Agency Report of

	eremonial Role Even	ts and Ticket/	Pass Dis	tributions	Α	Public Document
1.	Agency Name			2	Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Distri	ct 1				
	Designated Agency Contact	(Name, Title)			1	
	Denise Jacinto, Ticket Admi	nistrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
	510-272-6691	Denise.Jacinto@a	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick		🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>30</u>	5.55
	Event Description: Oakland	Raider game Provide Title/ Expla	anation	Date(s)	, 09 , 19	/
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗆	If no:	Name of Source	
	Men ticket distribution mode	at the behavior		If yes: Haggert	y, Scott	
	Was ticket distribution made of agency official?	at the benest Yes	NoL	n yes	Official's Name (Last, First)	
3.	• Use Section A to identify the agend	y's department or unit.	Use Section B t	o identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depar	tment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Alameda County Board of District 1	Supervisors,	9	Tor	eward a county emplo exemplary service	
				0		
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					onial Role Dother ng "Ceremonial Role" or "Other" desc	ribe below:
					onial Role D Other D ng "Ceremonial Role" or "Other" desci	Income 🗌
	C. Name of Outside Org (include address and c		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
	Fremont Police Association		9	· ·	note attendance at a	
	2000 Stevenson Blvd/ Frem	ont, CA 94538	. J		t in or to maximize po	
				rever	nue for concession an	iu parking sales
					e e	

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 reauirements.

	Denise Jacinto	Ticket Administrator	09/17/19	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

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

	Alameda County Division, Department, or Region (if applicable)				Form OUZ	
				4	For Official Use Only	
	Board of Supervisors, District 1					
	Designated Agency Contact	Name, Title)		* IF * · ·	1	
	Denise Jacinto, Ticket Admi	nistrator			Amendment (Must Pro	vide 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 Inform	mation				
	Does the agency have a tick	et policy? Yes	No 🗖 🗧	ace Value of	Each Ticket/Pass \$ 232	2.00
	Event Description: Rolling	Loud Concert Provide Title/ Expla	D	ate(s)9	<u>, 28 , 19</u> _	//
	Ticket(s)/Pass(es) provided			no:	Name of Source	
				yes: Hagger	Name of Source tv. Scott	
	Was ticket distribution made	at the behest Yes		yes: <u></u>	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agen A. Name of Agency, Depa	· · · · ·	Number of Ticket(s)/ Passes		e public purpose made pursu	
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Gibbons, Colby		4	ever	note attendance at a c nt in or to maximize po nue for concession and	tential county
					nonial Role L Other L king "Ceremonial Role" or "Other" descr	Income 🗌
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant 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	10/07/19
	Print Name	Title	(month, day, year)
	4		
Comment:			

	gency Report of: eremonial Role Event	ts and Ticket/P	ass Dist	ributions		A Public Document
1.	Agency Name			Date Stamp	California Form 802	
	Álameda County					
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors, Distric	:t 1				
	Designated Agency Contact (/	Vame, Title)				
	Denise Jacinto, Ticket Admir	nistrator	Amendment (Must	Provide 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 Inform	nation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of E				Each Ticket/Pass \$ _	45.00
	Event Description: Oakland A's game Date(s)09				I I	
		Provide Title/ Expla	nation			//
	Ticket(s)/Pass(es) provided b	by agency? Yes	🛛 No 🗌	If no:	Name of Source	
				If yes: Hagger	Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗌	If yes: hoggon	Official's Name (Last, First	9
	of agency official?					
	A. Name of Agency, Depar		of Ticket(s)/ Passes			ursuant to the agency's policy
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes	di di seconda	Identify one of the	following:
	Taylor, Curtis		4	To	reward a county em exemplary servic	ployee for his or her e to the public
					onial Role 🔲 Other ing "Ceremonial Role" or "Other" o	
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant 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	09/19/19
Print Name	Title	(month, day, year)

C	eremonial Role Even	ts and Ticket/F	Pass Dis	tributions	Α	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Distri	ct 1			2	
	Designated Agency Contact	(Name, Title)		····	1	
	Denise Jacinto, Ticket Admi	inistrator			Amondment (Must D	
	Area Code/Phone Number	E-mail		· ·		rovide Explanation in Part 3.)
	510-272-6691	Denise.Jacinto@a	icgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ <u>36</u>	.00
	Event Description: Oakland	I A's game		Date(s) <u>09</u>		
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no:	Name of Source	
	Was ticket distribution made				ty, Scott Official's Name (Last, First)	
	of agency official?	at the benest yes			Official's Name (Last, First)	
_						
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B Number of Ticket(s)		ual. • Use Section C to identi	· · · · · · · · · · · · · · · · · · ·
			Passes			
	B. Name of India (Last, First		Number of Ticket(s) Passes	1	Identify one of the fo	llowing:
	Archuletta, Ben		4	eve	mote attendance at a nt in or to maximize p enue for concession a	otential county
					ionial Role 🔲 Other 🛄 ing "Ceremonial Role" or "Other" desc	iribe below:
	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

