose made pursuant | |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| е Э | | | | | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ng: |
| Macias, Sandra | | | Ceremonial Role If checking "Ceremon | Other International Role" or "Other" describe below: | Income [|
| | | 2 | To reward a comm public | unity volunteer for his | or her service to the |
| JU | | | Ceremonial Role | Other | Income [|
| | | 2 | If checking "Ceremon. | ial Role" or "Other" describe below: | |
| | | | | | |
| C. Name of Outside Organiza (include address and descr | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | | |
| | | | | | |
| | | | | 50 | |
| Verification | | | | ····· | |
| 4 | | 10010 11 | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| ŭ | ons 18944.1 and | 18942. I have vei | | | $\gamma \gamma $ |
| · · · | | Heather Carl | | Supervisor's Assistant | 7/1/10 |
| | | | twright s | | (Month, Day Year) |

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| | | 6 | · · · · · · · · · · · · · · · · · · · | | A Public Documen |
|--|------------------------------------|---|---|--|---------------------------------|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form 002 |
| Division, Department, or Reg | ion (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | <u> </u> | Amendment (Must | provide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | jov.org | Date of Original Filing | (Month, Day, Year) |
| Function or Event Infor | mation | | | | |
| Does the agency have a ticke | t policy? | Yes 🗵 No | Face Value | of Each Ticket/Pass \$ - | \$24 |
| Event Description Baseball g | lame | | Date(s) 0 | 6 , 15 , 19 . | //////// |
| | Provide Title/Exp | lanation | | | <u> </u> |
| Ticket(s)/Pass(es) provided by | y agency? | Yes 🔲 No | If no: Oakla | and A's Name of S | ······ |
| Mon tiplent distribution made | t the baby | | | | ource |
| Was ticket distribution made a of agency official? | it the benest | No 🗌 Yes | If yes: Char | Official's Name | (Last. First) |
| - | | | | | |
| • Use Section A to identify the agency | /'s department or | unit. • Use Se | ction B to identify an individ | ual. • Use Section C to ider | ntify an outside organization |
| A. Name of Agency, Departme | | Number of Ticket(s)/ Pass(es) | | blic purpose made pursuan | |
| | | | | | |
| | | Number of | | · · · · · · · · · · · · · · · · · · · | 8 |
| B. Name of Individua | 1 | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ńng: |
| (Ləst, First) | 1 | Ticket(s)/ | Ceremonial Role | Other | Income |
| B. Name of Individua (Last, First) Cheng, Jason | 1 | Ticket(s)/ | If checking "Ceremo | | |
| (Ləst, First) | 1 | Ticket(s)/ Pass(es) | If checking "Ceremo To reward a comm public Ceremonial Role | Other Differ Dif | |
| (Ləst, First) | zation | Ticket(s)/ Pass(es) 2 | If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon | Other | Income |
| (Last, First) Cheng, Jason C. Name of Outside Organiz | zation | Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ | If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon | Other Other Control of "Other" describe below: Unity volunteer for his Other Other Control of "Other" describe below: | Income |
| (Last, First) Cheng, Jason C. Name of Outside Organiz (include address and desc | zation | Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ | If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon | Other Other Control of "Other" describe below: Unity volunteer for his Other Other Control of "Other" describe below: | Income |
| (Last, First) Cheng, Jason C. Name of Outside Organiz | zation ription) | Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) | If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the put | Other Other Control of "Other" describe below: Unity volunteer for his Other Other Control of "Other" describe below: | Income |
| (Last, First) Cheng, Jason C. Name of Outside Organiz (include address and desc | zation rription) 18944.1 and | Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) | If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the put | Other Other Control C | Income |
| (Last, First) Cheng, Jason C. Name of Outside Organiz (include address and desc | zation rription) 18944.1 and | Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) | If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the put | Other Other Control of the control | Income |

| | | | Date Stamp | California 802 |
|----------------|---|---|--|--|
| | | | | Gamonna 812 |
| | | | 185 | - on the |
| (If Applicab | le) | | | For Official Use Only |
| | | | | |
| ne, Title) | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| mail | | | Amendment (Must pr | ovide explanation in Part 3.) |
| eather.car | twright@acg | jov.org | Date of Original Filing: | (Month, Day, Year) |
| tion | | | d | |
| licy? | Yes 🗵 No | Face Value o | of Each Ticket/Pass \$ | \$17 |
| е | | 06 | , 18 , 19 | , , |
| vide Title/Exp | lanation | Date(s) | / | // |
| ency? | Yes 🗍 No | If no: Oaklar | nd A's | Π. |
| | | Lauri | Name of Sou | rce |
| e behest | No 🗌 Yes | If yes: Chan | , Wilma | |
| | | | | ist, First) |
| | | | | |
| | | ction B to identify an individu | al. • Use Section C to identi | y an outside organization. |
| Unit | Ticket(s)/ | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| · · · · | Number of Ticket(s)/ | | Identify one of the followin | g |
| | r 455(65) | Ceremonial Role | Other | |
| | | | | |
| | 2 | To reward a commu public | inity volunteer for his o | r her service to the |
| | | Ceremonial Role | Other | |
| | 2 | If checking "Ceremonia | I Role" or "Other" describe below: | _ |
| | . 2 | | | |
| | - - | | | |
| | Ticket(s)/ | Describe the publ | c purpose made pursuant to | the agency's policy |
| | Pass(es) | | | |
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| | <u> </u> | | | |
| | | | £5 | |
| a . | | | | |
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| | | | | he requirements |
| ł | | | upervisor's Assistant | _/////_ |
| | | | Title | 1 (Month Day Vobr) |
| | Print Name | | Title | (WORD, Day, Tgar) |
| | ne, Title) mail eather.car tion blicy? e wide Title/Exp jency? e behest epartment or r Unit | mail eather.cartwright@acg tion blicy? Yes ⊠ No e wide Title/Explanation gency? Yes ⊡ No e behest No ⊡ Yes apartment or unit. • Use Sec r Unit Number of Ticket(s)/ Pass(es) 2 2 n Number of Ticket(s)/ Pass(es) 2 18944.1 and 18942. / have ver | me, Title) mail eather.cartwiright@acgov.org tion blicy? Yes 🛛 No 🗋 Face Value of e Date(s) e Date(s) piency? Yes 🔅 No 🖾 If no: Oaklar e behest No 🗌 Yes 🖾 If yes: Chan epartment or unit. • Use Section B to identify an individue r Unit Number of Ticket(s)/ Pass(es) Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [2 Ceremonial Role [2 Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [2 Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [// checking "Ceremonial Role [| ne, Title) mail mail |

| | A NI | | | | · · · · · · · · · · · · · · · · · · · | 12 hours and a second se |
|-----|---|-------------------------|---|--|---|---|
| | Agency Name | ÷ | | | Date Stamp | California 80 |
| | Alameda County | | | | | Form OUA For Official Use Only |
| | Division, Department, or Regio | on (If Applical | ble) | | | For Onicial Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (A | lame, Title) | | | - | |
| | Heather Cartwright | | | | | |
| | | E-mail | | | Amendment (Must p | rovide explanation in Part 3.) |
| | (510) 272-6693 | heather.ca | rtwright@aco | gov.org | Date of Original Filing: | |
| 2. | Function or Event Inform | | | | | (Month, Day, Year) |
| | Does the agency have a ticket | | Yes 🗵 No | Face Value o | of Each Ticket/Pass \$ _ | \$100 |
| | | - | | | | |
| | Event Description Pepe Aguila | Provide Title/Exp | olanation | Date(s)6 | <u>5 , 21 , 19</u> | // |
| | Ticket(s)/Pass(es) provided by | | | Golde | n State Warriors | |
| | Ticket(3)1 ass(es) provided by | agency | Yes 🗌 No | | Name of Sou | Irce |
| | Was ticket distribution made at | the behest | No 🗌 Yes | If yes: Chan | , Wilma | o . |
| | of agency official? | | | | , VVIIma Official's Name (L | ast, First) |
| | Recipients | | | | | |
| | Use Section A to Identify the agency's | department or | unit. • Use Se | ection B to identify an individu | al. • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Department | or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| 1 | | | | | | |
| | | : : : | | | | |
| | | | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | 19: |
| • | B. Name of Individual (Last, First) | | Ticket(s)/ | Ceremonial Role [If checking "Ceremonia | | ig: Income [|
| | B. Name of Individual (Lest, First) | | Ticket(s)/ | If checking *Ceremonia | Other Other describe below: | |
| · | B. Name of Individual (Last, First) C. Name of Outside Organizat (include address and description | | Ticket(s)/ | If checking "Ceremonia Ceremonial Role [If checking "Ceremonia | Other Other Other Other Other Other Other Other | Income [|
| | (Lest, First) | | Ticket(s)/ Pass(es) | If checking *Ceremonia Ceremonial Role If checking *Ceremonia Describe the publi | Other Other Other Other Other Other Other Other I Role" or "Other" describe below: | Income [Income [|
| | (Lest, First) C. Name of Outside Organiza (include address and descrip | otion) | Ticket(s)/ Pass(es) | If checking *Ceremonia Ceremonial Role [if checking *Ceremonia Describe the publi | Other Other Other Other Other Other Other Other Couperpose made pursuant to | Income [Income [|
| | (Lest, First) Name of Outside Organizat (include address and descrip The Unity Council A non-profit Social Equity Deve | otion) | Ticket(s)/ Pass(es) | If checking *Ceremonia Ceremonial Role [if checking *Ceremonia Describe the publi | Other Other Other Other Other Other Other Other Couperpose made pursuant to | Income [Income [|
| - / | (Lest, First) Name of Outside Organizal (include address and descrip The Unity Council A non-profit Social Equity Deve Corporation | elopment 18944.1 and | Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 18942. I have ver | If checking "Ceremonia Ceremonial Role [If checking "Ceremonia Describe the publi To reward a school of to the community | Other Noter Other Other Other Other Other Courses made pursuant to or nonprofit organizatio th above, is in accordance with the second seco | Income [Income] the agency's policy on for its contributions |
| - / | (Lest, First) Name of Outside Organizal (include address and descrip The Unity Council A non-profit Social Equity Deve Corporation | elopment 18944.1 and | Ticket(s)/ Pass(es) | If checking *Ceremonia Ceremonial Role If checking *Ceremonia Describe the publi To reward a school of to the community | Other Note: Other Ot | Income Income |

| Alan Divis Boar Desig Heat Area | ency Name neda County ilon, Department, or Regi rd of Supervisors | | | | | and the second sec |
|--|--|-------------------|-------------------------------------|---------------------------------|---|--|
| Divis Boar Desig Heat Area | ion, Department, or Regi rd of Supervisors | | | | Date Stamp | California 202 |
| Boar Desig Heat Area | rd of Supervisors | | | | | Form OUA |
| Desig Heat Area | • | ion (If Applicat | le) | | | For Official Use Only |
| Desig Heat Area | • | | | | | |
| Area | gnated Agency Contact (/ | Name, Title) | | | | |
| | ther Cartwright | | | | | |
| (510) | Code/Phone Number | E-mail | | | Amendment (Must pro | ovide explanation in Part 3.) |
| |) 272-6693 | heather.car | twright@acg | jov.org | Date of Original Filing: _ | (Month, Day, Year) |
| . Fund | ction or Event Inforn | nation | | ę. | | |
| Does | the agency have a ticket | policy? | Yes 🗵 No | Face Value o | f Each Ticket/Pass \$ | \$17 |
| Event | t Description Baseball ga | ame | | Date(s)06 | , 22 , 19 | |
| Lyon | | Provide Title/Exp | lanation | | | // |
| Ticket | t(s)/Pass(es) provided by | agency? | Yes 🔲 No | If no: Oaklar | nd A's | |
| | | _ | | | Name of Sour | ce |
| | icket distribution made at | the behest | No 🗌 Yes | If yes: Chan | Wilma | |
| or ag | gency official? | | | | Official's Name (La | st, First) |
| | pients | | | | | |
| | Section A to identify the agency's | s department or | | ction B to identify an individu | al. • Use Section C to identif | y an outside organization. |
| Α. | Name of Agency, Departmen | t or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | ic purpose made pursuant to | o the agency's policy |
| В. | Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the following | 1: |
| Mona | , Aaron | | | Ceremonial Role | | Income |
| vvong | 9, Adron | | 2 | To promote attenda | ≀ <i>Role" or [*]Other" describe,below:</i> nce…event held at a Co otential County revenue | |
| | | | † | Ceremonial Role | | Income |
| | | | 2 | | Role" or "Other" describe below: | |
| | | | | | | |

