#### Agency Report of: nts and Ticket/Pass Distributions

C	eremonial Role Even	ts and Ticket/Pa	A Public Docume			
	Agency Name			Date Stamp	California Form 802	
	Alameda County				~	The second se
	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 (Must P	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	510-272-6691	Leah.Doyle-Steven	s@acgov.org	]	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor		_			500
					Each Ticket/Pass \$ <u>1</u> ,	
	Event Description: Oakland A's Game Date(s) 07				<u>, 02 , 19</u>	//
	Ticket(s)/Pass(as) provided	Provide Title/ Explan		fno:		
	Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no:				Name of Source	
	Was ticket distribution made	e at the behest Yes 2	⊠ No⊡ <sup>II</sup>	f yes: Hagger	ty, Scott Official's Name (Last, First)	
	of agency official?					
3.	Recipients					·······
•••	• Use Section A to identify the ager	cy's department or unit.	Use Section B to i	identify an indivio	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	<u></u>	5				
		90				
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes		Identify one of the	following:
		· · · · · · · · · · · · · · · · · · ·			monial Role Other C king "Ceremonial Role" or "Other" de	
					monial Role D Other C	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
	Livermore Girls Softball A		1 Suite	TD re	ward or 1	Un-profit
	P.O. Box 905, Livermore,	UA 9400 I		1 your	Manuel L	the big of the
				1 1/00	There Unt	TONTIONS IN
				4110	UNENVILONE	1 unium 1

#### 4. Verification

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

	<ul> <li>Leah Doyle-Stevens</li> </ul>	Ticket Administrator	07/02/19
	Print Name	Title	(month, day, year)
Comment: <u>Suite was used as p</u>	art of annual fundraiser event. Procee	ds go toward equipment and field	maintenance.

# Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp

1.	Agency Name Alameda County Division, Department, or Region (if applicable)			Date Stamp California 802			
					Polim COL		
					For Official Use Only		
	Board of Supervisors, Distri						
	Designated Agency Contact						
	Leah Doyle-Stevens, Ticket				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	510-272-6691	72-6691 Leah.Doyle-Stevens@acgov.org			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 \$ 🗄	36.00	
	Event Description: Oakland A's Game Date(s) 07 / 03 / 19						
		Provide Title/ Explar	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes 🛛	Name of Source				
	Haggerty Scott						
	Official's Name (Last, First)						
	of agency official?						
3.	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	Iual. • Use Section C to iden	ntify an outside organization.	
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following.	
					nonial Role D Other   king "Ceremonial Role" or "Other" o		
					nonial Role Dother   king "Ceremonial Role" or "Other" of		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	Friends of Joe Michell Sch 1001 Elaine Ave., Livermo		4	TO K	oward a	non-putit for contribution	
				to	The Schi	DI Community	

#### 4. Verification

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

L	Leah Doyle-Stevens	Ticket Administrator	07/02/19
Signature of Agency Read of Designee	Print Name	Title	(month, day, year)
Comment: Tickets were raffled at	annual fundraiser event. Proceeds	go toward unfunded school enric	chment programs.

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

Yes 🗵 No 🗋

Yes 🗋 No 🖾

Joe Gordon	
JUE GUIGUN	

(Last, First)	Passes					
Ramsey Ismael	3	Ceremonial Role Other X Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service too the public.				
Joe Gordon		Ceremonial Role Other <b>X</b> Income Income Income 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)		Describe the public purpose made pursuant 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

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

Comment:

				- (	month,	day, yea	5
	· · · · · ·						
Face Value of I	Each Tic	ket/P	222	\$ 15.00	)		

Amendment (Must Provide Explanation in Part 3.)

Date(s)	7		7	 19
If no: Alameda County Fair Associati	on			
Name of Source				
If yes: Supervisor Scott Haggerty		_		

Date of Original Filing: \_

Official's Name (Last, First)

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

Identify one of the following:

Income

Income

3. Recipients

Α.

В.

of agency official?

Board of Supervisors

Area Code/Phone Number

510-272-6691

Designated Agency Contact (Name, Title) Vener Bates, Supervisor's Assistant

2. Function or Event Information

Does the agency have a ticket policy?

Event Description: Alameda County Fair

Ticket(s)/Pass(es) provided by agency?

E-mail

Was ticket distribution made at the behest Yes 🖾 No 🗔

Name of Agency, Department or Unit

Name of Individual

vener.bates@acgov.org

Provide Title/ Explanation

• 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)/ Passes

Number

of Ticket(s)/

## 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
		8
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mary Koppel	8	Ceremonial Role Other I Income Income It 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 S 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 Coremonial Role" or "Cther" describe below:
		To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
William Martinez		Ceremonial Role Other Ceremonial Role" Other Ceremonial Role" or "Other" describe below:
	6	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
D.		

AP	ublic	Docur	ment
<b>~</b> •	<b>MNIIG</b>	Dooui	

	eremonial Role Even	is and increar	ass Disti	ibutions		r ublic Document		
. Agency Name					Date Stamp	California 802		
	Alameda County			Form OUZ				
	Division, Department, or Regi	on (if applicable)				For Official Use Only		
	Board of Supervisors				ļ			
	Designated Agency Contact (	Designated Agency Contact (Name, Title)						
	Vener Bates, Supervisor's A	ssistant			Amendment (Must )	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	510-272-6691	vener.bates@acgov	v.org;		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation			1	5.00		
	Does the agency have a tick	ket policy? Yes	No 🗖 !	Face Value of	Each Ticket/Pass \$ _	0.00		
	Event Description: Alameda	County Fair		Date(s) _		7 7 19		
		Provide Title/Explan	iation			tion		
	Ticket(s)/Pass(es) provided	by agency? Yes	] No 🖾 🛛	f no: <u>Alameda</u>	County Fair Associat			
	Mos ticket distribution made	at the beheet $\mathbf{v}$ .		f ves: Superv	isor Scott Haggerty			
	Was ticket distribution made of agency official?	at the beliest Yes	No 🗋		Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·		
3.	Recipients							
	• Use Section A to identify the agen	cy's department or unit.		identify an indivi	dual. • Use Section C to ider	tify an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy			
	Alameda County General	Services Agency	85			r his or her exemplary age staff development.		
	Tri-Valley Substation Sher	iff's Office	40			his or her exemplary age staff development.		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:		
	Mel Luna Wanda Thompson		20	If check	facility to maximize p	escribe below: hty sponsored event held otential County revenue.		
			12	If chec To promote		Income Income tescribe below: Ity sponsored event held otential County revenue.		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	irsuant to the agency's policy		
	School of Imagination,98 Dublin, CA 94568	01 Dublin Blvd.,	20		a school or non-profit is to the community.	organization for its		

#### 4. Verification

I have read and understand FPPG 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

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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
Alamed	a County Assessor's Office	35	To reward a County employee for his or her exemplary service to the public or to encourage staff development.		
ACDCS	S (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.		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Bob Tu	cknott	10	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.		
Gloria C	Dison	10	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.		
Nat Pia:	zza	10	Ceremonial Role Other Other Ceremonial Role Other Ceremonial Role Other 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.		
Guy Ho	uston	8	Ceremonial Role Other Ceremonial Role of the checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.		
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		
ē					
	· · · · · · · · · · · · · · · · · · ·	_			

Real Property lies	eremonial Role Even	ts and ticket	- a55 DIS	unputions	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	ict 1				
	<b>Designated Agency Contact</b>	(Name, Title)		-		
	Denise Jacinto, Ticket Adm	inistrator				
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
_	510-272-6691	Denise.Jacinto@a	icgov.org		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 \$ 10	60.00
	Event Description: Got 7 W		.4	Date(s)07		1 1
		Provide Title/ Expla	anation	24(0(0)	· ····································	
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no:		
	Wee ticket distribution woods			lf yes: <u>Hagger</u>	Name of Source	
	Was ticket distribution made	e at the benest Yes	🖄 No 🗆	ii yes. <u></u>	Official's Name (Last, First)	
	of agency official?				2	
	Use Section A to identify the agen     A. Name of Agency, Depa		Vse Section B Number of Ticket(s) Passes			ify an outside organization. suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)		Identify one of the f	ollowing:
	(Last, Fir	st)	Passes			
	Yang, Mary		4	ev rev	omote attendance at ent in or to maximize <b>renue for concession</b>	e potential county and parking sales
					ionial Role 🖵 Other 🖵 ing "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 pur	suant 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.

	Denise Jacinto	Ticket Administrator	09/05/19
	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: Ceremonial Role Events and Ticket/Pass

Ceremonial Role Events and Ticke	et/Pass Dist	
1. Agency Name		Date Stamp California 802
Alameda County		
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors, District 1		
Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·	
Denise Jacinto, Ticket Administrator	Amondmont (Must Devide Surfactor Devide)	
Area Code/Phone Number E-mail	<del></del>	Amendment (Must Provide Explanation'in Part 3.)
510-272-6691 Denise.Jacinto	@acgov.org	Date of Original Filing:
2. Function or Event Information		
Does the agency have a ticket policy?	res 🛛 No 🗌	Face Value of Each Ticket/Pass \$ <u>130.00</u>
Event Description:Shawn Mendes Concert	t	Date(s) 07 / 13 / 19
Provide Title/ I Ticket(s)/Pass(es) provided by agency?		If no:
nekel(a)/r ass(es/ provided by agency:	res 🖾 No 🗖	Name of Source
Was ticket distribution made at the behest $\gamma$	/es 🕅 No 🗖	If yes: Haggerty, Scott
of agency official?		Official's Name (Last, First)
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)	Numbør of Ticket(s)/ Passes	Identify one of the following:
Juarez, Mario	4	To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
		Ceremonial Role 🔲 Other 🛄 Income [ If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ 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

	Denise Jacinto	Ticket Administrator	09/05/19
	Print Name	Title	(month, day, year)
Comment:	· · · · · · · · · · · · · · · · · · ·		

<u>C</u>	eremonial Role Even	its and Ticket/F	Pass Disti	ributions	Α	<b>Public Document</b>	
1.	Agency Name				Date Stamp	California	
	Alameda County					Form 802	
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisors, Distri	ict 1					
	<b>Designated Agency Contact</b>	(Name, Title)			1		
	Leah Doyle-Stevens, Ticket	Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	510-272-6691	Leah.Doyle-Stever	ns@acgov.or	g	Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation	<u>a</u> .		11		
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of				Each Ticket/Pass \$ <u>1,5</u>	500	
	Event Description, Oakland						
	Event Description: Oakland A's Game Date(s) Date(s)				<u> </u>	/	
	Ticket(s)/Pass(es) provided	_		f no:			
				Hagger	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	🖄 No 🗌	r yes: <u>Haggor</u>	ggerty, Scott Official's Name (Last, First)		
3.	• Use Section A to identify the agen		Use Section B to	identify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa	urtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	D. New offset		Number				
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
					ionial Role Dother Dother ing "Ceremonial Role" or "Other" desc		
					tonial Role Other During "Ceremonial Role" or "Other" desc	Income 🗌	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Las Positas College Found 3000 Campus Hill Dr., Live		1 Suite	To rev	vard a school or non-p its contributions to th	profit organization for the community	
						· · ·	

#### 4. Verification

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

$\mathcal{L}$		5	Leah Doyle-Stevens	Ticket Administrator	07/02/19
$\bigcirc$	Signature of Agency Head on Lesignes		Print Name	Title	(month, day, year)
(	Comment: <u>Suite was auctioned</u>	d during	fundraiser event. Proceeds	go toward programs, scholarships &	community.

C	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	Α	Public Document
,	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Distri					
	Designated Agency Contact	(Name,Title)				
	Leah Doyle-Stevens, Ticket	Administrator	Amendment (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number E-mail					
	510-272-6691	Leah.Doyle-Steven	s@acgov.c	org	Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			20	2.00
	Does the agency have a ticl	ket policy? Yes [	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	5.00
	Event Description: Oakland	A's Game Provide Title/ Expla	nation	Date(s)07		//
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗖	If no:	Name of Source	
	Was ticket distribution made of agency official?	X No 🗆	If yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First)		
3.	Recipients <ul> <li>Use Section A to identify the ager</li> </ul>	acy's department or unit.	Use Section B	to identify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s) Passes	/ Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Ind (Last, Fit		Number of Ticket(s) Passes	1	Identify one of the f	ollowing:
					nonial Role D Other c king "Ceremonial Role" or "Other" de	
		T			monial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and		Number of Ticket(s) Passes	/ Describe t	he public purpose made pur	suant to the agency's policy
	Alameda Health System 1411 E. 31st St., Oakland	l, CA 94602	4		d a school or nonprofit orgotions to the community.	

#### 4. Verification

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

	Leah Doyle-Stevens	Ticket Administrator	07/02/19
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:	during fundraiser event. Proceeds	s go toward improved hospital pro	ograms and care.

# Agency Report of:

С	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	Α	<b>Public Document</b>
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)		·	1	For Official Use Only
	Board of Supervisors, Distri	ct 1				
	Designated Agency Contact	(Name, Title)		· · · · · · · · · ·		
	Denise Jacinto, Ticket Adm	inistrator	Amendment (1)			
	Area Code/Phone Number E-mail				. L. Amenament (Must Pi	rovide Explanation in Part 3.)
	510-272-6691	Denise.Jacinto@a	cgov.org	(	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation		2		
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>13</u>	0.00
	Event Description: <u>Shawn</u>	Mendes Concert		Date(s)		/
	Ticket(s)/Pass(es) provided	Provide Title/ Expla by agency? Yes		lf no:	Name of Source	
				w	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	🖄 No 🗖	If yes: <u></u>	y, Scott Official's Name (Last, First)	·····
	A. Name of Agency, Depa	ntment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Pickard, Jasmine		4	ever reve	note attendance at a ht in or to maximize p nue for concession ar onial Role L Other L	otential county od parking sales
	Name of Outside O	ganization	Number	if check	ing "Ceremonial Role" or "Other" des	cribe below:
	C. (include address and		of Ticket(s)/ Passes		e public purpose made purs	uant 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 requirem and the second set of the second set of

	Denise Jacinto	Ticket Administrator	09/05/19
	Print Name	Title	(month, day, year)
		21	
Comment:	<i>i</i> i		

Cere	monial Role Even	ts and Ticket/P	ass Distril	outions	Α	Public Document
	ency Name		Date Stamp	California Form 802		
Ala	meda County					4
Div	ision, Department, or Reg	on (if applicable)				For Official Use Only
Bo	ard of Supervisors, Distri	ct 1				
Des	signated Agency Contact (	Name, Title)				· · ·
Lea	ah Doyle-Stevens, Ticket	Administrator			Amendment (Must P	Provide Explanation in Part 3.)
Are	a Code/Phone Number	E-mail				
51	0-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing:	(month, day, year)
2. Fu	nction or Event Infor	mation				7.00
Do	es the agency have a ticl	ket policy? Yes	🛛 No 🗌 🛛 Fa	ace Value of	Each Ticket/Pass \$	
Év	ent Description: Oakland	A's game Provide Title/ Expla		ate(s) <u>07</u>	<u>, 25 , 19</u>	///
Tic	ket(s)/Pass(es) provided	· · ·	🗙 No 🗔 lf	no:	Name of Source	
110				Llagnar	Name of Source	
Wa	as ticket distribution made	e at the behest Yes	🗵 No 🗌 🛛 If	yes: Hagger	ty, Scott Official's Name (Last, First)	
of	agency official?				,	
A 	Use Section A to identify the agen Name of Agency, Depa Alameda County Board of District 1	artment or Unit	Use Section B to id Number of Ticket(s)/ Passes 4	Describe th		suant to the agency's policy
B	). Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the f	·
					nonial Role 🔲 🔹 Other 🗋	
					monial Role Other C king "Ceremonial Role" or "Other" de	
-	Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
25				¢		
	· ·			I		

4. Verification

		A	Leah Doyle-Stevens	Ticket Administrator	08/23/19	
V	Signature of Agency Head or Designee		Print Name	Title	(month, day, year)	
	Comment:				<u> </u>	

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

	Agency Name					Date Stamp	California 802
	Alameda County						Form OUZ
	Division, Department, or Reg	ion (if applicab	le)		a l	1	For Official Use Only
	Board of Supervisors, Distri	ct 1					
	Designated Agency Contact (	Name, Title)					
	Leah Doyle-Stevens, Ticket	Administrate	or			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		-			
	510-272-6691	Leah.Doyle	e-Stevens	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🗵		ace Value of	Each Ticket/Pass \$ 45	.00
	Event Description: Oakland	A's game			ato(s) 07	<u>, 27 , 19</u>	
	Event Description.	Provide	Title/ Explana	ation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛛	No 🗌 If	no:	Name of Source	
				(f		ty, Scott	
	Was ticket distribution made	e at the behe	st Yes	] No 🛛 👘	yes. <u></u>	ty, Scott Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
	of agency official?						
3.	Recipients					-	
	• Use Section A to identify the agen	cy's department	or unit. • U	Jse Section B to i	dentify an individ	iual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
		1					
		· · · · ·					
	B. Name of Indi (Last, Fir			Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Scheffer, Dennis			4	To re	eward a Community vo service to the	
	Ψ.					nonial Role 🔲 Other 💭 king "Ceremonial Role" or "Other" des	
	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
4.	Verification	AC Regulatio	ns 18944.	1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
ŧ		'n	Leah Do	yle-Stevens		Ticket Administrator	08/26/19
1	<ul> <li>Signature of Agency Head or Designation</li> </ul>	ree		nt Name		Title	(month, day, year)
	Comment:					· · · · · · · · · · · · · · · · · · ·	

Comment:

Ce	remonial Role Even	ts and Ticket/Pa	ass Distri	butions	A	<b>Public Document</b>
	Agency Name				Date Stamp	California Form 802
	Alameda County					A CONTRACT OF A
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Distri					
	Designated Agency Contact			D7		
	Leah Doyle-Stevens, Ticket				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
	510-272-6691	Leah.Doyle-Stevens	s@acgov.org	3	Date of Original Thing.	(month, day, year)
2.	Function or Event Infor	mation			4-	7.00
	Does the agency have a ticl	ket policy? Yes 🛛	SINo 🗖 🛛 🛛	ace Value of	Each Ticket/Pass \$	7.00
	Event Description: Oakland	A's game		Date(s)	<u>, 31 , 19</u>	//
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes 2		no:	Name of Source	
	Was ticket distribution made	e at the behest Yes P		f yes: <u>Hagg</u> er	ty, Scott Official's Name (Last, First)	
	of agency official?	,00 [			Ufficiai's Name (Last, First)	
_						
3.	• Use Section A to identify the ager	acy's department or unit.	Use Section B to i	identify an individ	lual. • Use Section C to iden	tify an outside organization.
			Number			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pui	suant to the agency's policy
						E
						<u> </u>
				(H)		
			Number			
	B. Name of Ind		Number of Ticket(s)/		Identify one of the	following:
	(Last, Fi		Passes		aramata attandance a	t a county sponsored
	Luna, Mel		4		ent in order to maxim	at a county sponsored
			- <b>-</b>		venue for concessior	
				Ceren	nonial Role 📙 🛛 Other 📘	
				lf chec	king "Ceremonial Role" or "Other" de	scribe below:
	C. Name of Outside C		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
	C. (include address and	d description)	Passes			<u> </u>
					<u> </u>	
A	Verification					
<del>،</del> . /	Drave read and understand E	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance
		1				
/		Leah Do	oyle-Stevens	5	Ticket Administrator	08/26/19
1	7 Signature of Agendy Head or Desig		int Name		Title	(month, day, year)

**A Public Document** 

_						0.00
1.	Agency Name		Date Stamp	California 802		
	Alameda County			For Official Use Only		
	Division, Department, or Regi	on (If Applicabl				
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692		nristy@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Infor					(Month, Day, Year)
۷.				Eace Value /	of Each Ticket/Pass \$ _	17
	Does the agency have a ticke		Yes 🛛 No 🗌			
	Event Description A's vs. Tw	ins		Date(s)	/ 02 19	////
		Provide Title/Exp	planation	Ookla	and Athlatica	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	If no: Oakia	and Athletics Name of Sci	urce
	Mon ticket distribution mode	t the behavet				
	Was ticket distribution made a of agency official?	No 🗋 Yes 🛛	If yes:	e, Richard- Supervisor Official's Name (	Last, First)	
_						
3.	• Use Section A to identify the agence	ula danastraant a	runit - a Lica Soction R t	o idontify an individ	tual - Allee Section C to iden	tify an outside organization
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
			1 235(00)		·····	· · · · · · · · · · · · · · · · · · ·
	•\					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
			Pass(es)		······································	· · · · · · ·
	Johnson, Terry			To reward	d a community	Income L
	i donnioon, i ong		2	volunteer	for his or her se	rvice
				to the pul	DIIC	Income
	<u></u>		Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy
					····	<u> </u>
4.	Verification				· · · · · · · · · · · · · · · · · · ·	
		ulations 18944.1 a	and 18942. I have verified th	at the distribution se	t forth above, is in accordance w	vith the requirements.
			Gabriela Christy	,	Supervisor's Assistar	nt 8/1/2019
	signe	90	Print Name	· · ·	Title	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/1

remonial Role Events and Ti				A Public Document
Agency Name			Date Stamp	California 802
Alameda County		· · · · · · · · · · · · · · · · · · ·		Form OOZ For Official Use Only
Division, Department, or Region (If Applicat	ble)			I of official osc 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.C	hristy@acgov.ol	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No 🗌	] Face Value o	f Each Ticket/Pass \$ _	17 36 7 24
Event Departmention Oakland A's vs. Minne			<u>, 3 , 19</u>	1 4 19
Event Description <u>Carland AS vs. Mit the</u> Provide Title/E		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛	l If no: Oaklan	d Athletics	+(1
			Name of So	
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor [	
of agency official?			Official's Name (	Last, First)
Recipients				
Use Section A to identify the agency's department of the section A to identify the agency's department of the section and	or unit. • Use Section	on B to identify an individu	Jal. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
All American Festival				·····
	-	_		
			2	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
(Last, First)	Pass(es)	· · · · · · · · · · · · · · · · · · ·		
			Other describe below:	Income
		" Checking Ceremon	a Role of Other describe below:	
		Ceremonial Role	Other	income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
······································	Pass(es)	To reward o	abool or nonprofit	
MAT TOON I DAGLOCIDAD	0		school or nonprofit for its contribution	
MT. 2020 Mancion recerent to celebrate our		the communi		<u> </u>
ntN + community proce				
Verification (				
I have read and understand FPPC Regulations 18944.1 a	and 18942. I have verif.	ied that the distribution set f	orth above, is in accordance wi	th the requirements.
	Gabriela Chi		Supervisor's Assistan	

Ceremonial Role Event	s and lic	ket/Pass Di	stributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regi	on (If Applicable,	)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact (//	lame, Title)			-	
Gabriela Christy					
	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
		sty@acgov.org	]	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation	· · -·			1
Does the agency have a ticket	policy?	Yes 🛛 No 🗋	Face Value o	of Each Ticket/Pass \$	15/10
Event Description Alameda Co					7,7,19
	Provide Title/Expla	anation	_ Date(s) _		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🖾	If no: Alame	da County	
				Name of Sou	
Was ticket distribution made at	the behest	No 🗌 Yes 🛛	If yes: <u>Valle,</u>	Richard- Supervisor D	istrict 2
of agency official?				Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify the agency	's department or u	Number of	B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
0			<u> </u>		
		Number of		29	
B. Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
			e viente		
Rodriquez, Roberto			To reward a	a community volunte	
		<sup>4</sup> /1	his or her se	ervice to the public	
				1	
					Income
C. Name of Outside Organi:	zation	Number of	· · · · · · · · · · · · · · · · · · ·		
(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				· · · · · · · · · · · · · · · · · · ·	
			·····		
4. Verification					····
I have read and understand FPPC Regula	tions 18944.1 and	18942. I have verified	I that the distribution set f	orth above, is in accordance with	n the requirements.
	-	Gabriela Chris	sty	Supervisor's Assistant	8/1/2019

Print Name

Comment: \_

(Month, Day, Year)

Title

	remonial Role Ever	nts and Tic	cket/Pass D	Distributions		A Public Document
1. A	gency Name				Date Stamp	California 802
	lameda County					i onni
D	ivision, Department, or Reg	gion (If Applicabl	le)		- -	For Official Use Only
в	oard of Supervisors	1				
D	esignated Agency Contact	(Name, Title)			-	
G	abriela Christy					
	rea Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(5	510) 272-6692	Gabriela.Ch	risty@acgov.oi	rg	Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Info	rmation				
D	oes the agency have a tick	et policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ _	15/10
F	vent Description Alameda	County Fair				7 , 7 , 19
L		Provide Title/Exp	planation	Date(s)		
Т	icket(s)/Pass(es) provided t	by agency?	Yes 🗌 No 🕅	If no: Alame	da County	
					Name of S	
	/as ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor	District 2
_						
	Recipients Use Section A to identify the agen	cv's department or	unit 🕞 Use Sectio	on B to identify an individ	ual allee Section C to ide	ntify an outside organization
			Number of			
	Name of Agency, Departm	ient of Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy
_						
_						
						2
E	Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
_			Pass(es)			
G	reene, Jackie			Ceremonial Role		Income
			4/2	To reward a d	community voluntee	r for
_			·	his or her ser	vice to the public	
						Income
	Name of Outside Orga	nization	Number of			
0	(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
I. V	erification					· · · · · · · · · · · · · · · · · · ·
	ave read and understand FPPC Rea	ulations 18944.1 an	d 18942. I have verifi	ied that the distribution set i	forth above, is in accordance w	ith the requirements.
			Gabriela Chr		Supervisor's Assistar	- 1 · [
-	-	e	Print Name		Title	(Month, Day, Year)
						1
С	omment:	8				

Ceremonial Role Events an	d licket/Pass Dis	stributions	×.	A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If A	pplicable)			For Official Use Only
Board of Supervisors		-		
Designated Agency Contact (Name, T	itle)			
Gabriela Christy				
Area Code/Phone Number E-mai		[] A	mendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692 Gabrie	ela.Christy@acgov.org	Date	of Original Filing: _	(Marthe Day Marth
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy		Face Value of Each	Ticket/Pass \$	15 \$10
Event Description Alameda County			· · · · · · · · ·	7 , 7 , 19
Event Description	Title/Explanation	Date(s).	-	1 1 13
Ticket(s)/Pass(es) provided by agend	cy? Yes 🗌 No 🛛	lf no: <u>Alameda</u> Col	unty	
			Name of Sour	
Was ticket distribution made at the be of agency official?	ehest 🛛 No 🗌 Yes 🔀	If yes: Valle, Richa	rd- Supervisor Di	strict 2
			Official's Name (La	ast, First)
3. Recipients	terrent en unit Hee Costien D			
Use Section A to identify the agency's depar	Number of			
A. Name of Agency, Department or Un	it Ticket(s)/ Pass(es)	Describe the public purp	ose made pursuant te	o the agency's policy
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		To reward a Con		
/	\$4/2	To reward a Cou her exemplary se	nty employee for	r his or
Assessor's office		to encourage staf	development	lic or
ASSESSORSCAL		_		
B. Name of Individual	Number of Ticket(s)/	- lQenu	ly vire of and the t	
	Pass(es)			-
Lim, Mathew		Ceremonial Role	Other	Income
	4	·····g · · · · · · · · · · · · ·		
		Ceremonial Role	Other	Income
		lf checking "Ceremonial Role" o	"Other" describe below:	
C Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the public purp	ose made pursuant to	o the agency's policy
				0
4. Verification				
I have gead and understand FPPC Regulations 18	944.1 and 18942. I have verified th	nat the distribution set forth abov	e, is in accordance with	the requirements.
-	Gabriela Christy		visor's Assistant	BLIDDE
nee .	Print Name		Title	(Month, Day, Year)
				/
Comment:				EPPC Form 802 (4/12)

<u> </u>		is and ne	Incui dos L			A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicabl	e)		-	For Official Use Only
	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.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			·	15-10-10
	Does the agency have a ticke		Yes 🛛 No 🗌	] Face Value o	of Each Ticket/Pass \$	15/5/0
	Event Description Alameda C	County Fair Provide Title/Exp	lanation	Date(s) _		7 , 7 , 19
	Ticket(s)/Pass(es) provided b		Yes 🗌 🛛 No 🛛	If no: Alame	da County	
	Mos tisket distribution mode	at the babaat			Name of Sou	
	Was ticket distribution made a of agency official?	at the benest	No 🗋 Yes 🛛	If yes: vane,	Richard- Supervisor D Official's Name (L	ast, First)
3	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Section	on B to identify an individ	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 put	olic purpose made pursuant	to the agency's policy
		_				0
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Brown, Tyra			Ceremonial Role	Other	
	Brown, Tyla		4/2	-	nial Role" or "Other" describe below:	
			10	To reward a	community volunteer	r for
	· · · · ·			his or her ser	vice to the public	
			1			
			Number of			8
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
				¥		
4.	Verification				·	
	I have read and understand EDDC Powe	"ntions 18944.1 an	nd 18942. I have verifi	fied that the distribution set i	forth above, is in accordance wit	h the requirements.
		0	Gabriela Chi	risty	Supervisor's Assistant	B11/2019
	_		Print Name		Title	(Month, Day, Year)

A 105 1 111

ionial Role Even	its and Tic	:ket/Pass Dis	tributions		A Public Document
ncy Name	·			Date Stamp	California 802
eda County					
on, Department, or Reg	<b>jion</b> (If Applicable	e)			For Official Use Only
l of Supervisors	(Name Title)				
	(Name, nue)				
	15			Amendment (Must p	rovide explanation in Part 3.)
272-6692		risty@acgov.org		Date of Original Filing:	(Month, Day, Year)
ction or Event Infor	mation				15/310
the agency have a tick	et policy?	Yes 🖾 🛛 🗋	Face Value o	of Each Ticket/Pass \$ _	15 1010
Description Alameda	County Fair Provide Title/Exp	planation	Date(s) _		7 , 7 , 19
t(s)/Pass(es) provided b	by agency?	Yes 🗌 No 🛛		Ivame of Sc	
icket distribution made gency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor	District 2 Last, First)
pients Section A to identify the agen	cy's department o	r unit. • Use Section E	3 to identify an individ	ual. • Use Section C to ider	tify an outside organization.
Name of Agency, Departm	ient or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		4/2	To reward a her exempla	a County employee fo ary service to the pub	or his o: olic or
DS-DZ			to encourag	e staff development	
Name of Individ (Last, First)	uai	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
oz Ramos, Cinthya				_	Income [
5					Income [
		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy
<u></u>					2 01
fication reag and understand FPPC Rea	gulations 18944.1 a	nd 18942. I have verified	that the distribution set	forth above, is in accordance w	ith the requirements.
			ty	Supervisor's Assistar	aliba
	hcy Name heda County on, Department, or Reg l of Supervisors nated Agency Contact ela Christy Code/Phone Number 272-6692 ction or Event Infor the agency have a ticke Description Alameda of t(s)/Pass(es) provided b icket distribution made gency official? pients Section A to identify the agen Name of Agency, Departm DS -DZ Name of Individu (Last, First) DZ Ramos, Cinthya Name of Outside Orga (include address and do	hcy Name heda County on, Department, or Region (If Applicable of Supervisors nated Agency Contact (Name, Title) ela Christy Code/Phone Number 272-6692 Code/Phone Number 272-6692 Co	Incy Name   needa County   on, Department, or Region (If Applicable)   I of Supervisors   nated Agency Contact (Name, Title)   ela Christy   Code/Phone Number   272-6692   Code/Phone Number of Ticket(s)/   Pess(es)   Provide Title/Explanation   No □   Name of Agency, Department or unit.   • Use Section A   Name of Individual   (Last, Fred)   Pass(es)   pop   Name of Outside Organization   Number of   Ticket(s)/   Pass(es)   past(es)   past(es)   Number of   Ticket(s)/   Pass(es)   past(es)   Number of   Number of   Ticket(s)/   Pass(es)     past(es)     Provide Title/Explanation     Number of   Ticket(s)/   Pass(es)     past(es) <tr< td=""><td>eeda County         on, Department, or Region (If Applicable)         I of Supervisors         nated Agency Contact (Name, Title)         ela Christy         Code/Phone Number       E-mail         272-6692       Gabriela.Christy@acgov.org         cition or Event Information       the agency have a ticket policy?       Yes ⊠ No □       Face Value of Description Alameda County Fair         Description       Alameda County Fair       Date(s) -         Pravide Title/Explanation       If no: Alame         icket distribution made at the behest       No □ Yes ⊠       If yes: Valle, gency official?         pients       Section A to identify the agency's department or unit.       • Use Section B to identify an individe the rexemplation         Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pulp Pass(es)         DS - D/2       If no: ward a her exemplation       Ceremonial Role         Name of Individual (Last Forg)       Number of Ticket(s)/ Pass(es)       Ceremonial Role         DS - D/2       Ceremonial Role       If checking 'Ceremo         Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pulp Pass(es)         Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pulp</td><td>Date Stamp         Date Stamp</td></tr<>	eeda County         on, Department, or Region (If Applicable)         I of Supervisors         nated Agency Contact (Name, Title)         ela Christy         Code/Phone Number       E-mail         272-6692       Gabriela.Christy@acgov.org         cition or Event Information       the agency have a ticket policy?       Yes ⊠ No □       Face Value of Description Alameda County Fair         Description       Alameda County Fair       Date(s) -         Pravide Title/Explanation       If no: Alame         icket distribution made at the behest       No □ Yes ⊠       If yes: Valle, gency official?         pients       Section A to identify the agency's department or unit.       • Use Section B to identify an individe the rexemplation         Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pulp Pass(es)         DS - D/2       If no: ward a her exemplation       Ceremonial Role         Name of Individual (Last Forg)       Number of Ticket(s)/ Pass(es)       Ceremonial Role         DS - D/2       Ceremonial Role       If checking 'Ceremo         Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pulp Pass(es)         Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pulp	Date Stamp         Date Stamp

Ce	eremonial Role Event	ts and Ticl	ket/Pass Di	stributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		. <u>.</u> .		
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chri	sty@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$.	15/10
	Event Description Alameda C	ounty Fair	anation	_ Date(s)		<u>    7     7                          </u>
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗋 No 🛛	If no: Alame	da County Name of S	Nource
	Was ticket distribution made a	it the behest	No 🗌 Yes 🖾.	If ves: Valle,	Richard- Supervisor	District 2
	of agency official?				Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agency	y's department or u	· · · · · · · · · · · · · · · · · · ·	B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
7			412		County employee f	
					ry service to the pul e staff development	olic or
	BOS-DZ			to encourag	e stan development	
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)	_	identity one of the follo	wing:
				Ceremonial Role	C Other	Income
•	Miley, Chris			If checking "Ceremo	nial Role" or "Other" describe belov	κ.
				Ceremonial Role	Other D	Income
						8 21
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	<u></u>				· · · · · · · · · · · · · · · · · · ·	
_						
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

Title

Comment: \_

ignee

				1		
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form OOZ	
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name Title1				5
	Gabriela Christy				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing	•
	(510) 272-6692	1	risty@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				15/10
	Does the agency have a ticke		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ .	
	Event Description Alameda C	County Fair		Data(a)		7 , 7 , 19
	Event Description	Provide Title/Exp	vlanation	Date(s).		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🛛	If no: Alamed	da County	
	Leneral and a solution browned b	, -gonoy:			Name of S	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: <u>Valle,</u>	Richard- Supervisor	District 2
	of agency official?				Official's Name	e (Last, First)
3	Recipients			2		
~1	Use Section A to identify the agence	y's department of	runit. • Use Section	B to identify an individu	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursua	
	B. Name of Individu	al	Number of			wing
	B. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	
	<u> </u>			Ceremonial Role		Income
	Demartini, Andy		410	To reward a		м. С
			[1-4]	his or her co	community volunt rvice to the public	eer tor
	· <u> </u>		<u> </u>		the public	
						Income
			4			
			ų l			4
	·		Number -6			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pul	blic purpose made pursua	ant to the agency's policy
	(include address and de		Pass(es)			
		···· ·				
			1 1			

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

-	Gabriela Christy	Supervisor's Assistant	8/1/2019
ignee	Print Name	Title	(Month, Day, Year)
	11 A.		