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	09/18/19	
	Print Name	Title	(month, day, year)	
Comment:				

	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	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, Distri	ct 1				
	Designated Agency Contact	(Name, Title)				
	Denise Jacinto, Ticket Administrator				Amondmont (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail					Fronde Explanation in Part 3.)
	510-272-6691	Denise.Jacinto@a	cgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	e algebrain e			A Alver prove a second se
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$ <mark>1</mark>	7.00		
	Event Description: Oakland A's game Date(s) 09					//
	Ticket(s)/Pass(es) provided			lf no:		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			If no:		
	Was ticket distribution made at the behest Yes 🛛 No 🗌 If yes: Hage			If yes: <u>Haggert</u>	Y, SCOTI Official's Name (Last, First)	
	of agency official?				Onicial's Name (Last, First)	
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the	following:
	Thompson, Wanda		4	ever	note attendance at nt in or to maximize nue for concession a	potential county
					onial Role U Other L ing "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	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	09/18/19	
	Print Name	Title	(month, day, year)	
Comment:		· · · · · · · · · · · · · · · · · · ·		

- 4	Agency Name			butions	Date Stamp	California
	Alameda County				Date Stamp	California Form 802
	Division, Department, or Regio	on (if applicable)				For Official Use Only
	Board of Supervisors, Distric					
	Designated Agency Contact (A					
	Denise Jacinto, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must P	rovide Explanation in Part 3.)	
	510-272-6691	Denise.Jacinto@a	cgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes [Each Ticket/Pass \$	7.00		
	Event Description: Oakland A's game Date(s)09					//
		Provide Title/ Expla		PO :		
	Ticket(s)/Pass(es) provided b	y agency rest			Name of Source	
ľ	Was ticket distribution made	at the behest Yes [No 🗆 If	yes: <u>Hagg</u> ert	y, Scott Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Depar		Passes			
	B. Name of Indiv	idual	Number		Identify one of the f	
	(Last, First		of Ticket(s)/			ollowing:
				Topror	acto attondance at a	
	Seever, Lou		of Ticket(s)/	ever	note attendance at a It in or to maximize p nue for concession a	county sponsored
	Seever, Lou		of Ticket(s)/ Passes	ever reve _{Cerem}	it in or to maximize p	county sponsored
	Seever, Lou C. Name of Outside Org (include address and o) ganization	of Ticket(s)/ Passes	ever reve Cerem if check	nt in or to maximize p nue for concession al onial Role L. Other L ing "Ceremonial Role" or "Other" des	county sponsored

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	09/18/19	
	Print Name	Title	(month, day, year)	
Comment:				

_	eremonial Role Ever	nts and Ticket/I	Pass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, District 1]	For Official Use Only
	Designated Agency Contact	(Name,Title)				
	Denise Jacinto, Ticket Adm	inistrator	Amendment (Must P	rovide Evaluation in Part 31		
	Area Code/Phone Number	E-mail				ionde Explanation in Part 5.)
	510-272-6691	Denise.Jacinto@a	icgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Info	mation				······································
	Does the agency have a tic	ket policy? Yes	🛛 No 🗋	Face Value of	Each Ticket/Pass \$	50.00
	Event Description:Iron Ma					
	Event Description:	Provide Title/ Expla	anation	Date(s)	<u>, 10 , 19</u>	//
	Ticket(s)/Pass(es) provided			lf no:		
					Name of Source	
	Was ticket distribution made	e at the behest Yes	🛛 No 🗖 🚽	f yes: <u>hagger</u>	ty, Scott Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
	of agency official?					
	A. Name of Agency, Dep		of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Shannon, Greg		4	eve rev	omote attendance at ent in or to maximize renue for concession a onial Role ப Other L	potential county and parking sales
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes		ing "Ceremonial Role" or "Other" des 9 public purpose made purs	

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	09/17/19	
	Print Name	Title	(month, day, year)	
Comment:				