| I. Agency Name | | | | | A Public Docume | |
|---|-------------------|------------------------|--------------------------------------|---|--|--|
| | | | | Date Stamp | California 80 | |
| Alameda County Division, Department, or Regio | D //f Annlingh | 1-1 | # | | Form OU For Official Use Only | |
| Division, Department, of Regio | п (п Арріісар | ne) | | | i il amalar coo omy | |
| Board of Supervisors | | | | | | |
| Designated Agency Contact (N | ame, Title) | | | - | | |
| Heather Cartwright | | | | | | |
| Area Code/Phone Number E | E-mail | | | Amendment (Must provide explanation in Part 3.) | | |
| (510) 272-6693 | neather.car | twright@acg | gov.org | Date of Original Filing: | (Month, Day, Year) | |
| . Function or Event Inform | ation | | | | (Norin, Day, rear) | |
| Does the agency have a ticket p | olicy? | Yes 🗵 No | Face Value o | f Each Ticket/Pass \$ _ | \$24 | |
| | • | | | | | |
| Event Description Baseball gar | Provide Title/Exp | lanation | Date(s)06 | i <u>, 23 , 19</u> | // | |
| Ticket(s)/Pass(es) provided by a | | | If no: Oaklar | nd A's | | |
| Tekel(3) ass(es) provided by a | gency? | Yes 🗌 No | | Name of So | urce | |
| Was ticket distribution made at t | he behest | No 🔲 Yes | If yes: Chan, | , Wilma | | |
| of agency official? | | | 11 yes | Official's Name (L | .ast, First) | |
| Recipients | n | | | | | |
| Use Section A to identify the agency's | department or | unit. • Use Se | ction B to identify an individu | al. • Use Section C to ident | ify an outside organization. | |
| A. Name of Agency, Department | | Number of | | ic purpose made pursuant | | |
| | | Ticket(s)/ Pass(es) | | ie purpose made pursuant | to the agency's policy | |
| | , | | | 0 | | |
| | | | | ÷ | | |
| | | | | | | |
| | | | | | | |
| B. Name of Individual | | Number of | | | , | |
| (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the following | ng: | |
| | | | Ceremonial Role | Other | Income | |
| Ritter, Penny | | 2 | If checking "Ceremonia | l Role" or "Other" describe below: | | |
| | | . 2 | | nceevent held at a C | | |
| | | | facilitymaximize po | otential County revenu | econcession sales | |
| Alqaisi, Ramsey | | | Ceremonial Role | | Income | |
| , riquisi, riamsey | | 2 | | I Role" or "Other" describe below: | | |
| | | | | nceevent held at a C ptential County revenu | | |
| Name of Outside Ossesient | | Number of | | | | |
| C. Name of Outside Organizati (include address and descrip | | Ticket(s)/ | Describe the public | c purpose made pursuant t | o the agency's policy | |
| | | Pass(es) | | ······································ | | |
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| | | | | | | |
| | | | | | | |
| Verification | | | | | | |
| stand EDDO | 944.1 and 1 | 18942. I have ver | ified that the distribution set fort | h above, is in accordance with | the require <u>me</u> nts. } | |
| | | leather Cart | | upervisor's Assistant | FIIIA | |
| orginature or ngen | | Print Name | | Title | Month. Day. Year) | |
| | | | | | (100 A), (100 A) | |
| | | | | | | |

| | | | | | La Transferration of the local data |
|--|---------------------------------------|-------------------------------------|---------------------------------------|---|-------------------------------------|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | · · · · · · · · · · · · · · · · · · · | | Form OUZ For Official Use Only |
| Division, Department, or Re | gion (If Applicab | ole) | | | To Official Use Offic |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | | rovide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@aco | jov.org | Date of Original Filing: . | (Month Day Year) |
| Function or Event Info | mation | | | ₩₩. | (|
| Does the agency have a tick | et policy? | Yes 🗵 No | Face Value o | of Each Ticket/Pass \$ | \$100 |
| Event Description Khalid: Fr | ee Spirit Worl | d Tour | Date(s)6 | <u> </u> | // |
| Ticket(s)/Pass(es) provided b | y agency? | Yes 🗌 No | If no: Golder | n State Warriors Name of Sou | irce |
| Was ticket distribution made a of agency official? | at the behest | No 🗌 Yes | If yes: Chan | , Wilma Official's Name (L | ast, First) |
| Recipients | | | 2 | | |
| • Use Section A to identify the agenc | y's department or | unit. • Use Se | ction B to identify an individu | al. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Departme | | Number of Ticket(s)/ Pass(es) | | lic purpose made pursuant f | |
| | | | | | |
| | | | | K. | 3 |
| B. Name of Individua (Last, First) | al | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| Khatri, Palwasha | | | Ceremonial Role | | Income |
| Khath, Palwasha | | 2 | To promote attenda | al Role" or "Other" describe below: nce at a(n) event he otential County revent | ld at a County facility in |
| | · · · · · · · · · · · · · · · · · · · | | Ceremonial Role | | |
| | | 2 | | Role" or "Other" describe below: | |
| C. Name of Outside Organi (include address and desc | | Number of Ticket(s)/ Pass(es) | Describe the publi | c purpose made pursuant to | the agency's policy |
| | | | | | |
| | | | | | |
| | | | | · · | |
| Verification | | | | | |
| Verification | itions 18944.1 and | 18942. I have ver | ified that the distribution set for | th above, is in accordance with t | he requirem <u>ents</u> |
| Verification | | 18942. I have vera | | th above, is in accordance with t upervisor's Assistant | he requirements |

.

| <u>C</u> | eremonial Role Events and | Ticket/ | Pass Dist | ributions | A | Public Document |
|----------|--|---------------------|-----------------------------------|---------------------|--|---------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 000 |
| | Alameda County | | | | | Form OUZ |
| | Division, Department, or Region (if appl | - | For Official Use Only | | | |
| | Board of Supervisors, Fourth District | | | | | |
| | Designated Agency Contact (Name, Title, | 1 | | | | |
| | Nathan Miley, Supervisor, Fourth Dis | trict | | | | |
| | Area Code/Phone Number E-mail | —— | | | | Provide Explanation in Part 3.) |
| | (510) 272-6694 district4 | @acgov.o | rg | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Information | | | | | |
| | Does the agency have a ticket policy | Each Ticket/Pass \$ | | | | |
| | Event Description: Oakland A's | | | Date(s) 6 | <u>, 1 , 19</u> | |
| | | ride Title/ Expla | | lf no: Oakland | A's | |
| | Ticket(s)/Pass(es) provided by agenc | y? Yes | | | Name of Source | ······ |
| | Was ticket distribution made at the be | hest ves | | If yes: Miley, M | Nathan | |
| | of agency official? | 100 | | - | Official's Name (Last, First) | |
| _ | | | | | | |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the agency's departm | ent or unit. • | - | identify an individ | dual. • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Department or U | nít | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy |
| | | | | | | |
| | B. Name of Individual (Last, First) | 1. A. A. A. | Number of Ticket(s)/ Passes | - | identify one of the fe | olfowing; |
| | Harrison, Nate | | 4 | | nonial Role D Other king "Ceremonial Role" or "Other" des king "Ceremonial Role" or "Other" des attendance maximiz | |
| | | | | | nonial Role 🔲 Other 匚 King "Ceremonial Role" or "Other" des | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | suant to the agency's policy |
| | | | | | | |

4. Verification

| | 2 | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|--------|--------------|-----------------------------|--------------------|
| | signee | Print Name | Title | (month, day, year) |
| Comment: | 1 | | | |

| Ceremonial Role E | vents and Ticket/ | Pass Dist | ributions | A | Public Document |
|--|-------------------------------------|---------------------------------------|---|--|----------------------------------|
| 1. Agency Name | | | | Date Stamp | California 000 |
| Alameda County | | | | | Form OUZ |
| Division, Department, or | Region (if applicable) | | | 1 | For Official Use Only |
| Board of Supervisors, F | ourth District | | | | |
| Designated Agency Con | tact (Name, Title) | | | 1 | |
| Nathan Miley, Supervis | or, Fourth District | | | Amondment (Must | Provide Explanation in Part 3.) |
| Area Code/Phone Numb | er E-mail | | ·· ·· | | rovide Explanation in Part 3.; |
| (510) 272 - 6694 | district4@acgov.o | rg | | Date of Orlginal Filing: | (month, day, year) |
| 2. Function or Event In | formation | · · · · · · · · · · · · · · · · · · · | - · · · · · · · · · · · · · · · · · · · | | |
| Does the agency have | a ticket policy? Yes | No 🗖 | Face Value of I | Each Ticket/Pass \$ _ | |
| Event Description: Oak | | | Date(s) | , 2 , 19 | |
| | Provide Title/ Expl | anation | | | |
| Ticket(s)/Pass(es) provi | ded by agency? Yes | | If no: Oakland A | | |
| Man tinket distribution o | | | If yes: Miley, N | Name of Source athan | |
| of agency official? | nade at the behest Yes | 🖄 No 🗌 | Ir yes: | Official's Name (Last, First) | |
| or agency official? | | | | | |
| A. Name of Agency, | Department or Unit | of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | f Individual 4, First) | Number of Ticket(s)/ Passes | | Identify one of the fo | illowing: |
| | | | | onial Role D Other Other or "Other" des | Income 🔲 cribe below: |
| | | | | onial Role Other Other or "Other" des | Income |
| C. (include address | te Organization and description) | Number of Ticket(s)/ Passes | | | uant to the agency's policy |
| United Seniors of Oakla Oakland, CA | and/Alameda County | 4 | To increase a organization | ttendance maximize .community based org | e profit community ganization |
| | | | | | |

4. Verification

| | 7 | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|----------|---|----------------------------|-----------------------------|------------------------------|
| Comment: | 1 | | | (110/14/, 08/, 988/) |

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description: Golden State Warriors Date(s) ____6 /___/ 5, 19 Provide Title/ Explanation If no: OACCA Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🗹 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖾 No 🗖 Official's Name (Last, First) of agency official? 3. Recipients

• Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------------|--|
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Brooks, Patricia | 4 | Ceremonial Role Other Income Income To increase attendance maximize profit to reward a county employee |
| | | Ceremoniai Role Other I Income I Income I Income I Income II |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| · · · · · · · · · · · · · · · · · · · | | |

4. Verification

| | 1- | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|-----|--------------|-----------------------------|--------------------|
| Comment: | lee | Print Name | Title | (month, day, year) |
| | | | | |

| \simeq | ercatorilar Note Lyer | is and nekeli | - ass Dist | inputions | A | Public Document |
|----------|---|--|-----------------------------------|------------------------------|---|--------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 000 |
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Reg | lon (if applicable) | | | 1 | For Official Use Only |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Nathan Miley, Supervisor, F | ourth District | | | | |
| | Area Code/Phone Number | E-mail | · | | Amendment (Must P | rovide Explanation in Part 3.) |
| | (510) 272-6694 | district4@acgov.or | rg | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a ticl | ket policy? Yes | 🛛 No 🗖 | Face Value of | Each Ticket/Pass \$ /7 _/ _19 | 304.80 |
| | Event Description: Golden S | | | | <u>, 7 , 19</u> | |
| | Event Description. | Provide Title/ Expla | anation | Date(s) | | // |
| | Ticket(s)/Pass(es) provided | | | If no: OACCA | | |
| | | | | | Name of Source | |
| | Was ticket distribution made | at the behest Yes | 🖄 No 🗖 | If yes: Miley, N | Official's Name (Last, First) | |
| | of agency official? | | | | omoure nume (zuer, riner) | |
| | • Use Section A to identify the agen A. Name of Agency, Depa | UNIX STATES SPECIAL SP | Number of Ticket(s)/ Passes | 1 | e public purpose made purs | |
| | B. Name of Indu {Last, Firs | | Number of Ticket(s)/ Passes | | Identify one of the fo | flowing: |
| | | | | | onial Role 🔲 Other 🔲 ing "Ceremonial Role" or "Other" desc | Income 🗖 |
| | | | | | onial Role Other Ding "Ceremonial Role" or "Other" desc | Income |
| | C. Name of Outside Or (include address and | description) | Number of Ticket(s)/ Passes | | public purpose made purs | |
| | Meals on Wheels of Alamed | la County | 4 | To increase a Based Organ | attendance maximize ization | profitCommunity |
| | | | | | | |

