Agency Report of: Distributi -4/0--

		ts and licket/	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, District 1					
	Designated Agency Contact					
	Leah Doyle-Stevens, Ticket				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				· · · · · · · · · · · · · · · · · · ·
	510-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing: .	(month, day, year)
	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖 F	ace Value of	Each Ticket/Pass \$ <u>17</u>	
	Event Description: Oakland	A's game	D	ate(s) <u>08</u>	<u>, 01 , 19</u>	///
	Ticket(a)/Dase(as) provided	Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency res			Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗆 If	yes: <u>Hagg</u> er	ty, Scott Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
	A. Name of Agency, Depa		of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Indu (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Eddy, Derek		4	To re	ward a Community vo service to the	
					ionial Role	Income 🗌
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Venification					

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

\checkmark	Leah Doyle-Stevens	Ticket Administrator	08/26/19
	Print Name	Title	(month, day, year)
Co	nment:		

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information 1500.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Oakland A's game 80 03 19 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗖 If no: Name of Source If yes: Haggerty, Scott 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes To reward a school or non-profit organization Washington Hospital Healthcare Foundation 1 Suite 2500 MONEY AVE/FREMONT OF for its contributions to the community

4. Verification

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

	Leah Doyle-Stevens	Ticket Administrator	08/26/19
Digitature of Agency Tread of Designee	Print Name	Title	(month, day, year)
Comment: EVENC Pr	rucks go to chi	return the.	Alamete
County /B	ay Area regir	\sim	FPPC Form 802 (2/2016)
0.		FPPC Toll-Free Helpline: 866/A	

94538

Agency Report of: Alameda County Alameda County Date Stamp California 802 Division, Department, or Region (if applicable) Board of Supervisors, District 1 For Official Use Only

Designated Agency Contact (Name, Title)

Leah Doyle-Stevens, Ticket Administrator

 Area Code/Phone Number
 E-mail

 510-272-6691
 Leah.Doyle-Stevens@acgov.org

2. Function or Event Information

Does the agency have a ticket policy?	Yes 🗵 N	lo 🗌	Face Value of Each Ticket/Pass \$ <u>36.00</u>
Event Description: Oakland A's game			Date(s) 08 / 04 / 19
	e/ Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 N	lo 🗌	If no:
			Name of Source
Was ticket distribution made at the behest			If yes: Haggerty, Scott
of agency official?			Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda County Board of Supervisors, District 1	4	To reward a county employee for his or her exemplary service to the public
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
·		

4. Verification

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

\mathbf{C}		Leah Doyle-Stevens	Ticket Administrator	08/26/19
		Print Name	Title	(month, day, year)
Comment:	Ŭ			

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

Agency Report of: Alameda County Alameda County Date Stamp California 802 Board of Supervisors, District 1 Designated Agency Contact (Name, Title) For Official Use Only

Leah.Doyle-Stevens@acgov.org

Leah Doyle-Stevens, Ticket Administrator

 Area Code/Phone Number
 E-mail

2. Function or Event Information

Does the agency have a ticket policy?	Yes 🛛	No 🗖	Face Value of Each Ticket/Pass \$ <u>17.00</u>
Event Description: Oakland A's game			Date(s)/ 15 / 19/ //
Provide Titl	le/ Explanation	7	
Ticket(s)/Pass(es) provided by agency?	Yes 🖂	No 🗖	If no:
			Name of Source
Was ticket distribution made at the behest		N - 17	If yes: <u>Haggerty, Scott</u>
	res 🗠 🛛		Official's Name (Last, First)
of agency official?			

3. Recipients

510-272-6691

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

A, Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dr. Brent Smith	4	To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales Ceremonial Role U Other U Income I 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

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

6	Leah Doyle-Stevens	Ticket Administrator	08/27/19
	Print Name	Title	(month, day, year)
Comment: _	Il proceeds will benefit the DSA of Alameda County C	haritable Foundation	

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

Agency Report of: Dol ate and Ticket/Pase Distribution

\sim	erenionial Role Events	s and lickel	rass Distri	butions	A	Public Documen	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					101111 0 0	
	Division, Department, or Regio	n (if applicable)				For Official Use Only	
	Board of Supervisors, District	1					
	Designated Agency Contact (Name, Title)			· .			
	Leah Doyle-Stevens, Ticket A	dministrator			Amondmont (Must R	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)	
	510-272-6691	Leah.Doyle-Steve	ens@acgov.org		Date of Original Filing: .	(month, day, year)	
	Function or Event Inform	ation				1- 02-	
	Does the agency have a ticke	t policy? Yes	No 🗆 🛛 🛛	ace Value of	Each Ticket/Pass \$ $\frac{2}{t}$	5.00-	
	Event Description: Oakland A	's game	Da	ate(s) <u>08</u>	<u>, 15 , 19</u>		
	Ticket(s)/Pass(es) provided b	Provide Title/ Exp		no:			
	noner(a)/r ass(es) provided b	y agency : Tes			Name of Source		
	Was ticket distribution made a	at the behest Yes	No□ ^{If}	yes: <u>Hagg</u> er	ty, Scott		
	of agency official?				Official's Name (Last, First)		
	Recipients						
	• Use Section A to identify the agency	's department or unit.	• Use Section B to id	lentify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	B. Name of Individ (Last, First)	Jual	Number of Ticket(s)/		Identify one of the fo	llowing:	
			Passes	To pro	mote attendance at a	county sponsored	
	Tom Illingsworth and family (9)	9		nt in or to maximize p		
					enue for concession a		
	Bob Bishop, Livermore Little League team + coaches (9)		9	_	eward a Community volunteer for his of service to the public.		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
		· · · · · · · · · · · · · · · · · · ·					
	Verification	aulations 1994	1 and 19042	have verified t	hat the distribution act fo	th above is in an and the	
/		iyurali011S 1094	4. I ANU 10942. I I	nave vermed ti	nat the distribution set fol	th above, is in accordanc	
-			oyle-Stevens		Ticket Administrator	08/27/19	
Ϊ		F	Print Name		Title	(month, day, year)	

Leah Doyle-Stevens Print Name **Ticket Administrator** 08/27/19 Title (month, day, year) Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation

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ency Name meda County sion, Department, or Reg rd of Supervisors, Distr gnated Agency Contact h Doyle-Stevens, Ticke Code/Phone Number -272-6691 action or Event Infor s the agency have a tic ht Description: Oaklance et(s)/Pass(es) provided ticket distribution made agency official?	ict 1 (Name, Title) t Administrator E-mail Leah.Doyle-Steven mation ket policy? Yes A's game Provide Title/ Explain by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Date Stamp California Form For Official U For Official U Image: Image	Use Only Part 3.)
sion, Department, or Reg rd of Supervisors, Distr gnated Agency Contact h Doyle-Stevens, Ticke Code/Phone Number -272-6691 Inction or Event Infor s the agency have a tic ht Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official?	ict 1 (Name, Title) t Administrator E-mail Leah.Doyle-Steven mation ket policy? Yes A's game Provide Title/ Explain by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	For Official U G Amendment (Must Provide Explanation in Date of OrigInal Filing:(month, day, year Face Value of Each Ticket/Pass \$ 45.00 Date(s)	Use Only Part 3.)
rd of Supervisors, Distr gnated Agency Contact h Doyle-Stevens, Ticke Code/Phone Number -272-6691 nction or Event Infor s the agency have a tic ht Description: Oakland et(s)/Pass(es) provided ticket distribution made agency official?	ict 1 (Name, Title) t Administrator E-mail Leah.Doyle-Steven mation ket policy? Yes A's game Provide Title/ Explain by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Amendment (Must Provide Explanation in Date of OrigInal Filing:(month, day, year Face Value of Each Ticket/Pass \$ 45.00 Date(s)	Part 3.)
gnated Agency Contact h Doyle-Stevens, Ticke Code/Phone Number -272-6691 inction or Event Infor s the agency have a tic ht Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official?	(Name, Title) t Administrator E-mail Leah.Doyle-Steven mation ket policy? Yes A's game Provide Title/ Expla by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Date of OrigInal Filing:	
h Doyle-Stevens, Ticke Code/Phone Number -272-6691 action or Event Infor s the agency have a tic nt Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official?	t Administrator E-mail Leah.Doyle-Steven rmation ket policy? Yes A's game <i>Provide Title/ Expla</i> by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Date of OrigInal Filing:	
Code/Phone Number -272-6691 action or Event Infor s the agency have a tic nt Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official?	E-mail Leah.Doyle-Steven mation ket policy? Yes A's game Provide Title/ Expla by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Date of OrigInal Filing:	
-272-6691 action or Event Infor s the agency have a tic nt Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official?	Leah.Doyle-Stever Tmation ket policy? Yes A's game Provide Title/ Expla by agency? Yes at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Date of OrigInal Filing:	
action or Event Infor s the agency have a tic nt Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official?	rmation ket policy? Yes A's game <i>Provide Title/ Expla</i> by agency? Yes e at the behest Yes	⊠ No □ Fi mation D ⊠ No □ If	Face Value of Each Ticket/Pass \$ <u>45.00</u> Date(s) <u>08 / 16 / 19</u> / f no:	
s the agency have a tic nt Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made gency official?	ket policy? Yes A's game Provide Title/ Expla by agency? Yes e at the behest Yes	nation ⊠ No 🗍 If	Date(s) <u>08 / 16 / 19</u> / f no: f ves: Haggerty, Scott	
nt Description: <u>Oaklanc</u> et(s)/Pass(es) provided ticket distribution made agency official? ccipients	A's game <i>Provide Title/ Expla</i> by agency? Yes e at the behest Yes	nation ⊠ No 🗍 If	Date(s) <u>08 / 16 / 19</u> / f no: f ves: Haggerty, Scott	3
et(s)/Pass(es) provided ticket distribution made agency official? cipients	Provide Title/ Expla	nation ⊠ No 🗋 If	f no:	
et(s)/Pass(es) provided ticket distribution made agency official? cipients	Provide Title/ Expla	nation ⊠ No 🗋 If	f no:	
ticket distribution made agency official? cipients	e at the behest Yes		Name of Source	3
agency official?		⊠ No 🛛 If	fves. Haggerty, Scott	ä
agency official?			Official's Name (Last, First)	3.
cipients				3.
	ncy's department or unit. •	Use Section B to ic	identify an individual. • Use Section C to identify an outside organ	ization.
Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency	∕'s policy
		Number of Ticket(s)/ Passes	Identify one of the following:	
Kenzie Bell		4	To promote attendance at a county spon event in order to maximize potential cou revenue for concession and parking sa	unty
			Ceremonial Role L Other L If checking "Ceremonial Role" or "Other" describe below:	Income
		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency	's policy
	· · · · · · · · · · · · · · · · · · ·			
	(Last, Fii Kenzie Bell Name of Outside O	Name of Individual (Last, First) Kenzie Bell Name of Outside Organization (include address and description)	(Last, First) Passes (enzie Bell Name of Outside Organization (include address and description)	(Last, First) Passes Kenzie Bell 4 4 To promote attendance at a county spon event in order to maximize potential co- revenue for concession and parking sa Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Number of Ticket(s)/