Comment: \_\_\_\_

**A Public Document** 

С	eremonial Role Even	its and Tic	ket/Pass D	istributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	<b>jion</b> (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Gabriela Christy		e.			
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				1210
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass <sup>¢</sup> _	15 JON
54	Event Description Alameda	County Fair		Date(s).		7 , 7 , 19
	·	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	by agency? '	Yes 🗌 🛛 No 🛛	If no: Alame	da County Name of So	urce
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	Valle.	Richard- Supervisor I	
	of agency official?			If yes:	Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agen	cy's department or	unit. • Use Section	n B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	· · · · ·	Pass(es)	· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)			
	Schmidt, Lorenzo		J	Ceremonial Role	hial Role" or "Other" describe helt	Income
			4/1	To reward a co	mmunity volunteer fo	or
			1	his or her servi	ce to the public	
				11000		Income
			e-			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
4	Verification		{		·····	
- 1	I have-read and understand FPPC Rea	ulations 18944.1 an	nd 18942. I have verifie	ed that the distribution set	forth above, is in accordance wi	th the requirements.
			Gabriela Chri	sty	Supervisor's Assistan	t Blilzon
	-	.e	Print Name		Title	(Month, Day, Year)

Comment: \_\_\_\_

remonial Role Events	and Ticke	eurass L					
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 (Nat	me, Title)			1			
Gabriela Christy					rovide explanation in Part 3.)		
	-mail				rovide explanation in Fan 3.)		
(510) 272-6692 G	abriela.Christ	ty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)		
Function or Event Informa	ation				15/10		
Does the agency have a ticket p	olicy? Y	∕es⊠ No[	] Face Value	of Each Ticket/Pass \$ _	() [0		
Event Description Alameda County Fair			Date(s) _		7 7 19		
Event Description	rovide Title/Explan	ation					
Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛			If no: Alameda County				
			- Valle				
Nas ticket distribution made at the behest   No			If yes:	e, Richard- Supervisor Official's Name	(Last, First)		
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
A. Name of Agency, Department							
A. Name of Agency, Department		Pass(es)					
A. Name of Agency, Department		Pass(es)			<u>,,</u>		
A. Name of Agency, Department		Pass(es)					
A. Name of Agency, Department		Pass(es)					
A. Name of Agency, Department B. Name of Individual (Last, First)		Pass(es) Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
B. Name of Individual		Number of Ticket(s)/	Ceremonial Rol If checking "Cerer		Income		
B. Name of Individual		Number of Ticket(s)/		e 🗌 Other 🗌	Income		
B. Name of Individual		Number of Ticket(s)/		e D Other nonial Role" or "Other" describe below	Income [		
B. Name of Individual		Number of Ticket(s)/	If checking "Cerer Ceremonial Rol	e D Other nonial Role" or "Other" describe below	Income [		
B. Name of Individual		Number of Ticket(s)/	If checking "Cerer Ceremonial Rol	e  Other	Income [		
B. Name of Individual		Number of Ticket(s)/ Pass(es)	lf checking "Cerer Ceremonial Rol If checking "Cerer	e Dther nonial Role" or "Other" describe below e D Other nonial Role" or "Other" describe below	Income [ Income [		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Cerer Ceremonial Rol If checking "Cerer	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr	Income [ Income [ ofit 's policy		
B. Name of Individual (Last, First) C. Name of Outside Organiz (include address and desc		Number of Ticket(\$)/ Pass(es)	If checking "Cerer Ceremonial Rol If checking "Cerer D To rew organiz	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr zation for its contribu	Income [ Income [ n ofit 's policy		
B. Name of Individual (Last, First)	ription)	Number of Ticket(s)/ Pass(es)	If checking "Cerer Ceremonial Rol If checking "Cerer D To rew organiz	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr	Income [ Income [ n ofit r's policy		
B. Name of Individual (Last, First) C. Name of Outside Organiz (include address and desc Union City Family Center 725 Whipple Rd., Union City, Strive to build community by a and preparing youth and adul	ription) CA 94587 engaging Its to	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30	If checking "Cerer Ceremonial Rol If checking "Cerer D To rew organiz the cor communities, so will have at their	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr zation for its contribu nmunity that every child, family, fingertips high-quality s	ofit <b>'s policy</b> and community member		
B. Name of Individual (Last. First) C. Name of Outside Organiz (include address and descr Union City Family Center 725 Whipple Rd., Union City, Strive to build community by a and preparing youth and adul pertising in transforming the Verification	ription) CA 94587 engaging Its to	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30	If checking "Cerer Ceremonial Rol If checking "Cerer D To rew organiz the cor communities, so will have at their	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr zation for its contribu nmunity that every child, family, fingertips high-quality s	ofit "s policy tions to		
B. Name of Individual (Last, First) C. Name of Outside Organiz (include address and desc Union City Family Center 725 Whipple Rd., Union City, Strive to build community by a and preparing youth and adul	ription) CA 94587 engaging Its to	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30	If checking "Cerer Ceremonial Rol If checking "Cerer D To rew organiz the cor communities, so will have at their	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr zation for its contribu nmunity that every child, family, fingertips high-quality s	ofit 's policy tions to and community member sevices and oppostunities		
B. Name of Individual (Last. First) C. Name of Outside Organiz (include address and descr Union City Family Center 725 Whipple Rd., Union City, Strive to build community by a and preparing youth and adul pertising in transforming the Verification	ription) CA 94587 engaging Its to	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30	If checking "Cerer Ceremonial Rol If checking "Cerer D To rew organiz the cor communities, so will have at their prodoct in order their	e D Other D nonial Role" or "Other" describe below e D Other D nonial Role" or "Other" describe below ard a school or nonpr zation for its contribu nmunity that every child, family, fingertips high-quality s	ofit income [ income ] income ] income [ income ] income ] income [ income ] income		

Ce	remonial Role Event	ts and Ticl	ket/Pass D	Distributions		A Public Document		
1. 4	gency Name				Date Stamp	California 802		
A	lameda County			Form OOZ				
	ivision, Department, or Regi	on (If Applicable)	1	For Official Use Only				
B	oard of Supervisors				-			
	Designated Agency Contact (	Name, Title)		<u> </u>				
c	Babriela Christy							
	rea Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)		
(	510) 272-6692	Gabriela.Chri	isty@acgov.o	rg	Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Infor	mation				is lain		
۵	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	] Face Value	of Each Ticket/Pass \$ .	15 DIV		
	Event Description Alameda County Fair			Date(s) .		7 , 7 , 19		
6	Provide Title/Explanation							
٦	Ficket(s)/Pass(es) provided b	Yes 🗋 No 🛛	If no: Alame	eda County Name of S	Course			
				a Valle	, Richard- Supervisor			
١	Was ticket distribution made at the behest No I Yes X of agency official?			If yes:	Official's Name	(Last, First)		
2								
J.	• 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)	·		10		
					·· <u>·</u>	<u></u>		
					8			
-			Number of					
	B. Name of Individu		Ticket(s)/ Pass(es)		Identify one of the follo	wing:		
	i S			Ceremonial Role		Income		
			1	If checking "Cerem	onial Role" or "Other" describe below	<i>w</i> :		
				Ceremonial Role	e 🔲 Other 🗖			
			1		onial Role" or "Other" describe belo	<i>w:</i>		
			Number of		a school or nonprof			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	-	on for its contributio	ons to the hey's policy		
	· · · · · · · · · · · · · · · · · · ·		Fass(es)	communit	У			
	Cypress Mandela 977 66th Ave, Oakland, CA	94621	30 5	•				
	The Cypress Mandela Training Center is a community based organization			of the people it serves by providing pre-apprentice construction and life skills training along with employment assistance.				
_	dedicated to improving the		+					
4.	Verification	gulations 18944.1 ar	nd 18942. I have ve	rified that the distribution se	et forth above, is in accordance	with the requirements.		
	Gabriela Chris				Supervisor's Assista	aliaar		

eremonial Role Eve	nts and Tic	ket/Pass Dis	stributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or R	egion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)			1	
Gabriela Christy				Amendment (Must pro	vide explanation in Part 3.)
Area Code/Phone Number	E-mail			] —	
(510) 272-6692	Gabriela.Chr	risty@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function or Event Inf	ormation				15/10
Does the agency have a tic	cket policy?	Yes 🖾 🛛 No 🗋	Face Value of	of Each Ticket/Pass \$	13 11-
Event Description Alamed	a County Fair	Innotion	Date(s)	-	7 , 7 , 19
			If no: Alame	da County	
Ticket(s)/Pass(es) provided	d by agency?	Yes 🗌 No 🛛		Name of Sou	
Was ticket distribution mad	le at the behest	No 🗌 Yes 🛛	If yes: Valle,	, Richard- Supervisor D	istrict 2
of agency official?				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the ag	ency's department or		B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant t	to the agency's policy
		Number of			
B. Name of Indiv (Last, First)	idual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Gutierrez, Alia	· · · ·	4/2	Ceremonial Role To reward a his or her ser	community volunteer vice to the public	Income [
2			_		income [
C. Name of Outside O (include address and	rganization	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy
	(description)	Pass(es)			
		Pass(es)			
		Pass(es)			2
					±
Verification			-		2
. Verification	-1 -1		d that the distribution se	t forth above, is in accordance wi	th the requirements.
• Verification	-1 -1			t forth above, is in accordance wi Supervisor's Assistant	aliloc

e Stamp California 802 For Official Use Only  dment (Must provide explanation in Part 3.) riginal Filing: (Month, Day, Year) ket/Pass \$ 19 19 19 19 1  Arriors Name of Source
For Official Use Only  dment (Must provide explanation in Part 3.)  riginal Filing:
dment (Must provide explanation in Part 3.) riginal Filing:
riginal Filing:
riginal Filing:
riginal Filing:
riginal Filing:
(Month, Day, Year) ket/Pass \$/ 19/
<u>19</u> , <u>19</u> , <u>,</u> , <u>,</u> arriors
<u>19</u> , <u>19</u> , <u>,</u> , <u>,</u> arriors
arriors
arriors
Arriors Name of Source
Name of Source
Supervisor District 2
ection C to identify an outside organization.
made pursuant to the agency's policy
made pursuant to the agency's poncy
ne of the following:
y volunteer for
public Income D
made pursuant to the agency's policy
· · · · · · · · · · · · · · · · · · ·
s in accordance with the requirements.
or's Assistant 8119
alle

A Public Document

Ceremonial Role Eve	nts and Tio	cket/Pass Dist	ributions	(9)	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County	Alameda County				Form OOL
Division, Department, or Re	gion (If Applicab	1	For Official Use Only		
Board of Supervisors				47	
Designated Agency Contac	t (Name, Title)	1			
Gabriela Christy					
Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	Gabriela.Cl	hristy@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	ormation				20/20
Does the agency have a tic	ket policy?	Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$ _	1501-20
Event Description Shawn M	lendes: The T	our	Date(s) 7	7 <u>, 13 , 19</u>	
Event Description	Provide Title/Ex	<i>kplanation</i>			
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors	ource
XA7 11-1			Valle		
Was ticket distribution made of agency official?	e at the benest	No 🗋 Yes 🛛	If yes:	e, Richard- Supervisor Official's Name	(Last, First)
2 Decinionto		• • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	(
3. Recipients • Use Section A to identify the age	ency's department	or unit. • Use Section B	to identify an individ	dual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Depart		Number of Ticket(s)/		ublic purpose made pursuar	
		Pass(es)			
B. Name of Indivi	dual	Number of Ticket(s)/		Identify one of the follo	wing:
(Last, First)		Pass(es)	Ceremonial Pole		
Sharma, Aditi				a community volunt	
		4/2		service to the public	
					Income
		15			
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
					2
4. Verification					
4. Verification I have read and understand FPPC F	Regulations 18944.1	and 18942. I have verified	that the distribution se	et forth above, is in accordance	with the requirements.
		Gabriela Christ	ty	Supervisor's Assista	ant $91205$
	nee	Print Name	<u> </u>	Title	(Month, Day, Year)

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

Ce	eremonial Role Event	s and Ticl	ket/Pass Di	stributions		A Public Document
1.	Agency Name		т.		Date Stamp	California 802
	Alameda County		1	rom		
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Gabriela Christy					<u> </u>
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cha	risty@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				0.1
	Does the agency have a ticket	policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ _	24
	Event Description <u>A's vs. Wh</u>	anation	Date(s)7	<u>, 13 , 19</u>	07 , 14 , 19	
	Ticket(s)/Pass(es) provided by	Yes 🗋 No 🛛	lf no: Oakla	nd Athletics Name of S	ource	
	Was ticket distribution made at the behest No I Yes I of agency official?				, Richard- Supervisor Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
				-		
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		l a community	
			1 233(03)	— volunteer	for his or her se	ervice Income
	Samson, Kyle		2	to the put	olic	
				To reward	a community	
	Green, Keith				or his or her ser	
			2			Vice
				to the publi	C	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)			gency's policy
					21. 1921	ж.
_		<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.

-	Gabriela Christy	Supervisor's Assistant	81111
lesignee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

.

#### Agency Report of: ente and Ticket/Pass Distributions

eremonial Role	<b>Events and Tic</b>	ket/Pass Dist	ributions		A Public Document		
Agency Name				Date Stamp	California 802		
Alameda County					Form OCL For Official Use Only		
Division, Department	t, or Region (If Applicabl	/e)					
Board of Supervisor	S						
Designated Agency							
Gabriela Christy					t provide explanation in Part 3.)		
Area Code/Phone Nu	imber E-mail	· · · · · · · · · · · · · · · · · · ·					
(510) 272-6692	Gabriela.Ch	nristy@acgov.org	D	ate of Original Filing	(Month, Day, Year)		
. Function or Ever	nt Information				120/20		
Does the agency hav		Yes 🖾 🛛 No 🗖		ach Ticket/Pass \$			
Event Description St	Event Description Shawn Mendes: The Tour Provide Title/Explanation			Date(s) 7 / 14 / 19 /////			
Ticket(s)/Pass(es) p	ovided by agency?	Yes 🗌 No 🛛	If no: Golden Si	Name of .			
Was ticket distribution of agency official?	n made at the behest	No 🗋 Yes 🛛	If yes: <u>Valle, Ri</u>	chard- Supervisor Official's Name	r District 2 e (Last, First)		
Recipients	v the agency's department o	or unit. • Use Section B	to identify an individual.	Use Section C to id	entify an outside organization.		
	y, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursua	ant to the agency's policy		
		41	To reward a C	County employee	e for his or		
•		42	her exemplar	v service to the p	Sublic of		
CAD			to encourage	staff developmen	nt		
	of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	 I	dentify one of the foll	owing:		
Mojica, Maylene			Ceremonial Role	Other  Cther  Ct	Income		
<u> </u>			Ceremonial Role	Other C	Income		
		5. T					
	utside Organization ress and description)	Number of Ticket(s)/ Pass(es)	Describe the public	: purpose made pursu	ant to the agency's policy		
			c	<u></u>			
4. Verification							
4. Verification	d FPPC Regulations 18944.1	and 18942. I have verified to Gabriela Christ	_	th above, is in accordanc supervisor's Assist	(1)		

#### Agency Report of: Ceremonial Role F Distributions 1. 4/D-

Amendment (Must provide expl	2
Amendment (Must provide expl e of Original Filing:(Month ch Ticket/Pass \$ 16 1907 thletics Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an out	or Official Use Only anation in Part 3.) , Day, Year) 17/24 1719 2
Amendment (Must provide expl te of Original Filing:	anation in Part 3.) , Day, Year) 17/24 , 17 , 19 2
e of Original Filing:	2
( <i>Wontr.</i> ch Ticket/Pass \$ <u>16 , 19 07</u> thletics Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an our	17/24 , 17 , 19 2
16 , 19 07 thletics Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an our	<u>, 17 , 19</u> 2
16 , 19 07 thletics Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an our	<u>, 17 , 19</u> 2
Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an out	2
Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an out	
Name of Source hard- Supervisor District Official's Name (Last, First) • Use Section C to identify an out	
<ul> <li>Use Section C to identify an out</li> </ul>	
<ul> <li>Use Section C to identify an out</li> </ul>	
	tside organization.
	tside organization.
rpose made pursuant to the ag	
	gency's policy
a community for his or her service	Income E
ic	
community	Income
his or her some	
sine of her service	
	ncy's policy
1 <u>.</u>	
above, is in accordance with the rec	quirements.
	Ø11 20
Title	(Monttl, Day, Year)
	ntify one of the following: a community for his or her service ic community his or her service

P

. /	Agency Name		Date Stamp California 802				
	Alameda County					Form OOL For Official Use Only	
ī	Division, Department, or Regi	on (If Applicable)		For Official Ose Only			
I	Board of Supervisors						
ī	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.Chris	sty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform	mation		24/20			
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗆	] Face Value o	f Each Ticket/Pass \$	24/36	
ſ	Event Description <u>A's vs. Ma</u>	riners	Date(s) 07	, 25 , 19	07 , 26 , 19		
[	_vent Description	Provide Title/Explar					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no:				nd Athletics		
1	Was ticket distribution made at the behest No i of agency official?			If yes: Valle, Richard- Supervisor District 2			
3.	Recipients	v's department or u	on B to identify an individ	ual. • Use Section C to identif	y an outside organization.		
	Use Section A to identify the agency's department or unit.     Use Section B to identify an indiv				ublic purpose made pursuant to the agency's policy		
	A. Name of Agency, Departme	ent of Unit	Ticket(s)/ Pass(es)	Describe the put		The agency's poncy	
				-			
	B. Name of Individu	Number of Ticket(s)/	Identify one of the following:				
			Pass(es)	Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below:	income [	
				Ceremonial Role		Income	
				it checking Ceremo	nial Role" or "Other" describe below:		
				1	haal or popprofit		
	C. Name of Outside Orga	nization	Number of	— To reward a	school or nonprofit for its contributions	to	
			Ticket(s)/ Pass(es)	organization	ity	gency's policy	
	<ul> <li>(include address and de</li> </ul>	scription)	1 1 1 1 1 1 1 1 1	1			
	(include address and de			— the commun	lity		
		lation 27200	4	— the commun	illy		
	(include address and de Saint Rose Hospital Found Calaroga Ave, Hayward, C	lation 27200 A 94545				o meet the hospital's	
	(include address and de Saint Rose Hospital Found Calaroga Ave, Hayward, C The St. Rose Hospital Fou	lation 27200 A 94545 ndation helps			ary resources needed to	o meet the hospital's	
4	(include address and de Saint Rose Hospital Found Calaroga Ave, Hayward, C The St. Rose Hospital Four St. Rose Hospital carry out	lation 27200 A 94545 ndation helps		raising the necess	ary resources needed to	o meet the hospital's	
4.	(include address and de Saint Rose Hospital Found Calaroga Ave, Hayward, C The St. Rose Hospital Four St. Rose Hospital carry out	lation 27200 A 94545 ndation helps t its mission by	4	raising the necess current and future	ary resources needed to		
4.	(include address and de Saint Rose Hospital Found Calaroga Ave, Hayward, C The St. Rose Hospital Foun St. Rose Hospital carry out	lation 27200 A 94545 ndation helps t its mission by	4	raising the necess current and future	ary resources needed to needs.	n the requirements.	
4.	(include address and de Saint Rose Hospital Found Calaroga Ave, Hayward, C The St. Rose Hospital Foun St. Rose Hospital carry out	lation 27200 A 94545 ndation helps t its mission by pulations 18944.1 and	4 1 18942. I have ver	raising the necess current and future rified that the distribution set hristy	ary resources needed to needs. forth above, is in accordance with	n the requirements.	