Agency Report of: nte and Ticket/Base Distributions 1

Ceremonial Role Even	ts and licket/	Pass Distr	ibutions	A	Public Document
1. Agency Name			· · ·	Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
Board of Supervisors, Distri	ct 1				
Designated Agency Contact	(Name, Title)			1	
Denise Jacinto, Ticket Adm	inistrator				Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				Tovide Explanation in Part 5.)
510-272-6691	Denise.Jacinto@a	cgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a tick	ket policy? Yes	🛛 No 🗆 🖡	Face Value of	Each Ticket/Pass \$	J5.55
Event Description: Oakland	Raider game	[Date(s) <u>09</u>	<u>, 09 , 19</u>	//
Ticket(s)/Pass(es) provided	Provide Title/ Expla		fno		
ncket(s)/Pass(es) provided	by agency? Yes		f no:	Name of Source	
Was ticket distribution made	at the behest Yes		f yes: <u>Hagger</u>	ty, Scott	
of agency official?				Official's Name (Last, First)	
A. Name of Agency, Depa Alameda County Board of District 1		of Ticket(s)/ Passes 9	Describe th	ne public purpose made pur	suant to the agency's policy
B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				nonial Role D Other	
				nonial Role D Other king "Ceremonial Role" or "Other" des	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Fremont Police Association 2000 Stevenson Blvd/ Frem		9			

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	09/17/19
-	Print Name	Title	(month, day, year)

Comment: __

С	eremonial Role Even	ts and Ticket/I	Pass Distri	butions	Α	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	(Name, Title)		1		
	Denise Jacinto, Ticket Adm	inistrator			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			24	00
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$	F.UU		
	Event Description: <u>Oakland A's game</u> Date(s) <u>09</u>				<u>, 08 , 19</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🗌 lf	no:	Name of Source	
	Herror			ty, Scott		
	Was ticket distribution made at the behest Yes No I If yes: hagger of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	cy's department or unit.	Use Section B to ic	lentify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy
						0.62
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Queen, Roger		4	ever	note attendance at a nt in or to maximize p nue for concession ar	otential county nd parking sales
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	lf cheo.	nonial Role [] Other [] king "Ceremonial Role" or "Other" des	cribe below:

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 reauirements.

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

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

1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, District 1					
	Designated Agency Contact (Name, Title)					
	Denise Jacinto, Ticket Admi				Amendment (Must I	Provide 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				181.00
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌 🛛 Fa	ace Value of	Each Ticket/Pass \$ _	181.00
	Event Description:Diljit Do	sanjh Concert	n	ate(s) 09	<u>, 07 , 19</u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗖 If	no:		
	Hagger			Name of Source ty, Scott		
	Was ticket distribution made at the behest Yes 🖄 No 🗌 If yes: Haggerty, Scott					
	of 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)/ Describe th			e public purpose made pu	rsuant to the agency's policy	
	A.		Passes			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Dosanjh, Inder		4	eve reve	mote attendance at a nt in or to maximize enue for concession a	potential county and parking sales
					Ceremonial Role U Other U Income If checking "Ceremonial Role" or "Other" describe below:	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

4. 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	09/17/19
	Print Name	Title	(month, day, year)
Comment:			

	ncy Report of: emonial Role Event	ts and Ticket/F	ass Dist	ributions	A	Public Document
1. A	gency Name				Date Stamp	California 802
0	akland-Alameda County C	oliseum Authority				
Di	Division, Department, or Region (if applicable)				For Official Use Only	
0	OACCC Commissioner Designated Agency Contact (Name, Title)					
D					· ·	
D	enise Jacinto, Ticket Admi	nistrator			Amendment (Must	Provide Explanation in Part 3.)
Ā	ea Code/Phone Number	E-mail				
5	10-272-6691	Denise.Jacinto@a	cgov.org		Date of Original Filing:	(month, day, year)
2. F	unction or Event Inforr	nation				191.00
D	oes the agency have a tick	et policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	181.00
E	vent Description: Diljit Dos	anjh Concert	· · · · · · · · · · · · · · · · · · ·	Date(s)	<u>, 07 , 19</u>	/
		Provide Title/ Expla				
TI	cket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no:	Name of Source	<u></u>
v	as ticket distribution made	at the behest ves		If yes: Hagger	y, Scott Official's Name (Last, First)	
	of agency official?	163			Official's Name (Last, First)	
Ī	Use Section A to identify the agence A . Name of Agency, Depa		Number of Ticket(s)/ Passes			rsuant to the agency's policy
-	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
1	DOSANJH, JES	SIE	2	ever	mote attendance at nt in or to maximize nue for concession a	potential county
					nonial Role 🔲 Other L ding "Ceremonial Role" or "Other" de	
(C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
_						

4. Verification

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

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

Comment: _____

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, 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 \$ $\frac{45.00}{100}$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's game 09 07 19 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🛛 No 🗖 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes 🖄 No 🗖 Official's Name (Last, First)

Recipients

3.

of agency official?

• 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:
		Ceremonial Role Other Income Income
		Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Kolb Elementary School Fundraiser 3150 PALERMO WAY DUBLIN, CA 94568	4	To reward a school or non-profit organization for its contributions to the community

Verification 4.