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

Leah Doyle-Stevens	Ticket Administrator	08/26/19
Print Name	Title	(month, day, year)

Comment:

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

1.	1. Agency Name				Date Stamp	California 802
	Alameda County				Form OUZ	
	Division, Department, or Region (if applicable) Board of Supervisors, District 1				1	For Official Use Only
	Designated Agency Contact (Name, Title)				1	
	Leah Doyle-Stevens, Ticket Administrator					
	Area Code/Phone Number E-mail				rovide Explanation in Part 3.)	
	510-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Ves l	No 🗖 F	ace Value of I	Each Ticket/Pass \$ 24	1.00
	• •					
	Event Description: Oakland A's game Date(s) 08 Provide Title/ Explanation				/ 10 / 19	//
	Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗔 If no:					
					Name of Source	
	Was ticket distribution made	e at the behest Yes	⊠ No⊡ ^{If}	yes: <u>Haggert</u>	Official's Name (Last, First)	
	of agency official?				Oncial's Ivanie (Last, First)	
_					<u> </u>	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
	~ .		Passes			
		······································			<u> </u>	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	bllowing:
	(Last, Firs	st)	Passes			
					onial Role D Other des ing "Ceremonial Role" or "Other" des	
				II CINECK		cribe below.
					······.	
					onial Role D Other des	Income
				IT CRECK	ing Ceremonial Role of Other des	спре реюм:
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy
	C. (include address and	description)	Passes			
	Alameda Healthcare for the		4		vard a school or non-p	-
	1000 SANS LEANST		Î	for	its contributions to t	he community
	SAN LEANDRO	, CA 94577				
١.	Verification /	7				

4. Verification

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

C		_eah Doyle-Stevens	Ticket Administrator	08/26/19
	Comment: EVC	Print Name	chirities in The	(month, day, year) Alameta
		nty/ Bay Area re	FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Alameda County Date Stamp For Official Use Only For Official Use Only

	Alameda County				Form OUL	
	Division, Department, or Reg					For Official Use Only
	Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator					
					Amendment (Must F	Provide Explanation in Part 3.).
	Area Code/Phone Number	E-mail				
	510-272-6691	Leah.Doyle-Stever	ns@acgov.o	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 \$ <u>24.00</u>		
				Date(s) <u>08</u>	Date(s) 08 / 18 / 19 / / / / /	
	Ticket(s)/Pass(es) provided			lf no:		
					Name of Source	
	Was ticket distribution made of agency official?	eat the behest Yes	🛛 No 🗆	lf yes: <u>Hagg</u> er	ty, SCOtt Official's Name (Last, First)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen • A. Name of Agency, Depart		Use Section B Number of Ticket(s Passes			tify an outside organization. rsuant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s Passes		Identify one of the	
		Ч. -			nonial Role Other	
					nonial Role 🔲 Other 🕻 king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s Passes)/ Describe th	ne public purpose made pu	rsuant to the agency's policy
	Purple Orchid Inn 4549 Cross Rd/ Livermore	, CA 94550	4	eve	mote attendance at a nt in or to maximize	potential county
			1	reve	enue for concession a	ind parking sales

4. Verification 1

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

	Leah Doyle-Stevens	Ticket Administrator	08/27/19
1	Print Name	Title	(month, day, year)
•	Comment: All proceeds will benefit the DSA of Alameda County Chari	table Foundation	

Agency Report of:

cy official? ients	ct 1 (Name, Title) Administrator E-mail Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes at the behest Yes At the behest At the behest Yes At the behest At the be	 No □ ation No □ No □ No □ 	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Name of Source	(month, day, year)
Department, or Reg Supervisors, Distri- ed Agency Contact (yle-Stevens, Ticket e/Phone Number -6691 on or Event Inform e agency have a tick escription: Oakland /Pass(es) provided et distribution made cy official? ients ion A to identify the agen	ct 1 (Name, Title) Administrator E-mail Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes at the behest Yes At the behest At the behest Yes At the behest At the be	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Date of Original Filing: Each Ticket/Pass \$ <u>15(</u> / <u>20 / 19</u> Name of Source ty, Scott Official's Name (Last, First)	For Official Use Only ovide Explanation in Part 3.) (month, day, year) 00.00 /
Supervisors, Distri- ed Agency Contact (yle-Stevens, Ticket e/Phone Number -6691 on or Event Inform e agency have a tick escription: Oakland /Pass(es) provided et distribution made cy official?	ct 1 (Name, Title) Administrator E-mail Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes at the behest Yes At the behest At the behest Yes At the behest At the be	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Date of Original Filing: Each Ticket/Pass \$ <u>15(</u> / <u>20 / 19</u> Name of Source ty, Scott Official's Name (Last, First)	ovide Explanation in Part 3.) (month, day, year) 00.00
ed Agency Contact (yle-Stevens, Ticket e/Phone Number -6691 on or Event Inform e agency have a tick escription: <u>Oakland</u> /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	(Name, Title) Administrator E-mail Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes e at the behest Yes acy's department or unit. • U	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Date of Original Filing: Each Ticket/Pass \$ <u>15(</u> / <u>20 / 19</u> Name of Source ty, Scott Official's Name (Last, First)	(month, day, year)
yle-Stevens, Ticket e/Phone Number -6691 on or Event Inform e agency have a tick escription: Oakland /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	Administrator E-mail Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes at the behest Yes at the behest Yes at the behest Yes by agency is department or unit. • U	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Date of Original Filing: Each Ticket/Pass \$ <u>15(</u> / <u>20 / 19</u> Name of Source ty, Scott Official's Name (Last, First)	(month, day, year)
e/Phone Number -6691 on or Event Inform e agency have a tick escription: Oakland /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	E-mail Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes e at the behest Yes cat the behest Yes cat the behest Yes	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Date of Original Filing: Each Ticket/Pass \$ <u>15(</u> / <u>20 / 19</u> Name of Source ty, Scott Official's Name (Last, First)	(month, day, year)
-6691 on or Event Inform e agency have a tick escription: <u>Oakland</u> /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	Leah.Doyle-Stevens mation ket policy? Yes A's game Provide Title/ Explant by agency? Yes e at the behest Yes at the behest Yes cy's department or unit. • U	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Date of Original Filing: Each Ticket/Pass \$ <u>15(</u> / <u>20 / 19</u> Name of Source ty, Scott Official's Name (Last, First)	(month, day, year)
on or Event Informe e agency have a tick escription: <u>Oakland</u> /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	mation ket policy? Yes [X A's game Provide Title/ Explanation by agency? Yes [X e at the behest Yes [X acy's department or unit. • U	 No	Face Value of Date(s) <u>08</u> If no: If yes: <u>Hagger</u>	Each Ticket/Pass \$ _150 / _20 / _19 Name of Source ty, Scott Official's Name (Last, First)	(montri, day, year)
e agency have a tick escription: <u>Oakland</u> /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	Ket policy? Yes X A's game Provide Title/ Explanation by agency? Yes X e at the behest Yes X acy's department or unit. • U	ation INO INO Use Section B to	Date(s) <u>08</u> If no: <u> </u>	/ 20 / 19 Name of Source ty, Scott Official's Name (Last, First)	//
escription: <u>Oakland</u> /Pass(es) provided et distribution made cy official? ients tion A to identify the agen	A's game Provide Title/ Explanation by agency? Yes e at the behest Yes acy's department or unit.	ation INO INO Use Section B to	Date(s) <u>08</u> If no: <u> </u>	/ 20 / 19 Name of Source ty, Scott Official's Name (Last, First)	· / /
/Pass(es) provided et distribution made cy official? ients tion A to identify the agen	by agency? Yes e at the behest Yes cy's department or unit.	ation No No No Use Section B to	lf no: If yes: <u>Hagger</u>	Name of Source ty, Scott Official's Name (Last, First)	fy an outside organization.
et distribution made cy official? ients tion A to identify the agen	by agency? Yes e at the behest Yes cy's department or unit.	No D No D	lf yes: <u>Hagger</u>	Name of Source ty, Scott Official's Name (Last, First)	fy an outside organization.
et distribution made cy official? ients tion A to identify the agen	e at the behest Yes 🛛	S No	lf yes: <u>Hagger</u>	Name of Source ty, Scott Official's Name (Last, First)	fy an outside organization.
cy official? ients ion A to identify the agen	icy's department or unit. • U	Use Section B to		Official's Name (Last, First)	fy an outside organization.
tion A to identify the agen			identify an individ	lual. • Use Section C to identif	fy an outside organization.
	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	llowing:
(Last, Fir	st)	Passes			Income
~					Income
		Number of Ticket(s)/ Passes			
		1 Suite			
	(Last, Fir Name of Outside O (include address and a County DSA Cha	Name of Individual (Last, First) Name of Outside Organization (include address and description) a County DSA Charitable Foundation akeside Dr., 12th Floor, Oakland 94612	Name of Individual (Last, First) of Ticket(s)/ Passes Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes a County DSA Charitable Foundation 1 Suite	Name of Individual (Last, First) of Ticket(s)/ Passes Image: Constraint of the c	Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the for Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" desc Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" desc Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" desc Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made purs a County DSA Charitable Foundation 1 Suite To reward a school or non-put

4. Verification

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

	Leah Doyle-Stevens	Ticket Administrator	08/26/19		
	Print Name	Title	(month, day, year)		
Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 27.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's game 20 80 19 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗖 If no: Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes 🖾 No 🗔 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Seevers and Sons 4 To reward a Community volunteer for his or her 3687 Old Santa Rita Rd/Pleasanton, CA94588 service to the public.