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.

| V | <u>1</u> | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|----------|--------------|-----------------------------|--------------------|
| | hee | Print Name | Title | (month, day, year) |
| Comment: | (| | | |

. ...

| | eremonial Role Events and Tick | et/Pass Dist | ributions | A | Public Document |
|----|--|---------------------------------------|---------------------|--|---|
| 1. | Agency Name | | | Date Stamp | California 000 |
| | Alameda County | | | | Form OUZ |
| | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, Fourth District | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Nathan Miley, Supervisor, Fourth District | | | Amendment /Must | Provide Explanation in Part 3.) |
| | Area Code/Phone Number E-mail | · · · · · · · · · · · · · · · · · · · | | | Provide Explanation in Part 3.) |
| | (510) 272-6694 district4@acg | ov.org | | Date of Original Filing: | (month, dəy, year) |
| 2. | Function or Event Information | | | | a la contra c |
| | Does the agency have a ticket policy? | Yes 🛛 No 🗌 | Face Value of | Each Ticket/Pass \$ | 304.80 |
| | Event Description: Golden State Warriors | | Date(s) 6 | <u>, 13 , 19</u> | 1 (|
| | Provide Title | / Explanation | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🔲 No 🖾 | If no: OACCA | Name of Source | · · · · · · · · · · · · · · · · · · · |
| | Was ticket distribution made at the behest | | If yes: Miley, N | lathan | |
| | of agency official? | | | Official's Name (Last, First) | |
| | | | | | |
| 3. | Recipients | | | | |
| | • Use Section A to identify the agency's department or u | | identify an individ | lual. • Use Section C to iden | tify an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | | | | | |
| | B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing; |
| | Alexander, Toni | 2 | | tonial Role Other Control of the Con | |
| | Miley, Nathan | 2 | Kata-I | ionial Role Dother des ing "Ceremonial Role" or "Other" des attendance maximizo | |
| | C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | suant to the agency's policy |
| | | | | | ÷ |
| | | | | | |

4. Verification

| • | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|--------------|-----------------------------|--------------------|
| | ÷ | Print Name | Titie | (month, day, year) |
| Comment: | 1 | | | |
| | | | | |

| 2 | eremonal Note Lven | is and nekel/ | rass dist | nutions | <i>F</i> | A Public Document |
|----|--|---------------------|-----------------------------------|-----------------------|--|---------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 000 |
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Reg | ion (if applicable) | | · | 1 | For Official Use Only |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Nathan Miley, Supervisor, F | ourth District | | | Amandmark #4 | |
| | Area Code/Phone Number | E-mail | | · · · · · · · · · · · | | Provide Explanation in Part 3.) |
| | (510) 272-6694 | district4@acgov.c | rg | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Inform | mation | | | | |
| | Does the agency have a tick | ket policy? Yes | No 🗋 | Face Value of | Each Ticket/Pass \$ _ | |
| | Event Description: Oakland | | | | | 5. |
| | Event Description: | Provide Title/ Expl | anation | Date(s) | <u>, 14 , 19</u> | // |
| | Ticket(s)/Pass(es) provided | | | If no: Oakland | A's | |
| | | | | Milov N | Name of Source | |
| | Was ticket distribution made | at the behest Yes | 🖄 No 🗖 | If yes: whey, r | Jathan Official's Name (Last, First) | · · · · · · · · · · · · · · · · · · · |
| | of agency official? | | | | | |
| | A. Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | ie public purpose made pu | rsuant to the agency's policy |
| | B. Name of Indiv (Last, Firs | | Number of Ticket(s)/ Passes | | Identify one of the t | following: |
| | | | | | tonial Role | |
| | | | | | ionial Role D Other C | |
| | C. Name of Outside Org (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | United Seniors of Oakland// Oakland, CA | Alameda County | 4 | | attendance maximiz community based or | |
| | | | | | | |

4. Verification

| ž | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|-------|--------------|-----------------------------|--------------------|
| | ee | Print Name | Title | (month, day, year) |
| Comment: | V = - | | | |
| oonmont. | | | | |

| Ceremonial Role Even | its and ficked | Fa55 DI50 | noutions | | APUDIL | : Document |
|--|--------------------------|---|-------------------------|--|--|--------------------|
| . Agency Name | | | | Date Stamp | Contraction of the local sector of the | ornia 802 |
| Alameda County | | | | | Fo | |
| Division, Department, or Reg | | | | | For | Official Use Only |
| Board of Supervisors, Fourt | | | | | | |
| Designated Agency Contact | | | | 1 | | |
| Nathan Miley, Supervisor, F | ourth District | | | Amendment (A | Just Provide Evelo | nation in Port 9.1 |
| Area Code/Phone Number | E-mail | | | | Nual FILMOB EXPIBI | sauon in Part 3.) |
| (510) 272-6694 | district4@acgov.c | org | | Date of Original Fil | ling:(month, c | lay, year) |
| Function or Event Inform | mation | | .e. | | • | |
| Does the agency have a tick | ket policy? Yes | No 🗖 | Face Value of | Each Ticket/Pass | \$ | |
| Event Description: Oakland | | | Date(s) 6 | | | |
| Event Description, | Provide Title/ Exp | lanation | Date(s) | | /_ | / |
| Ticket(s)/Pass(es) provided | | | If no: Oakland | A's | | |
| | | | Miloir N | Name of Source | | |
| Was ticket distribution made | at the behest Yes | No | lf yes: <u>Miley, N</u> | Official's Name (Last, F | First | |
| of agency official? | | | | | | |
| Recipients • Use Section A to identify the agend | cy's department or unit, | |) identify an individ | ual. • Use Section C to | identify an outsid | e organization. |
| | | • Use Section B to Number of Ticket(s)/ Passes | | ual. • Use Section C to : • public purpose made | | |
| • Use Section A to identify the agend | rtment or Unit | Number of Ticket(s)/ | | | pursuant to the | |
| Use Section A to identify the agend A. Name of Agency, Depare B. Name of Indiv | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made | er | |
| Use Section A to identify the agend A. Name of Agency, Depare B. Name of Indiv | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made | e pursuant to the the following: er er er er | agency's policy |
| Use Section A to identify the agend A. Name of Agency, Depare B. Name of Indiv | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made | e pursuant to the the following: er =r =r =r =r =r =r =r =r =r = | agency's policy |

4. Verification

| - | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|----|--------------|--|--------------------|
| | je | Print Name | Title | (month, day, year) |
| Comment: | J | | | |
| | | | ······································ | |

| Ceremonial Role Even | ts and Ticket/ | Pass Dist | ributions | A | Public Document |
|---|----------------------|-----------------------------------|-------------------------|---|--|
| 1. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | |
| Division, Department, or Regi | | | | | For Official Use Only |
| Board of Supervisors, Fourth | | | | | |
| Designated Agency Contact (| | | | | |
| Nathan Miley, Supervisor, Fo | | | | Amendment (Must Pr | Divide Explanation in Part 21 |
| Area Code/Phone Number | E-mail | | | | Since Explanation in Part 5.) |
| (510) 272-6694 | district4@acgov.or | g | | Date of Original Filing: _ | (month, day, year) |
| 2. Function or Event Inform | nation | | | And an and the local grant and the second | |
| Does the agency have a tick | et policy? Yes | 🛛 No 🗖 | Face Value of | Each Ticket/Pass \$ | |
| Event Description: Oakland | | | Date(s) <u>6</u> | | |
| | Provide Title/ Expla | nation | Date(s) | | / |
| Ticket(s)/Pass(es) provided t | by agency? Yes | 🗆 No 🗹 | If no: Oakland | A's | |
| | | | lf yes: <u>Miley, N</u> | Name of Source | 5 |
| Was ticket distribution made | at the behest Yes | 🖄 No 🗋 | If yes: miley, it | Official's Name (Last, First) | |
| of agency official? | | | | | |
| A. Name of Agency, Depar | iment or Unit | of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| B. Name of Indivi (Last, First) | | Number of Ticket(a)/ Passes | | Identify one of the fol | lowing: |
| Chhoeun, David | | 6 | To increase a | onial Role D Other D ng "Geremonial Role" or "Other" descr attendance maximize service to public | Income ibe below: profit reward county |
| Poon, Eva | | 4 | | onial Role Other Other ng "Ceramonial Role" or "Other" descr Itendance maximize | income ibe below: profit |
| C. Name of Outside Org. (include address and d | | Number of Ticket(s)/ Pastes | Describe the | public purpose made pursu | ant to the agency's policy |
| | | | | | |

4. Verification

| | | 188 | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|----------|---|-----|----------------------------|-----------------------------|------------------------------|
| Comment: | , | | | | |

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



Agency Name

Alameda County

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------------|--|
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Stewart, Darryl | 4 | Ceremonial Role Other Income Income To increase attendance maximize profit community prganization to reward a county employee public service |
| Orfanos, Jaimie | 4 | Ceremonial Rola Other Income Income To increase attendance maximize profit community organization |
| | | Ceremonial Role Other income income income income if checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

| v.org ∕es ⊠ No □ Explanation ∕es □ No ⊠ ∕es ⊠ No □ | Date Stamp California Form 802 For Official Use Only For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: |
|--|---|
| Yes ⊠ No □ Explanation Yes □ No ⊠ | For Official Use Only For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: |
| Yes ⊠ No □ Explanation Yes □ No ⊠ | Image: Constraint of the second state of the second sta |
| Yes ⊠ No □ Explanation Yes □ No ⊠ | Date of Original Filing: |
| Yes ⊠ No □ Explanation Yes □ No ⊠ | Date of Original Filing: |
| Yes ⊠ No □ Explanation Yes □ No ⊠ | Date of Original Filing: |
| Yes ⊠ No □ Explanation Yes □ No ⊠ | Date of Original Filing: |
| Yes ⊠ No □ Explanation Yes □ No ⊠ | Face Value of Each Ticket/Pass \$ Date(s)6 /_ 19 /_ 19 / If no: Oakland A's Name of Source If yes: Miley, Nathan |
| Explanation (es 🔲 No 🖾 | Date(s) <u>6</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u> If no: Oakland A's Name of Source If yes: Miley, Nathan |
| Explanation (es 🔲 No 🖾 | Date(s) <u>6</u> <u>19</u> <u>19</u> <u>19</u> <u>19</u> If no: Oakland A's Name of Source If yes: Miley, Nathan |
| res 🔲 No 🖾 | If no: Oakland A's Name of Source If yes: Miley, Nathan |
| res 🔲 No 🖾 | If no: Oakland A's Name of Source If yes: Miley, Nathan |
| | Name of Source If yes: Miley, Nathan |
| ′es 🖾 No 🗖 | If yes: Miley, Nathan |
| res 🖄 No 🗖 | Official's Name (Last, First) |
| | |
| it. • Use Section B t Number of Ticket(s)/ Passes | o identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy |
| Number of Ticket(s)/ Passes | Identify one of the following: |
| | Ceremoniai Role Other Other If checking "Ceremonial Role" or "Other" describe below: |
| Number | Describe the public purpose made pursuant to the agency's policy To increase attendance maximize profit community |
| | Number of Ticket(s)/ Passes |

4. Verification

| _ | - | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|-----|--------------|-----------------------------|--------------------|
| | | Print Name | Title | (month, day, year) |
| | - 2 | | | |
| Comment: | | | | |

| _ <u>C</u> | Ceremonial Role Ever | its and Ticke | ributions | ns A Public Document | | |
|------------|---|----------------------------------|-----------------------------------|-----------------------|---|---------------------------------|
| 1. | Agency Name | | Date Stamp | California 000 | | |
| | Alameda County | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | 1 | For Official Use Only | | |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | - | | | |
| | Nathan Miley | | | | | |
| | Area Code/Phone Number | E-mall | | | | Provide Explanation in Part 3.) |
| | (510) 272-6694 | district4@acgov | /.org | | Date of Original Filing: | (month, dəy, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a tic | ket policy? Y | Each Ticket/Pass \$ _ | | | |
| | Event Description: Oakland | A's | | | <u>, 20 , 19</u> | |
| | Ticket(s)/Pass(es) provided | Provide Title/ E by agency? Y | | lf no: Oakland | | |
| | Maa fielent dietelle die een die | | | | Name of Source | |
| | Was ticket distribution made of agency official? | at the behest Y | əs 🖾 No 🗖 | If yes: | Öfficial's Name (Last, First) | |
| 3. | • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ | | | | | |
| | A. Name of Agency, Depa | | of Ticket(s)/ Passes | | le public purpose made pui | rsuant to the agency's policy |
| | B. Name of India (Last, Firs | | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | Johnson, Sandra | | 4 | Cerem To increase | nonial Role Other C ung "Ceremonial Role" or "Other" de attendance to maxim | |
| | | | | | ionial Rolė 🔲 Other 🗖 ing "Ceremonial Role" or "Other" dei | |
| | C. Name of Outside On (include address and | | Number of Ticket(s)/ Passes | Describe the | Describe the public purpose made pursuant to the agency's policy | |
| | | . <u></u> | | | 578 d [.] | |