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 Aer lirements

Administrator 08/26/19
Titie (month, day, year)
whe Alamera
FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1

1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form OOZ For Official Use Only				
	Division, Department, or Reg			a of official coc official				
	Board of Supervisors, Distri							
	Designated Agency Contact							
	Leah Doyle-Stevens, Ticket				Amendment (Must F	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		X				
	Does the agency have a tick	et policy? Yes		ace Value of	Each Ticket/Pass \$ _	500.00		
	Event Description: Oakland	A's game	<u>, 06 , 19</u>	1 1				
		Provide Title/ Expla		R:				
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌 🛛 If	no:	Name of Source			
	Mos ticket distribution made	at the behast y I	16		ty, Scott			
	Was ticket distribution made at the behest Yes 🖾 No 🗌 If yes: <u>Haggerty, Scott</u> Official's Name (Last, First)							
	of agency official?							
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to ic Number of Ticket(s)/ Passes			tify an outside organization. suant to the agency's policy		
		·						
	B. Name of Indi (Last, First)		Number of Ticket(s)/ Passes		Identify one of the I	ollowing:		
					ionial Role D Other ding "Ceremonial Role" or "Other" de			
		· · · · · · · · · · · · · · · · · · ·			ionial Role D Other ing "Ceremonial Role" or "Other" de			
	C. Name of Outside O (include address and	•	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	2018 Winegrowers Founda	ation Fundraiser	1 Suite		ard a school or non- its contributions to t			
	3585 GREENN STE 4, LIVERMO	DRE, CA 9455	Þ					

4. Verification

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

	Leah Doyle-Stevens	Ticket Administrator	08/26/19
	Print Name	Title	(month, day, year)
Comment: EVENT POT	us go to chu	ities in the A	lameta.
	Aren region		FPPC Form 802 (2/2016)
\bigcup	•	FPPC Toll-Free Helpline: 866/AS	SK-FPPC (866/275-3772)

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 (mcnth, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 17.00 Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Oakland A's game 09 05 19 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🛛 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? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Garcia, Esmeralda event in or to maximize potential county 4 revenue for concession and parking sales Income 🗍 Ceremonial Role 🔟 Other L If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

Com

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

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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 1 Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) 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 \$ 17.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland A's game 03 19 09 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🛛 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes A. To reward a school or non-profit organization Alameda County Social Services 4 Administration Legislative Raffle for its contributions to the community Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes

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

4. Verification

I have read and understand FPAC Regulations 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:	Event proce				Hameda
-	County/Br	y Area re	gim		FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

1	Agency Name				Date Stamp	California 000	
	Alameda County		Bute otamp	Form 802			
	Division, Department, or Regi	on (If Applicabl		For Official Use Only			
		. ,,					
	Board of Supervisors Designated Agency Contact (/	Vame.Title)		-	-		
	Gabriela Christy Area Code/Phone Number	E-mail	Amendment (Must pro	vide explanation in Part 3.)			
	(510) 272-6692		nristy@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	policy?	of Each Ticket/Pass \$	17			
	Event Description Oakland A	s Vs. LA Ang	9,03,19	1 1			
		Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oak			If no: Oakla	nd Athletics Name of Source	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Was ticket distribution made a	the behast			, Richard- Supervisor Di		
	of agency official? Valle				Official's Name (La	st, First)	
3.	Use Section A to identify the agency A. Name of Agency, Department B. Name of Individual (Last First)	nt or Unit	Number of Ticket(s)/ Pass(es)	~	ual. • Use Section C to identify olic purpose made pursuant to Identify one of the following	o the agency's policy	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon — To reward a s organization :	Contract or "Other" describe below: Contract of the selow: Contract	Income	
	HARD Foundation 1099 E st Hayward, Ca The specific ar		2	— the communit	ty		
					ns, policies and activities that will tend to further ation projects within the jurisdictional limits of HAR		

4. Verification

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

9/24/19 Gabriela Christy Supervisor's Assistant Print Name Title (Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Reg	i on (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Gabriela Christy		Amendment (Must pro			
	Area Code/Phone Number E-mail					Svide explanation in Fall 5.7
	(510) 272-6692 Gabriela.Christy@acgov.org				Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information						47
	Does the agency have a ticket policy? Yes ⊠ No □			Face Value of Each Ticket/Pass \$17		
	Event Description Oakland A's Vs. LA Angels Provide Title/Explanation			_ Date(s)09	0 , 04 , 19	03 , 05 , 19
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No 🛛 If no: Oakla		and Athletics Name of Source	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official?			If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy	

B.	Name of Indivîdual (Last Frist)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		1 233(53)	Ceremonial Role Dother I	Income 🔲	
			Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below: To reward a school or nonprofit	Income	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	De organization for its contributions to the community	s policy	
	one College Foundation 43600 sion Blvd., Fremont, CA 94539	ैस्			
The Ohlone College Foundation is a registered 501(c)(3) non-profit auxiliary o			organization created to support Ohlone College in to of its strategic mission.	he execution	

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

Title

onth, 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) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Oakland A's Vs. Detroit Tiger 06 09 19 09 07 19 Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below. To reward a school or nonprofit Number of Name of Outside Organization organization for its contributions to C. gency's policy Ticket(s)/ (include address and description) Pass(es) the community Ohlone College Foundation 43600 Mission Blvd., Fremont, CA 94539 The Ohlone College Foundation is a organization created to support Ohlone College in the execution registered 501(c)(3) non-profit auxiliary o of its strategic mission.