4. Verification

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

	Leah Doyle-Stevens	Ticket Administrator	08/27/19		
	Print Name	Title	(month, day, year)		
Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation					

С	eremonial Role Even	ts and Ticket/F	A Public Document			
1.	1. Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg			-	For Official Use Only	
	Board of Supervisors, Distri	ct 1				
	Designated Agency Contact	gnated Agency Contact (Name, Title)				
	Leah Doyle-Stevens, Ticket	Administrator				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	Leah Doyle-Stever	ns@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				7.00
	Does the agency have a tic	ket policy? Yes	🛛 No 🗖 Fa	ace Value of	Each Ticket/Pass $\frac{2}{2}$	7.00
	Event Description: Oakland	A's game	D	ate(s)08	<u>, 22 , 19</u>	
		Provide Title/ Expla	nation			A
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌 🛛 If	no:	Name of Source	
	Mas ticket distribution mode	at the behast of the		_{yes:} <u>Hagger</u>	ty, Scott	
	Was ticket distribution made of agency official?	at the benest Yes		yeo	Official's Name (Last, First)	
	or agency official:					
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to id	lentify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the	following:
	Hutchins, Henry		4		vard a school or non r its contributions to	
	H				nonial Role L Other L king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	·					
4.	Verification	. ^		,		·

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

	Leah Doyle-Stevens	Ticket Administrator	08/27/19		
	Print Name	Title	(month, day, year)		
Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation					
		¥.			

UE	eremonial Role Even	ts and ficket/P	ass Distri	butions	A	Public Document
	Agency Name		Date Stamp	California 802		
	Alameda County					
ľ	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	Board of Supervisors, Distri					
	Designated Agency Contact	(Name, Title)				
	Leah Doyle-Stevens, Ticket				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	Leah.Doyle-Stever	s@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				00
	Does the agency have a ticl	ket policy? Yes [XINo 🔲 🗜	ace Value of I	Each Ticket/Pass \$ <u>45</u>	.00
	Event Description: Oakland	A's game	D	ate(s) <u>08</u>	<u>, 24 , 19</u> .	//
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Ves I		no:		
		by agency: Test			Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made	e at the behest Yes	⊠ No⊡ ^{If}	yes: <u>Hagg</u> ert	y, Scott Official's Name (Last, First)	
	of agency official?		4)		Oniciars Ivanie (Last, 1 list)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen A.		Number of Ticket(s)/		ual. • Use Section C to identi e public purpose made purs	
	Alameda County Board of District 1	Supervisors,	Passes 6		eward a County empl	
				exem	plary service to the pu staff develop	
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Clouser, Jason		6	ever	mote attendance at a nt in or to maximize p nue for concession ar	otential county
	Archuletta, Ben		2	ever	note attendance at a it in or to maximize p nue for concession ar	otential county
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Livermore Barbershop 2027 3rd St/ Livermore, C/	A 94550	4	To rev	ward a Community vo service to the	
 . `	Verifization	ЛЛ s 18944	.1 and 18942. I	have verified t		public. th above, is in accordanc

-eah Doyle-Stevens	Ticket Administrator	08/29/19
Print Name	Title	(month, day, year)

Comment: ___

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Agency Report of:

pard of Supervisors, Distr				Date Stamp	California 802
vision, Department, or Reg pard of Supervisors, Distr					
pard of Supervisors, Distr					Form 002 For Official Use Only
		Division, Department, or Region (if applicable)			
signated Agency Contact	Board of Supervisors, District 1				
Designated Agency Contact (Name, Title)					
Leah Doyle-Stevens, Ticket Administrator			Amondmont (Must Pr	ovide Explanation in Part 3.)	
ea Code/Phone Number	E-mail				wide Explanation in Part 5.)
10-272-6691	Leah.Doyle-Steven	s@acgov.org		Date of Original Filing: _	(month, day, year)
unction or Event Info	rmation				5
pes the agency have a tic	ket policy? Yes	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$ <u>43</u>	.00
					/
Provide Title/ Explanation					
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no:				Name of Source	
Was ticket distribution made at the behast Voo 🕅 No 🗂 If ves: Hagger			ty, Scott		
				Official's Name (Last, First)	
Use Section A to identify the age		Number			
	2	Passes		v	
		Number			
		of Ticket(s)/ Passes		Identify one of the fo	llowing:
	=		1		Income
					Income 🗌
		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
		4	eve	nt in or to maximize p	otential county
	bes the agency have a tic vent Description: Oakland cket(s)/Pass(es) provided as ticket distribution mad if agency official? Recipients Use Section A to identify the age A. Name of Agency, Dep B. Name of Inc (Last, Fi Name of Outside C (include address an Livermore Chamber of Co 2157 1st St/ Livermore, C	vent Description: Oakland A's game Provide Title/ Explain cket(s)/Pass(es) provided by agency? Yes I as ticket distribution made at the behest Yes I f agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description) Livermore Chamber of Commerce 2157 1st St/ Livermore, CA 94550	Dees the agency have a ticket policy? Yes ⊠ No □ F vent Description: Oakland A's game □ Provide Title/Explanation C Cket(s)/Pass(es) provided by agency? Yes ⊠ No □ If as ticket distribution made at the behest Yes ⊠ No □ If as ticket distribution made at the behest Yes ⊠ No □ If f agency official? Number Recipients Use Section A to identify the agency's department or unit. • Use Section B to i A. Name of Agency, Department or Unit Number A. Name of Individual (Last, First) of Ticket(s)/ Passes B. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes D. Name of Outside Organization (include address and description) A	Dees the agency have a ticket policy? Yes X No Face Value of vent Description: Oakland A's game Date(s) 08 Provide Title/Explanation Date(s) 08 Cket(s)/Pass(es) provided by agency? Yes X No If no: as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution made at the behest Yes X No If yes: Hagger as ticket distribution to identify the agency's department or unit. Use Section B to identify an individ Describe th A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe th 3. Name of Individual (Last, First) Number of Ticket(s)/ Passes Cerem if check 3. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe th 2. Name of Outside Organization (include address and description) A To pro eve	bes the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 43. vent Description: Oakland A's game Date(s) 08 / 25 / 19 vent Description: Datking Value at the base of Source Date(s) 08 / 25 / 19 is ticket distribution made at the bases Yes ⊠ No □ If no:

4. Verification

~ 1

`	Leah Doyle-Stevens	Ticket Administrator	08/29/19			
	Print Name	Title	(month, day, year)			
Comment: All proceeds will benefit the DSA of Alameda County Charitable Foundation						

C	eremonial Role Events and Ticket/P	ass Dist	riputions	A Public Document	
1.	Agency Name			Date Dia California Calor	
	Alameda County	<u> </u>			
	Division, Department, or Region (if applicable)		- · . · · · ·	$1 \qquad D-1$.	
	Board of Supervisors, District 1				
	Designated Agency Contact (Name, Title)			1 A of	
	Denise Jacinto, Ticket Administrator			Amen Angust-	
	Area Code/Phone Number E-mail				
	510-272-6691 Denise.Jacinto@ad	cgov.org		Date of O	
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes [Each Ticket/Pass \$			
	Event Description: Oakland Raiders game		Date(s)08	<u>, 10 , 19</u> , (
	Provide Title/ Explai	nation	Duto(0)	,,,,,	
	Ticket(s)/Pass(es) provided by agency? Yes	Name of Source			
	Was ticket distribution made at the behest Yes of agency official?	최 No 🏼	n yes	ty, Scott Official's Name (Last, First)	
	of agency official:				
	• Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit	Use Section B t Number of Ticket(s)/ Passes		dual. • Use Section C to identify an outside organization. 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:	
	Brockman, Sue	4	eve	mote attendance at a county sponsored nt in or to maximize potential county enue for concession and parking sales	
				nonial Role L Other L Income C	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e 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	09/04/19
-	Print Name	Title	(month, day, year)

Comment: _

С	eremonial Role Even	ts and Ticket/F	A Public Documen			
_	Agency Name		Date Stamp	California Form 802		
	Alameda County					CASA SCHARGE
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors, Distri					
	Designated Agency Contact (Name, Title)				
	Denise Jacinto, Ticket Admi	nistrator			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	Denise.Jacinto@a	cgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			15	54 75
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	
	Event Description: <u>Banda</u>	MS Provide Title/ Expla	<u>, 10 , 19</u>	//		
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:				Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	🖄 No 🗌 📕	If yes: Hagger	ty, Scott Official's Name (Last, First)	
3.	 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 		• Use Section B to Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Corona, Maria Dejesus Ival		4	ev	omote attendance at ent in or to maximize venue for concession	potential county
					nonial Role 🛄 Other 🕍 king "Ceremonial Role" or "Cther" de	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

4. Verification

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

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

Comment: _____

Agency Report of: and Ticket/Dage Distributions

C	eremonial Role Even	its and Ticket/P	A Public Documen			
	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				
	Designated Agency Contact	(Name, Title)			-	
	Denise Jacinto, Ticket Adm	inistrator			Amendment (Must Pl	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	510-272-6691	Denise.Jacinto@ad	cgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			50	
	Does the agency have a tic		Each Ticket/Pass \$			
3.	Event Description:Jojo Si	wa D.R.E.A.M. Tour	<u>, 14 , 19</u>	//		
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes [Name of Source			
	Was ticket distribution made at the behest Yes X No I If yes: Hagge			ty, Scott Official's Name (Last, First)		
	of agency official?		Unicial's Name (Last, First)			
	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, Fi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Sargiotto, Alicia		4	eve rev _{Cerer}	omote attendance at a ent in or to maximize renue for concession a monial Role L Other L sking "Ceremonial Role" or "Other" des	potential county and parking sales
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy

4. Verification

.