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.

| - | 3 | Nathan Miley Print Name | Supervisor, Fourth District | 07/01/19 (month, day, year) |
|----------|---|----------------------------|-----------------------------|--------------------------------|
| Comment: | | | | |

| | eremonial Role Even | its and Ticket | Pass Dist | ributions | | A Public Document |
|----|---|-------------------|---|-------------------------------|--|--|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | ····· | | Form 002 |
| | Division, Department, or Reg | | | | | For Official Use Only |
| | Board of Supervisors, Fourt | | | | | |
| | Designated Agency Contact | | | | 7 | |
| | Nathan Miley, Supervisor, F | ourth District | | | | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | ronde Explanation ar Fan 5.7 |
| | (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 ticket policy? Yes X No Face Value of f | | | | Each Ticket/Pass \$ _ | |
| | Event Description: Oakland A's Date(s) Date(s) | | | <u>, 21 , 19</u> | // | |
| | Ticket(s)/Pass(es) provided | | | If no: Oakland | A's | |
| | Was ticket distribution made at the behest Yes 🗹 No 🔲 If yes: Miley, N | | | Name of Source athan | | |
| | of agency official? | | | Official's Name (Last, First) | | |
| | Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit | | • Use Section B to Number of Ticket(s)/ Passes | | | tify an outside organization. rsuant to the agency's policy |
| | B. Name of Indix (Last, Firs | | Number of Ticket(s)/ Passes | | Identify one of the f | iollowing: |
| | Harrison, Nate | | 4 | | onial Role Other C Ing. "Ceremonial Role" or "Other" de Attendance maximiz | |
| | | | | | onial Role D Other of Other of Other de | |
| | C. Name of Outside Org (include address and e | | Number of Ticket(s)/ Passes | Describe the | public purpose made pur | suant to the agency's policy |
| | | | | | | |

4. Verification

| • | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|------|--------------|-----------------------------|--------------------|
| |)nee | Print Name | Title | (month, day, year) |
| Comment: | | | | |

| Ceremonial Role Events and Tic | ket/Pass Dist | ributions | A | Public Document | | |
|--|-----------------------------------|-----------------------------|--|--|--|--|
| 1. Agency Name | | | Date Stamp | California 000 | | |
| Alameda County | | | | Form OUZ | | |
| Division, Department, or Region (if applicable |) | | | For Official Use Only | | |
| Board of Supervisors, Fourth District | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | | |
| Nathan Miley, Supervisor, Fourth District | | } | Amendment (Must Pr | Wildo Exploration in Oast 31 | | |
| Area Code/Phone Number E-mail | | | | ovue Explanation in Pert 3.j | | |
| (510) 272-6694 district4@ac | gov.org | | Date of Original Filing: _ | (month, day, year) | | |
| 2. Function or Event Information | | | | | | |
| Does the agency have a ticket policy? | Yes 🛛 No 🗖 | Face Value of E | ach Ticket/Pass \$ | | | |
| Event Description: Oakland A's | | Date(s)/_ | | | | |
| Provide Tit | le/ Explanation | Date(s) | | // | | |
| Ticket(s)/Pass(es) provided by agency? | Yes 🔲 No 🖾 | If no: Oakland A | 's | | | |
| | | If yes: Miley, Na | Name of Source | | | |
| Was ticket distribution made at the behest | Yes 🗹 No 🗖 | If yes: miley, ite | Official's Name (Last, First) | ······································ | | |
| of agency official? | | | | | | |
| A. Name of Agency, Department or Unit | of Ticket(s)/ Passes | Describe the | public purpose made pursu | uant to the agency's policy | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | | Identify one of the foll | lowing: | | |
| | | | nial Role Other Other "Ceremonial Role" or "Other" descri | Income 🗌 | | |
| | | 1 | nial Role D Other D • "Geremonial Role" or "Other" descri | Income | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | | public purpose made pursu | 이 같은 것 또 한 것 같은 것 같아. 한 것 | | |
| United Seniors of Oakland and Alameda C Oakland, CA | Co 4 | To increase at organization | tendance maximize | profit community | | |
| | | | | | | |

4. Verification

| ŧ. | inee | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|----------|------|----------------------------|-----------------------------|------------------------------|
| Comment: | | | | |

| Ceremonial Role E | vents and Ticket | /Pass Dist | ributions | A | Public Document |
|---------------------------------|--|-----------------------------------|-------------------------|--|---------------------------------|
| 1. Agency Name | | | Date Stamp | California 802 | |
| Alameda County | | | | | |
| Division, Department, or | Region (if applicable) | | | 1 | For Official Use Only |
| Board of Supervisors, F | | | | | |
| Designated Agency Con | | | | 1 | |
| Nathan Miley, Supervis | or, Fourth District | Amondment (thus | | | |
| Area Code/Phone Numb | er E-mail | | | | Provide Explanation in Part 3.) |
| (510) 272-6694 | district4@acgov. | org | | Date of Original Filing: | (month, day, year) |
| 2. Function or Event In | formation | | | | |
| Does the agency have a | a ticket policy? Ye | s 🛛 No 🗖 | Face Value of | Each Ticket/Pass \$ | |
| Event Description: Oak | | | Date(s) <u>6</u> | | , , |
| | Provide Title/ Exp | olanation | | | |
| Ticket(s)/Pass(es) provi | ded by agency? Yes | s 🔲 No 🖾 | If no: Oakland | | |
| | | | if yes: <u>Miley, N</u> | Name of Source Lathan | |
| Was ticket distribution n | hade at the behest Yes | s 🖾 No 🗖 | if yes: | Official's Name (Last, First) | |
| of agency official? | | | | | |
| | agency's department or unit. Department or Unit | Number of Ticket(s)/ Passes | | | suant to the agency's policy |
| | Individual t, First) | Number of Ticket(s)/ Passes | | Identify one of the fo | ollowing: |
| Kamer, Asa | | 4 | To increase a | onial Role Other Other Ing, "Ceremonial Role" or "Other" desi attendance maximize Dyee for service to pub | profit to reward a |
| | | | | onial Role Conter Conter Contain Role Conter | Income 🗖 |
| | le Organization and description) | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| | | | | | |

4. Verification

| | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|--------------|-----------------------------|--------------------|
| | Print Name | Title | (month, day, year) |
| ۲. | | | |
| Comment: | | | |

| Ceremonial Role Events and Ticket/Pass Distributions | | | | | A | Public Document |
|--|---|-----------------------|---|-----------------------------|---|--|
| 1. | Agency Name | | Date Stamp | Catterint. | | |
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Reg | ion (if applicable) | | For Official Use Only | | |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | 1 | | | |
| | Nathan Miley, Supervisor, F | ourth District | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must P | Provide Explanation in Part 3.) |
| | (510) 272-6694 | district4@acgov.or | ·9 | | Date of Original Filing: | (month, day, yeer) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a tic | ket policy? Yes | | Face Value of | Each Ticket/Pass \$ | 15.00 |
| | Event Description: Alameda | | | Date(s) | Each Ticket/Pass \$ | 07,07,19 |
| | Ticket(s)/Pass(es) provided | • | County Fair | | | |
| | Was ticket distribution made of agency official? | ∍ at the behest Yes | K No 🗌 I | f yes: <u>Miley, N</u> | Jathan Official's Name (Last, First) | |
| 3. | • Use Section A to identify the ager • Use Section A to identify the ager A. Name of Agency, Depart | and the second of the | Use Section B to Number of Ticket(s)/ Passes | Entrated Colors | | ify an outside organization. Buant to the agency's policy |
| | B. Name of Ind (Last Fir | | Number of Ticket(s)/ Passes | | Identify one of the fe | |
| | Name of Outside O | | Number | Cerem If check | nonlal Role D Other des | Income |
| | C. (include address and | | of Ticket(s)/ Passes | | | suant to the agency's policy |
| | Beth Eden Baptist Church Oakland, CA | | 6 | To increase organization | attendance maximiz | e profit community |
| | | | | | | |

4. Verification

| | 1 | Nathan Miley Print Name | Supervisor, Fourth District | 8/1/19 (month, day, year) |
|----------|---|----------------------------|---------------------------------------|------------------------------|
| Comment: | | | · · · · · · · · · · · · · · · · · · · | |

| <u>C</u> | eremonial Role Ever | its and Ticket/F | Pass Dist | ributions | A | Public Document |
|----------|--|----------------------|---|---------------------------------|--|---|
| 1. | Agency Name | | ··· | | Date Stamp | Colliferation |
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Reg | jion (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, Four | h District | | | | |
| | Designated Agency Contact | (Name, Title) | | | | |
| | Nathan Miley, Supervisor; F | ourth District | | | | |
| | Area Code/Phone Number | E-mail | Amendment (Must F | Provide Explanation in Part 3.) | | |
| | (510) 272-6694 | district4@acgov.or | g | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | and the state of the |
| | Does the agency have a tic | ket policy? Voc | 🛛 No 🗋 | Face Value of | Each Ticket/Pass \$ | 15.00 |
| | Event Description: Alameda | | 11 | | | |
| | Event Description: | Provide Title/ Expla | 14,19 to | 0.1.0.1.7 | | |
| | Ticket(s)/Pass(es) provided | | | lf no: Alameda | County Fair | |
| | | | | | Name of Source | |
| | Was ticket distribution made of agency official? | e at the behest Yes | No 🗖 | If yes: <u>Miley, N</u> | Official's Name (Last, First) | |
| | | | | | | |
| 3. | • Use Section A to Identify the ager A. Name of Agency, Dep. | RECAILS HIGH HAS | Use Section B to Number of Ticket(s)/ | | | tify an outside organization. Suant to the agency's policy |
| | | | Passes | | | Same to me agency a policy |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | identify one of the f | ollowing: |
| | Bradford, William | | 4 | | nonial Role D Other C ting, "Ceremonial Role" or "Other" de attendance maximiz | |
| | <u></u> | | | | ionial Role D Other C | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(sj/ Passes | Describe the | e public purpose made pur | suant to the agency's policy |
| | | | | | | |

4. Verification

| |] | Nathan Miley Print Name | Supervisor, Fourth District | 8/1/19 (month, day, year) |
|----------|---|----------------------------|-----------------------------|------------------------------|
| Comment: | | | | |

| C | eremonial Role Even | its and Ticket/F | Pass Dist | ributions | l l | A Public Document |
|----|--|-----------------------------------|---|--------------------------|---|--|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | Form OUZ | | |
| | Division, Department, or Reg | ion (if applicable) | · · · · · | | 1 | For Official Use Only |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | | · · | 1 | |
| | Nathan Miley, Supervisor, F | ourth District | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must | Provide Explanation in Part 3.) |
| | (510) 272-6694 | district4@acgov.or | Date of Original Filing | (month, day, year) | | |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a tic | ket policy? Yes | 🛛 No 🗖 | Face Value of | Each Ticket/Pass \$ _ | 15.00 |
| | Event Description: Alameda | | | Date(s) | 14,19 to | 07,07,19 |
| | Ticket(s)/Pass(es) provided | • | | If no: Alameda | | |
| | Was ticket distribution made of agency official? | at the behest Yes | No 🗖 | lf yes: <u>Miley, N</u> | Name of Source lathan Official's Name (Last, First, |) |
| 3. | • Use Section A to identify the ager • Use Section A to identify the ager • A. | | Use Section B to Number of Ticket(s)/ Passes | - Proceedings | A DELAN DURING THE | ntify an outside organization. Irsuant to the agency's policy |
| | B. Name of Ind (Last, Fu | | Number of Ticket(s)/ Passes | | Identify one of the | following: |
| | Carrrillo, Patricia | | 4 | | nonlal Role 🔲 Other [kim, "Ceremonial Role" or "Other" d attendance maximi | |
| | | | | | nonial Role Other king "Ceremonial Role" or "Other" of | |
| | C. Name of Outside O (Include address and | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the agency's policy | |
| | | | | | | |