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	9/26/19
	Print Name	Title	(Morth, Day, Year)
Comment:			

1.	Agency Name		Date Stamp California				
	Alameda County			Form 002			
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		P.			
	Gabriela Christy						
	Area Code/Phone Number	E-mail				ovide 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			· · · · · · · · · · · · · · · · · · ·	ould d	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	30/24	
	Event Description Oakland A	's Vs. Detroit	0719	09 , 0📂 , 19			
		Provide Title/Expl					
	Ticket(s)/Pass(es) provided by	y agency?	nd Athletics	Irce			
	Was ticket distribution made a	t the hehest		valle.	Richard- Supervisor E		
	Was ticket distribution made at the behest No Yes If yes: Valle, of agency official?				Official's Name (L	ast, First)	
3	Recipients						
•••	Use Section A to identify the agency	's department or	al. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		• · · · · · · · · · · · · · · · · · · ·					
	B. Name of Individua	1	Number of Ticket(s)/	To reward a c	community		
	(Last, First)		Pass(es)		his or her servic		
	Chavez, Arnold				ins of her servic		
	Chavez, Amolu		2	to the public			
				To reward a c	ommunity		
1.1				volunteer for	his or her service	e income	
	Porter, James		2				
				to the public			
	C Name of Outside Organi	action	Number of				
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
			121		· · · · · · · · · · · · · · · · · · ·		

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)

A Public Document

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗵 No 🗌 Event Description Oakland A's Vs. Kansas City 16 09 19 09 17 19 Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 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 А. Name of Agency, Department or Unit ncy's policy Ticket(s)/ Pass(es) To reward a County employee for his or _ her exemplary service to the public or Social Services Agency to encourage staff development Number of В. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last First) 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 of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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

Gabriela Christy Print Name Supervisor's Assistant

A Public Document

Comment: Annual Legislative Breakfast

Ceremonial Role	e Events and Ti	cket/Pass D	istributions		A Public Document	
1. Agency Name		Date Stamp	California 802			
Alameda County			ronni			
Division, Departmen	it, or Region (If Applical	ble)			For Official Use Only	
Board of Superviso	irs					
Designated Agency						
Gabriela Christy						
Area Code/Phone N	umber E-mail			Amendment (Must pl	rovide explanation in Part 3.)	
(510) 272-6692	Gabriela.C	hristy@acgov.org	g	Date of Original Filing: .	(Month, Day, Year)	
2. Function or Eve	nt Information				(monin, buy, rear)	
Does the agency ha	Does the agency have a ticket policy? Yes X No			f Each Ticket/Pass \$	17	
Event Description				, 18 , 19	////	
Ticket(s)/Pass(es) p		Yes 🗋 No 🖾	lf no: Oaklan	d Athletics		
., . , .				Name of Sou		
Was ticket distribution of agency official?	Was ticket distribution made at the behest No Yes X		If yes: <u>Valle,</u>	Richard- Supervisor [Official's Name (L	District 2	
	1					
 Recipients Use Section A to identif 	/ the agency's department o	or unit. • Use Section	B to identify an individua	al. • Use Section C to ident	ify an outside organization.	
	_			Describe the public purpose made pursuant to the agency's policy		
Social Services Ag	Social Services Agency		 To reward	a County employee f	or his or	
	-	2		ary service to the pu		
			to encourag	ge staff development		
	B. Name of Individual (Lasi: First)			ng:		
			Ceremonial Role	Other	Income	
			Ceremonial Role	Other I	Income	
	side Organization as and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant f	to the agency's policy	
	,				<u> </u>	
A Varification	······					

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 Title

0

Comment: Annual Legislative Breakfast

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗵 No 🗌 Oakland A's Vs. Texas Rangers 09 20 19 09 21 19 Event Description Date(s) Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 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 А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a school or nonprofit Number of Name of Outside Organization organization for its contributions to C. Ticket(s)/ gency's policy (include address and description) Pass(es) the community Alameda County Democratic Party 1122 2 B St, Hayward, CA 94541 Your County Committee is the gateway drive the front-line efforts of the California Democratic Party: to getting involved! County Committees registering and educating voters, protecting the right to vote, and 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 Print Name Title

Comment: .