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

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

Comment: _____

C	eremonial Role Event	s and Lic	ket/Pass	Distributions	A	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regio	on (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A						
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must provid	e explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.	.org	Date of Original Filing:	Month, Day, Year)	
2.	Function or Event Inform	nation			<u>`</u>		
	Does the agency have a ticket	policy?	Yes 🗵 No 🛛	Face Value o	f Each Ticket/Pass \$	36	
	Event Description	s vs. St. Loui Provide Title/Expl		Date(s)8	0319	//	
					Name of Source		
	Was ticket distribution made at the behest No ☐ Yes ⊠ of agency official?			If yes: Valle,	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
3.	• Use Section A to identify the agency's	unit. • Use Sect	tion B to identify an individu	al a Use Section C to identify a	n outside organization		
			Number of Ticket(s)/ Pass(es)	Iumber of Ficket(s)/ Describe the public purpose made pursuant to the agence			
	B. Name of Individual (Lasi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other describe below:	Income	
			252.0				
				Ceremonial Role	Other	Income	
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	 To reward a solution the communi 	school or nonprofit for its contributions to	ency's policy	
	Saint Rose Hospital Foundati Calaroga Ave, Hayward, CA S		Ø				
	The St. Rose Hospital Founda St. Rose Hospital carry out its			raising the necessar current and future n	y resources needed to m eeds.	eet the hospital's	
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	1/24/2017
Print Name	Title	(Month, Day, Year)

Comment: Raffled tickets off at Fund raiser

_	eremonial Role Even					A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	le)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗆] Face Value o	FEach Ticket/Pass \$	45/20
	Event Description Oakland A	's vs. St. Lou	is Cardinals	Date(s)08	, 04 , 19	•
		Provide Title/Exp		Date(s)		//
	Ticket(s)/Pass(es) provided by	/ agency?	d Athletics			
					Name of Source	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🛛	I If yes: Valle,	Richard- Supervisor Dis Official's Name (Las	strict 2
					Omicial's Name (Las	t, First)
•	Recipients			-		
	Use Section A to identify the agency's department or unit. Use Section B to identify an indiv				al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		
	(Last, First)		Pass(es)			
				Ceremonial Role	Other	
			-	 If checking "Ceremonia 	l Role" or "Other" describe below:	
				Ceremonial Role		
					☐ Other ☐ Role" or "Other" describe below:	Income
1	C. Name of Outside Organi		Number of Ticket(s)/	T	1	
1	(include address and desc	ription)	Pass(es)		hool or nonprofit	gency's policy
2	ICWARK POTARY 3661	05	ala	the community	or its contributions to)
(CEDAR BIND NAUDRI	act	183	the community	/	
lewark Poton gives their Threto			† ⊢			
	ottanizations and give					
	Verification					
	have read and understand FPPC Regula	tions 18944.1 and	18942. I have verifie	ed that the distribution set for	h above, is in accordance with th	e requirements.
			Gabriela Chri	stv st	upervisor's Assistant	7/1.11G

С	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	e)	·····		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		· _		
	Gabriela Christy					_l
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				200 000
	Does the agency have a ticke	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	305.55 30	
	Event Description Oakland F	Raiders vs. LA	Rams	Date(s)8	<u>, 10 , 19</u>	//
		Provide Title/Exp	anation	Oaklar	ad Athletics	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No	If no: Oaklar	Name of Sou	rce
	Was ticket distribution made a	at the behest	No 🗌 Yes	X If yes. Valle,	Richard- Supervisor District 2	
of agency official?				La 11 yes	Official's Name (Last, First)	
) .	Recipients • Use Section A to identify the agence A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		al. • Use Section C to identi	
	B. Name of Individua (Lasi, First)	1	Number of Ticket(s)/ Pass(es)	T 1	Identify one of the followin	
	Jones, John		71		a community	Income
			2	volunteer f	or his or her serv	vice
			1	to the publi	ic	
						Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy

4. Verification

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

Gabriela ChristySupervisor's AssistantPrint NameTitle

(Month, Day, Year

Comment: _

Ceremonial Role Events and T	icket/Pass Di	stributions		A Public Document			
1. Agency Name			Date Stamp	California 802			
Alameda County				THE STATE AND A STATE OF A STATE			
Division, Department, or Region (If Application	able)			For Official Use Only			
Board of Supervisors							
Designated Agency Contact (Name, Title)							
Gabriela Christy							
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)			
(510) 272-6692 Gabriela.0	Christy@acgov.org	3	Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information							
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	Face Value of Each Ticket/Pass \$ 154.75				
Event Description Banda MS De Sergio		5 () 08	, 10 , 19				
	Provide Title/Explanation			Date(s) 10 19/			
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠		If no: Golden	State Warriors				
		Name of So					
Was ticket distribution made at the behes of agency official?	t 🛛 No 🗋 Yes 🛛	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)					
		. <u>-</u>					
3. Recipients • Use Section A to identify the agency's department	or unit. • Use Section	B to identify an individu	al. • Use Section C to ident	ify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy			
5							
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:			
(Ldd, Fild)	Pass(es)						
Lizzario, Rocio		To reward	a community	income			
	4	volunteer t	for his or her ser	vice			
		to the publ	ic				
		· · · · · · · · · · · · · · ·					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c 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.

_	Gabriela Christy	Supervisor's Assistant	7/26/2019
-	Print Name	Title	(Month, Day, Year)

Comment: ____

Alameda County	ifornia 802 orm 802 or Official Use Only lanation in Part 3.)
Division, Department, or Region (If Applicable) Board of Supervisors	21
	lanation in Part 3.)
	lanation in Part 3.)
	lanation in Part 3.)
Gabriela Christy	lanation in Part 3.)
Area Code/Phone Number E-mail	
Date of Original Filing:	h, Day, Year)
2. Function or Event Information	05.50
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$	
Event Description JOJO Siwa Date(s) 08 / 14 / 19	//_
Provide Title/Explanation	
Ticket(s)/Pass(es) provided by agency? Yes No No If no: Golden State Warriors	
Was ticket distribution made at the behest No I Yes I If yes: Valle, Richard- Supervisor District	2
of agency official? Official's Name (Last, First)	
3. Recipients	
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an out	side organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	ency's policy
B. Name of Individual Number of (Lest, First) Identify one of the following:	
Sobmidt Aliab	
Schmidt, Aliah 4 volunteer for his or her service	_
to the public	
Geograp Delow:	
C. Name of Outside Organization Number of (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the ag	ency's policy
(include address and description) Pass(es)	
4. Verification	

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

Gabriela Christy	Supervisor's Assistant	7/24/19
Print Name	Title	(Month, Day, Year)

Comment: ___

A Public Document

Ceremonial Role Ev	ents and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or F	Region (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Conta	ict (Name, Title)			1	
Gabriela Christy					
Area Code/Phone Number	r E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	nristy@acgov	/.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inf	formation		-		12/24
Does the agency have a ti	cket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	MA
Event Description Oaklan	d A's vs. Housto Provide Title/Exp		Date(s)	<u>, 15 , 19</u>	08 , 18 , 19
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No	Ist If no: Oaklar	nd Athletics	
	- 29 290.09			Name of Sou	
Was ticket distribution mad	te at the behest	No 🗋 Yes	If yes: Valle,	Richard- Supervisor D	District 2
of agency official?			·		ast, First)
 B. Recipients Use Section A to identify the ag 	ency's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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 following	ıg:
				Other describe below:	Income 🗌
·		<u> </u>	Ceremonial Role	Other Dia Role" or "Other" describe below:	income
			- 		
		Number of	10 reward a s	school or nonprofit	
C. Name of Outside Or (include address and		Ticket(s)/ Pass(es)	the communi	for its contributions	to jency's policy
National Night Out is an community-building cam		4			
that promotes police-cor partnerships and neighbo			camaraderie to ma places to live	ke our neighborhoods	safer, more caring
. Verification					
	s 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	_	Gabriela C	hristy	Supervisor's Assistant	1/24/2019
		Print Nam	e	Title	(Month, Day, Year)
Comment:					

eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Documen	
Agency Name			· · · ·	Date Stamp	California 802	
Alameda County						
Division, Department, or Regi	on (If Applicable	e)	· · · · ·		For Official Use Only	
Board of Supervisors						
•	Name,Title)					
Gabriela Christy						
	E-mail			Amendment (Must provid	le explanation in Part 3.)	
		ristv@acqov.	org	Date of Original Filing:	Month, Day, Year)	
· · ·					Monun, Day, Year)	
		Ves 🕅 No	Face Value of	of Each Ticket/Pass \$	45/20	
Event Description			Date(s)		//	
Ticket(s)/Pass(es) provided by	vagency?		J If no. Oaklar	nd Athletics		
	agency:			Name of Source		
	t the behest	No 🗋 Yes [If yes: Valle,	Richard- Supervisor Dis	trict 2	
of agency official?				Official's Name (Last,	First)	
•						
	's department or		tion B to identify an individu	al. • Use Section C to identify a	in outside organization.	
A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to t	he agency's policy	
R Name of Individua		Number of				
D. (Last First)		Ticket(s)/ Pass(es)	To reward a	Identify one of the following:		
					Income	
Green, Mun		2			5	
			to the publi	c		
					Income	
				ial Role" or "Other" describe below:	-	
				1 1		
		Number of	— To reward a s	chool or nonprofit	<u> </u>	
C. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	organization	for its contributions to	gency's policy	
C. Name of Outside Organi (include address and deso National Night Out is an anr community-building campaig	ription)	Ticket(s)/		for its contributions to	gency's policy	
	Agency Name Alameda County Division, Department, or Regi Board of Supervisors Designated Agency Contact (a Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Inform Does the agency have a ticket Event Description Oakland A Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela.Chr Function or Event Information Does the agency have a ticket policy? Event Description Oakland A's vs. Housto Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela.Christy@acgov. Function or Event Information Does the agency have a ticket policy? Yes I No Event Description Oakland A's vs. Houston Astros Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes I No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identi	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Yes X No X Function or Event Information Does the agency have a ticket policy? Yes X No X Face Value of Event Description Oakland A's vs. Houston Astros Date(s) OE Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No X Vas ticket distribution made at the behest no Yes X If yes: Valle, of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individe Ticket(s)/ Pass(es) Vame of Agency, Department or Unit Number of Ticket(s)/ Pass(es) To reward a volunteer for to the public (use, First) B. Name of Individual (use, First) To reward a volunteer for to the public to th	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org Function or Event Information Date of Original Filling: Does the agency have a ticket policy? Yes 🛛 No 🗠 Event Description Oakland A's vs. Houston Astros Provide TitleExplanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes 🗠 No 🗠 Vas ticket distribution made at the behest of agency official? Name of Supervisor Distore Vas sticket distribution made at the behest vas escion B to Identify an individual. • Use Section C to identify a individual. • Use Section C to identify an individual. • Use Section A to Identify the agency's department or unit • Use Section B to Identify an individual. • Use Section C to identify an individual. • Use Section C to identify an individual. Use Section A to Identify the agency's department or unit • Use Section B to Identify an individual. • Use Section C to identify an individual. • Use Section C to identify an individual. Use Section C to identify an individual • Use Section C t	