4. Verification

| | 1 | Nathan Miley Print Name | Supervisor, Fourth District | 8/1/19 (month, day, year) |
|----------|---|----------------------------|-----------------------------|------------------------------|
| Comment: | J | ····· | | |

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6694 Date of Original Filing: . district4@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 5.00 Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗔 Event Description: Alameda County Fair U(o OTOT Date(s) Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖾 No 🗖 Official's Name (Last, First) of agency official? 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 Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Green, Jackie Ceremonial Role Other Income To increase attendance... maximize profit... 4 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

| with the requirements. | - 7, | | | | Ne, is in accordance |
|------------------------|------|----|--------------|-----------------------------|--|
| - | | | Nathan Miley | Supervisor, Fourth District | 8/1/19 |
| | | 96 | Print Name | Title | (month, day, year) |
| Comment: | / | | | | |
| | | | | | ······································ |

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

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

4. Verification

Describe the public purpose made pursuant to the agency's policy

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District 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 5.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗋 Event Description: Alameda County Fair 191 Date(s) _O(01 1 0 Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖄 No 🗌 Official's Name (Last, First) of agency official? 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 Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes General Services Agency To increase attendance ... maximize profit ... reward county 50 employees Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Lest, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" "Other" describe below: Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (Include address and description) Passes

4. Verification

| - | | | Nathan Miley | Supervisor, Fourth District | 8/1/19 | |
|----------|---|----------|--------------|-----------------------------|--------------------|--|
| | | 30 30 | Print Name | Title | (month, day, year) | |
| Comment: | 1 | | | | | |
| | | | | | | |

| | gency Report of: eremonial Role Event | ts and Ticket/ | Pass Distr | ibutions | А | Public Document |
|----|---|---------------------|-----------------------------------|------------------------|--|--------------------------------|
| | Agency Name | | | | Date Stamp | |
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Regi | on (if applicable) | | | 1 | For Official Use Only |
| | Board of Supervisors, Fourth | 1 District | | | | |
| | Designated Agency Contact (| Name, Title) | | | 1 | |
| | Nathan Miley, Supervisor, Fe | ourth District | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must Pr | rovide Explanation in Part 3.) |
| | (510) 272-6694 | district4@acgov.o | rg | | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Inform | nation | | | | |
| | Does the agency have a tick | et policy? Yes | | ace Value of | Each Ticket/Pass \$ | 15,00 |
| | Event Description: Alameda | | | | | |
| | Event Description: | Provide Title/ Expl | lanation | Jate(s) | 14/19 10 | 01/01/14 |
| | Ticket(s)/Pass(es) provided | | | f no: Alameda | County Fair | |
| | | | | . Miley N | Name of Source | |
| | Was ticket distribution made | at the behest Yes | 🗹 No 🗋 🛛 | f yes: <u>Miley, N</u> | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| | • Use Section A to identify the agend A . Name of Agency, Depa | | Number of Ticket(s)/ Passes | and the second second | e public purpose made purs | and the back of the |
| | B. Name of Indu (Last, Firs | | Number of Ticket(s)/ Passes | | identify one of the fo | sliowing: |
| | Mohammad, Ansar | | 2 | | nonial Role Other O king, "Ceremanial Role" or "Other" des attendance maximize | |
| | | | | | nonial Role Other Charles | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| | | | | | | |

4. Verification

| | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|----------|----------------|-----------------------------|--------------------|
| | | Print Name | Title | (month, day, year) |
| Comment: | <u> </u> | | | |
| | | | | |

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form 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 5.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗋 Event Description: Alameda County Fair Date(s) _____ 14, 19 Ð to Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗹 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes Z 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,

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------------|--|
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Washington, Tanya | 2 | Ceremonial Role Conternation Other Conternation Income Conternation of the Ceremonial Role" or "Other" describe below: To increase attendance maximize profit |
| ······································ | | Caremonial Role C Other I Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |

4. Verification

| 19 8 1 | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|---------------|--------------------------------|-----------------------------|------------------------------|
| Comment:/ | | | |

| С | eremonial Role Even | its and Ticket/F | Pass Distr | ibutions | | A Public Document |
|----|---|-------------------------------------|---|---------------------------------|---|--|
| 1. | Agency Name | | | | Date Stamp | California 000 |
| | Alameda County | | | Form OUZ | | |
| | Division, Department, or Reg | l on (if applicable) | | | ŕ | For Official Use Only |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | | | | |
| | Nathan Miley, Supervisor, F | ourth District | | Provide Explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | | Fromde Explanation in Part 5.) | | |
| | (510) 272-6694 | district4@acgov.or | g | | Date of Original Filing | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a tic | ket policy? Yes | 🛛 No 🗖 🛛 | Face Value of | Each Ticket/Pass \$ _ | 5,00 |
| | Event Description: Alameda | County Fair Provide Title/ Expla | nation | | | 07,07,19 |
| | Ticket(s)/Pass(es) provided | | | f no: Alameda | | |
| | Was ticket distribution made of agency official? | e at the behest Yes | Name of Source athan Official's Name (Last, First | 9 | | |
| 3. | • Use Section A to identify the ager • Use Section A to identify | | Use Section B to Number of Ticket(s)/ Passes | Asia tora | a dual - teatraine | ntify an outside organization. ursuant to the agency's policy |
| | B. Name of Indi (Last, Fit | | Number of Ticket(s)/ Passes | | Identify one of the | following: |
| | Bradd, Mary | | 3 | Cerem #check To increase | nonial Role D Other <i>ing. "Ceremonial Role" or "Other"</i> attendance maxim | |
| | | | - | | nonial Role D Other king "Ceremoniel Role" or "Other" (| |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | ursuant to the agency's policy |
| | , | | | | | |

4. Verification

| - | 2 | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|--------------|-----------------------------|--------------------|
| S | | Print Name | Title | (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 5.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description: Alameda County Fair 14, 19 Date(s) _()(0/ 0 Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖾 No 🗔 Official's Name (Last, First) of agency official? 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 of Ticket(s)/ A. Passes Number Name of Individual **B**. of Ticket(s)/ Identify one of the following: (Last, First) Passes Rodriguez, Coco Ceremonial Role Other 🔲 Income To increase attendance... maximize profit... 8 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Ċ. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

| _ | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|--------------|-----------------------------|--------------------|
| | 9 | Print Name | TiGe | (month, day, year) |
| Comments | 1 | | | |
| 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 Fillng: . (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information 15.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Alameda County Fair 1g 14 Date(s)_()(0) to O'LO' Provide Title/ Explanation If no: Alameda County Fair 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Chew, Chonita Other Income To increase attendance... maximize profit... 10 Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

| | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|----|--------------|-----------------------------|--------------------|
| | 88 | Print Name | Title | (month, day, year) |
| Comment: | | | | |
| | | 9. C | | |

A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information 5,00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Alameda County Fair 0 Date(s) Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🔼 No 🗔 Official's Name (Last, First) of agency official? Recipients • 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)/ Passes Mumbar

| B. Name of Individual (Last, First) | of Ticket(s)/ Passes | Identify one of the following: | | |
|--|-----------------------------------|--|--|--|
| Pepe, Joel | 4 | Ceremonial Role Other Income Income To increase attendance maximize profit | | |
| т, | | Ceremonial Role D Other D Income I Income I Income II | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | |
| | | | | |

4. Verification

3.

Α.

| | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|--------------|-----------------------------|--------------------|
| | | Print Name | Title | (month, day, year) |
| Comment: | J | | | |
| | | | | |

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, 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: district4@acgov.org (510) 272-6694 (month, day, year) 2. Function or Event Information 5.60 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Alameda County Fair Date(s) Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 Name of Source Miley, Nathan If yes: Was ticket distribution made at the behest Yes 🛛 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 of Ticket(a)/ Passes Name of Individual Identify one of the following: Β. (Last, First) Ceremonial Role 🔲 Other Income Chew, Chonita If checking, "Ceremonial Role" or "Other" describe below: To increase attendance... maximize profit... 6 Other Ceremonia! Role 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 of Ticket(s)/ C. (include address and description) Passes

4. Verification

| | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|--------------|-----------------------------|--------------------|
| - | 3 | Print Name | Title | (month, day, year) |
| A | 1 | | | |
| Comment: | | | | <u> </u> |

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 15.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗖 Event Description: Alameda County Fair 07 Date(s) Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔀 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖄 No 🗖 Official's Name (Last, First) of agency official? 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 Ticket(s)/ Pesses Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Reves, Fernando Income To increase attendance... maximize profit... 10 Ceremonial Role 🔲 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)/ (include address and description) Passes

4. Verification

| - | . | Nathan Miley Print Name | Supervisor, Fourth District Title | 7/1/19 (month, day, year) |
|----------|--|----------------------------|--------------------------------------|------------------------------|
| Comment: | -(| | | |

| Ceremonial Role Even | ts and Ticket/I | Pass Distr | butions | | A Public Document |
|---|--------------------------------|-----------------------------------|----------------------------------|--|-------------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | <u> </u> | | | | For Official Use Only |
| Division, Department, or Regi | on (if applicable) | | | | |
| Board of Supervisors, Fourth | | | | | |
| Designated Agency Contact (| | | | | |
| Nathan Miley, Supervisor, F | | | | Amendment (Mus | st Provide Explanation in Part 3.) |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-6694 | district4@acgov.o | rg | | Date of Original Filin | 9:(month, day, year) |
| 2. Function or Event Inform | mation | | | | 1500 |
| Does the agency have a tic | ket policy? Yes | | Face Value of | Each Ticket/Pass \$ | 15.00 |
| Event Description: Alameda | County Fair | | Date(s) 06 | 14,19 | 07,07,19 |
| Event Description. | Provide Title/ Exp | lenation | | | |
| Ticket(s)/Pass(es) provided | by agency? Yes | No 🗹 🗌 | f no: <u>Alameda</u> | Name of Source | |
| | | | f yes: <u>Miley, N</u> | lathan | |
| Was ticket distribution made of agency official? | at the benest Yes | No | r yes | Official's Name (Last, Fir | st) |
| of ageney emelan | | | | | |
| Use Section A to identify the ager A. Name of Agency, Dep | Web 1 Transfer of the state | Number of Ticket(s)/ Passes | | Sector State Concess | pursuant to the agency's policy |
| B. Name of Ind (Last, Fi | | Number of Ticket(s)/ Passes | | identify one of t | he following: |
| Rost, Chloe | | 5 | Cerei الأدانير To increase | monial Role Othe <i>sking, "Ceremonial Rola" or "Othe</i> attendance maxii | |
| | · | | 1 | monia! Role Othe cking "Ceremonial Role" or "Othe | r 🗌 Income 🗌 r'' describe below: |
| C. Name of Outside C (include address an | Organization d description} | Number of Ticket(s)/ Passes | Describe t | he public purpose made | pursuant to the agency's policy |
| | | | | | |

4. Verification

| | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|----|--------------|-----------------------------|--------------------|
| a | 96 | Print Name | Title | (month, day, year) |
| Comment: | 1 | | | |
| | | | | |
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 00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description: Alameda County Fair Date(s) 1G Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes Z 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 Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Venegas, Litzy To increase attendance... maximize profit... 12 Ceremonial Role 🔲 Other Income if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulations in accordance with the regulations is a conduct of the second set of the

| - | <u>, </u> | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|----------|--|----------------------------|-----------------------------|------------------------------|
| Comment: | 1 | | | |

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 5,00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🖾 No 🗖 Event Description: Alameda County Fair Date(s) ()(01 1G Provide Title/ Explanation If no: Alameda County Fair 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: В. (Last, First) Passes Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below; Ceremonial Role 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)/ (include address and description) Passes To increase attendance... maximize profit... community **Chabot Space and Science Center** 10 organization Oakland, CA

4. Verification

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

| | | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|---|--------------|-----------------------------|--------------------|
| • | | e | Print Name | Title | (month, day, year) |
| Comment: | 1 | | | | |
| | | | | | |