С	eremonial Role Events and Tic	cket/Pass D	istributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County				
	Division, Department, or Region (If Applicable	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.or	g	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				110/00
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$	45/20
	Event Description Oakland A's Vs. LA Ang	gels	Date(s)09	9,05,19	////
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	lf no: Oaklar	Name of Sour	
	Was ticket distribution made at the behest of agency official?	No 🗋 Yes 🛛	If yes: <u>Valle</u> ,	Richard- Supervisor D Official's Name (La	istrict 2
	Use Section A to identify the agency's department or	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin Other Other describe below:	g: Income
			Ceremonial Role	Other Other describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	To reward a s organization the communi	chool or nonprofit for its contributions	to jency's policy
	Hayward Education Foundation P.O. Box 56444 Hayward, Ca 94545	183	_	~ <i>y</i>	
	The Hayward Education Foundation is an accredited non-profit 501(c)(3) organi			g ALL Hayward Student with the resources nece	
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

 Print Name
 Title

(Month, Day, Year)

Comment: _

С	eremonial Role Event	s and Tic	:ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form Some	
	Division, Department, or Regio	on (If Applicabl	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)	-				
	Gabriela Christy						
		E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must prov	ide explanation in Part 3.)	
			nristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Inforn			(Month, Day, Year)			
£.,	Does the agency have a ticket		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	45 20.	
		s Vs. Kansa				•	
		Provide Title/Exp		Date(s)	9 <u>18 19</u>	/	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If r			If no: Oakia	nd Athletics		
					Name of Sourc	•	
	Was ticket distribution made at the behest No 🗌 Yes 🗵			If yes: Valle	, Richard- Supervisor Dis	strict 2	
	of agency official?		Official's Name (Las	t, First)			
			Ticket(s)/ Pass(es)				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ing:	
			Pass(es)	Ceremonial Role	Other D		
					ial Role" or "Other" describe below:	income	
				Ceremonial Role If checking "Ceremon	Other D	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	organization fo	hool or nonprofit or its contributions to	agency's policy	
	· · · · · · · · · · · · · · · · · · ·	Fremont Symphony PO BOX 104		— the community			
				to enrich the quality	to enrich the quality of life in the communities it serves		
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.

Supervisor's Assistant Gabriela Christy Print Name

(NAC Day,

Comment: _

Title

Ce	eremonial Role Events and Tic	ket/Pass l	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				- ronni	
	Division, Department, or Region (If Applicable	9)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
	Gabriela Christy			I		
	Area Code/Phone Number E-mail			Amendment (Must prov	ide explanation in Part 3.)	
	(510) 272-6692 Gabriela.Ch	risty@acgov.d	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(monini, bay, roar)	
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	_ Face Value o	f Each Ticket/Pass \$	45/20	
	Event Description Oakland A's Vs. Kansas		00	, 16 , 19		
	Event Description	-	Date(s)9		/	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If r			nd Athletics		
				Name of Source		
1	Was ticket distribution made at the behest No Yes X			Richard- Supervisor Dis Official's Name (Las	strict 2	
	of agency official?	Umciai s Name (Las				
	Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	unit. • Use Secti Number of Ticket(s)/ Pass(es)		al. • Use Section C to identify lic purpose made pursuant to		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	/ing:	
	68		Ceremonial Role	Other		
			If checking "Ceremoni	al Role" or "Other" describe below:		
			Ceremonial Role	Other	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	 To reward a schorganization fo the community 	nool or nonprofit r its contributions to	to agency's policy	
	Raising Leaders in Hayward 22100 Princeton St, Hayward, CA 94541					
	Raising Leaders in Hayward - Workshops were created by the Hayward		Adult School's Yout with the City of Hay	h Enrichment Services I ward.	Program in partnership	
4.	Verification	<u> </u>		· · · ·		

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

	Gabriela Christy	Supervisor's Assistant	1/2/1/19
	Print Name	Title	(Month, Day, Year)
Comment:			

1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form OOZ For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	ə)					
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			1			
	Gabriela Christy							
	Area Code/Phone Number	E-mail	<u> </u>		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			÷ •••	1.00		
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$	leo		
	Event Description Iron Maide	en		Date(s) 09	Date(s) 09 / 10 / 19 //////////////////////////			
		Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛			If no: Oakla	nd Coliseum			
				Name of Sou				
	Was ticket distribution made a of agency official?	No 🗌 Yes 🛛	If yes: Valle	If yes: Valle, Richard- Supervisor District 2				
_								
3.	• Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/		Describe the public purpose made pursuant to the agency's policy			
			Pass(es)					
				· · ·				
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following:			
	(Last, First)		Pass(es)					
	Barker, Chris			To rewar	d a community	Income		
	Darker, Onna		4	voluntee	r for his or her se	ervice		
			· · · · · ·	${c}$ to the pu	idiic			
				lf				
			Number of					
	C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·	· · ·	Fass(es)					
	· · ·		+					