Comment: _

С	eremonial Role Even	ts and Tio	cket/Pass Di	stributions		A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					Portin CO
	Division, Department, or Regi	ion (If Applicab	le)	· · · ·		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov.org	I	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation		2		(,,, ,,
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$	39
	Event Description Oakland A	's vs. Housto	on Astros	_ Date(s)0	8 , 17 , 19	//
		Provide Title/Exp	blanation	Oakla	and Athlatica	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 🛛 No 🖾	If no: Oakia	and Athletics Name of Sour	
	Was ticket distribution made a	t the behest	No 🗌 Yes 🛛	lf yes: <u>Valle</u>	e, Richard- Supervisor D	istrict 2
	of agency official?				Official's Name (La	ast, First)
	• Use Section A to identify the agency A. Name of Agency, Departme		runit. • Use Section Number of Ticket(s)/ Pass(es)		dual. • Use Section C to identif	
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the following	g:
	(Last 1 hay		Pass(es)			
	Frausto, Marciano		2	To reward volunteer — to the pub	a community for his or her serv	
				— 10 the pub		Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	o the agency's policy
	Verification	<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 Print Name Supervisor's Assistant

(Month, Day, Year)

Comment: _

С	eremonial Role Events	and Ticket/P	ass Di	stributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UU2
	Division, Department, or Region	n (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Gabriela Christy					
	Area Code/Phone Number E	-mail			Amendment (Must prov	ιαέ εχριαπατιόπ in Ραπ 3.)
	(510) 272-6692	Gabriela.Christy@a	acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	ation				11-20
	Does the agency have a ticket p		No 🗖	Face Value o	of Each Ticket/Pass \$	45/20
	Event Description	letics vs Houston /	Astros	_ Date(s)08	3 <u>, 18 , 19</u>	//
	F	TOVIDE THE/EXplanation		If no: Oaklar	nd Athletics	
	Ticket(s)/Pass(es) provided by a	igency? Yes 🗌	No 🛛	If no:	Name of Source	e
	Was ticket distribution made at t	he behest No	Yes 🛛	lf ves. Valle,	, Richard- Supervisor Dis Official's Name (Las	strict 2
	of agency official?			n yes	Official's Name (Las	t, First)
	A. Name of Agency, Department	or Unit Ticke Pass	t(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individual	Numi Ticki Pass	et(s)/		Identify one of the following	j:
		ш.,		Ceremonial Role If checking "Ceremon	Other Other ial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other I al Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descri		t(s)/	 To reward a organization the commun 	school or nonprofit for its contributions	to ency's policy
20	Knights of columbus.	-Union 193	13		2	
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	7/24/51
Print Name	Title	(Month, Day, Year)

Comment: ____

С	eremonial Role Events	and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Region	n (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Gabriela Christy					
		-mail			Amendment (Must prov	ide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chri	sty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				27
	Does the agency have a ticket p		Yes 🗵 🛛 No	Face Value o	f Each Ticket/Pass \$	
	Event Description Oakland A's	vs. NY Yank	(ees	Date(s)8		
	P	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 🛛 No	If no: Oaklar	Name of Source	
	Was ticket distribution made at t	he behest	No 🗌 Yes	IN If yog. Valle,	Richard- Supervisor Dis	strict 2
	of agency official?				Official's Name (Las	t, First)
3.	Recipients			·		
	Use Section A to identify the agency's	department or u		tion B to identify an individu	al. • 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
					<u> </u>	
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	:
				Ceremonial Role If checking "Ceremon	Cher Cher Cher Cher Cher Cher Cher Cher	Income
				Ceremonial Role If checking "Ceremon	Other	Income
		24	Number of	— To reward a s	school or nonprofit	
	C. Name of Outside Organiza (include address and descri		Ticket(s)/ Pass(es)	organization the communi	for its contributions t ty	to jency's policy
	National Night Out is an annu community-building campaign		2		-	
	police-community partnership neighborhood camaraderie to			neighborhoods safe	er, more caring places to	o live.
4.		ons 18944.1 and	18942. l have ve	rified that the distribution set f	orth above, is in accordance with ti	he requirements.

Gabriela Christy Print Name

Comment:

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	on (If Applicable	e)			For Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	8			21/02
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗌] Face Value of	of Each Ticket/Pass \$	3612T
	Event Description Oakland A	's vs. NY Yar	nkees		3 <u>, 21 , 19</u> _	08 , 22 , 19
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🗵	If no: Oaklar	nd Athletics	
				_	Name of Sour	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Di Official's Name (La	st. First)
_						
3.	• Use Section A to identify the agency	v's department or	unit. • Use Secti	ion B to identify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		blic purpose made pursuant to	
			Pass(es)			
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	To reward a	a community	
					or his or her servio	ce Income [
	Ulloa, Jackie		2			
			2	to the publi		
			┨	— To reward a	community	
	Contreras, Alejandro			volunteer fo	r his or her servic	e Income
	oonii eras, Aiejanuro		e de la companya de l			
				to the public	Ū.	
	C. Name of Outside Organ	ization	Number of	Describe the put	blic purpose made pursuant to	the agency's policy
	(include address and des	cription)	Ticket(s)/ Pass(es)		nie parpose made parsaane a	
-	11 10 11					

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	9/24/19
Print Name	Title	(Month, Day, Year)

Comment: ___

A Public Document

A Public Document

Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Reg	ion (If Applicable	e)			For Onidar Use Only
Board of Supervisors					
•	Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	nristy@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				12
					<u> </u>
Event Description Oakland A	s vs. SF Gia	nts	Date(s) 08	, 24 , 19	08 , 25 , 19
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics	
			Valle		
	at the behest	No 🗌 Yes 🛛	If yes: <u>Valle</u> ,	Official's Name (Las	st, First)
<u> </u>					
	v's department or	runit. • Use Sectio	n B to identify an individu	al. • Use Section C to identify	r an outside organization.
		Number of			
A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	the bailboae made bailadain te	and ageney a poney
		Pass(es)			
D Name of Individue		Number of			
B. Name of Individua (Lasi, First)	al			Identify one of the following	9:
(Lasi, First)	al	Number of Ticket(s)/	To reward		g: Income
	al	Number of Ticket(s)/		a community	Income
(Lasi, First)	al	Number of Ticket(s)/ Pass(es)	volunteer	a community for his or her serv	Income
(Lasi, First)	al	Number of Ticket(s)/ Pass(es)		a community for his or her serv	Income
(Lasi, First)	al	Number of Ticket(s)/ Pass(es)	volunteer	a community for his or her serv	income [
(Lasi, First)	al	Number of Ticket(s)/ Pass(es)	volunteer	a community for his or her serv	income [
(Lasi, First)	al	Number of Ticket(s)/ Pass(es)	volunteer to the pub	a community for his or her serv lic	income [
Yan, Paul	ilzation	Number of Ticket(s)/ Pass(es)	volunteer to the pub To reward a s	a community for his or her serv lic school or nonprofit	Income [/ice Income [
Yan, Paul	ilzation	Number of Ticket(s)/ Pass(es) 2	volunteer to the pub To reward a sorganization	a community for his or her serv lic school or nonprofit for its contributions	Income [/ice Income [
Yan, Paul	ilzation scription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	volunteer to the pub To reward a s	a community for his or her serv lic school or nonprofit for its contributions	Income [/ice Income [
	Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact (Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Infor Does the agency have a ticke Event Description Oakland A Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official? • Use Section A to identify the agence	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Ch Function or Event Information Does the agency have a ticket policy? Event Description Oakland A's vs. SF Gia Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? • Use Section A to identify the agency's department on	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Yes 🛛 No □ Event Description Oakland A's vs. SF Giants Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Was ticket distribution made at the behest No □ Yes ☑ Was ticket distribution made at the behest No □ Yes ☑ Bestion A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. Use Section	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number [510] 272-6692 Gabriela.Christy@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value o Event Description Oakland A's vs. SF Giants Provide Title/Explanation Date(s)08 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: _Oaklard Was ticket distribution made at the behest No □ Yes ⊠ If yes: _Valle, of agency official? Proceipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individue	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number [510] 272-6692 Board of Supervisors Dete of Original Filing: Gabriela Christy Area Code/Phone Number [510] 272-6692 Board of Supervisors Date of Original Filing: Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Oakland A's vs. SF Giants Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakland Athletics Name of Source Vas ticket distribution made at the behest No □ Yes ⊠ of agency official? Vuse Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify

Gabriela Christy

Print Name

Supervisor's Assistant Title

1/24/19 (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) Heather Cartwright Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 heather.cartwright@acgov.org (Month, Day, Year) 2. Function or Event Information \$17 tix Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description Baseball game 01 19 80 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If 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 A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ Lust First Pass(es) Income Ceremonial Role Other Avina, Andrea If checking "Ceremonial Role" or "Other" describe below. 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) ind 18942. I have verified that the distribution set forth above, is in accordance with the requi Supervisor's Assistant Heather Cartwright Print Name Title

FPPC Form 802 (4/12)

A Public Document

Comment: _

Agency Name				Data Stama	A Public Document	
				Date Stamp	California 802	
Alameda County				-	For Official Use Only	
Division, Department, or Regi	ion (If Applicable)				
Board of Supervisors						
Designated Agency Contact (Name, Title)			1		
Heather Cartwright						
Area Code/Phone Number	E-mail		······	Amendment (Must p.	rovide explanation in Part 3.)	
(510) 272-6693	heather.cart	wright@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Inform	mation	2/1 102-2-2-	J 2 2 2 7 1 1 1 1 1			
Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$	\$24 tix	
Basaballa				<u> </u>		
Event Description	Provide Title/Expla	anation	Date(s)		/	
Ticket(a) (Decc(cc) provided by	u ogonou?		If no: Oaklar	nd A's		
Ticket(s)/Pass(es) provided by	y agency (Yes 🗌 No 🛛		Name of Sol	urce	
Was ticket distribution made a	it the behest	No 🗍 Yes [If yes: Chan	, Wilma		
of agency official?			,	Official's Name (L	.ast, First)	
Recipients	86 6 - 14 x86	an an tea sea		and the second		
• Use Section A to identify the agency	y's department or u		tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
				R		
B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ng	
(Last torst:		Pass(es)				
Yoshioka, Esther			Ceremonial Role	ial Role" or "Other" describe below:	Income	
Toomona, Lonion				munity volunteer for his or her service to the		
			public	185		
			Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
		Pass(es)		· · · · ·		
				(40)		
			anna - 19 mil 19 mil - Santa an Antonio an An			
Verification_					. <u> </u>	
	d	18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements	
		Heather Car	twright	Supervisor's Assistant	9 78/1	
	-	Print Name	e	Title	(Month, Day, Year)	
				•		

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A Public Document
Date Stamp California 802
T OTTI
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing:(Month, Day, Year)
\$36 tix
e of Each Ticket/Pass \$
08 _ 17 _ 19/
kland A's Name of Source
an, Wilma
Official's Name (Last, First)
vidual. • Use Section C to identify an outside organization.
public purpose made pursuant to the agency's policy
Identify one of the following:
ole 🔲 Other 🗌 Income 🗌
emonial Role" or "Other" describe below:
ndanceevent held at a County facilitymaximize / revenueconcession sales
emonial Role" or "Other" describe below:
public purpose made pursuant to the agency's policy
set forth above, is in accordance with the requirements.
set forth above, is in accordance with the requirements