Agency Report of:

| C | eremonial Role Event | ts and Ticket/Pa | ass Distri | butions | , A | A Public Document |
|----|--|-----------------------|---|----------------------|--|---|
| _ | Alameda County | | | | Date Stamp | California Form 802 |
| | Division, Department, or Regi | | | | | |
| | Board of Supervisors, Fourth | | | | | |
| | Designated Agency Contact (| | | | | |
| | Nathan Miley, Supervisor, Fo | | | | Amendment (Must | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-6694 | district4@acgov.org | | | Date of Original Fillng | (month, day, year) |
| 2. | Function or Event Inform | mation | | | | 15 00 |
| | Does the agency have a tick | ket policy? Yes | 🛾 No 🗔 🛛 F | ace Value of | Each Ticket/Pass \$ _ | 15,00 |
| | Event Description: Alameda | County Fair | D | ate(s) <u>06</u> | 14,19 | 07,07,19 |
| | | Provide Ittle/ Explan | ation | | | 1 |
| | Ticket(s)/Pass(es) provided | by agency? Yes |] No 🗹 If | no: Alameda | Name of Source | , |
| | Was ticket distribution made of agency official? | e at the behest Yes 🛛 | | yes: <u>Miley, N</u> | athan Official's Name (Last, First | U |
| 3. | Recipients • Use Section A to identify the agen • A. Name of Agency, Departure | | Use Section B to i Number of Ticket(s)/ Passes | E-see 1945 | et and the brock of the | entify an outside organization. ursuant to the agency's policy |
| | B. Name of Ind (Last, Fit | | Number of Ticket(s)/ Passes | | Identify one of the | e following: |
| | Abalos, Amel (ITD Employ | | 4 | To increase | nonial Role Other king, 'Ceremonial Role' or 'Other attendance maxim loyee for service to p | nize profit to reward |
| | | | | Cerer If chec | nonial Role DOther king "Ceremonial Role" or "Other" | |
| | C. Name of Outside C (include address and | | Number of Ticket(s)/ Passes | Describe ti | ne 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. \mathcal{P}

| 3 | | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|---|--------------|-----------------------------|--------------------|
| | , | Print Name | Title | (month, day, year) |
| Comment: | 2 | | P1 | |
| | | | | |

| C | eremonial Role Even | ts and Ticket/Pa | ass Distri | butions | A | Public Document |
|----|--|--|---|------------------------|--|--|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | (Name, Title) | | | | |
| | Nathan Miley, Supervisor, F | ourth District | | | Amendment (Must P | rovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-6694 | district4@acgov.org |] | = | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | 15.00 |
| | Does the agency have a tic | ket policy? Yes 2 | | | Each Ticket/Pass \$ | 19,00 |
| | Event Description: Alameda | a County Fair Provide Title/ Explan | ation | | 14,19 | 07,07,19 |
| | Ticket(s)/Pass(es) provided | by agency? Yes | County Fair | | | |
| | | | Name of Source lathan | | | |
| | Was ticket distribution made of agency official? | eat the behest Yes | No 🔲 👖 | f yes: <u>Miley, N</u> | Official's Neme (Last, First) | |
| 3. | • Use Section A to identify the age • Use Section A to identify the age A. | | Use Section B to Number of Ticket(s)/ Passes | | Sector Management | tify an outside organization. rsuant to the agency's policy |
| | B. Name of inc | lividual | Number of Ticket(s)/ | | Identify one of the | following: |
| | D. (Last, Fi | | Passes | | | |
| | Hong, Ernest (ITD Employ | 'ee) | 3 | To increase | monial Role Dother [bling "Ceremonial Role" or "Other" di attendance maximiz loyee for service to pu | ze profit to reward |
| | | <u></u> | | | monial Role 🔲 Other 🕻 cking "Ceremonisi Role" or "Other" di | |
| | C. Name of Outside (include address an | | Number of Ticket(s)/ Passes | Describe t | he public purpose made pu | rsuant 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, -ri

| | 7 | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|-----|--------------|-----------------------------|--------------------|
| _ | ñee | Print Name | , Title | (month, day, year) |
| Comment: | 1 | | | |
| | | · · | | |

| Ceremon | Report of: ial Role Event | s and Ticket/I | Pass Distri | butions | , <i>F</i> | A Public Document |
|------------|--|-------------------------------|--|-----------------------|---|-----------------------------------|
| 1. Agency | Name | | | | Date Stamp | California 802 |
| Alameda | • | | | | | Form OUZ For Official Use Only |
| Division, | ivision, Department, or Region (if applicable) | | | | | For Onicial Day Only |
| Board of | Supervisors, Fourth | District | | | | |
| Designate | ed Agency Contact (/ | lame,Title) | | | | = 1 |
| Nathan M | tiley, Supervisor, Fo | ourth District | | | Amendment (Must | Provide Explanation in Part 3.) |
| Area Cod | e/Phone Number | E-mail | | | | |
| (510) 273 | 2-6694 | district4@acgov.o | rg | | Date of Original Filing | :(month, day, year) |
| 2. Functio | n or Event Inform | nation | | | | 15,00 |
| | agency have a tick | | | | Each Ticket/Pass \$. | 17,00 |
| Event De | escription: Alameda | County Fair | | Date(s) <u>(ile</u> | , 14, 19 | P(10, 10 |
| | | Provide Tiber Exp | | f no: Alameda | County Fair | |
| Ticket(s) | /Pass(es) provided | by agency? Yes | | | Name of Source | |
| Was tick | et distribution made | at the behest Ves | | fyes: <u>Miley, N</u> | lathan Official's Name (Last, Firs | đ |
| | cy official? | 100 | | | Official's Name (Last, Firs | r() |
| | | | | | | |
| 3. Recip | ients | | | | | |
| Use Sect | tion A to identify the agen | cy's department or unit. | the second s | identify an Indivi | dual. • Use Section C to ide | entify an outside organization. |
| Α. | Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe t | he public purpose made p | pursuant to the agency's policy |
| | | <u>.</u> | | | | |
| В. | Name of Indi (Last, Fira | | Number of Ticket(s)/ Passes | | Identify one of th | e following: |
| Wilson | , Trevor | | 8 | Cere To increase | monial Role D Other Icking "Ceremonial Rale" or "Other attendance maxin | nize profit |
| | <u> </u> | | | | emonial Role D Other acking "Ceremonial Role" or "Other | |
| C. | Name of Outside O (include address and | rganization I description) | Number of Ticket(s)/ Passes | Describe | the public purpose made | pursuant to the agency's policy |
| | | <u> </u> | | | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements A 2

| _ | <u>7</u> | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|----------|----------|----------------------------|-----------------------------|------------------------------|
| Comment: | I | | | |

| Ceremonial Role Event | s and Ticke | t/Pass Dis | stributions | | A Public Document |
|---|--------------------|----------------------------|-------------------------|--|--|
| I. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | 1 | Form 002 For Official Use Only |
| Division, Department, or Regi | on (if applicable) | | | | |
| Board of Supervisors, Fourth | | | | | |
| Designated Agency Contact (/ | Vame, Title) | | | | |
| Nathan Miley, Supervisor, Fo | ourth District | | | Amendment (ML | ust Provide Explanation in Part 3.) |
| Area Code/Phone Number | E-mail | | | | |
| (510) 272-6694 | district4@acgov | /.org | | Date of Original Filin | ng:(month, day, year) |
| 2. Function or Event Inform | nation | | | | 15.00 |
| Does the agency have a tick | et policy? Y | ′es 🛛 No 🗌 | Face Value of | Each Ticket/Pass \$ | 15.00 |
| Event Description: Alameda | County Fair | Evolution | Date(s)(e | 14,19 | 07,07,19 |
| Ticket(s)/Pass(es) provided | | es⊡ No⊠ | If no: Alameda | County Fair | |
| Tekel(3)/ ass(es) provided | by agonoy. | | | Name of Source | |
| Was ticket distribution made of agency official? | at the behest y | /es 🗹 No 🗌 | If yes: <u>Miley, I</u> | Official's Name (Last, F | irst) |
| A. Name of Agency, Depa | urtment or Unit | Numb of Tickel Passe | (s)/ Describe t | he public purpose made | pursuant to the agency's policy |
| B. Name of Indi (Last, Fir | | Numb of Ticke Passe | t(s)/ | identify one of | the following: |
| Wilson, Trevot | | 8 | Cere To increase | emonial Role DOth scking, "Ceremonial Role" or "Oth e attendance max | er Income |
| | | | | emonial Role Din ecking "Ceremoniel Role" or "Oth | er 🗌 Income 🗌 |
| C. Name of Outside O (include address and | | Numb of Ticke Passe | t(s)/ Describe | the public purpose made | e 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.

| | 2 | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|------|--------------|-----------------------------|--------------------|
| - | inee | Print Name | Title | (month, day, year) |
| Comment: | / | | | |
| | | | | |

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, 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: (month, day, year) (510) 272-6694 district4@acgov.org 2. Function or Event Information 5,00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) 06/14/19 Event Description: Alameda County Fair Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗹 Name of Source Miley, Nathan If yes: Was ticket distribution made at the behest Yes 🖄 No 🗖 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other Income Hyde, Eric (GSA Employee) If checking "Ceremonial Role" or "Officer" describe below. To increase attendance... maximize profit... to reward 4 county employee for service to public

| | | | Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: |
|----|---|-----------------------------------|--|
| с. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |

4. Verification

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

| | gjee | Nathan Miley Print Name | Supervisor, Fourth District | 7/1/19 (month, day, year) |
|----------|------|----------------------------|-----------------------------|------------------------------|
| Comment: | J | | | |

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, 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 Fillng: district4@acgov.org (510) 272-6694 (month, day, year) 2. Function or Event Information 1.5.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description: Alameda County Fair Date(s)_() G Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🗹 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖄 No 🗖 Official's Name (Last, First) of agency official? 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 Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Head, Linetta If checking, "Ceremonial Role" or "Other" describe below: To increase attendance... maximize profit... 5 Ceremonial Role 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 of Ticket(s)/ C. (include address and description) Passes

4. Verification

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

| | 1 | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|----------|--------|--------------|-----------------------------|--------------------|
| | signee | Print Name | Title | (month, day, year) |
| | | | | |
| Comment: | , | | | |

A Public Document

| _ | Agency Name | | | | Date Stamp | California 802 |
|----|---|------------------------|---|---------------------------------------|---|--|
| | Alameda County | | | | | Form 002 |
| | Division, Department, or Regi | on (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, Fourth | n District | | | | |
| | Designated Agency Contact (| Name, Title) | | | | |
| | Nathan Miley, Supervisor, Fe | ourth District | | | Amendment (Must | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-6694 | district4@acgov.org | | | Date of Original Filing | (month, day, year) |
| 2. | Function or Event Inform | mation | | | | 15.00 |
| | Does the agency have a tick | | | | Each Ticket/Pass \$ _ | (),00 |
| | Event Description: Alameda | County Fair | C |)ate(s) <u>00</u> | 14,19 | 07,67,19 |
| | | Provide Tille/ Explana | ation | | | 1 |
| | Ticket(s)/Pass(es) provided | by agency? Yes | | no: <u>Alameda</u> | Name of Source | |
| | Was ticket distribution made | at the behast was 18 | | yes: <u>Miley, N</u> | lathan | |
| | of agency official? | at the beliest Yes C | | | Official's Name (Last, First |) |
| | • Use Section A to identify the ager • Use Section A to identify the ager • A. Name of Agency, Dep. | | Jse Section B to Number of Ticket(s)/ Passes | STANUS TO | | ntify an outside organization. ursuant to the agency's policy |
| | B. Name of Ind (Last, Fil | | Number of Ticket(s)/ Passes | | Identify one of the | e following: |
| | Jennings, LJ | | 15 | Cere If o increase organization | | Income Income Income Income Income |
| | <u></u> | | | 4 | monial Role Other oking "Ceremoniel Role" or "Other" | |
| | C. Name of Outside C (include address an | | Number of Ticket(s)/ Passes | Describe t | he public purpose made p | ursuant to the agency's policy |
| | | 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. Λ

| | 1 | Nathan Miley | Supervisor, Fourth District | 7/1/19 |
|-------------|--------|--------------|-----------------------------|--------------------|
| - | signee | Print Name | Title | (month, day, year) |
| Comment: | l | | | |
| Continient. | | | | |