4. Verification

I have read and understand FPPC Reculations 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. Da

A Public Document

Comment: _

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

1.	Agency Name				Date Stamp	California 🤦	202
	Alameda County		Form C	002			
	Division, Department, or Reg	Division, Department, or Region (If Applicable)					Only
	Board of Supervisors						
		Designated Agency Contact (Name, Title)					
		, ,	i				
	Gabriela Christy Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part	3.)
	(510) 272-6692		nristy@acgov	ora	Date of Original Filing:		_
2	Function or Event Infor	1	mory@dogot	.org		(Month, Day, Year)	
۷.	Does the agency have a ticke		Vec 🔽 Ne	Eace Value o	of Each Ticket/Pass \$	100	
			Yes 🛛 No				
	Event Description Original M	Provide Title/Exp	Janation	Date(s)	, 16 , 19	//	
			Yes 🗌 No	If no: Oaklar	nd Coliseum		
	Ticket(s)/Pass(es) provided by	Name of Soul	rce				
	Was ticket distribution made a	Richard- Supervisor D	istrict 2				
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Va</u> of agency official?				Official's Name (La	ist, First)	
3.	Recipients						-
•••	Use Section A to identify the agency	tion B to identify an individu	al. • Use Section C to identif	y an outside organizat	ion.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	B. Name of Individua (Last. First)	J.	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
				To reward a	l community	Inc	come
	Caton, Stephanie		1		or his or her servi	ce	
			T .	,			
				to the publi	c		
						Inc	ome 📘
		C. Name of Outside Organization (include address and description)		Describe the pub	Describe the public purpose made pursuant to the ag		2
_	Verification						

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 Title

(Mo nth, Day, Year)

A Public Document

Comment: _

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

A Public Document

—						A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		, , , , , , , , , , , , , , , , , , ,			
	Gabriela Christy						
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6692	Gabriela.Ch	nristy@acgov	r.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform				127 00		
	Does the agency have a ticket	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	202.		
	Event Description Rolling Lou	ıd		Date(s)	, 28 , 19	09 , 29 , 19	
		Provide Title/Exp	planation	Date(s)		//	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd Athletics		
		0,		_	Name of Source		
	Was ticket distribution made at the behest		No 🗌 Yes	If yes: Valle,	Richard- Supervisor Di	strict 2	
	of agency official?			Official's Name (Last, First)			
3.	• Use Section A to identify the agency	's donartmont or	unit e Uso Sor	tion P to identify an individu	us) - ailles Sastion C to identifi	, an outside experimetion	
			Number of				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual		Number of Ticket(s)/	To reward a	a community		
	(Last First)		Pass(es)	— volunteer fo	or his or her servic		
_	might apple					income 🗆	
-	Fransto, CARLOS		2	to the public			
				To reward a	a community		
				volunteer f	or his or her servi	ce Income 🗆	
;	Phinton Day			to the publi			
	Jobinson, Ray			1	-		
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy	
	(include address and desc	ription)	Pass(es)				

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

Gabriela Christy Print Name

Supervisor's Assistant Title

1 130 (Month, Day, Year)

Comment: _

				and the second		
1.	Agency Name	Carlins	dieter as	n Lungar II anna an t-tha an t-tha ann an t-th	Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regio	on (If Applicable	ə)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Jame, Title)		· · · · · · · · · · · · · · · · · · ·		
	Heather Cartwright				Amendment (Mustor	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)	
	(510) 272-6693	heather.cart	wright@acgo	ov.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inforn	nation			X	\$35
	Does the agency have a ticket		Yes 🛛 No	-	of Each Ticket/Pass \$	
	Event Description Baseball ga	ame	9 <u>03 19</u>	//		
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗍 No	If no: Oaklar	nd A's Name of Sou	rce
	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: <u>Chan</u>					
3	Recipients	-1	-1-1			a Hanan yang di Manana manana manana kata da Kata di Kata da Ka
	• Use Section A to identify the agency'	s department or	ual. 🔹 Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
15						
		Number of				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
			Pass(es)	Ceremonial Role	Other	Income
	Tsai, Eric		2		ial Role" or "Other" describe below;	
			2	To promote attendance at a(n) event held at order to maximize potential County revenue		
				Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
		ation	Number of			
	C. Name of Outside Organia (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
4.	Verification					
	have and and interest EDDC Danite	tions 18044.1 and	orth above, is in accordance with	the requirements.		
		6	Heather Car	twright	Supervisor's Assistant	////9
			Print Nam	e	Tille	(Month, Day, Year)
	Commont					
	Comment:			<u> </u>	····	FPPC Form 802 (4/12)