A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Onlý Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ heather.cartwright@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$24 tix Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) _____ 18 Baseball game 19 Event Description 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 Å. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Lotus Bloom - 555 19th Street, Unit 131 2 to the community Oakland, CA 94612 Family resource center for underserved populations 4. Vérification 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Heather Cartwright Print Name Tille Comment: _ FPPC Form 802 (4/12)

Ceremonial Role Events and	d Ticket/Pas	s Distributions		A Public Documen	
1. Agency Name			Date Stamp	California 802	
Alameda County	· · · · · · · · · · · · · · · · · · ·	Form			
Division, Department, or Region (If Ap	oplicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Tit	tie)				
Heather Cartwright			Amondmont (Must	provide explanation in Part 3.)	
Area Code/Phone Number E-mail	. <u>, , , , , , , , , , , , , , , , , , ,</u>			provide explanation in Part 5.)	
(510) 272-6693 heath	er.cartwright@ac	gov.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Information		et avera e		¢26 tiv / ¢45 pork	
Does the agency have a ticket policy?	Yes 🛛 N	o 🗌 🛛 🛛 Face Value	of Each Ticket/Pass \$ _	\$36 tix / \$45 park	
Event Description Baseball game	Title/Explanation	Date(s)0	8 <u>, 21 , 19</u>	///	
Ticket(s)/Pass(es) provided by agenc	y? Yes □ N	o 🛛 🛛 lf no: <u>Oakla</u>	and A's Name of S	ource	
Was ticket distribution made at the be	ehest No⊡Ye	s⊠ lf yes: <u>Cha</u> r	n, Wilma		
of agency official?		is ⊠ il yes	Official's Name	(Last, First)	
 B. Recipients Use Section A to identify the agency's depart 	ment or unit. • Use S	Section B to identify an individ	tual. • Use Section C to ide	ntify an outside organization.	
		F	Describe the public purpose made pursuant to the agency's policy		
<u></u>			<i>1</i> 0		
B. Name of Individual	Number o Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role If checking "Ceremo	Other D	Income	
<u> </u>		Ceremonial Role	Other D	Income [
C. Name of Outside Organization (include address and description)	Number o Ticket(s)/ Pass(es)	f Describe the pu	blic purpose made pursuar	nt to the agency's policy	
San Leandro Chamber of Commer 120 Estudillo Ave, SL, CA 94577	ce 6+1P	To promote attend facilitymaximize	lanceevent held at a potential County reve	County nueconcession sales	
Source of advocacy, education, & connections for business in San Le	andro		2 		
1 Norification	44.1 and 18942. I have	verified that the distribution set	forth above, is in accordance v	vith the requirements.	
	Heather C		Supervisor's Assistar	nt <u>9/28/19</u> (Month, Pay, Year)	
0				,	
Comment:					

emonial Role Events and Ti	A Public Docume				
gency Name	Date Stamp	California 802			
lameda County		Form			
ivision, Department, or Region (If Applicab	le)		-	For Official Use Only	
loard of Supervisors					
esignated Agency Contact (Name, Title)			-		
leather Cartwright			Amandmont (Musta	rovide explanation in Part 3.)	
rea Code/Phone Number E-mail			_		
510) 272-6693 heather.ca	rtwright@acgo	ov.org	Date of Original Filing:(Month, Day, Year)		
unction or Event Information	22-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2			\$36 tix / \$45 park	
			of Each Ticket/Pass \$ _	φου 11x7 φτο park	
vent Description Baseball game Provide Title/Ex		Date(s)	8 , 21 , 19	//	
Provide Title/Ex	planation				
icket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No	If no: Oakla	Name of So	urce	
/as ticket distribution made at the behest		If yes: Char	n, Wilma		
Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: One of agency official?			Official's Name (i	Last, First)	
Recipients					
Use Section A to identify the agency's department of	or unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
			350		
3. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing	
		Ceremonial Role If checking "Ceremo	Other D	Income	
		Ceremonial Role If checking "Ceremo	Other D	Income	
	Number of				
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)		blic purpose made pursuan		
Dakland Chinatown Chamber of Commerce-388 9th St Ste 290, 94607	6+1P	To promote attend facilitymaximize	lanceevent held at a potential County rever	County ueconcession sales	
Promote business in Asian community					
				100 (1946-100) C (195 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196 - 196	
erification					
	and 18942. I have ve	erified that the distribution set	forth above, is in accordance w	$X / \alpha \propto I$	
	nd 18942. I have ve Heather Cal Print Nan	rtwright	forth above, is in accordance w Supervisor's Assistan Tilie	$X/2 \propto I$	

eremonial Role Events	and Ticl	ket/Pass	Distributions		A Public Document	
Agency Name				Date Stamp	California 802	
Alameda County					Form OUZ	
Division, Department, or Region	n (If Applicable)	1	For Official Use Only			
Board of Supervisors			·			
Designated Agency Contact (Na	me, Title)			5		
Heather Cartwright						
-	-mail			Amendment (Must p	rovide explanation in Part 3.)	
	eather.cartv	vright@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Informa	ation					
Does the agency have a ticket p		Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	\$36 tix / \$45 park	
	-		Date(s)		<i>()</i>	
Event Description Baseball gan	rovide Title/Expla	ination	Date(s)		//	
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No [If no: Oakla	nd A's		
Ticket(3)/1 ass(cs) provided by a	igency:		<u></u>	Name of Sol	urce	
Was ticket distribution made at the	he behest	No 🗌 Yes 🛛	If yes: Chan	n, Wilma Official's Name (I		
of agency official?				Unicial s Name (L		
Recipients						
• Use Section A to identify the agency's	department or u	nit. • Use Sec				
A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the put	ribe the public purpose made pursuant to the agency's policy		
		Fass(es)				
				······································		
				8		
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	na	
(Lest First)		Pass(es)				
				Definition of the second secon	Income	
			in checking Geremon	Har Note of Other Describe below.		
			Ceremonial Role	Other	Income	
			If checking "Ceremor	nial Role" or "Other" describe below:		
		Number of				
C. Name of Outside Organiza (include address and descri		Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
		Pass(es)				
Davis St Family Resource Cer Teagarden Street, SL,CA 945		6+1P	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions	
	11		to the contanunity			
Delivering supportive services low-income community	to the					
Verification	49498	n Carpon in Alexandra i Manuel Agrico anno Carda				
	8944.1 and	18942. I have ve	rified that the distribution set i	forth above, is in accordance wit	h the requirements.	
		Joothor Cor	twright	Supervisor's Assistant	O(Y X / I)	
		Heather Car	twight	Supervisor 37 (33) Start		
		Print Name		Title	(Month, Day, frear)	

A Public Document

1. Agency Name			Date Stamp	California 000	
Alameda County		Form OUZ			
Division, Department, or Region (If Applie	<u>i</u>	For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Heather Cartwright					
Area Code/Phone Number E-mail			Amendment (Must pro	wide explanation in Part 3.)	
	cartwright@acgd	ov.org	Date of Original Filing:(Month, Day, Year)		
2. Function or Event Information				(Month, Day, Tear)	
Does the agency have a ticket policy?	Yes 🗵 No	- Face Value o	of Each Ticket/Pass \$	\$43 tix	
-			3 , 24 , 19		
Event Description Baseball game	/Explanation	Date(s)		//	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [⊠ If no: <u>Oaklar</u>	nd A's		
However assess provided by agency :		ا ب	Name of Sour	ce	
Was ticket distribution made at the behe	st No 🗌 Yes	If yes: Chan	, Wilma Official's Name (La	and (Cimela)	
of agency official?			Official's Name (La	ist, First)	
3. Recipients			9		
• Use Section A to identify the agency's department					
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Pass(es)				
		· · · · · · · · · · · · · · · · · · ·			
R Name of Individual	Number of				
B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)		Identify one of the followin	g	
		Ceremonial Role		Income	
Yee, Colin	2	*	ial Role" or "Other" describe below:	auntur.	
		facilitymaximize p	anceevent held at a C potential County revenu	econcession sales	
		Ceremonial Role			
			ial Role" or "Other" describe below:		
			292		
				· · · · · · · · · · · · · · · · · · ·	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
(include address and description)	Pass(es)				
4 Xlerification				1	
1	and 18942. I have ve		forth above, is in accordance with	the requirement 1/2 5/	
l	Heather Car		Supervisor's Assistant		
		e	Title	(Month, Day, Year)	
`	Print Nam	•			
Comment:	Print Nam	•			
Comment: _____

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document		
Ι.	Agency Name				Date Stamp	California 802		
	Alameda County				х.	Form 002		
	Division, Department, or Regi	on (If Applicable)		-	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)		<u> </u>	-			
	Heather Cartwright							
	Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)		
	(510) 272-6693	heather.cartv	wright@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)		
	Function or Event Inform	nation		ومرصية في المراجع الم	() (100 (100 (100 (100 (100 (100 (100 (1			
	Does the agency have a ticket	t policy?	Yes 🛛 No		of Each Ticket/Pass \$			
	Event DescriptionBaseball g	ame		Date(s) 08	3 , 25 , 19			
	Event Description	Provide Title/Expla	anation					
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of Sou	1/20		
		4 4 h - 1 h - 1 h - 6 h		— Chan		nce		
	Was ticket distribution made a of agency official?	t the benest	No 🗋 Yes	If yes: <u>Chan</u>	Official's Name (L	ast, First)		
	Recipients		080 Dez 8 0			17. 10.10.0 47.00.001 12.00		
•		CECIPIENTS 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 pub	olic purpose made pursuant	to the agency's policy		
						8. 		
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	Jacoph Magan			Ceremonial Role	Other D	Income		
	Joseph, Megan		2		anceevent held at a (County		
					potential County reven			
				Ceremonial Role If checking "Ceremon	Other describe below:	Income		
			Number of					
	C. Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Λ				1			
		bne	18942 have ve	rified that the distribution set fi	orth above, is in accordance with	the requirements 1		
		anu	10072. Indve Ve	and the demouser of the	erar abere, is in accordance with	X178/1		
			Heather Car	turiabt	Supervisor's Assistant	0/10/1		

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Agency Report of:

Date Stamp California 802 For Official Use Only
For Official Use Only
L L Amondmont (Much Devide Evile vite to the
Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing:(month, day, year)
of Each Ticket/Pass \$
<u>, 4 , 19</u>
A
Name of Source
, Nathan Official's Name (Last, First)
the public purpose made pursuant to the agency's policy
Identify one of the following:
emonial Role 🗌 Other 🗐 Income 🗌
ecking "Ceremonial Role" or "Other" describe below: e attendance maximize profit at an event county facility
emonial Role C Other C income income cking "Ceremonial Role" or "Other" describe below:
he public purpose made pursuant to the agency's policy

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

	2 Nathan Miley	Supervisor, Fourth District	9/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District Amendment. (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6694 Date of Original Filing: . austin.bruckner@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description: Banda MS de Sergio Lizarraga Date(s) _____/ 10 / 19 Provide Title/ Explanation If no: OACCA Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖾 No 🗌 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Rodriguez, Coco Income If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his or her service to the community... increase attendance Ceremonial Role 🔲 Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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	9/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

Cerem	onial Role Ever	its and Ticket/	Pass Dist	tributions	Α	Public Document
1. Agen	cy Name				Date Stamp	0.00
	eda County					Form 802
Divisio	on, Department, or Reg	ion (if applicable)			1	For Official Use Only
	of Supervisors, Four					
	nated Agency Contact					
	n Miley, Supervisor, F	ourth District			Amendment (Must Pi	rouide Contention in Darie 1
Area C	ode/Phone Number	E-mail				rovide Explanation in Part 3.)
(510)	272-6694	austin.bruckner@	acgov.org		Date of Original Filing:	(month, day, year)
. Func	tion or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		
Doest	he agency have a ticl	ket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	
Event	Description: Oakland			Date(s)8	, 15 , 19	
		Provide Title/ Expl	anation		··	
Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🖾	If no: OACCA		
Was tir	ket distribution made	at the behast of	T	If yes: Miley, N	Name of Source	
	cket distribution made ency official?	at the penest Yes	No 🗌	ii yes	Official's Name (Last, First)	
Α.	Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
В.	Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
Harris	on, Nate		4	lf checki	onial Role Other Other ng "Ceremonial Role" or "Other" descr attendance maximize ounty facility	Income i ^{be below:} profit at an event
					onial Role Other Other on "Other" descri	ibe below:
C.	Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
Vorifica	>					

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	9/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	eremonial Role Ever	its and ficket/	Pass Dist	ributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			• •		romin co
	Division, Department, or Reg				1	For Official Use Only
	Board of Supervisors, Four					
	Designated Agency Contact	-				
	Nathan Miley, Supervisor, F	ourth District			Amondmont (Musi	
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
_	(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) <u>8</u>		
	Event Description.	Provide Title/ Expl	anation	Date(s)		/
	Ticket(s)/Pass(es) provided			If no: OACCA		
					Name of Source	
	Was ticket distribution made	at the behest Yes	🖾 No 🗆	If yes: <u>winey</u> , it	Name of Source lathan Official's Name (Last, First)	
	of agency official?				(
3.	Recipients • Use Section A to identify the agend	cy's department or unit.	· · · · · · · · · · · · · · · · · · ·	identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
		· · · · · · · · · · · · · · · · · · ·				
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Turner, Matt		16	If checking To increase a	onial Role DOther Control Other ng "Ceremonial Role" or "Other" de attendance maximiz ounty facility to rew	scribe below:
				Ceremo If checkir		
	C. Name of Outside Org (include address and c		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
						e i
1	Orification					

4. Verification

	Nathan Miley	Supervisor, Fourth District	9/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

•	Agency Name				Date Stamp	California	000
	Alameda County				Dute etamp	Form	802
İ	Division, Department, or Reg	ion (if applicable)		4	For Official U	se Only
	Board of Supervisors, Fourt	h District			4		
	Designated Agency Contact				4		
ł	Nathan Miley, Supervisor, F	ourth District					
7	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in F	Part 3.)
	(510) 272-6694	austin.bruck	ner@acgov.org		Date of Original Filing:	(month, day, year)	_
ſ	Function or Event Inform	nation				(monar, day, year)	
[Does the agency have a tick	et policy?	Yes 🛛 No 🗌	Face Value of	Each Ticket/Pass \$		
	Event Description: Oakland						
	Event Description:		le/ Explanation	Date(s) <u>8</u>	/18_/19_	/	×
T	Ticket(s)/Pass(es) provided I			If no: OACCA			×
,					Name of Source		
V	Nas ticket distribution made	at the behest	Yes 🔼 No 🗌	If yes: <u>Miley, N</u>	Official's Name (Last, First)		
	of agency official?				Chickers Name (Last, First)		
	Recipients • Use Section A to identify the agenc			to identify an individ	ual. • Use Section C to identi	ify an outside organiz	ation.
	Use Section A to identify the agence A. Name of Agency, Depare		unit. • Use Section B Number of Ticket(s) Passes		ual. • Use Section C to identi		_
	• Use Section A to identify the agenc		Number of Ticket(s)	Describe the To increase a		e profit at an eve	policy
	Use Section A to identify the agence A. Name of Agency, Depare		Number of Ticket(s) Passes	Describe the To increase a	e public purpose made purs	e profit at an eve	policy
	Use Section A to identify the agence A. Name of Agency, Depare	tment or Unit	Number of Ticket(s) Passes	To increase a hosted in a co	e public purpose made purs	suant to the agency's e profit at an eve ard a county emp	policy
-	Use Section A to identify the agence A. Name of Agency, Depare Public Health Department B. Name of Indivi	tment or Unit	Number of Ticket(s) Passes 4 Number of Ticket(s).	To increase a hosted in a control of the control of	attendance maximize ounty facility to rewa	suant to the agency's e profit at an eve ard a county emp llowing:	policy
	Use Section A to identify the agence A. Name of Agency, Depare Public Health Department B. Name of Indivi	tment or Unit	Number of Ticket(s) Passes 4 Number of Ticket(s).	To increase a hosted in a co ceremo lf checkin	attendance maximize ounty facility to rewa Identify one of the fo	e profit at an eve ard a county emp llowing:	nt loyee

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

Signature of Agency Head or Designee	Nathan Miley Print Name	Supervisor, Fourth District	9/1/19 (month, day, year)
Comment:			

Ceremonial Role Even 1. Agency Name	ts and Ticket/	Pass Dis	tributions		A Public Documen
Alameda County				Date Stamp	California 802
Division, Department, or Reg	an (15 (1 1 /)]	· · · · · ·
					For Official Use Only
Board of Supervisors, Fourt					
Designated Agency Contact					
Nathan Miley, Supervisor, F					Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				· Toride Explanation in Part 3.)
(510) 272-6694	austin.bruckner@a	acgov.org		Date of Original Filing	:(month, day, year)
2. Function or Event Inform	nation			and a more of the fillenge of the second	· · · · · · · · · · · · · · · · · · ·
Does the agency have a tick	et policy? Yes	🛛 No 🗌	Face Value of I	Each Ticket/Pass \$ _	
Event Description: Oakland	A's Provide Title/ Expla	enation	Date(s) <u>8</u>		//
Ticket(s)/Pass(es) provided I			If no: OACCA	Name of Source	
Was ticket distribution made of agency official?	at the behest Yes	🖾 No 🗌	lf yes: <u>Miley, N</u>		
A, Name of Agency, Depar	iment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
B. Name of Indivi	dual	Number			-
(Last, First)		of Ticket(s)/ Passes		Identify one of the f	ollowing:
Reyes, Fernando		4	If checkin	nial Role Dother g "Ceremonial Role" or "Other" dev county employee (inte nity	
				nial Role Other g "Ceremonial Role" or "Other" des	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	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 1 . A

Binnet	Nathan Miley	Supervisor, Fourth District	9/1/19
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Eve	nts and Ticket	Pass Dist	tributions	Α	Public Document
1. Agency Name		Date Stamp	California 802		
Alameda County					romin Crock
Division, Department, or Re			For Official Use Only		
Board of Supervisors, Fou Designated Agency Contac				4	
Nathan Miley, Supervisor, Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
(510) 272-6694	austin.bruckner@			Date of Original Filing: _	
2. Function or Event info		Jacyov.org		gina i mig	(month, day, year)
Does the agency have a ti	cket policy? Yes	s 🛛 No 🗌	Face Value of	Each Ticket/Pass \$	
Event Description: Oaklan			Date(s)8	<u>, 22 , 19</u>	/ _ /
Ticket(s)/Pass(es) provided	Provide Title/ Exp		If no: OACCA		
				Name of Source	2
Was ticket distribution mad	e at the behest Yes	No 🗆	If yes: <u>Miley, N</u>	lathan	
of agency official?				Official's Name (Last, First)	
A. Name of Agency, Dep	arment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursi	uant to the agency's policy
B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
Towles, Cindy		4	If checkir To reward a d	onial Role Other Other ong "Ceremonial Role" or "Other" deson community volunteer fit at event hosted in co	increase attendance
				nial Role D Other g g "Ceremonial Role" or "Other" descri	Income 🗍
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy
				ğ	
1.1.101 (1		·	······		

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.