A Public Document

remonial Role Ev	ents and Ticl	ket/Pass [	Distributions	⇒ AF	Public Document	
Agency Name				Date Stamp C	alifornia 802	
Alameda County			Form For Official Use Only			
Division, Department, or Region (If Applicable)					For Onicial Use Only	
Board of Supervisors						
Designated Agency Cont	act (Name, Title)					
Gabriela Christy		Amendment (Must provide e	xplanation in Part 3.)			
Area Code/Phone Numbe						
510) 272-6692	Gabriela.Chr	isty@acgov.c	org	Date of Original Filing:(Mo	nth, Day, Year)	
Function or Event Information				36	1745	
				f Each Ticket/Pass \$	19 19	
Event Description Oakland A's vs. Texas Rangers Date(s)				<u>, 27 , 19</u> <del>7</del>	10011	
Oakiar				d Athletics		
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗋 No 🛛	_	Name of Source		
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes:			If yes: Valle,	Richard- Supervisor Distric Official's Name (Last, Fi	xt 2	
of agency official?				Official's Name (Last, Fi	rst)	
Recipients					autoide exemization	
Use Section A to identify the agency's department or unit.     Use Section B to identify     Number of						
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the	agency's policy	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
			Ceremonial Role	Dther nial Role" or "Other" describe below:	Income	
			2			
			Ceremonial Role	Other	Income	
				nial Role" or "Other" describe below:		
		Number of		a school or nonprofit	. <u> </u>	
C. Name of Outside (include address a		Ticket(s)/ Pass(es)	the comm	on for its contributions	to icy's policy	
HARD Foundation			••••••••••••••••••••••••••••••••			
1099 E Street Hayward	d, CA 94541	1 +				
		,		ies that will tend to further	ark and reprostion	
The specific and prima corporation are to initia	ate, sponsor,		projects within the	jurisdictional limits of the H	ayward Area	
The specific and prima corporation are to initia	ate, sponsor,	t	projects within the	jurisdictional limits of the H	ayward Area	
The specific and prima corporation are to initia	ate, sponsor,	t	projects within the	jurisdictional limits of the H	ayward Area	
The specific and prima corporation are to initia	ate, sponsor,	t	projects within the	jurisdictional limits of the H	ayward Area	

Ce	eremonial Role Even	ts and Ticl	ket/Pass Di	stributions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form OUL				
	Division, Department, or Reg	ion (If Applicable	-	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)	-					
	Gabriela Christy		Amondment (Muster	rovide explanation in Part 3.)				
	Area Code/Phone Number	E-mail				rovide explanation in Part 5.)		
	(510) 272-6692	Gabriela.Chr	isty@acgov.org		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Infor	mation		100/30				
	Does the agency have a ticket policy? Yes 🛛 No 🗌			Face Value	of Each Ticket/Pass \$ _	100/30		
	Event Description KMEL Summer Jam			Date(s) 7	Date(s) 7 28 19			
	Provide Title/Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			lf no: Golde	n State Warriors			
			Valle	, Richard- Supervisor				
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	Last, First)		
_					<u> </u>			
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's polic			
	1.81							
	55 V							
	B. Name of Individu (Last, First)	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Jackson, Latisha		412	Ceremonial Role	e  Other Conial Role" or "Other" describe below			
				To reward a his or her se	reward a community volunteer for or her service to the public			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy		
4	Verification				· · · · · · · · · · · · · · · · · · ·			
		gulațions 18944.1 ai	nd 18942. I have verifi	ed that the distribution se	et forth above, is in accordance	with the requirements.		
		gulațions 18944.1 ai	nd 18942. I have verifin Gabriela Chr		et forth above, is in accordance Supervisor's Assista	01.100.6		

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

Ceremonial Role Eve	ents and 110	Ketrass Dist	riputions		A Public Documen		
1. Agency Name				Date Stamp	California 802		
Alameda County					For Official Use Only		
Division, Department, or F	Region (If Applicabl	e)		]			
Board of Supervisors							
Designated Agency Conta	act (Name, Title)						
Gabriela Christy				Amendment (Must)	provide explanation in Part 3.)		
Area Code/Phone Number E-mail							
(510) 272-6692	Gabriela.Cl	nristy@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event In	formation				17		
Does the agency have a t	icket policy?	Yes 🛛 🛛 No 🗖		of Each Ticket/Pass \$ _			
Event Description <u>A's vs.</u>	Brewers		Date(s)	7 , 30 , 19	07 , 31 , 19		
	Provide Title/Ex	planation					
Ticket(s)/Pass(es) provide	ed by agency?	Yes 🗋 No 🛛	lf no: <u>Oakla</u>	Name of S			
			Valla				
Was ticket distribution ma of agency official?	ide at the behest	No 🗖 Yes 🖾	If yes: Valle	e, Richard- Supervisor Official's Name	(Last, First)		
					х 		
3. Recipients	ogency's department o	or unit. • Use Section B	to identify an individ	lual. • Use Section C to ide	ntify an outside organization.		
	Use Section A to identify the agency's department or unit.     Use Section     Number of			Describe the public purpose made pursuant to the agency's policy			
A. Name of Agency, Dep	A. Name of Agency, Department or Unit Ticket(s Pass(e			Describe the public purpose made pursuant to the agency's policy			
B. Name of Ind		Number of Ticket(s)/		Identify one of the follo	wing		
(Last, Firs	Last, First)		— To reward a communi		Y		
Jackson, Blake	Jackson, Blake		", volunte	er for his or her	service		
			to the r To rewa	ard a community	Į		
		_	° volunte	er for his or her	service Income		
Gomez, Javey	Gomez, Javey		to the p				
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 polic				
<i>M</i>							
					12		
4. Verification	C Regulations 18944.1	and 18942. I have verified		et forth above, is in accordance Supervisor's Assista			
eremonial Role Events a	nd Tick	et/Pass	Distributions		A Public Document		
----------------------------------------------------------------	----------------------	----------------------------------------	----------------------------------	----------------------------------------------------	---------------------------------		
. Agency Name				Date Stamp	California 802		
Alameda County					Form		
Division, Department, or Region (	f Applicable)				For Official Use Only		
Board of Supervisors							
Designated Agency Contact (Name	e, Title)			-			
Heather Cartwright				Amendment (Musta	provide explanation in Part 3.)		
Area Code/Phone Number E-m	nail						
(510) 272-6693 hea	ather.cartw	right@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)		
Function or Event Informat	ion				\$36		
Does the agency have a ticket pol		Yes 🛛 🛛 No 🛛		of Each Ticket/Pass \$ _			
Event Description Baseball game	)		Date(s)	7 , 03 , 19	//		
Prov	ide Title/Expla	nation					
Ticket(s)/Pass(es) provided by age	ency?	Yes 🗌 🛛 No 🛛	If no: Oakla	Name of St	ource		
At the state of the	bobast		If yes: Char				
Was ticket distribution made at the of agency official?	e penest	No 🗌 Yes	X If yes:	Official's Name	(Last, First)		
Recipients	-						
Use Section A to identify the agency's de	partment or u	ınit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
A. Name of Agency, Department or		Number of Ticket(s)/ Pass(es)		blic purpose made pursuar			
					*: #2		
B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:		
			Ceremonial Role		Income		
Khatri, Sikander		2		nial Role" or "Other" describe below	held at a County facility ir		
			order to maximize	potential County reve	nue		
	<u> </u>		Ceremonial Role	Other	Income		
				onial Role" or "Other" describe below	Υ.		
		2					
C. Name of Outside Organization		Number of Ticket(s)/ Describe the p		ublic purpose made pursuant to the agency's policy			
			Besonine the pe				
C. Name of Outside Organizati (include address and descript		Ticket(s)/ Pass(es)					
					······		
(include address and descript							
Verification	tion)	Pass(es)			with the requirem <u>ent</u> s.		
Verification	tion) 18944.1 and	Pass(es)	erified that the distribution se	t forth above, is in accordance i	f12 /1		
Verification	tion) 18944.1 and	Pass(es)	erified that the distribution se		f12 /1		

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions	W a	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL
	Division, Department, or Reg	ion (If Applicable	<del>?</del> )	·······		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	provide explanation in Part 3.)
	(510) 272-6693		wright@acgo	ov.org	Date of Original Filing:	(Month. Day. Year)
2	Function or Event Infor					
<u>,</u>	Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	\$17
						///
	Event Description Baseball g	Provide Title/Exp	lanation	Date(s)		
			nd A's			
				Name of So	ource	
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Char	n, Wilma	
	of agency official?			-	Official's Name	'Last, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agend</li> </ul>	cy's department or		ction B to identify an individ	lual. • Use Section C to ider	itify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
			Pass(es)			
	R Name of Individu	unl	Number of			• • • •
	B. Name of Individu	101	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		Income
	Lam, Marianne		2		nial Role" or "Other" describe below:	
				order to maximize	potential County reve	held at a County facility in nue
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role		
					nial Role" or "Other" describe below.	
			2			
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	(include address and de	escription)	Pass(es)			
	•					
4.	Verification	~				
/		.). ons 18944.1 ar	d 18942. I have v	erified that the distribution set	t forth above, is in accordance v	+1m116
(			Heather Ca	rtwright	Supervisor's Assista	nt /////
Y			Print Nar	me	Tille	(Month, Day Year)
					194	
	Comment:					FPPC Form 802 (4/12)
					FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-7772)

Neura55	Distributions		A Public Document
		Date Stamp	California 802
	r		Form OOL
)			For Official Use Only
		Amendment (Must p	rovide explanation in Part 3.)
		₩ .	
wright@acgc	ov.org	Date of Original Failing: .	(Month, Day, Year)
			\$15
Yes 🛛 No 🛛	- Face Value o	f Each Ticket/Pass \$ _	
	Date(s) _	-	07 , 07 , 19
	. Alamer	da County Fair	
Yes 🗌 No 🛛		Name of So	
No 🗖 Yes	X If yes: Alame	eda County Superviso	r Wilma Chan
		Official's Name (	Last, First)
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
Number of Ticket(s)/		Identify one of the follow	ing:
Pass(es)			
2	To reward a comm public	unity volunteer for his	or her service to the
	Ceremonial Role if checking "Ceremor	Other D	Income
2	To reward a comm public	unity volunteer for his	or her service to the
Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
nd 18942. I have v	erified that the distribution set	forth above, is in accordance w	vith the requirements.
	rtwright	Supervisor's Assistar	nt 07.15.2019
Heather Ca	ravigni	oupor neer er mennen	
Heather Ca Print Nar		Title	(Month, Day, Year)
	e) twright@acgo Yes No [ Ves No [ Ves No [ No ] Yes ] runit. • Use Sec Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) 2	e)  twright@acgov.org  Yes INO Face Value o  Janation Yes No If no: Alame No Yes If yes: Alame No Yes If yes: Alame No Yes If yes: Alame No Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role If checking 'Ceremon 2 To reward a comm public Number of Ticket(s)/ Pass(es) Describe the put	e)         wright@acgov.org         Yes I No I         Face Value of Each Ticket/Pass \$

#### Agency Report of: Ceremonial Role E e Distributions akat/Da

eremonial Role Events and Tick	evPass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				Form COL
Division, Department, or Region (If Applicable)			8). 20	For Official Use Only
Board of Supervisors			× .	
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6693 heather.cartw	right@acgc	ov.org	Date of Original Filing: _	(Month, Day, Year)
Function or Event Information				\$15
	Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	
Event Description Alameda County Fair		Date(s).		07 , 07 , 19
Provide Title/Explain	nation	Alame	da County Fair	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [	·	Name of Sou	
Was ticket distribution made at the behest	No 🗌 Yes [	X If yes. Alame	eda County Supervisor	Wilma Chan
of agency official?			Official's Name (L	ast, First)
Recipients			<u>(</u>	
Use Section A to identify the agency's department or u				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
ж				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:
(Last, First)	Pass(es)		Other	
Bacani, Mark		Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	
	5	To promote attend facilitymaximize	anceevent held at a potential County reven	County ueconcession sales
		Ceremonial Role	Other	Income
5. 5.	5	If checking "Ceremon	nial Role" or "Other" describe below:	
			2	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
. Verification	118942 1 4045 11	erified that the distribution set	forth above, is in accordance w	th the requirements.
			Supervisor's Assistan	
	Heather Ca Print Nar		Title	(Month, Day, Year)

Ceremonia	I Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
. Agency N	ame	•			Date Stamp	California 802
Alameda C						Form OOL
	partment, or Reg	ion (If Applicable	e)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Board of Su	inervisors					
	Agency Contact	(Name, Title)	·····		- A 05	
- Heather Ca		2				
	Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6		heather.cart	wright@acgc	ov.org	Date of Original Filing: _	(Month, Day, Year)
· · ·	or Event Infor	mation				¢лс.
	ency have a ticke		Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	\$15
	iption <u>Alameda</u>		9	Date(s)		07 07 19
Event Descr	iption	Provide Title/Exp	lanation		-	
Ticket(s)/Pa	ss(es) provided b	y agency?	Yes 🔲 No 🛛	If no: Alame	eda County Fair	<u> </u>
					neda County Supervisor	
Was ticket d	listribution made a	at the behest	No 🗌 Yes	If yes: Alan	Official's Name (L	ast, First)
3. Recipient	S	v's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to identi	fy an outside organization.
			Number of		blic purpose made pursuant	
A. Name	of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Desenbe the pe		
<u></u>						
В.	Name of Individu (Lest, First)	Jal	Number of Ticket(s)/		Identify one of the followi	ng:
	(283), (133)		Pass(es)	Ceremonial Role	Other .	Income
Brown, Ma	ddie				onial Role" or "Other" describe below:	
,			3	To promote attend	danceevent held at a d	County
	)	ē.		facilitymaximize	potential County reven	
				Ceremonial Role		Income
			3	It checking "Geremi	onial Role" or "Other" describe below:	
		nization	Number of			to the energy's policy
C. N	ame of Outside Orga lude address and de	escription)	Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	to the agency's poncy
						Υ.
4. V <b>efi</b> ficati	on					na ana ana ang ang ang ang ang ang ang a
+. vjernicali		400 ( ( 4 4	nd 18042 Lhave v	erified that the distribution se	et forth above, is in accordance wi	th the requirements.
		ins 18944. Fa	10 10342. 1 1040 0			
a.		ins 18944. i a	Heather Ca		Supervisor's Assistan	

Comment: \_\_\_\_

A Public Document

	jency Name			0	Date Stamp	California 802
-	ameda County		8			Form For Official Use Only
	ision, Department, or Regi	ion (If Applicable	?)		9	TO, Onicial Cas Only
R∩	ard of Supervisors					
	signated Agency Contact (	(Name, Title)				
He	eather Cartwright			×	Amendment (Must)	provide explanation in Part 3.)
	ea Code/Phone Number	E-mail			_	
(5 <sup>.</sup>	10) 272-6693	heather.cart	wright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Fi	unction or Event Infor	mation				\$15
Do	es the agency have a ticke	et policy?	Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$ _	
Ev	ent Description Alameda	County Fair		Date(s)	-	0719
L. V		Provide Title/Exp	lanation	Alam	eda County Fair	
Tic	cket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛		Name or 3	
	as ticket distribution made a f agency official?	at the behest	No 🗌 Yes 🕻	If yes: Alan	neda County Supervis Official's Name	or Wilma Chan
3. R	ecipients Jse Section A to identify the agend	cy's department o	dual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy
B	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	
				Ceremonial Role		Income
С	artwright, Bonnie		7		nonial Role" or "Other" describe below danceevent held at a	
				facilitymaximize	e potential County reve	enueconcession sales
_			7	Ceremonial Rol		Income
				2		
ō	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursu	ant to the agency's policy
						X
-						
					Đ.	
4.	verification	- totone 10011 1	and 18942 I have u	verified that the distribution s	set forth above, is in accordance	e with the requirements.
Å	and the second second consideration of a second	WONS 10944.1	Heather Ca		Supervisor's Assist	
			Heamer U2	HIWHUHL '	Oupor 1.001 07 100101	