| C | eremonial Role Even | ts and Tic | ket/Pass | Distributions | | A Public Document |
|----|---|------------------------|-------------------------|---------------------------------------|--|-------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | 1 Chill |
| | Division, Department, or Regi | on (If Applicable | | For Official Use Only | | |
| | Board of Supervisors | Board of Supervisors | | | | |
| | Designated Agency Contact (| Name, Title) | | | | |
| | Briana Brown | | | | | |
| | Area Code/Phone Number | E-mail | | · · · · · · · · · · · · · · · · · · · | Amendment (Must pr | ovide explanation in Part 3.) |
| | (510) 272-6618 | briana.brow | n2@acgov.oi | rg | Date of Original Filing: . | (Month, Day, Year) |
| 2. | Function or Event Inform | mation | | | | 07.00 |
| | Does the agency have a ticke | t policy? | Yes 🔀 🛛 No 🛛 | Face Value o | of Each Ticket/Pass \$ | 27.00 |
| | Event Description <u>A's vs. Ast</u> | ros | | Date(s) 06 | 5 , 01 , 19 | |
| | | Provide Title/Exp | blanation | | | |
| | Ticket(s)/Pass(es) provided by | y agency? | Yes 🗌 No 🛛 | ⊠ If no: <u>Oakla</u> | nd Athletics Baseball Name of Sou | 1770 |
| | | t the heheet | | | | |
| | Was ticket distribution made a of agency official? | it the benest | No 🗌 Yes [| If yes: | Official's Name (L | .ast, First) |
| 2 | | <u> </u> | | | | |
| J. | Recipients • As Section A to identify the agence | y's department or | unit. (• Use Sec | tion () is a second and a second | • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Departme | ant or Un | Number of Ticket(s)/ | Describe the put | ublic purpose made pursuant to the agency's policy | |
| | | | Pass(es) | | | |
| | D5 | | 4 | | ance at a County spon naximize potential Cou | sored event at a County |
| | | | | Tacinty in order to n | | |
| | | | | | | ಸ |
| | D Anna Alexandra | | Number of | | | |
| | B. (Last, First) | 12 | Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| | | | | | Other | |
| | | | | If checking "Ceremon | nial Role" or "Other" describe below: | |
| | | | | | | |
| | | | | Ceremonial Role | Other | |
| | | | | | mial Role" or "Other" describe below: | |
| | | | | | | |
| | | | | 2 | | |
| | C. Name of Outside Organ (include address and des | nization scription) | Number of Ticket(s)/ | Describe the pul | blic purpose made pursuant | to the agency's policy |
| | | | Pass(es) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | | | | | | |
| 4. | Verification | ons 18944.1 ar | nd 18942. I have ve | erified that the distribution set | forth above, is in accordance wit | th the requirements, |
| | 90 | | Briana Br | | Supervisor's Assistant | 11-110 |
| | - 2012 | · | Print Nam | | Title | (Month, Day, Year) |
| | Parking Pass: \$3 | 30.00 | | | | |
| | Comment: | | | | | FPPC Form 802 (4/12 |

| Agency Name | | | Date Stamp | California 802 |
|--|-------------------------------------|---|--|---|
| Alameda County | | | | Form 002 |
| Division, Department, or Region (If Applica | able) | | 1 | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name, Title) | | <u> </u> | | |
| Briana Brown | | | | |
| Area Code/Phone Number E-mail | | ······································ | Amendment (Must pro | vide explanation in Part 3.) |
| (510) 272-6618 briana.bro | own2@acgov.o | rg | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Information | | | • | |
| Does the agency have a ticket policy? | Yes 🗹 No | | of Each Ticket/Pass \$ | |
| Event Description Warriors vs. Raptors | | Date(s)06 | <u> </u> | // |
| Provide Title/E | Explanation | | | |
| Ticket(s)/Pass(es) provided by agency? | Yes 🔲 🛛 No | If no: Golder | n State Warriors Name of Sour | ce |
| Was ticket distribution made at the behes | t No 🗖 Yeel | | | |
| of agency official? | t No ☐ Yes | If yes: | Official's Name (La | st, First) |
| Recipients | <u> </u> | | | |
| · Use Section A to identify the agenny's department | or unit (• Use Sec | tion B to identify an inducid | • Use Section C to Identif | y an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | blic purpose made pursuant to | o the agency's policy |
| D5 | 4 | To reward a Count the public or to end | y employee for his or he ourage staff developme | er exemplary service te ent |
| B. Dame of Individual | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | Ceremonial Role If checking "Ceremor | Other Inial Role" or "Other" describe below: | Income |
| | | Ceremonial Role If checking "Ceremon | Other D nial Role" or "Other" describe below: | Income |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the pul | blic purpose made pursuant t | o the agency's policy |
| = - | | | | |
| | | | | |
| | | ************************************** | | |
| Verification | | | | |
| Verification | 1 and 18942. I have ve | erified that the distribution set | forth above, is in accordance with | the requirements. |
| Verification The Drs 18944.1 | 1 and 18942. I have ve Briana Bi | | Supervisor's Assistant | the requirements. |
| Verification I he ons 18944.1 | | rown | | the requirements. <u> 06/30//0</u> (Month, Day, Year) |

| 4 | Aganay Nama | | | Doto Stores | California 0.00 |
|------------|--|--|-------------------------------------|--------------------------------------|------------------------------|
| Т. | Agency Name | | | Date Stamp | California 802 |
| | Alameda County Division, Department, or Region (If Applicable) | | For Official Use Only | | |
| | | / | | | |
| | Board of Supervisors | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Briana Brown | | | Amendment (Must pro | vide explanation in Part 3.) |
| | Area Code/Phone Number E-mail | | | | |
| | (510) 272-6618 briana.browr | 12@acgov.o | rg | Date of Original Filing: _ | (Month, Day, Year) |
| 2. | Function or Event Information | | | | 25.00 |
| | | Yes 🔀 🛛 No | | f Each Ticket/Pass \$ | |
| | Event Description Warriors vs. Raptors | Event Description Warriors vs. Raptors Date(s) | | | |
| | Provide Title/Expla | anation | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | If no: Golder | n State Warriors Name of Sour | re |
| | Was ticket distribution made at the behest | | | | |
| | of agency official? | No 🗌 Yes | If yes: | Official's Name (La | st, First) |
| 2 | | | <u> </u> | 18 | |
| J . | Recipients • Use Section A to identify the agency's department or a | • Use Section C to identif | y an outside organization. | | |
| | A. (Name of Agency, Department or Unit | Number of | | lic purpose made pursuant to | |
| | | Ticket(s)/ Pass(es) | | | o life agency o policy |
| | D5 | 4 | | employee for his or he | |
| | | 4 | the public or to enc | ourage staff developme | ent |
| | | | | | |
| | | | | | |
| | B. (Last, First) | Number of Ticket(s)/ | | Identify one of the followin | g: |
| | | Pass(es) | Ceremonial Role | Other | |
| | | | | ial Role" or "Other" describe below: | |
| | | | | | |
| | | | | | |
| | | | Ceremonial Role | | Income |
| | | | ir checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | |
| | Name of Outside Organization | Number of | | | |
| | C. Name of Outside Organization (include address and description) | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | | , , | | |
| | | | | | |
| | | | | | |
| | | | | | ¥ |
| 4 | Verification | 1 | | | |
| . | | 18942. I have ve | erified that the distribution set f | orth above, is in accordance with | the requirements. |
| | | Briana Br | own | Supervisor's Assistant | 6/20/19 |
| | | Print Nam | | Title | (Month, Day, Year) |
| | Parking Pass: \$30.00 | | | | |
| | Comment: Parking Pass: \$30.00 | | <u> </u> | | FPPC Form 802 (4/12) |

| | | | | | | AT abile boodilient |
|----|--|--------------|-------------------------------------|------------------------------------|---|---------------------------------------|
| 1. | Agency Name | | | - | Date Stamp | California 802 |
| | Alameda County | | | | | Form 002 |
| | Division, Department, or Region (If A | pplicable) | | |] | For Official Use Only |
| | Board of Supervisors | | e | | | |
| | Designated Agency Contact (Name, The Contact (Name, | itle) | | | 1 | |
| | Briana Brown | | | | | |
| | Area Code/Phone Number E-mail | | | | Amendment (Must pro | ovide explanation in Paπ 3.) |
| - | (510) 272-6618 briana | a.brown2 | 2@acgov.o | rg | Date of Original Filing: _ | (Month, Day, Year) |
| 2. | Function or Event Information | n | | | | |
| | Does the agency have a ticket policy | • | /es 🛛 No | Face Value of | of Each Ticket/Pass \$ | 25.00 |
| | Event Description Warriors vs. Rapt | tors | | Date(s) | <u> </u> | |
| | Provide | Title/Explan | ation | | | |
| | Ticket(s)/Pass(es) provided by agence | у? ү | ∕es□ No | If no: Golder | n State Warriors Name of Sou | rce |
| | Was ticket distribution made at the be | ehest | No 🗌 Yes | | | |
| | of agency official? | | | <u>ev</u> in yes | Official's Name (L | ast, First) |
| 3. | Recipients | | | | | |
| | • section A to identify the agency's depart | tinent ör un | | fion i wientitian individ | • Use Section C to identif | fy an outside organization. |
| | A. Game of Agency, Department or Un | B) | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | to the agency's policy |
| | D5 | | 4 | | ance at a County spons naximize potential Cour | ored event at a County hty revenue |
| | | | | | | |
| | B. | | Number of Ticket(s)/ | | Identify one of the followin | Ig: |
| | 1200, 1700 | | Pass(es) | | | |
| | | | | | ial Role" or "Other" describe below: | Income |
| | | | | | | |
| | | | | Ceremonial Role | | Income |
| | | 25 | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | <u> </u> | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | | | · | | |
| | | | | | | |
| | | | | | | |
| - | Varification | | | | | |
| 4. | Verification | 944.1 and 1 | 8942. I have ve | rified that the distribution set f | orth above, is in accordance with | the requirements. |
| | ι, | | Briana Br | | Supervisor's Assistant | 6/20/10 |
| | — • | | Print Nam | | Title | (Month, Day, Year) |
| | Parking Pass: \$30.00 | | | | | |
| | Comment: Parking Pass: \$30.00 | | | | | FPPC Form 802 (4/12) |
| | | | | | EPPC Toll-Free Helpline: 86 | SB/ASK-FPPC (866/275-7772) |

| C | eremonial Role Even | ts and Tic | ket/Pass | Distributions | | A Public Document | |
|----|---|------------------------------|-------------------------|--|---------------------------------------|---------------------------------------|--|
| 1. | Agency Name | | | | Date Stamp | California 802 | |
| | Alameda County | | | | | | |
| | Division, Department, or Reg | ion (If Applicable | ;) | | | For Official Use Only | |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | |
| | Briana Brown | | | | · | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must p | rovide explanation in Part 3.) | |
| | (510) 272-6618 | briana.browr | n2@acgov.o | rg | Date of Original Filing: | (Month, Day, Year) | |
| 2. | Function or Event Infor | | | (| | | |
| | Does the agency have a ticke | | Yes 🔀 No | Face Value o | of Each Ticket/Pass \$ _ | 25.00 | |
| | Event Description Warriors v | | | | | // | |
| | Event Description | Provide Title/Expl | | // | | | |
| | Ticket(s)/Pass(es) provided b | v agency? | Yes 🔲 No | If no: Golde | n State Warriors | | |
| | | | | | Name of So | urce | |
| | Was ticket distribution made a | at the behest | No 🔲 Yes | If yes: | Official's Name (| last Einst | |
| | of agency official? | | 73 | | | | |
| 3. | Recipients | | . A 184.1 Mar. 1 | | - Line Section C to iden | tify an outside organization. | |
| | Use Section A to identify the agency's department or units the spectrological Number of | | | | | | |
| | 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 Individu | al | Number of Ticket(s)/ | | Identify one of the follow | ing: | |
| | (Last, First) | | Pass(es) | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | Definition of the describe below: | Income | |
| | | | | | | | |
| | | | | | | | |
| | | | | Ceremonial Role | | Income | |
| | | | | If checking "Ceremon | nial Role" or "Other" describe below: | | |
| | | | | | | | |
| | | | Number of | | | | |
| | C. Name of Outside Organ (include address and des | | Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuan | t to the agency's policy | |
| | · · · · · · | | Fass(es) | | | 4) (4 | |
| | Better Black | | 4 | to the community | or nonprofit organiza | tion for its contributions | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 4. | I have read and understand & DDC Bar | | d 10012 1 hours | erified that the distribution set | forth above is in accordance w | ith the requirements | |
| |) | 503 10 344 ,1 all | | | Superviser's Assister | 1 1 | |

 Briana Brown
 Supervisor's Assistant
 D6/50/19

 Print Name
 Title
 (Month, Day, Year)