Signature of Agency Head c	nee	Nathan Miley Print Name	Supervisor, Fourth District	9/1/19 (month, day, year)
Comment:		18		

		5 Distributions		A Public Documer
. Agency Name			Date Stamp	California 802
Alameda County			1	Form OU2 For Official Use Only
Division, Department, or Region (If Applicable)			i di dilala dad dilay
Board of Supervisors				
Designated Agency Contact (Name	e, Title)			
Briana Brown				rovide explanation in Part 3.)
Area Code/Phone Number E-m				. ,
	ana.brown2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Informat				43.00
Does the agency have a ticket poli			f Each Ticket/Pass \$ _	
Event Description Baseball game)	Date(s)	, 24 , 19	//
	ide Title/Explanation	Oaklas	ad Athletice Decekell	
Ticket(s)/Pass(es) provided by age	ency? Yes 🗌 No	If no: Oaklai	nd Athletics Baseball Name of So.	urce
Was ticket distribution made at the	behest No 🗆 Yes	If yes:		
of agency official?		nyes	Official's Name (l	ast, First)
Recipients				
Use Section A to identify the agency's dep		ction B to identify an individu	al. • Use Section C to ident	tify 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
DISt 5	4			
1124.2	T			
	Number of			
B. (Name of Individual) (Last, First)			Identify one of the followi	ng:
B. (Name of Individual)	Number of Ticket(s)/	Ceremonial Role	Other	
B. (Name of Individual)	Number of Ticket(s)/	If checking "Ceremon	Other	Income [
B. (Name of Individual)	Number of Ticket(s)/	If checking "Ceremon To promote attenda	Other al Role" or "Other" describe below:	Income [
B. (Name of Individual)	Number of Ticket(s)/	If checking "Ceremon To promote attenda County facility in or Ceremonial Role	Other	Income
B. Name of Individual	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda County facility in or Ceremonial Role If checking "Ceremoni	Other describe below: al Role" or "Other" describe below: ince at a County spon der to maximize poten Other	Income sored event held at a tial County revenue Income
B. <u>Name of Individual</u> (Last First) C. Name of Outside Organization (include address and description	n Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda County facility in or Ceremonial Role If checking "Ceremon Describe the pub	Other Arole" or "Other" describe below: Ance at a County spon der to maximize poten Other Arole" or "Other" describe below: ic purpose made pursuant	Income Sored event held at a tial County revenue Income
B. <u>Name of Individual</u> (Last First) C. Name of Outside Organization (include address and description	n Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda County facility in or Ceremonial Role If checking "Ceremon Describe the pub	Other Other Arole" or "Other" describe below: Other Other Other Other Arole" or "Other" describe below: Other O	Income [sored event held at a tial County revenue Income [

C		is and m	LNEUFASS	Distributions		A Public Do	
1.	Agency Name				Date Stamp	California Form	802
	Alameda County					20194202030	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Us	e Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-		
	Amy Shrago, Chief of Staff						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Pa	art 3.)
	(510) 272-6695	amy.shrago	@acgov.org	1	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor			-		(Montin, Day, Year)	
	Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$		36.00
				_			
	Event Description A's Baseb	Provide Title/Exp	planation	Date(s)	<u> </u>	//	
	Ticket(s)/Pass(es) provided by			Ist If no: Oakla	nd Athletics		
	nereilajn assies, provided b	y agency:	Yes 🗌 No		Name of Sou	rce	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor [Official's Name (L	District 5	
	of agency official?			·	Official's Name (L	ast, First)	
3.	• Use Section A to identify the agency	r's department or	unit 🧕 Use Se	ction B to identify an individ	ual • Use Section C to identi	fy an outside organiz	ation.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's poli	су
			_				
	B. (Name of Individua (Last, First)	0	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:	
	Simpson, Sam			Ceremonial Role		I	ncome 🔲
	Simpson, Sam		4		ial Role" or "Other" describe below: nunity volunteer for his a	or hor convice to	the
				public		of their service to	ne
				Ceremonial Role If checking "Ceremon	Other I other is a contract of the contract of	1	ncome 🔲
	C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's polic	;y

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	09/01/19
Print Name	Title	(Month, Day, Year)

Comment: __

A Public Document

1.	Agency Name	1 4 4 4 1 1 1 4 4 4 4 4 4 4			Date Stamp	California 000
	Alameda County			Form OUZ		
	Division, Department, or Regio	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (A	lame,Title)				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ļ
	Amy Shrago, Chief of Staff Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
			@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation			·	
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	36.00
	Event Description <u>A's Basebal</u>	R		Date(s) 08	<u>, 17 , 19</u>	1 1
		Provide Title/Exp	lanation			//
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of Sour	
		46 - 6 - 6 4				
	Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor D Official's Name (La	ist, First)
2	Recipients					
э.	Use Section A to identify the agency's	s department or	unit. e Use Sec	ction B to identify an individu	Use Section C to identif	y an outside organization.
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	District 5		4 To reward a County employee for his or her exemp the public or to encourage staff development			
					·····	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		·	1 435(03)	Ceremonial Role		Income
					al Role" or "Other" describe below:	
		<u></u>		Ceremonial Role		Income
				If checking "Ceremonia I	al Role" or "Other" describe below:	
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
4	3.6 1.05 4.1				······	

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.

 Amy Shrago	Chief of Staff	09/01/19
 Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name			Date Stamp	California 003
	Alameda County				Form 802
	Division, Department, or Region (If Appli	-	For Official Use Only		
	Board of Supervisors Designated Agency Contact (Name, Title)			-	
	Amy Shrago, Chief of Staff			Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail			_	
_		ago@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				26.00
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	36.00
	Event Description A's Baseball		Date(s)08	<u>, 21 , 19</u>	///
	Provide Title	/Explanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oaklar	nd Athletics Name of Sou	
			Corec		
	Was ticket distribution made at the behe of agency official?	st No 🗌 Yes	If yes: Carso	on, Keith - Supervisor [Official's Name (L	ast. First)
_					
3.	Recipients Use Section A to identify the agency's department	torunit alleo Sor	tion B to identify an individu	• Use Section C to identi	fy 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
	<u></u>				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followir	a.
	(Last, First)	Pass(es)		identity one of the following	·9·
	Connor, Brandy		Ceremonial Role		Income
	Connor, Brandy	4		al Role" or "Other" describe below:	r har aan iaa ta tha
			public	unity volunteer for his c	of their service to the
	<u> </u>		Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
			1		
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
	(include address and description)	Pass(es)			
4	37 161 41				

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	09/01/19
Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

					A Fublic Document
1. Agency Name				Date Stamp	California 802
Alameda County	•				Form OOZ
Division, Departmen	t, or Region (If Applie	cable)			For Official Use Only
Board of Superviso	rs				
Designated Agency	Contact (Name, Title)			1	
Amy Shrago, Chief	of Staff				
Area Code/Phone No				Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6695	amy.shra	ago@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Even	nt Information			•	
Does the agency have	/e a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	45.00
Event Description <u>A</u>	s Baseball		Date(s)8	3 , 22 , 19	1 1
Event Description	Provide Title	/Explanation	Date(s)	//	//
Ticket(s)/Pass(es) pr	ovided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics	
				Name of So	
Was ticket distributio of agency official?	n made at the behe	st No 🗌 Yes	If yes: Carso	on, Keith - Supervisor Official's Name (I	District 5
 Recipients Use Section A to identify 	the month density	() Trace Part		Mar Dashien Cha Mart	16
		Number of		ual. • Use Section C to ident	
A. Name of Agency	Department or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Public Defender		9		y employee for his or h ourage staff developm	er exemplary service to ent
District 5		4		y employee for his or h ourage staff developm	ner exemplary service to ent
	n Individual ast, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other 🗙	Income
				ial Role" or "Other" describe below:	
			-	···· , · ······	
		_			
			Ceremonial Role	Other describe below:	Income
			in one of the second		
	ide Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	s and description)	Pass(es)			
				<u> </u>	
. Verification					
I have read and understand b	ations 18944.1 مم	and 18942. I have ver Amy Shra		orth above, is in accordance with Chief of Staff	h the requirements. 09/01/19
		, any one	-9		00/01/10

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						A Public Documen
I. Ag	ency Name				Date Stamp	California 802
Ala	meda County					in the second
Divi	sion, Department, or Regi	on (If Applicab	le)		1	For Official Use Only
Boa	ard of Supervisors					
	ignated Agency Contact (Name, Title)		<u> </u>	-	
Am	y Shrago, Chief of Staff					
	a Code/Phone Number	E-mail	ů.		Amendment (Must pi	rovide explanation in Part 3.)
(51	0) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	nction or Event Inform					
Doe	s the agency have a ticket	policy?	Yes 🛛 No		of Each Ticket/Pass \$	43.00
Eve	nt Description <u>A's Baseba</u>	all		Date(s)08	8 <u>24</u> 19	//
		Provide Title/Exp	planation			
Tick	et(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Oaklar	nd Athletics	
14/		6 4h - h - h - f		Corec	Name of Sou	
	s ticket distribution made a agency official?	t the benest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor I Official's Name (L	ast First)
					· · · · · ·	
	cipients • Section A to identify the agency	's department or	• Use Sec	tion B to identify an individu	allee Section C to identi	ify an outside organization.
			Number of			
Α.	Name of Agency, Department	at or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Dist	trict 5		4		v employee for his or h ourage staff developm	er exemplary service to ent
_			Number of			
В.	(Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other X al Role" or "Other" describe below:	Income
				Ceremonial Role	Other describe below:	Income
C.	Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant f	to the agency's policy
	fication					

Amy Shrago Chief of Staff 09/01/19 Print Name ee Title (Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must prov	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				nao expranation ni r art e.y
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			<u> </u>	
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗌	Face Value o	f Each Ticket/Pass \$	45.00
	Event Description A's Baseball Provide Title/Explanation		Date(s)082519/			
	Ticket(s)/Pass(es) provided by		Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics Name of Source	Ce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🛛	If yes: <u>Carso</u>	n, Keith - Supervisor Di Official's Name (Las	istrict 5
3.	Recipients					
	Use Section 4 to identify the agency	's department or	unit. • Use Section	B to identify an individu	ali • Use Section C to identify	an outside organization
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy

B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Park, Caroline Bautista, Phoebe	4 2	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public		
Kinnon, Rachel	7	Ceremonial Role Cother Control Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

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

Amy Shrago	Chief of Staff	09/01/19
 e Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

4	A man and Manna a					
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form 0022	
	Division, Department, or Reg	ion (If Applicab	le)			Tor Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago			· · · · · · · · · · · · · · · · · · ·	Amendment (Must pro	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 Inform	nation				05.50
	Does the agency have a ticke	t policy?	Yes 🔀 No	☐ Face Value of Each Ticket/Pass \$85.50		
	– Joio Siwa		_		<u>, 14 , 19</u>	
	Event Description Jojo Siwa	Provide Title/Ex	planation	Date(s)		/
				Golder	State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No		Name of Sour	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			⊠ ii yes	Official's Name (La	ast, First)
2	Recipients					
э.	Use Section A to identify the agency	's department o	unit Use Sec	tion B to identify an individu	Use Section C to identif	v an outside organization
			Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	District 5 To re			reward a County employee for his or her exemplary service to		
	4 the		the public or to enco	the public or to encourage staff development		
	8		Number of			
	B. (Name of Individua (Last, First)	9	Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Fass(es)	Ceremonial Role	Other 🛛	Income
					al Role" or "Other" describe below:	
				Ceremonial Role	Other describe below:	Income 🔲
				in checking Geremonia		
	C. Name of Outside Organi	zation	Number of	Density the set	le numere mede numere det	- 4h
	(include address and description)		Ticket(s)/ Pass(es)	Describe the publ	ublic purpose made pursuant to the agency's policy	
			+		<u> </u>	

4. Verification

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

	Amy Shrago	Chief of Staff	09/01/19	
—	Print Name	Title	(Month, Day, Year)	