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

#### Agency Report of: . . . 1.00 Distributions С

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eremonial Role Events	s and lic	NEUT assi			
Agency Name			1	Date Stamp	California 802
Alameda County		×			EAL STREAM AND A COMPANY AND A COMPANY
Division, Department, or Regio	n (If Applicable		For Official Use Only		
Deard of Supervisors					Û.
Board of Supervisors Designated Agency Contact (A	lame Title)			= -	
	<i>amo</i> , <i>mo</i> ,				
Heather Cartwright	P <sup>2</sup>	· · · · · · · · · · · · · · · · · · ·		Amendment (Must pro	ovide explanation in Part 3.)
	E-mail	wright@acgo		Date of Original Filing: _	(Month, Day, Year)
(/		wingint@acgo			(Month, Day, Tear)
Function or Event Inform			T Eace Value o	of Each Ticket/Pass \$	\$15
Does the agency have a ticket		Yes 🛛 No 🛛			07 , 07 , 19
Event Description Alameda C	ounty Fair	(	Date(s)	<del></del> .	07 07 10
		nanation	Alame	da County Fair	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🕻		Name of Sol	
Was ticket distribution made at	the behest	No 🗌 Yes [	Alam	eda County Supervisor	Wilma Chan
of agency official?			<u></u>	Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency	's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/		olic purpose made pursuant	
		Pass(es)			
		r			
				······	
B. Name of Individua	đ	Number of Ticket(s)/		Identify one of the follow	ing:
(Last, First)		Pass(es)	Ceremonial Role	Other	Income
Various (reference attached			If checking "Ceremo	nial Role" or "Other" describe below:	
spreadsheet)		153	To promote attend	lance at a County facili	ty in order to maximize
•			potential County r	evenue from parking a	
			Ceremonial Role		Income
		153	If checking "Ceremo	nial Role" or "Other" describe below:	
		Number of			
C. Name of Outside Organ (include address and des	ization	Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
(include address and dos		Pass(es)			tu in order to movimize
Various (reference attached		20	To promote attend	evenue from parking a	ty in order to maximize
spreadsheet)	······································				
			To reward a scho	ol or nonprofit organiza	tion for its contributions
Various (reference attached	t l	150		• –	
Various (reference attached spreadsheet)	1	150	to the community	· · ·	
spreadsheet)			to the community		
spreadsheet)			to the community	t forth above, is in accordance w	ith the requirements.
spreadsheet)		and 18942. I have v Heather Ca	to the community rerified that the distribution se	t forth above, is in accordance w Supervisor's Assistar	ith the requirements. nt 07.15.2019
spreadsheet)	ilations 18944.1 a	and 18942. I have v	to the community rerified that the distribution se	t forth above, is in accordance w	ith the requirements.

15.50

. . .

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

Address

Organization

Description

# of Tickets

С

**2-1 TICKET RECIPIENTS** 

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

Cypress Mandela Alameda Boys and Girls Club	Girls Inc. of the Island City San Leandro Boys & Girls Club Lotus Bloom	San Leandro Home Owner Assocation - Casa Del Mar
977 66th Ave, Oakland, CA 94612 1900 3rd Street, Alameda, CA 94501	1724 Santa Clara Ave, Alameda, CA 94501 401 Marina Blvd, San Leandro, CA 94577 555 19th Street, Oakland, CA 94612	14055 Doolittle Drive, San Leandro, CA 94577
Provides-pre-apprentice construction, life skills and employment assistance Youth activities & after- school club in San Leandro	Provide Youth Development Services Geared for Girls in Alameda Youth activities & after- school club in San Leandro Multicultural family resource center	Family focused living community in San Leandro
30 <b>3</b> 0	30 30	153 5 20

15 4

4

1.	Agency Name	5	Date Stamp	California Form 802		
	Alameda County Division, Department, or Region	n (If Applicabl		For Official Use Only		
	Board of Supervisors		, ,			
	Designated Agency Contact (Na	ame, Title)		· · · · · · · · · · · · · · · · · · ·		
	Heather Cartwright					
		-mail			. [_] Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	Heather.Ca	rtwright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					\$32 Butler Pass
	Does the agency have a ticket p		Yes 🔀 🛛 No 🕻	Face Value o	of Each Ticket/Pass \$ _	
	Event Description Alameda Co	ounty Fair	lanation	Date(s).		07 , 07 , 19
		24	da County Fair			
	Ticket(s)/Pass(es) provided by	agency?	Name of So			
	Was ticket distribution made at	the behest	No 🗌 Yes [	If yes: Alam	eda County Superviso Official's Name	or Wilma Chan
	of agency official?		<u>.</u>			
3.	Recipients • Use Section A to identify the agency's	department o	∙unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	N				blic purpose made pursuan	
			Ticket(s)/ Pass(es)			
					8	
					2	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Brown, Maddie Bacani, Marc					Income
			1 ea.		nial Role" or "Other" describe below. ance at a County faci	lity in order to maximize
	Cartwright, Bonnie			potential County re	evenue from parking a	and concession sales
				Ceremonial Role		Income
	Sundararaman, Asha		1 ea.		nial Role" or "Other" describe below. ance at a County faci	lity in order to maximize
				potential County re	evenue from parking a	and concession sales
	C. Name of Outside Organiz (include address and desc	ration ription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	0					
	<u> </u>					
4.	Verification	<b>N</b> 100444	nd 19042   hours	prified that the distribution set	forth above, is in accordance v	with the requirements.
1	( '				Supervisor's Assista	
1	Signature of Agency Head or Designee	<u> </u>	Heather Can Print Nam		Title	(Month, Day, Year)
	Comment:					

A Public Document

C	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form COL
	Division, Department, or Regi	on (If Applicable	e)			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	provide 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				ft0
	Does the agency have a ticke		Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$ _	\$10 park
	Event Description Alameda C	County Fair		Date(s)		07 07 19
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Alame	eda County Fair	
			_		eda County Superviso	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	If yes: Alan	Official's Name	(Last, First)
_	*				12	
3.	• Use Section A to identify the agenc	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
			Number of		blic purpose made pursuan	
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)			
		·	Number of			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			1 400(03)	Ceremonial Role	Other	Income
	Murphy, Eric		1	• · · · · · · · · · · · · · · · · · · ·	nial Role" or "Other" describe below.	
	Cheng, Jason Stadmire, Sylvia				nunity volunteer for his	s or her service to the
				public		
	Whitlock-Peterson, Leisel			Ceremonial Role If checking "Ceremo	Dinial Role" or "Other" describe below	
	Clemmons, Estelle		1		nunity volunteer for his	
	Voves, Nancy			public	-	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			1 405(60)			
					·····	
				1		
4	. ∦erification∕	<b>18</b> 944.1 ai	nd 18942. I have vi	erified that the distribution set	t forth above, is in accordance u	with the requirements.
			Heather Ca		Supervisor's Assista	
	agricitie a nyency neagen besight	···)	Print Nan		Title	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12)
				Ð	FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-7772)

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Form         For Official Use Only         For Official Use Only         Image: Im
Amendment (Must provide explanation in Part 3.) ate of Original Filing:
ate of Original Filing:
ate of Original Filing:
ate of Original Filing:
(Wohth, Day, Year) ach Ticket/Pass \$\$20 VIP park 070719 County Fair 
(Montri, Day, Year) ach Ticket/Pass \$\$20 VIP park 070719 County Fair 
OT _ 07 _ 19     OT _ 07 _ 19     OT _ 07 _ 19     Other of Source     County Supervisor Wilma Chan     Official's Name (Last, First)      Use Section C to Identify an outside organization.
07 , 07 , 19 County Fair Name of Source County Supervisor Wilma Chan Official's Name (Last, First) • Use Section C to identify an outside organization.
County Fair Name of Source County Supervisor Wilma Chan Official's Name (Last, First)
Official's Name (Last, First)     Use Section C to identify an outside organization.
Official's Name (Last, First)     Use Section C to identify an outside organization.
Use Section C to identify an outside organization.
Use Section C to identify an outside organization.
• Use Section C to identify an outside organization. purpose made pursuant to the agency's policy
<ul> <li>Use Section C to identify an outside organization.</li> <li>purpose made pursuant to the agency's policy</li> </ul>
purpose made pursuant to the agency's policy
167
dentify one of the following:
Role" or "Other" describe below: ce at a County facility in order to maximize
nue from parking and concession sales
Other I Income
Role" or "Other" describe below:
ce at a County facility in order to maximize nue from parking and concession sales
purpose made pursuant to the agency's policy
h above; is in accordance with the requirements.
upervisor's Assistant 07.16.2019
Title (Month. Day, Year)

Ce	remonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ For Official Use Only		
	Division, Department, or Regi	on (If Applicable	<i>;)</i>		1	r or Onicial Ose Only
	Board of Supervisors					9
	Designated Agency Contact (	Name, Title)			1	
	Heather Cartwright				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	heather.cart	wright@acg	ov.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation				\$15
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	
	Event Description Alameda C	County Fair Provide Title/Exp	lanation	Date(s) _	-	07 , 07 , 19
	Ticket(s)/Pass(es) provided b		Yes 🗌 No	If no: Alam	eda County Fair	Source
				neda County Supervis		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes		Official's Name	e (Last, First)
3.	• Use Section A to identify the agenc	vic dopartment or	unit e lise Se	ction B to identify an individ	dual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		ublic purpose made pursua	
		······································				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	
	Sundararaman, Asha			Ceremonial Role	Other D	Income [
			2	To promote atten facilitymaximize	danceevent held at potential County rev	a County enueconcession sales
			2	Ceremonial Role	e D Other D other or "Other" describe beig	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursu	ant to the agency's policy
					0.00	
4	Verification			vorified that the distribution of	et forth above, is in accordance	e with the requirements.
4		uations 18944.1 a	no 18942. I have	ventieu mat the ustimution s	an and a set of its in a sector all of	
ĺ			Heather C	artwright	Supervisor's Assist	ant 07.15.2019

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

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

remonial Role Events	and Ticl	(et/Pass I	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County			1 Onth		
Division, Department, or Region	(If Applicable,		<u> </u>	×.	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)				
Heather Cartwright				Amendment (Must pro	ovide explanation in Part 3.)
	-mail				
(510) 272-6693 h	eather.cartv	vright@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
Function or Event Information	ation				\$160.00
Does the agency have a ticket p		Yes 🛛 🛛 No 🕻		of Each Ticket/Pass \$	
Event Description GOT 7 Conc	ert Provide Title/Expla		Date(s)	7 , 10 , 19	
. F	Provide Title/Expl	anation	Golde	en State Warriors	
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No 🕻		Name of Sou	Irce
Was ticket distribution made at t	the behest	No 🗌 Yes 🛙	If yes: Char	n, Wilma	
of agency official?				Official's Name (L	ast, First)
Recipients		(e)			the en enteride empirication
Use Section A to identify the agency's	department or	unit. • Use Sect			
A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic 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 follow	ing:
			Ceremonial Role	Other	Income
Cartwright, Dellie		4		onial Role" or "Other" describe below:	eld at a County facility ir
			order to maximize	potential County reven	Nue
			Ceremonial Role	Other	Income
			If checking "Cerem	onial Role" or Other" describe.below:	
		4	10. 10.		
Name of Outside Organiz	ration	Number of		ublic purpose made pursuant	to the agency's policy
C. Name of Outside Organiz (include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the pt		
				94	
<u></u>					
Verification	) Higher 18044 1	d 18942 J have y	erified that the distribution se	t forth above, is in accordance w	ith the requirements
Verification	) tions 18944.1 ar			et forth above, is in accordance w	117611
Verification Regula	) tions 18944.1 ar.	d 18942. I have ve Heather Ca Pant Nan	rtwright	et forth above, is in accordance w Supervisor's Assistan <sub>Title</sub>	117611

1.	Agency Name				Date Stamp	California 802
	Alameda County					Ponn
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors			~		
	Designated Agency Contact	(Name, Title)			-	-
	Heather Cartwright					ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·			
	(510) 272-6693	heather.car	twright@acgo	ov.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				<b>^</b>
	Does the agency have a ticke	t policy?	Yes 🗵 No	🗂 🛛 Face Value d	of Each Ticket/Pass \$	\$24
	Event DescriptionBaseball g	jame		Date(s) 07	7 , 12 , 19	/
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd A's Name of Sou	
						irce
	Was ticket distribution made a of agency official?	at the behest	No 🔲 Yes	If yes: Chan	Official's Name (L	ast, First)
_			.9			
3.	• Use Section A to identify the agenc	v's denartment or	unit • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
3	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ng:
	Schutz, Barry		Pass(es)	-	Other ial Role" or "Other" describe below: punity volunteer for his	Income
			2	Ceremonial Role	Other niel Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
					3	
4.	Verification		440040		forth above is in accordance with	th the requirements
- /	i	nauons 18944.1 an			forth above, is in accordance wi	1/2/10
1			Heather Car	dw/right	Supervisor's Assistant	

eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documer
. Agency Name			Date Stamp	California 802
Alameda County				Form OU2
Division, Department, or Region (If Applicable	)			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.carty	vright@acg		Date of Original Filing:	
Function or Event Information	might@acg	0v.org		(Month, Day, Year)
			of Each Ticket/Pass \$	\$130.00
	Yes 🛛 No			
Event Description Shawn Mendes Concert	notion	Date(s)		//
	anauon	Coldo	n Stato Marriore	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: _Golder	n State Warriors Name of Sou	Irce
Was ticket distribution made at the behest	No 🗋 Yes	If yes: Chan		
of agency official?	NUL les	⊠ nyes:	Official's Name (L	.ast, First)
• Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other .	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Youth Alive! 3300 Elm Street, Oakland, CA 94609	2	To reward a school to the community	or nonprofit organizati	on for its contributions
Educate/train young leaders to create a peaceful community				
Verification	·	· · · · · · · · · · · · · · · · · · ·		······································
	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
× +	leather Car	twright	Supervisor's Assistant	7/25/1
uignerure ur Ayericy meau or the gree	Print Name		Titie	(Month, Day, Year)
$\bigcirc$				
Comment:				

	monial Role Event	ts and Tic	ket/Pass	Distributions		A Public Documer
. Age	ency Name	3			Date Stamp	California 802
	meda County					Form OUZ
Divis	sion, Department, or Regi	on (If Applicable	e)			For Official Use Only
Board of Supervisors						
Desi	ignated Agency Contact (	Name, Title)				C III
Hea	ther Cartwright					
Area	Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510	0) 272-6693	heather.cart	wright@acgo	ov.org	Date of Original Filing: _	(Month, Day, Year)
. Fun	nction or Event Inform	nation				
	s the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$130.00
Ever	t Description Shawn Me	ndes Concerl	t	Date(s) 07	7 <u>,</u> 13 <u>,</u> 19	1 1
		Provide Title/Expl	anation			
Ticke	et(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: <u>Golde</u>	n State Warriors	
Maa	ticket distribution made at	itha hatari		— Chan		ce
	igency official?	t the benest	No 🗌 Yes	If yes: Chan	Official's Name (La	st, First)
	ipients	····				· · · · · ·
	Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	al. ● Use Section C to identif	v an outside organization
Α.	Name of Agency, Departmen		Number of		lic purpose made pursuant t	*****
			Ticket(s)/ Pass(es)	Describe the put	ine burbose made bursdant t	o the agency's policy
<u> </u>						
			Number of			
В.	Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
·				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				O a reason of a la Dala		
				Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	
				181	, <del>.</del>	
C.	Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	(include address and desc	ription)	Pass(es)			
	Oakland Youth Develop		2	To reward a school	or nonprofit organizatio	on for its contributions
Cent	ter 8200 International Bl	vd. Oakland,		to the community		
	21/ Develops social and i					
skills	s for youth and young ad	uits		1		
Veri	fication					
	Regula	tions 18944.1 and	18942. I have ver	ified that the distribution set f	orth above, is in accordance with a	the requirements. $-1$
			Heather Cart		Supervisor's Assistant	/74/1
3	Signature of Agency Lous 2. Lesignee		Print Name	2	Title	(Month, Day, Year)