Comment: Parking Pass: \$30.00

| eremonial Role Events and T | icheur ass | Distributions | | A Public Document | |
|--|-------------------------------------|---|--|--------------------------------|--|
| Agency Name | | | Date Stamp | California 802 | |
| Alameda County | | | · · · · | Point - | |
| Division, Department, or Region (If Applica | ble) | | | For Official Use Only | |
| Board of Supervisors | | | 7 | | |
| Designated Agency Contact (Name, Title) | | · <u>· · · · · · · · · · · · · · · · · · </u> | - | | |
| Briana Brown | | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must p | rovide explanation in Part 3.) | |
| | wn2@acgov.c | ra | Date of Original Filing: | (Month, Day, Year) | |
| Function or Event Information | | | | (Iviontin, Day, Year) | |
| Does the agency have a ticket policy? | Yes 🛛 No | Face Value o | of Each Ticket/Pass \$ _ | 25.00 | |
| | | | | | |
| Event Description Warriors vs. Raptors | xplanation | Date(s) | | / | |
| | | Golde | n State Warriors | | |
| Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | | Name of So | urce | |
| Was ticket distribution made at the behest | No 🗌 Yes | If yes: | | | |
| of agency official? | | | Official's Name (I | Last, First) | |
| . Recipients | | · · · · · | | | |
| • The Section A to identify the agency's department | | iron 5 to identify an inducid | • Use Section C to iden | tify an outside organization. | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuant | to the agency's policy | |
| D5 | 4 | | attendance at a County sponsored event at a Cour der to maximize potential County revenue | | |
| | | | | | |
| B. (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: | |
| | | | Other describe below: | Income | |
| | | Ceremonial Role If checking "Ceremon | Other Other Other Other Other Other Other Other Delow: | Income | |
| | Number of | | | | |
| C. Name of Outside Organization (include address and description) | Ticket(s)/ Pass(es) | Describe the put | blic purpose made pursuant | to the agency's policy | |
| | | | | ż | |
| | | | | ····· | |
| Verification | and 19042 I have a | rified that the distribution and | forth above, is in accordance wi | th the requirements | |
| the Joliane 100111 | anu 10342. I Have Ve | amed that the distribution set | ionin above, is in accordance wi | ar are requirements. | |
| I ha ··lations 18944.1 | Briana Br | | Supervisor's Assistan | 1. 1. 1. 7. 1/1 | |

| C | eremonial Role Event | s and Ticl | ket/Pass | Distributions | | A Public Document |
|----|--|---------------------|-------------------------------------|-----------------------------------|--|--|
| 1. | Agency Name | | ····· | | Date Stamp | California 802 |
| | Alameda County | | | | | Form OUL For Official Use Only |
| | Division, Department, or Regio | on (If Applicable) |) | | | For Onicial Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (A | lame, Title) | | | | |
| | Roin-o Bonor | | | | Amendment (Must pr | ovide explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-6618 | briana.brown | 2@acgov.oi | rg | Date of Original Filing: . | (Month, Day, Year) |
| 2. | Function or Event Inform | nation | | | | 24.00 |
| | Does the agency have a ticket | policy? | Yes 🛛 No 🛛 | | of Each Ticket/Pass \$ | |
| | Event Description Baseball ga | ame | | Date(s)06 | <u>, 16 , 19</u> | |
| | | Provide Title/Expla | anation | | | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes 🔲 No 🛛 | If no: Oaklai | nd Athletics Baseball Name of Sou | Irce |
| | Was ticket distribution made at | the hehest | No 🗋 Yes | | | |
| | of agency official? | the benest | | | Official's Name (L | ast, First) |
| 3 | Recipients | | | | | |
| 0. | Use Section A to identify the agency | 's department or i | unit) 🔹 Use Sec | tion B to identify an individi | ual • Use Section C to ident | ify an outside organization. |
| | A. Name of Agency, Departmen | nt or Unit | Number of Ticket(s)/ Pass(es) | Describe the put | blic purpose made pursuant | to the agency's policy |
| | | | | <u>.</u> | .e | ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· |
| | | | | 1 | | |
| | | | | | r | |
| | | | | | - | |
| | B. Name of Individua (Last, First) |) | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ng: |
| | | | | | Other | Income |
| | Richard Music | | 4 | | nial Role" or "Other" describe below: ance at a County spon | sored event held at a |
| | | | | County facility in o | rder to maximize poter | tial County revenue |
| | | | | Ceremonial Role | Other | Income |
| | | | | If checking "Ceremo | nial Role" or "Other" describe below: | |
| | | | | | | |
| | | | Number of | | | |
| | C. Name of Outside Organ (include address and des | | Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant | to the agency's policy |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Δ | . Verification | | | <u></u> | | |
| - | I have find and understand FPPC Regu | lations 18944.1 an | d 18942. I have v | erified that the distribution set | forth above, is in accordance w | ith the requirements, |
| | | | Briana B | rown | Supervisor's Assistan | t 6/20/19 |

| C | eremonial Role Event | ts and Tic | ket/Pass | Distributions | | A Public Document |
|----|--|------------------------|-------------------------------------|--|---|-----------------------------------|
| 1. | Agency Name | | 3 | | Date Stamp | California 802 |
| | Alameda County | | | | | Form OOZ For Official Use Only |
| | Division, Department, or Regi | on (If Applicable |) | | | |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | |
| | Bring Bring | | | | | rovide explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | ······································ | | |
| | (510) 272-6618 | briana.browi | n2@acgov.or | g | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Inform | mation | | | | 17.00 |
| | Does the agency have a ticke | | Yes 🛛 No [| | of Each Ticket/Pass \$ _ | in the second second |
| | Event Description Baseball g | ame | | Date(s)0 | <u>, 19 , 19</u> | / |
| | | Provide Title/Exp | lanation | | | |
| | Ticket(s)/Pass(es) provided by | y agency? | Yes 🗌 🛛 No 🛛 | | nd Athletics Baseball Name of Sci | urce |
| | Was ticket distribution made a | at the behest | No 🗌 Yes 🛛 | | | |
| | of agency official? | | | <u> </u> | Official's Name (| Last, First) |
| 3. | Recipients | | | E | | |
| | Jae Section A to identify the agence | y's department or | | tion B to identify an individ | ual • Use Section C to iden | tify an outside organization. |
| | A. (Name of Agency, Departme | ant or Unit | Number of Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuan | t to the agency's policy |
| | | · | | | | |
| | ×. | | | | | |
| | | | | | | |
| | | 11 | | | | |
| | B. Name of Individu (Last, First) | al) | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | |
| | | | × | | | Income |
| | Dom Vallejo | | 4 | 1 | nial Role" or "Other" describe below: ance at a County spo | |
| | | | | County facility in o | rder to maximize pote | ntial County revenue |
| | | | | Ceremonial Role | Other | Income |
| | | | | If checking "Ceremo | nial Role" or "Other" describe below: | |
| | | | | | | |
| | | | Number of | | | - |
| | C. Name of Outside Organ (include address and de | nization scription) | Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuar | nt to the agency's policy |
| | | | | | ······ | |
| | | | 2. | | | |
| | | | - | | <u> </u> | |
| | | | | | | |
| - | . Verification | | | | | |
| 4 | I have ford and understand FPPC Reg | ulations 18944.1 ai | nd 18942. I have vi | erified that the distribution set | t forth above, is in accordance v | vith the requirements. |
| | | | Briana Br | rown | Supervisor's Assista | nt 6/30/14 |

| | Briana Brown | Supervisor's Assistant | 6/30/19 |
|----------------|--------------|------------------------|--------------------|
| ad or Designee | Print Name | Title | (Month, Day, Year) |

| С | ceremonial Role Events an | d Ticket/Pass | Distributions | | A Public Document | |
|----|---|-------------------------------------|-------------------------------------|--|---------------------------------------|--|
| 1. | Agency Name | | | Date Stamp | California 802 | |
| | Alameda County | | | Form OUZ | | |
| | Division, Department, or Region (If A | - | For Official Use Only | | | |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (Name, Ti | ļ | | | | |
| | R : A R . | | | | | |
| | Area Code/Phone Number E-mail | | | Amendment (Must provide explanation in Part 3.) | | |
| | (510) 272-6618 briana | a.brown2@acgov.c | org | Date of Original Filing: _ | (Month, Day, Year) | |
| 2. | . Function or Event Information | 1 | · · · | | | |
| | Does the agency have a ticket policy? Yes 🖾 No 🗔 🛛 Face Value of | | | of Each Ticket/Pass \$ | 17.00 | |
| | | | | <u>, 20 , 19</u> | 1 1 | |
| | Provide | Title/Explanation | | | // | |
| | icket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar | | nd Athletics Baseball | | | |
| | | | | Name of Sou | rce | |
| | Was ticket distribution made at the be of agency official? | ehest No 🗌 Yes | If yes: | Official's Name (L | ast First) | |
| - | | | | | | |
| ა. | Use Section B to identify an individual. Use Section C to identify an outside organization. | | | | | |
| | Number of | | | | | |
| | A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| | | | | | | |
| | B. (Name of Individual) (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ng: | |
| | | 1 233(53) | Ceremonial Role | Other | Income | |
| | Jon Gilgoff | 1 | | ial Role" or "Other" describe below: | | |
| | | 4 | | ance at a County spons | | |
| | | | County facility in or | der to maximize potent | tial County revenue | |
| | | | Ceremonial Role | Other describe below: | | |
| | | | in checking Ceremon | | | |
| | | | | | | |
| | C Name of Outside Organization Number of | | lic purpose made pursuant t | the acceptule policy | | |
| | (include address and description) | Ticket(s)/ Pass(es) | Describe the pub | ne purpose made pursuant i | o the agency's policy | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. | Verification | | | · · · · · | | |
| | I have gread and understand FPPC Regulations 18 | 944.1 and 18942. I have ve | erified that the distribution set f | orth above, is in accordance with | the requirements. | |
| | | Briana Br | rown | Supervisor's Assistant | 6/36/14 | |

| | Briana Brown | Supervisor's Assistant | 6/30/14 |
|----|--------------|------------------------|--------------------|
| ee | Print Name | Title | (Month, Day, Year) |

Comment: __

| 1. | Agency Name | | | Date Stamp | California 802 | |
|----|---|--|--|---|-------------------------------|--|
| | Alameda County | | Form OOL For Official Use Only | | | |
| | Division, Department, or Region (If Applicable) | | T OF OFFICIAL One Only | | | |
| | Board of Supervisors | · · · · · | | | | |
| | Designated Agency Contact (Name, Title) | | | | | |
| | Briana Brown | | | Amendment (Must pro | ovide explanation in Part 3.) | |
| | Area Code/Phone Number E-mail | | | | | |
| | (510) 272-6618 briana.brown? | 2@acgov.o | rg = | Date of Original Filing: _ | (Month, Day, Year) | |
| 2. | Function or Event Information | | | | 100.00 | |
| | | | | f Each Ticket/Pass \$ | | |
| | Event Description Khalid : Free Spirit World Tour Date(s) | | | 28 , 19 | /// | |
| | Golde | | | n State Warriors | | |
| | Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: | | | Name of Sou | rce | |
| | Was ticket distribution made at the behest No D Yes | | Official's Name (Last, First) | | | |
| | of agency official? | | | Official's Name (L | ast, First) | |
| 3. | Recipients | | | | | |
| | • Section A to identify the agency's department or u | | fy an outside organization. | | | |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | e the public purpose made pursuant to the agency's policy | | |
| | D5 4 | | To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue | | | |
| | | | | | | |
| | B. (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the following: | | |
| | | 1 455(55) | o or other internet | Other | | |
| | | | if checking Ceremon | ial Role" or "Other" describe below: | | |
| | <u></u> | | Ceremonial Role | Other | Income | |
| | | | If checking "Ceremon | ial Role" or "Other" describe below: | | |
| | C. Name of Outside Organization | Number of | | | | |
| | (include address and description) | Ticket(s)/ Pass(es) | Describe the put | blic purpose made pursuant | | |
| | | | | | | |
| | | | | | | |
| 4. | Verification | l | I | | | |
| | 1 hc ulations 18944.1 and | forth above, is in accordance wit | - 1/2/14 | | | |
| | * | Briana Brown | | Supervisor's Assistant | | |
| | ee ee | Print Nar | ne | Title | (Month, Day, Year) | |
| | Comment: Parking Pass: \$30.00 | | | | | |
| | | | | | FPPC Form 802 (4/12) | |