Comment: \_

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-				Biotinoutione		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (	Name.Title)					
		,					
	Heather Cartwright Area Code/Phone Number		<u> </u>	<u></u>	Amendment (Must pro	wide explanation in Part 3.)	
		E-mail	huriaht@aaa		Date of Original Filing: _		
_	(510) 272-6693		twright@acgo	ov.org		(Month, Day, Year)	
2.	Function or Event Inform		_			\$24	
	Does the agency have a ticket		Yes 🔀 No		f Each Ticket/Pass \$		
	Event Description Baseball g	ame Provide Title/Exp		Date(s)07	, 13 , 19	/	
		Provide Title/Exp	lanation	Oalder			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	Name of Sour	ce.	
	Was ticket distribution made a	t the beheet		If yes:			
	of agency official?	t the benest	No 🗌 Yes	K If yes:	Official's Name (La	ist, First)	
3.	Recipients			· · · · · · · · · · · · · · · · · · ·			
5.	• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme		Number of				
	A. Name of Agency, Departme	int or onit	Ticket(s)/ Pass(es)	Describe the pub	e public purpose made pursuant to the agency's policy		
	<u></u>						
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followin		
	(Last, First)		Pass(es)			y.	
	S Malana Jaka			Ceremonial Role		Income	
	Maiers, John		2	_	ial Role" or "Other" describe below:	Seconda d	
					anceevent held at a C potential County revenu		
					Other		
	Oddie, Jim				ial Role" or "Other" describe below:		
			2	To promote attenda	anceevent held at a C	ounty	
				facilitymaximize p	otential County revenu	econcession sales	
	C Name of Outside Organ	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	(include address and des	cription)	Pass(es)	Describe the pub	ne purpose made pursuant t	o the agency's policy	
4	Verification			I <u></u>			
т.		<b>3</b> 18944.1 and	d 18942. I have ve	prified that the distribution set for	orth above, is in accordance with	the requirements	
ł		-	Heather Car	twright	Supervisor's Assistant	+131/1G	
í			Print Nam		Title	(Month, Day, Year)	
	$\subseteq$					/	
	Comment:	t.		· · · · · · · · · · · · · · · · · · ·		EPBC Form 802 (4/12)	

eremonial Role Events	and lic	neur ass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County			, ,		Form 002
Division, Department, or Region	(If Applicable	)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nai	me, Title)				
Heather Cartwright					
	mail			Amendment (Must p	rovide explanation in Part 3.)
		wright@acgo	ov.org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Informa					(Wohin, Day, Year)
Does the agency have a ticket po		Yes 🔀 No	Face Value	of Each Ticket/Pass \$	\$130.00
	-				
Event Description Shawn Mend	ovide Title/Expla	anation	Date(s)	07 <u>, 14 , 19</u>	//
Ticket(s)/Pass(es) provided by a			If no. Gold	en State Warriors	
Ticket(s)/Fass(es) provided by a	gency	Yes 🗌 No		Name of Sol	urce
Was ticket distribution made at th	ne behest	No 🗌 Yes	If yes: Cha	n, Wilma Official's Name (L	
of agency official?				Official's Name (L	.ast, First)
• Use Section A to identify the agency's of <b>A</b> . Name of Agency, Department of		unit. • Use Sec Number of Ticket(s)/		dual. • Use Section C to ident	7
· · · · · · · · · · · · · · · · · · ·		Pass(es)			
					· ;
			•		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
Nickles, Troy		2	· · · · ·	onial Role" or "Other" describe below:	
		_		danceevent held at a potential County reven	
			Ceremonial Role		
				onial Role" or "Other" describe below:	moone
		2		<i>t.</i>	
• • • • • • • • • • •		1 March 1997			
C. Name of Outside Organizat		Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
C. Name of Outside Organization (include address and descrip		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the pr	ublic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
(include address and descrip	otion)	Ticket(s)/ Pass(es)		ublic purpose made pursuant	1
(include address and descrip	nts_18944.1 and	Ticket(s)/ Pass(es)	rified that the distribution se		the requirements

remonial Role Events and Ticl	(eu Pass I	Jistributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable)	)	· • ······	1.6	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 heather.cartv	vright@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				[monn, bay, reary
	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	\$45 tix/\$20 park
Event Description Baseball game	nation	Date(s)7		//
Ficket(s)/Pass(es) provided by agency?		a If no: Oaklai	nd A's	
ickel(s) rass(es) provided by agency:	Yes 🗌 No 🛛		Name of Sou	irce
Nas ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Chan	, Wilma	
of agency official?			Official's Name (L	ast, First)
Recipients			-	
• Use Section A to identify the agency's department or u	1	on B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/	<u></u>	Identify one of the followi	
	Pass(es)	Ceremonial Role	Other	Income
	Pass(es)	If checking "Ceremon Ceremonial Role	Other	
C. Name of Outside Organization (include address and description)	Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor	ial Role" or "Other" describe below:	Income
	Number of Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor Describe the put	nial Role" or "Other" describe below:	Income
(include address and description) UnitedSeniorsofOakland&Alameda -7200	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	nial Role" or "Other" describe below:	Income
(include address and description) UnitedSeniorsofOakland&Alameda -7200 Bancroft Ave Suite251Oakland,94605 Supports issues/concerns to Alameda county seniors and their allies	Number of Ticket(s)/ Pass(es) 18+3p	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Dial Role" or "Other" describe below:	Income Income Income Income
(include address and description) UnitedSeniorsofOakland&Alameda -7200 Bancroft Ave Suite251Oakland,94605 Supports issues/concerns to Alameda county seniors and their allies	Number of Ticket(s)/ Pass(es) 18+3p	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other      other     other      other      other      other      other      other	Income
(include address and description) UnitedSeniorsofOakland&Alameda -7200 Bancroft Ave Suite251Oakland,94605 Supports issues/concerns to Alameda county seniors and their allies	Number of Ticket(s)/ Pass(es) 18+3p	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community ified that the distribution set is wright	Dial Role" or "Other" describe below:	Income

		.neurass			A Public Documen
1. Agency Name		Date Stamp	California 802		
Alameda County			Form		
Division, Department, or	Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Title)	-			
Heather Cartwright					
Area Code/Phone Numb	er E-mail	· · ·	· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6693	heather.car	twright@acg	lov.org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Ir					(Wonth, Day, Year)
Does the agency have a		Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$45 tix/\$20 park
Pasah	all game				
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🔲 No	If no: Oakla	nd A's	
	a by agonoy.			Name of Sou	Irce
Was ticket distribution ma	ade at the behest	No 🗌 Yes	If yes: Char	ı, Wilma	
of agency official?				Official's Name (L	.ast, First)
3. Recipients					
Use Section A to identify the a	igency's department or		ction B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
		Pass(es)			
					· · · · · · · · · · · · · · · · · · ·
B. Name of Indi	ividual	Number of	E.		
Last, First		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremor	nial Role" or "Other" describe below:	
			Coromonial Dala		
				ial Role" or "Other" describe below:	Income
C. Name of Outside C		Number of Ticket(s)/	Describe the put	olic purpose made pursuant f	to the agency's policy
(include address an	d description)	Pass(es)			to the ugency s poncy
Alameda County Family		18+3p	To reward a schoo	l or nonprofit organizati	on for its contributions
470 27th St, Oakland, C	CA 94612	io+sp	to the community	8	
Services to victims of in	terpersonal				
violence in a collaborati					
1. Verification					
.1 h-	5 18944.1 and	l 18942. I have ve	erified that the distribution set f	forth above, is in accordance with	the requirements.
1		Heather Car	rtwright	Supervisor's Assistant	+/7u//c
		Print Nam	ne	Tille	(Month, Day, Year)
				(2)	
Comment:					

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	8 9	Date Stamp	California 802		
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors				.*.	
	Designated Agency Contact (	Name, Title)			-	
	Heather Cartwright					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	heather.cartv	wright@acg	ov ora	Date of Original Filing:	
$\overline{2}$	Function or Event Infor	L				(Month, Day, Year)
-	Does the agency have a ticke		Yes 🛛 No	Face Value (	of Each Ticket/Pass \$ _	\$45 tix/\$20 park
	Event Description Baseball g	Provide Title/Expla		Date(s)	7 <u>, 26 , 19</u>	/
	<b>T</b>			If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No		Name of Sc	purce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Char	i, Wilma	
	of agency official?				Official's Name (	'Last, First)
3.	Recipients					
	Use Section A to identify the agency	ν's department or ι	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
	B. Name of Individua (Last, First)	l	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	·····	· · · · · · · · · · · · · · · · · · ·	1 400(03)	Ceremonial Role	Other D	
				I checking ceremon		
				Ceremonial Role	Other	Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
					:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	Alameda Health System Foundation-350 Frank H. Ogawa Plaza Oakland,94612		6+1p	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
	Serves AHS, Alameda Cour family-centered safety net h			ie -		
4.	Verification	~				, ,
1			18942. I have ve Heather Car		forth above, is in accordance wi Supervisor's Assistan	+12,110
	Junio, Lingui un Designee	~	Print Nam		Title	(Month, Day, Year)
	Comment:					

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1.	Agency Name	Date Stamp	California 802				
	Alameda County	2	Form OOL				
	Division, Department, or Region	(If Applicable)		·····	2	For Official Use Only	
	Board of Supervisors				-	×	
	Designated Agency Contact (Nan	ne, Title)					
	Heather Cartwright						
		mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6693 he	ather.cartw	right@acgc	ov.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Informa	tion					
	Does the agency have a ticket po	licy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$45 tix/\$20 park	
	Event Description Baseball gam	е		Date(s)07	7 , 26 , 19	1 1	
	Pro	vide Title/Explai	nation				
	Ticket(s)/Pass(es) provided by ag	jency?	nd A's Name of Sou				
				rce			
	Was ticket distribution made at th of agency official?	e benest	No 🗌 Yes	If yes: Chan	Official's Name (L	ast, First)	
ა.	• Use Section A to identify the agency's d	epartment or u	nit. • Use Sec	tion B to identify an individ	al	fy an outside organization.	
	A. Name of Agency, Department of	Number of		Describe the public purpose made pursuant to the agency's policy			
	A. Nume of Agency, Department e		Ticket(s)/ Pass(es)				
			Number of				
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
			Fass(cs)	Ceremonial Role	Other		
			<i>•</i>	If checking "Ceremon	nial Role" or "Other" describe below:		
					Dther D nial Role" or "Other" describe below:	Income	
					đ		
					*		
	C. Name of Outside Organizat		Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy	
	(include address and descrip	tion)	Pass(es)			· · · ·	
	Oakland Chinatown Chamber		6+1p		l or nonprofit organizat	ion for its contributions	
	Commerce-388 9th Street #29	0, Oakland	0+10	to the community			
	Promote business in the Asian						
	community		201				
4.	Verification /					$\sim$	
/	د ج	ns 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance with	+ halla	
(	-	H	Heather Car		Supervisor's Assistant		
		,	Print Narr	1e	Title	(Mon <b>t</b> h, Day, Year)	
	Comment:						
						FPPC Form 802 (4/12)	

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#### Date Stamp 1. Agency Name 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.) E-mail Area Code/Phone Number Date of Original Filing: \_ heather.cartwright@acgov.org (Month, Day, Year) (510) 272-6693 2. Function or Event Information \$25 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description Baseball game 07 , 27 19 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Β. Ticket(s)/ (Last, First) Pass(es) Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Bullock, Jennifer 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Krainer, Anne 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization C. Ticket(s)/ (include address and description) Pass(es) Verification $k^2$ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the require Supervisor's Assistant Heather Cartwright

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California

Print Name

Title

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Comment: \_

remonial Role Events and Tie				A Public Document	
Agency Name			Date Stamp	California 802	
Alameda County				Form For Official Use Only	
Division, Department, or Region (If Applicab	ivision, Department, or Region (If Applicable)				
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.ca	rtwright@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information					
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	\$100.00	
Event Description KMEL Summer Jam C			<u>, 28 , 19</u>		
Event Description	planation			//	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [	If no: Golder	n State Warriors		
			Name of So	urce	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, vviima Official's Name (	Last First)	
of agency official?					
Recipients • Use Section A to identify the agency's department o	runit - Uso Soc	tion B to identify an individu	al Itse Section C to iden	tify an outside organization.	
-	Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		59 <del>6</del> 4	22		
			8		
B. Name of Individual (t.ast, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
8		Ceremonial Role	Other	Income	
Ν		If checking "Ceremor.	ial Role" or "Other" describe below:		
	· · ·	Ceremonial Role	Other		
			nial Role" or "Other" describe below:		
· · · · · · · · · · · · · · · · · · ·					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy	
	Pass(es)				
Deputy Sheriff's Activities League, 1633	35 4	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions	
E 14th St, San Leandro, CA 94578		to the community	÷		
Youth sports/activities league in					
unincorporated Alameda County					
Xerification	and 10010 1 hours	rified that the distribution pot-	forth above, is in accordance w	ith the requirements	
ons 18944.1 a				TPIII.	
/	Heather Car		Supervisor's Assistar	(Month, Day, Year)	
AND ALAMADES BOOK ALAMAS					
Signature of Agency hear of designed	Ennt Won.			7	

Agency Name	Date Stamp	California 802
		Settinonina et al
Alameda County		T Crim
Division, Department, or Region (If Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Title)		
Heather Cartwright	· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number [E-mail	Amendment (Must pr	rovide explanation in Part 3.)
	ate of Original Filing: .	(Month, Day, Year)
Function or Event Information		(Month, Day, Year)
	ach Ticket/Pass \$	\$27
Event Description Baseball game Date(s) 07 /		//
Oakland A	\'s	
Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland A	Name of Sol	urce
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan, Wi	ilma	
of agency official?	Official's Name (L	.ast, First)
Recipients		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual.	Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	urpose made pursuant	to the agency's policy
B. Name of Individual Number of (Last. First) Pass(es)	entify one of the followi	ng:
Ceremonial Role	Other	Income
Visperas, Femy 2 To promote attendance	le" or "Other" describe below:	County
facilitymaximize poter		
Ceremonial Role	Other	Income
	le" or "Other" describe below:	
2		
*	· · · · · · · · · · · · · · · · · · ·	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public pu	urpose made pursuant	to the agency's policy
	41	
	<u>.</u>	
Verification		······································
1. 18944.1 and 18942. I have verified that the distribution set forth al		+12.110
	pervisor's Assistant	1/10/19
Print Name	Title	(Month, Day, Year)
Comment:		

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4	Agency Name			Date Stamp	California 002
1.	-	1	Form OUZ		
	Alameda County Division, Department, or Region (If Applicable)	For Official Use Only			
	Board of Supervisors	-			
	Designated Agency Contact (Name, Title)				
	Heather Cartwright			Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing: .	
	(510) 272-6693 heather.cartw	right@acgo	ov.org		(Month, Day, Year)
2.	Function or Event Information			of Each Ticket/Pass \$	•\$45 tix / \$20 park
		/es 🛛 No [	Y		
	Event Description Baseball game		Date(s)7	7 <u>, 30 , 19</u>	//
	Provide Title/Explan	nation	Oakla	nd A's	19
	Ticket(s)/Pass(es) provided by agency?	res 🔲 🛛 No 🛛	If no: Oakla	Name of Sol	urce
	Was ticket distribution made at the behest	No 🗌 Yes [	⊠ lf yes: <u>Chan</u>	n, Wilma	
	of agency official?		A il yes.	Official's Name (I	Last, First)
1.	Recipients				
J.	Use Section A to identify the agency's department or up	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/		blic purpose made pursuant	
	<b>A.</b> Humb errigeney, 2 ep	Pass(es)			
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·			2
		*			
				۵.	
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:
	(Leve), +	Pass(es)	Ceremonial Role	Other	
				onial Role" or "Other" describe below:	_
	2		Ceremonial Role		Income
		1	if checking "Ceremo	onial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
		1 433(03)	To reward a pabo		tion for its contributions
	East Bay Innovations - 2450 Washington Avenue Suite 240 San Leandro, 94577	6+1p	to the community	of of nonprofit organiza	
	Support individuals with disabilities to			S2	
_	live, work independently				
4	. Verification	18042 Lbour	enfied that the distribution se	t forth above, is in accordance w	ith the requirements.
,				Supervisor's Assistar	+1 h. ///
(	~	Heather Ca Print Nar			(Month, Døy, Year)
	- Grand or regulary i prov or Designee	, mervar			,
	Comment:				
				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772

## Agency Report of:

		1 433 0131	ributions	A	Public Documen
ame				Date Stamp	California 802
					Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only	
•					1
Designated Agency Contact (Name, Title)				-	
Nathan Miley, Supervisor, Fourth District					
hone Number	E-mail				rovide Explanation in Part 3.)
694	austin.bruckner@	acgov.org		Date of Original Filing: .	(month, day, year)
or Event Infor	mation				
gency have a tick	ket policy? Yes		Face Value of	Each Ticket/Pass \$	
ription. Oakland					
	Provide Title/ Expl	lanation	Date(s)		//
ss(es) provided			If no: OACCA		
				Name of Source	
	at the behest Yes	No 🗆 🕺	If yes: <u>winey, R</u>	Official's Name (Last First)	
official?					
		Use Section B to     Number     of Ticket(s)/     Passes			
on on the Status	~ 1 A A				
	of Women	4	To increase a hosted in a c	attendance maximize ounty facility	e profits at an event
	of Women		To increase a hosted in a c	attendance maximize ounty facility	e profits at an event
Name of Indiv (Last, First	idual	4 Number of Ticket(s)/ Passes	To increase a hosted in a c	attendance maximize ounty facility Identify one of the fol	
Name of Indiv	idual	Number of Ticket(s)/	hosted in a c	ounty facility	llowing:
Name of Indiv	idual	Number of Ticket(s)/	hosted in a c Ceremo If checkin Ceremo	Identify one of the fol	Ilowing. Income
	ounty partment, or Reg upervisors, Four Agency Contact ey, Supervisor, F Phone Number 3694 or Event Infor gency have a tick ription: Oakland iss(es) provided listribution made official?	ounty         partment, or Region (if applicable)         upervisors, Fourth District         Agency Contact (Name, Title)         ey, Supervisor, Fourth District         Phone Number         E-mail         3694         austin.bruckner@         or Event Information         gency have a ticket policy?         ription:         Oakland A's         Provide Title/ Exploses         ess(es) provided by agency?         Vestificial?         ts         A to identify the agency's department or unit.         me of Agency, Department or Unit	ounty         partment, or Region (if applicable)         upervisors, Fourth District         Agency Contact (Name, Title)         ey, Supervisor, Fourth District         Phone Number         E-mail         3694         austin.bruckner@acgov.org         or Event Information         gency have a ticket policy?         ription:         Oakland A's         Provide Title/ Explanation         sss(es) provided by agency?         Yes No I         histribution made at the behest         Yes No I         official?         ts         A to identify the agency's department or unit.         Wumber of Agency, Department or Unit	ounty         apartment, or Region (if applicable)         upervisors, Fourth District         Agency Contact (Name, Title)         ey, Supervisor, Fourth District         Phone Number         E-mail         3694         austin.bruckner@acgov.org         or Event Information         gency have a ticket policy?       Yes 🖾 No 🗌 Face Value of         ription:       Oakland A's         Provide Title/ Explanation       Date(s)/         ess(es) provided by agency?       Yes 🖾 No 🖾 If no: OACCA         listribution made at the behest Yes 🖾 No 🗌 If yes: Miley, N         official?         ts         A to identify the agency's department or unit.       Use Section B to identify an individuation         me of Agency, Department or Unit       Number of Ticket(s)/       Describe the	ounty   upervisors, Fourth District   Agency Contact (Name, Title)   ey, Supervisor, Fourth District   Phone Number   E-mail   austin.bruckner@acgov.org   Date of Original Filing:   3694   austin.bruckner@acgov.org   Date(s)   7   3   9   Provide Title/Explanation   ss(es) provided by agency?   Yes   No   If yes:   Miley, Nathan   Official?   Ato identify the agency's department or unit.   • Use Section B to identify an individual.   • Use Section C to identify   me of Agency, Department or Unit

ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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

A Public Document

1.	Agency Name	·			Date Stamp	California 000
	Alameda County					Form <b>OUZ</b>
	Division, Department, or Region (if applicable)				-	For Official Use Only
	Board of Supervisors, Four	h District				
	Designated Agency Contact					
	Nathan Miley, Supervisor, F	ourth District				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				rovide Explanation in Parl 3.)
	(510) 272-6694	austin.bruckner@a	icgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		-		
	Does the agency have a ticl	ket policy? Yes		Face Value of	Each Ticket/Pass \$	
	Event Description: Oakland	A's	2	Date(s) <u>7</u>	, <b>44</b> , 19	$\hat{\mathbf{x}}$
		Provide Title/ Expla	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🖾 I	f no: OACCA	Name of Source	
		at the beleast set as	-	f yes: <u>Miley, N</u>	lathan	
	Was ticket distribution made of agency official?	e at the benest Yes	× NoLl '	r yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients			· · · ·		
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					attendance maximiz county facility	e profits at an event
		· · · · · · · · · · · · · · · · · · ·				
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Firs	st)	Passes			
				1	ionial Role Other Other ing "Ceremonial Role" or "Other" des	
	<u></u>				onial Role Other other on a contract of the co	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pure	suant to the agency's policy
	United Seniors of Oakland County (Oakland, CA)	and Alameda	4	To increase hosted in a c	attendance maximiz county facili	e profits at an event

#### 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	8/1/19
Signature of Agency need of Designee	Print Name	Title	(month, day, year)
Comment:	2		

<b>Ceremonial Role Events and Ticket/Pass Distributions</b>				A Public Docume	
1. Agency Name				Date Stamp	California Form 802
Alameda County					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, Fourt	th District				
Designated Agency Contact	(Name, Title)	<u> </u>		1	
Nathan Miley, Supervisor, F	ourth District		<i>.</i>		rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				rovice Explanation in Part 3.)
(510) 272-6694	austin.bruckner@a	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 \$	
Event Description: Oakland			Dete(a) 7	<u>, 12 , 19</u>	<i>.</i> .
Event Description.	Provide Title/ Expla	anation		J/	/
Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🖾	If no: OACCA		
			If yes: <u>Miley, N</u>	Name of Source	
Was ticket distribution made	at the behest Yes	🖄 No 🗌	If yes: <u>miley, r</u>	Official's Name (Last, First)	
of agency official?					
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Bruckner, Austin		4	If check To reward a	nonial Role Other Other desc ding "Ceremonial Role" or "Other" desc county employee for h . to increase attendanc	is or her service to the
Reyes, Fernando	Reyes, Fernando		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To reward a county employee for his or her servic community to increase attendance.		s or her service to the
	C. Name of Outside Organization (include address and description)			e public purpose made pursi	

#### 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	8/1/19
Signature of Agency Head or L	ź	Print Name	Title	(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.

2       If checking "Ceremonial Role" or "Other" describe below:         To reward a county employee for his or her service to the community to increase attendance.         Miley, Nathan       1         1       Ceremonial Role □ Other □ Income [ If checking "Ceremonial Role" or "Other" describe below:         To increase attendance       Income [ If checking "Ceremonial Role" or "Other" describe below:         To increase attendance       To increase attendance         Alexander, Toni       1         1       Ceremonial Role □ Other □ Income [ If checking "Ceremonial Role" or "Other" describe below:         To increase attendance       Income [ If checking "Ceremonial Role □ Other □ Income [ If checking "Ceremonial Role □ Other" describe below:         1       1       Ceremonial Role □ Other □ Income [ If checking "Ceremonial Role" or "Other" describe below:         1       1       Ceremonial Role □ Other □ Income [ If checking "Ceremonial Role" or "Other" describe below:	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(sty) Passes       Identify one of the following:         Kamer, Asa       2       Ceremonial Role    Other    Income    If checking "Ceremonial Role    Other describe below:       Income            Miley, Nathan       1       Ceremonial Role    Other    Income          Income            Miley, Nathan       1       Ceremonial Role    Other    Income          Income            Alexander, Toni       1       Ceremonial Role    Other    Income          Income            1       1       Ceremonial Role    Other    Income          Income            Alexander, Toni       1       Ceremonial Role    Other          Income            1       1       To increase attendance maximize profit at an event hosted in a county facility       Income            Armstrong, Erin       2       Ceremonial Role    Other          Income            2       Ceremonial Role    Other          Income            2       To increase attendance maximize profit at an event hosted in a county facility       Income            4       2       Ceremonial Role    Other          Income            1       7       To reward a county employee for his or her service to the community to increase attendance.         2       Number of Ticket(st)/       Describe the public purpose made pursua			
B.       Name of Individual (Last, First)       Number of Ticket(sty) Passes       Identify one of the following:         Kamer, Asa       2       Ceremonial Role    Other    Income    If checking "Ceremonial Role    Other describe below:       Income            Miley, Nathan       1       Ceremonial Role    Other    Income          Income            Miley, Nathan       1       Ceremonial Role    Other    Income          Income            Alexander, Toni       1       Ceremonial Role    Other    Income          Income            1       1       Ceremonial Role    Other    Income          Income            Alexander, Toni       1       Ceremonial Role    Other          Income            1       1       To increase attendance maximize profit at an event hosted in a county facility       Income            Armstrong, Erin       2       Ceremonial Role    Other          Income            2       Ceremonial Role    Other          Income          Income            2       1       To increase attendance maximize profit at an event hosted in a county facility       Income            2       Ceremonial Role    Other          Income          Income            1       1       To increase attendance       Income            1       1       Ceremonial Role    Other          Income   <			
B.       Name of Individual (Last, First)       of Ticket(s)/ Passes       Identify one of the following:         Kamer, Asa       2       Ceremonial Role			
B.       Name of Individual (Last, First)       of Ticket(s)/ Passes       Identify one of the following:         Kamer, Asa       2       Ceremonial Role	× ·		
2       If checking "Ceremonial Role" or "Other" describe below:         To reward a county employee for his or her service to the community to increase attendance.         Miley, Nathan       1         1       Ceremonial RoleOtherIncomeIrchecking "Ceremonial Role" or "Other" describe below:         To increase attendance       IncomeIrchecking "Ceremonial Role" or "Other" describe below:         Alexander, Toni       1         1       Ceremonial RoleOtherIncomeIrchecking "Ceremonial Role" or "Other" describe below:         To increase attendance maximize profit at an event hosted in a county facility         Alexander, Toni       1         1       Ceremonial RoleOtherIncomeIrchecking "Ceremonial Role" or "Other" describe below:         To increase attendance maximize profit at an event hosted in a county facility         Armstrong, Erin       2         2       Ceremonial RoleOtherIncomeIrchecking "Ceremonial RoleOther describe below:         To reward a county facility       Income	D.	of Ticket(s)/	Identify one of the following:
Miley, Natrian       1       It checking "Ceremonial Role" or "Other" describe below:         To increase attendance maximize profit at an event hosted in a county facility       Income         Alexander, Toni       1       Ceremonial RoleOtherIncome         1       1       Ceremonial RoleOtherIncome         1       1       Income       Income         1       1       Ceremonial RoleOtherIncome       Income         1       1       Ceremonial RoleOtherIncome       Income         1       1       Ceremonial RoleOtherIncome       Income         1       2       Ceremonial RoleOtherIncome       Income         1       1       Ceremonial Role	Kamer, Asa	2	If checking "Ceremonial Role" or "Other" describe below: To reward a county employee for his or her service to the
Alexander, Toni       1       Ceremonial Role □ Other □ Income □       Income □         1       1       1       To increase attendance maximize profit at an event hosted in a county facility         Armstrong, Erin       2       Ceremonial Role □ Other □ Income □         2       Ceremonial Role □ Other □ Income □         0       Income □       Income □         0       Income □       Income □         1       Income □       Income □	Miley, Nathan	1	
Alexander, Form       1       If checking "Ceremonial Role" or "Other" describe below:         To increase attendance maximize profit at an event hosted in a county facility         Armstrong, Erin       2         2       Ceremonial Role or "Other" describe below:         7       To increase attendance maximize profit at an event hosted in a county facility         1       Ceremonial Role or "Other" describe below:         2       To reward a county employee for his or her service to the community to increase attendance.         C.       Name of Outside Organization         Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy			
Armstrong, Erin       Ceremonial Role       Other       Income         2       Ceremonial Role       Other       Income         2       To reward a county employee for his or her service to the community to increase attendance.       To recease attendance.         C.       Name of Outside Organization       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy	Alexander, Toni	1	
Amistiong, Linit     If checking "Ceremonial Role" or "Other" describe below:       2     To reward a county employee for his or her service to the community to increase attendance.       C.     Name of Outside Organization of Ticket(s)/			
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	Armstrong, Erin		
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		2	
		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		i i i i i i i i i i i i i i i i i i i

С	eremonial Role Even	ts and Ticket/P	A Public Docume			
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley, Supervisor, F	ourth District	Amendment (Must P	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	(510) 272-6694	austin.bruckner@a	cgov.org		Date of Original Filing:	(month, day, year)
	Function or Event Inform	mation	51 <sup>11</sup>			
	Does the agency have a tick	ket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	
	Event Description: Shawn M	lendez Provide Title/ Explar	nation	Date(s)	<u>, 13 , 19</u>	//
	Ticket(s)/Pass(es) provided			f no: OACCA	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	🛚 No 🗋 📕	f yes: <u>Miley, N</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 (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Gums, Angelica	2	4	If check To reward a	ionial Role DOther C ding "Ceremonial Role" or "Other" des county employee for h . increase attendance	
					ionial Role Dother Dother ing "Ceremonial Role" or "Other" des	Income 🗖
	C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant 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.

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
/			
Comment:			

Ceremonial I	Ceremonial Role Events and Ticket/Pass Distributions				A Public Docume	
1. Agency Nam	Agency Name Alameda County Division, Department, or Region (if applicable)					California Form 802
Alameda Cour						
Division, Depar						For Official Use Only
Board of Supe	Board of Supervisors, Fourth District					
Designated Age	Designated Agency Contact (Name, Title)					
Nathan Miley,	Nathan Miley, Supervisor, Fourth District					rovide Explanation in Part 3.)
Area Code/Pho	ne Number	E-mail		· · · · · · · · · · · · · · · · · · ·		
(510) 272-669	4	austin.bruckner@	acgov.org		Date of Original Filing: .	(month, day, year)
2. Function or	Event Infor	nation			24	
Does the agen	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of I					
Event Descript	ion. Oakland	A's		Date(s)	, 13 , 19	
Event Descript	IUII	Provide Title/ Exp	nlanation			/
Ticket(s)/Pass(	es) provided	by agency? Yes	s 🔲 No 🖾	If no: OACCA	Name of Source	
		at the behest Yes	s 🖄 No 🗌	ii yes. <u></u>	Vathan Official's Name (Last, First)	
of agency offic	cial ?					
A. Name	of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy
В.	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
Harrison, Natł	Harrison, Nathan		4	If check	Ceremonial Role Other I In If checking "Ceremonial Role" or "Other" describe below: To increase attendance maximize profit at an even hosted in a county facility	
					nonial Role Other Ding "Ceremonial Role" or "Other" desc	Income
	ne of Outside Or de address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant 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.

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	A	Public Document
1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Region (if applicable)				1	For Official Use Only
	Board of Supervisors, Fourth District					
	Designated Agency Contact (Name, Title)				-	
	Nathan Miley, Supervisor, Fourth District				Amendment (Must H	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail					cride Explanation in Full day
	(510) 272-6694	austin.bruckner@a	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	-			
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of			Face Value of	Each Ticket/Pass \$ _	
3.	Event Description: Oakland A's Date(s) 7			Date(s)	<u>, 14 , 19</u>	//
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes I No I If no: OACCA			Name of Source		
	Was ticket distribution made at the behest Yes X No I If yes: Miley, to of agency official?			Nathan Official's Name (Last, First)		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	rsuant to the agency's policy
	R Name of Indi	idual	Number		14	
	B. Name of India (Last, First		of Ticket(s)/ Passes		Identify one of the f	onowing
	Zernicke, Mary Louise	· · · · · · · ·	4	If check To increase	nonial Role DOther C king "Ceremonial Role" or "Other" de attendance maximiz county facility	scribe below:
				1	nonial Role D Other King "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					5	

#### 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. .#9

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Mead or Designee	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: . (510) 272-6694 austin.bruckner@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's 19 Provide Title/ Explanation If no: OACCA Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes To increase attendance... maximize profit at an event Public Health Department 4 hosted in a county facility ... to reward county employees for ... service to the community Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other 🔲 Ceremonial Role 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

#### 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 🛸 🔊

1	Nathan Miley	Supervisor, Fourth District	8/1/19
Sighature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, 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 austin.bruckner@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's Date(s) 7 / 17 / 19 Provide Title/ Explanation If no: OACCA Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 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: B. of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role Income Mosley, May If checking "Ceremonial Role" or "Other" describe below: 3 To increase attendance... maximize profit at an event hosted in a county facility Ceremonial Role Other Income Tangren, Linda If checking "Ceremonial Role" or "Other" describe below: 2 To increase attendance... maximize profit at an event hosted in a county facility 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

3.

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	8/1/19
Signature of Agency Head of Designeer	Print Name	• Title	(month, day, year)
Comment:	16		· · · · · · · · · · · · · · · · · · ·
#### 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
i, re		=
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Eggman, Mary Lou	12	Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below: To increase attendance maximize profit at an event hosted in a county facility
~		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
51		Ceremonial Role Other Income Income
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 Name Alameda County Division, Department, or Region (if applicable)			Date Stamp	California Form 802
Division, Department, or Region (if applicable)	Alameda County			
			1	For Official Use Only
Board of Supervisors, Fourth District		• .		
Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·		-	
Nathan Miley, Supervisor, Fourth District				
Area Code/Phone Number E-mail			rovide Explanation in Part 3.)	
(510) 272-6694 austin.bruckner@a	acgov.org		Date of Original Filing:	(month, day, year)
Function or Event Information				4 - The second
Does the agency have a ticket policy? Yes	🛛 No 🗋	Face Value of	Each Ticket/Pass \$	
Event Description: Oakland A's Provide Title/ Expla		Date(s) <u>7</u>	<u>, 25 , 19</u>	//
		If no: OACCA		
			Name of Source	
Was ticket distribution made at the behest Yes	🖄 No 🗌	If yes: whey, it	lathan Official's Name (Last, First)	
of agency official?			(, /	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Higgins, Christopher	4	lf check	onial Role DOther D ing "Ceremonial Role" or "Other" desc attendance maximize ounty facility	
Harrison, Nathan	4	lf checki	onial Role DOther D ng "Ceremonial Role" or "Other" desc attendance maximize Dunty facility	Income whe below: profit at an event
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes		public purpose made purs	uant to the agency's policy
Hayward Arts Commission (Hayward, CA)	10	To increase a hosted in a c	attendance maximize	e profit at an event

#### 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 2

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

# Agency Report of:

Ceremonial Role Even	its and Ticket/	Pass Dist	ributions	Α	<b>Public Document</b>
1. Agency Name		Date Stamp	California 802		
Alameda County		· · · ·			1 0000
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
Board of Supervisors, Four	th District				
Designated Agency Contact	(Name, Title)				
Nathan Miley, Supervisor, F	ourth District	Amendment (Must Pr	muido Explanation in Dart 3.1		
Area Code/Phone Number	E-mail				ovide Explanation in Fan 5.)
(510) 272-6694	austin.bruckner@	acgov.org		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 \$	
Event Description: Oakland			Date(s) 7		
Event Description.	Provide Title/ Expla	anation	Date(s)	<u></u> .	//
Ticket(s)/Pass(es) provided			If no: OACCA		
=				Name of Source Iathan	
Was ticket distribution made	at the behest Yes	🖾 No 🗌	If yes: <u>Miley, N</u>	Official's Name (Last, First)	
of agency official?					
A. Name of Agency, Depa Public Health Department	rtment or Unit	Number of Ticket(s)/ Passes         Describe the public purpose made pursuant to the Describe the public purpose made pursuant to the Passes           2         To increase attendance maximize profit a hosted in a county facility			
B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				onial Role D Other ing "Ceremonial Role" or "Other" desci	Income Income
				onial Role D Other ding "Ceremonial Role" or "Other" descri	Income
C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
* W					

#### 4. Verification

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

	7	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Head or L	•	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: austin.bruckner@acgov.org (510) 272-6694 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) \_\_\_\_\_ \_\_\_ \_\_\_ 19 Event Description: Oakland A's Provide Title/ Explanation If no: OACCA Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Chew, Chonita If checking "Ceremonial Role" or "Other" describe below: 4 To increase attendance... maximize profit at an event hosted in a county facility

			Ceremonial Role Other I Income Income I Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
			-

#### 4. Verification

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

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Hear	Print Name	Title	(month, day, year)
Comment:			
Comment			~

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)			_	i di cincial osc oniy
	Board of Supervisors, Fourt					
	Designated Agency Contact	(Name,Title)				
	Nathan Miley, Supervisor, F	ourth District	Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail					
	(510) 272-6694	austin.bruckner	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Y	Each Ticket/Pass \$			
	Event Description: Oakland	A's		Date(s) 7	<u>, 28 , 19</u>	1 1
		Provide Title/ E	xplanation			
	Ticket(s)/Pass(es) provided	by agency? Y	es 🗌 🛛 No 🖾	If no: OACCA	Name of Source	
				If yes: Miley, N	lathan	
				Official's Name (Last, First)		
	of agency official?					
3.	Recipients • Use Section A to identify the agen	cy's department or uni	t. • Use Section B to	o identify an individ	lual. • Use Section C to iden	ntify an outside organization.
	A. Name of Agency, Depa	5, E	Number of Ticket(s)/ Passes		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:
					nonial Role Dother C king "Ceremonial Role" or "Other" de	
					ionial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	rsuant to the agency's policy
	Full Court Press (Oakland,	CA)	4		attendance maximiz county facility	ze profit at an event
		·				

#### 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	8/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Even	ts and Ticket/I	Α	<b>Public Document</b>		
1.	Agency Name		5		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			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
	(510) 272-6694	austin.bruckner@a	acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation		<u> </u>		· · · · · · · · · · · · · · · · · · ·
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$	
	Event Description: Summer Jam Date(s)			<u>, 28 , 19</u>	//	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla by agency? Yes		If no: OACCA		
	0				Name of Source	
	Was ticket distribution made at the behest Yes ⊠ No □ If yes: Miley of agency official?			If yes: <u>((((()))</u> , (	Official's Name (Last, First)	
3.	Use Section A to identify the agen     A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to identi	
	B. Name of Indix (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	bliowing:
	Jones, La Niece		4	If check To reward a	ionial Role Other O ing "Ceremonial Role" or "Other" des community volunteer f ity increase attendar	or his or her service to
					onial Role Other Other ing "Ceremonial Role" or "Other" desc	Income 🔲
	C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant 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 A S A

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
$\checkmark$			
Comment:	<u></u>		

С	Ceremonial Role Events and Ticket/Pass Distributions				A Public Document		
1.	Agency Name				Date Stamp	California 802	
	Alameda County					1 Ontil	
	Division, Department, or Re	gion (If Applicabl	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	t (Name, Title)					
	12 . 12						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6618	briana.brow	vn2@acgov.oi	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🗵 No 🛛	Face Value o	of Each Ticket/Pass \$	17.00	
	Event Description Baseball	game			7,02,19	///	
	Event Description	Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [	if no: Oakla	nd Athletics Baseball		
					Name of Sol	urce	
	Was ticket distribution made of agency official?	No 🗌 Yes [	If yes:	Official's Name (I	ast. First)		
-							
3.	• Use Section And Identify the age	the strength of the	Linit a Lise Sec	tion B to identify an individ	Use Section C to ident	tify an outside organization.	
	A. Name of Agency Departu		Number of		olic purpose made pursuant		
	A. Astric of Agency (Jepani	bent or unit	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency's policy	
				-			
						3	
			Al				
	B. Name of Individ	ual	Number of Ticket(s)/ Identify one of the			ing:	
		<del></del>	Pass(es)	Ceremonial Role	Other D	Income	
					nial Role" or "Other" describe below:	· · · · · · · · · · · · · · · · · · ·	
					L Other L nial Role" or "Other" describe below:	Income	
				in prices any constants			
	C. Name of Outside Org	anization	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy	
	(include address and d	escription)	Pass(es)	Describe the put		to the agency a policy	
	Pints for Paws			To reward a schoo	l or nonprofit organizat	tion for its contributions	
			4	to the community			
				•			
4.	Verification	-					
		олs 18944.1 ar	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.	
			Briana Br	own	Supervisor's Assistan	1/30/19	
	L		Print Nam	e	Title	(Month, Day, Year)	
	Commont						
	Comment:					EPPC Form 802 (4/12)	

. Agency Name				Date Stamp	California 802		
Alameda County			Form OOL For Official Use Only				
Division, Department, or Regi	on (If Applicable		For Onicial 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		n2@acgov.org	g	Date of Original Filing:	(Month, Day, Year)		
. Function or Event Inform							
Does the agency have a ticket		Yes 🛛 No 🛙		of Each Ticket/Pass \$ _			
A's vs. Twi	ins		Data(s) 0	7 , 04 , 19	//		
Event Description <u>A's vs. Twi</u>	Provide Title/Exp	lanation					
Ticket(s)/Pass(es) provided by		Yes 🔲 No 🕻	If no: Oakla	nd Athletics Baseball			
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)		
3. Recipients •(Use Section A to identify the spend	v's department or	unit. (• Use Sec	tion is to identify an include	• Use Section C to ide	ntify an outside organization.		
		Number of Ticket(s)/		iblic purpose made pursuar	t to the agency's policy		
A. Mathe of Agancy Department	A. Name of Agency, Department or Unity						
D5		4	To promote attend facility in order to	ndance at a County sponsored event at a County o maximize potential County revenue			
<u> </u>							
B. (Last, First)		Number of Ticket(s)/ Pass(es)	-	Identify one of the follo	wing:		
~			Ceremonial Role If checking "Cerem	e D Other D nonial Role" or "Other" describe below	ncome		
			Ceremonial Rol If checking "Ceren	e 🔲 Other 🗌 nonial Role" or "Other" describe below	Income		
C. Name of Outside Orga (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursua	int to the agency's policy		
	<u> </u>						
4. Verification	ulations 18944.1	and 18942. I have	verified that the distribution	set forth above, is in accordance	with the requirements.		
4. Verification	ulations 18944.1	and 18942. I have Briana E		set forth above, is in accordance Supervisor's Assist	ant <u>7/30/19</u>		
4. Verification	ulations 18944.1		Brown		713-110		

C	eremonial Role Events an	d Ticket/Pass	5 Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				HUV 20010040
	Division, Department, or Region (If A	pplicable)		· ·	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, T	itle)			
	Amy Shrago				
	Area Code/Phone Number E-mai		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pi	ovide explanation in Part 3.)
	510-272-6695 amy.s	shrago@acgov.org	1	Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Information	า			
	Does the agency have a ticket policy	? Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description 607 7		Date(s) 07	′, 10 , 19	//
	Provide	Title/Explanation			
	Ticket(s)/Pass(es) provided by agend	y? Yes□ No	If no: Golder	n State Warriors	
				Name of Sou	
	Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes: Carso	on, Keith Official's Name (L	.ast. First)
_				8	
5.	• Use Sochole 4 to identify the agency's depart	tment or unit Use Se	ction 8 to identify an individu	al) • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Un	it Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. (Hamo of Individual) (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other 🔀	Income
	Mathatse, Julian	4	-	ial Role" or "Other" describe below:	
			To reward a communication public	unity volunteer for his	or her service to the
				Other Other Other Other Other Other	Income
				<u></u>	
	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
	<u> </u>				
	·				
	Verification				
	have relad and understand EPPC Regulations 18	944.1 and 18942. I have v	ermed that the distribution set to	ortri above. Is in accordance wit	n ine réquirements.

 Image: https://doc/Designee
 Amy Shrago
 Chief of Staff
 08/01/19

 Image: https://doc/Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: \_

**A Public Document** 

1.	Agency Name Alameda County		Date Stamp	California 802		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	12 ·					
	Area Code/Phone Number	E-mail	·		Amendment (Must p	rovide 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			<u>.</u>	
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _			
	Event Description Baseball g	jame		Date(s) 07	12 , 19	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 🛛 No 🛛	If no: Oaklar	nd Athletics Baseball Name of Soc	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: of agency official?			▲ If yes:	Official's Name (I	.ast, First)
3.	Recipients					
	• Use Section A to Identify the agency < 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 pub	lic purpose made pursuant	to the agency's policy
	38					
	B. Name of Individu. (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
				Ceremonial Role	Other .	Income
	C. Name of Outside Organization (include address and description) Yu Ming		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
			4	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
4.	Verification	ulations 18944.1 a	nd 18942. I have ve	rified that the distribution set t	forth above, is in accordance wi	th the requirements.
			Briana Br	own	Supervisor's Assistan	t 7/30/19
(	or Designee		Print Nam		Title	(Month, Day, Year)

Comment:

Ceremonial Role Even			Distributions		A Public Document	
. Agency Name				Date Stamp	California 802	
Alameda County					Ponii	
Division, Department, or Reg	ion (If Applicabl		For Official Use Only.			
Board of Supervisors						
<b>Designated Agency Contact</b>	(Name, Title)					
Amy Shrago						
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
510-272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Infor	mation			I	(wonin, Day, Tear)	
Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	130.00	
Event Description	J MANN			<u>, 13 , 19</u>		
Event Description	Provide Title/Exp	lanation	Date(s)		//	
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golder	n State Warriors		
	y agonoy.			Name of So	urce	
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (I		
of agency official?				Official's Name (I	_ast, First)	
Recipients						
<ul> <li>Use Section A to identify the agence</li> </ul>	y's department or	Number of	ction B to identify an individu	<ul> <li>Use Section C to ident</li> </ul>	ify an outside organization.	
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
<u> </u>						
B. Name of Individue (Lest First)	31	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
			Ceremonial Role	Other 🔀		
Simpson, Michelle		4		al Role" or "Other" describe below:		
8			To reward a commu public	unity volunteer for his	or her service to the	
				Other International Role" or "Other" describe below:	Income	
				Ð		
C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	

Agency Name			Date Stamp	California Form 802	
Alameda County		æ:	For Official Use Only		
Division, Department, or Regi	on (If Applicable	)			
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Briana Brown				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail		,	Date of Original Filing:	
(510) 272-6618		n2@acgov.org	}		(Month, Day, Year)
Function or Event Inform			of Each Ticket/Pass \$ _	24.00	
Does the agency have a ticke		Yes 🛛 No 🗌			
Event Description A's vs. Wh	nite Sox Provide Title/Exp	lau atian	Date(s)	/	/
			Oakla	and Athletics Baseball	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 🛛 No 🛛		Name of S	ource
Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes 🛛	If yes:	Official's Name	(Last, First)
Recipients • Use Section A to identify the agenu	eve danatiment d	unit la Das Soc	en 8 1º illindit an in Ma	• Use Section C to ide	ntify an outside organization.
		Number of		ublic purpose made pursua	nt to the agency's policy
A. Agency Departm	lent or whit	Ticket(s)/ Pass(es)			
D5	4	4 To promote attendance at a County sponsored ever facility in order to maximize potential County reven			
B. (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
		1 400(00)	Ceremonial Rol If checking "Ceren	e D Other D monial Role" or "Other" describe belo	Income
	2		Ceremonial Ro	le D Other D monial Role" or "Other" describe bele	⊍ Income [
C. Name of Outside Org (include address and o	ganization description)	Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursu	ant to the agency's policy
			×		
4. Verification	ations 18944.1	and 18942. I have	verified that the distribution	set forth above, is in accordance	
	2	Briana I	Brown	Supervisor's Assis	itant // 30// 9
		Print N	ame	nue	(,, <u></u> ), /ou/
,	129 T. F	Phila	uno		

Ceremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Pomi
Division, Department, or Regio	n (If Applicable	)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)			-	
Briana Brown					
	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
		n2@acgov.o	ra	Date of Original Filing: .	
. Function or Event Inform		12@00901.0	'9 		(Month, Day, Year)
Does the agency have a ticket				of Each Ticket/Pass \$	24.00
		Yes 🛛 No			
Event Description <u>A's vs. Ran</u>	gers Provide Title/Expl	anation	Date(s)		//
			Oaklai	nd Athletics Baseball	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of Sou	irce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes:		
of agency official?				Official's Name (L	ast, First)
. Recipients					
<ul> <li>Use Section A to identify the agency?</li> </ul>	s department or	und • Use Sec	tion B to identify an individe	ual. • Use Section C to Ident	ify an outside organization.
.A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
		Pass(es)			· · · · · · · · · · · · · · · · · · ·
	·				
		Number of			
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
Sam Simpson		4	· ·	nial Role" or "Other" describe below:	
		4		unity volunteer for his	or her service to the
······			public		
			Ceremonial Role	Definition of the contract of	income
		4	" thething celemon		
Name of Outside Organia	vation	Number of			
(include address and desc		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
<u> </u>		1			
. Verification					
I have presend understand EPPC Parel	'ions 18944.1 and	1 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.
- `		Briana Br	rown	Supervisor's Assistant	TROLA
Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
Devision Deservice	00				
Comment:					

# Agency Report of:

Cere	emonial Role Ever	nts and Ticl	ket/Pass	Distributions		A Dublie Decument		
I. Aç	gency Name				Date Stamp	July		
Ala	ameda County					Joint		
Div	vision, Department, or Reg	<b>gion</b> (If Applicable	)			ZO19. Distict-5		
Bo	pard of Supervisors							
De	signated Agency Contact	(Name,Title)	· ·	Dividts				
An	ny Shrago, Chief of Staff		Amendment (Mi					
Are	ea Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·				
(5	10) 272-6695	amy.shrago@	@acgov.org		Date of Original Filir	ng:(Month, Day, Year)		
2. Fi	unction or Event Info	rmation				24.00		
Do	es the agency have a tick	et policy?	f Each Ticket/Pass	\$24.00				
Ev	ent Description <u>A's Basel</u>	ball	, 26 <sub>/</sub> 19					
		Provide Title/Expla						
Tic	ket(s)/Pass(es) provided l	by agency?	nd Athletics	()				
			Name of Source on, Keith - Supervisor District 5					
	as ticket distribution made f agency official?	at the behest	Official's Nar	me (Last, First)				
8. Re	ecipients				-			
• 🖸	Section A to identify the agen	cy's department or i	mit. • Use Sec	tion B to identify an individu	al. • Use Section C to i	identify an outside organization.		
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Di	istrict 5		4 To reward a County employee for his or her exemplary se the public or to encourage staff development					
	,							
В.	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
					Other 🔀 ial Role" or "Other" describe bei	Income 🛄		
		1		Ceremonial Role If checking "Ceremon	Other I	low:		
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursu	uant 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.

			Amy Shrago	Chief of Staff	08/01/19	
		зпее	Print Name	Title	(Month, Day, Year)	
- y	1					
Comment:						
					FPPC Form 802 (4/12)	

#### Agency Report of: nts and Ticket/Pass Distributions С

	eremonial Role Events	and IIC	keu Pass	Distributions		A Public Document
1.	Agency Name		· · · ·		Date Stamp	California 802
	Alameda County			1 CATH		
	Division, Department, or Region	(If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nat	me,Title)				
	Amy Shrago, Chief of Staff					
		-mail	Amendment (Must p	rovide explanation in Part 3.)		
			@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Informa					
2.	Does the agency have a ticket p		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	45.00
		-				
	Event Description <u>A's Baseball</u>	rovide Title/Expla	anation	Date(s)	7 <u>, 27 , 19</u>	//
			nd Athletics			
	Ticket(s)/Pass(es) provided by a	gency?	Name of So			
	Was ticket distribution made at the	he behest	No 🗌 Yes	If yes: Carse	on, Keith - Supervisor	District 5
	of agency official?			•	Official's Name (	Last, First)
3.	Recipients					
	• Use Sector of to use only the agency's (	department or l	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agancy Department	Name of Agency Department or Unit			ublic purpose made pursuant to the agency's policy	
		Pass(es)				
	D (loss of institute)		Number of			
	B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	······			Ceremonial Role		
	Leung, Chris		4		nial Role" or "Other" describe below:	
	29			To reward a comm public	nunity volunteer for his	s or her service to the
						Lange L
				Ceremonial Role If checking "Ceremo.	nial Role" or "Other L	Income
	C. Name of Outside Organiza	tion	Number of	Describe the pu	blic purpose made pursuan	t to the agency's policy
	(include address and descri	ption)	Ticket(s)/ Pass(es)			
	Lend A Hand Foundation 8105 Capwell			To reward a schoo	ol or nonprofit organiza	tion for its contributions
	Dr, Oakland, CA 94621		4	to the community		
		<u></u>				
4	Verification					
- <b>T</b> .	I have read and understand EDDC Regulation	ons 18944.1 and	1 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Amy Shr	ago	Chief of Staff	08/01/19
	besignee		Print Nam		Title	(Month, Day, Year)
	Jesignee		Print Nam	7e	Title	(Month, Day, Year)

Comment: .

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) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 KME JUMMOR Ann 07 28 19 Event Description Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Carson, Keith Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients Use Section B to identify an individual. • Use Section C to identify an outside organization. ttify the agency's department or un Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) District 5 To reward a County employee for his or her exemplary service to 4 the public or to encourage staff development Number of Β. Name of Individual (Lest, First) Ticket(s)/ Identify one of the following: Pass(es) Income Ceremonial Role Other 🔀 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

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	Amy Shrago	Chief of Staff	08/01/19
SI	Designee	Print Name	Title	(Month, Day, Year)
Comment:				

**A Public Document** 

		141-14 - 14 - 14 - 14 - 14 - 14 - 14 -				
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOZ For Official Use Only		
	Division, Department, or Reg	ion (If Applicab				
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago, Chief of Staff				Amondmont (Must as	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				45
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	45
	Event Description A's Baseb	all		Date(s)07	<u>, 31 , 19</u>	
	•	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oaklar	nd Athletics Name of Sou	rre
	Was ticket distribution made a	t the hohest		ra Carso	on, Keith - Supervisor E	
	of agency official?		No 🗌 Yes	If yes:	Official's Name (L	ast, First)
3.	Recipients					
	• Use Section A to identify the agency	y's department or	runit) (• Use Sec	tion B to identify an individu	• Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	int or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
						D.
	B. Name of Individua (Lesi, First)	1)	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
				Ceremonial Role	Other 🔀	Income
	<			Ceremonial Role	Other Inter Other Other 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 t	o the agency's policy
	Claremont Middle School 57 Ave, Oakland, CA 94618	750 College	18	To reward a school to the community	or nonprofit organizati	on for its contributions
4.	Verification				<b>"</b>	
	I have i The transformed FPPC Regul	ations 18944.1 an			orth above, is in accordance with	
	-1 12		Amy Shra		Chief of Staff	08/01/19
	vr Designee		Print Name	9	Title	(Month, Day, Year)

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