Ceremonial Role Ever	nts and Tio	cket/Pass	Distributions	3	A Public Documen
. Agency Name		Date Stamp	California 802		
Alameda County					Form OUZ
Division, Department, or Re	gion (If Applicab	le)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)]	
Heather Cartwright					
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6693	heather.car	twright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$17
Event Description Baseball	game		Date(s)0	9 , 04 , 19	
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	If no: Oakla	nd A's Name of Sou	////
	at the balance	_	— Char		arce
Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes: Chan	Official's Name (L	.ast, First)
Recipients Use Section A to identify the agent	cv's department or	runit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm		Number of Ticket(s)/		blic purpose made pursuant	
		Pass(es)			
B. Name of Individu	ıal	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremor	Identify one of the followi	ng: Income
			Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
La Familia Counseling Cen Southland Dr,STE300,Hay		2	To reward a school to the community	l or nonprofit organizati	ion for its contributions
Provides mental health and support services	l community				
. Nerification	and the second		I (*	1-2	•
I have read and inderstand EPPC Rem	mations +8944.1 an	d 18942. I have vei	rified that the distribution set f	orth above, is in accordance with	the requirements.
		Heather Car	twright	Supervisor's Assistant	10/ +/1
		Print Name		Title	(Month, Day, Year)
				 11	()
Comment:					
					FPPC Form 802 (4/12

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 \$24 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game _/ 06 19 09 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🕅 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Last, First) Pass(es) Ceremonial Role Other Income Kamer, Asa If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. 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) erification, 12044 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Heather Cartwright Supervisor's Assistant Print Name Tille

Agency Name			n de la construire de la c	Date Stamp	California 002
Alameda County			Form OUZ		
Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)				
Heather Cartwright					
	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693	heather.car	twright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				Alex II
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	\$36
Event Description Baseball ga	ame		Date(s)	, 07 , 19	///
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		No 🗌 Yes		Name of So	urce
Was ticket distribution made at of agency official?	Was ticket distribution made at the behest			, Wilma Official's Name (i	Last. First)
		L			
Recipients • Use Section A to identify the agency'	's denartment or	unit	rtion B to identify an individu	al Ise Section C to iden	tify an outside organization
A. Name of Agency, Departmen		Number of Ticket(s)/		lic purpose made pursuant	
		Pass(es)			······
B. Name of Individual (Last Fast)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing
			Ceremonial Role	Other	
Conducer Lindo					Income
Gardner, Linda		2	To promote attenda	al Role" or "Other" describe below:	eld at a County facility i
Gardner, Linda		2	To promote attenda order to maximize p	al Role" or "Other" describe below: ance at a(n) event h potential County rever	eld at a County facility in nue
Gardner, Linda		2	To promote attenda order to maximize p Ceremonial Role	al Role" or "Other" describe below: ance at a(n) event h	eld at a County facility i nue
Gardner, Linda C. Name of Outside Organiz (include address and desc		2 Number of Ticket(s)/ Pass(es)	To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: ance at a(n) event h potential County rever	eld at a County facility i nue Income
C. Name of Outside Organiz		Number of Ticket(s)/	To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: ance at a(n) event h potential County rever Other al Role" or "Other" describe below:	eld at a County facility in nue Income
C. Name of Outside Organiz		Number of Ticket(s)/	To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: ance at a(n) event h potential County rever Other al Role" or "Other" describe below:	eld at a County facility in nue Income
C. Name of Outside Organiz	ription)	Number of Ticket(s)/ Pass(ss)	To promote attenda order to maximize p Ceremonial Role If checking "Ceremonian Describe the pub	al Role" or "Other" describe below: ance at a(n) event h potential County rever Other al Role" or "Other" describe below: lic purpose made pursuant	Income
C. Name of Outside Organiz (include address and desc	ription)	Number of Ticket(s)/ Pass(ss)	To promote attenda order to maximize p Ceremonial Role If checking "Ceremonian Describe the pub	al Role" or "Other" describe below: ance at a(n) event h potential County rever Other al Role" or "Other" describe below:	eld at a County facility in nue Income [to the agency's policy

			Biotingationio		A Fublic Document
1. Agency Name		LC.		Date Stamp	California 802
Alameda County					1 on m
Division, Department, or Reg	gion (If Applicab	le)	_	-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Heather Cartwright				3	
Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6693		twright@acg	ov ora	Date of Original Filing: .	
2. Function or Event Infor				, na an	(Month, Day, Year)
Does the agency have a ticke		Vaa 🔽 Na	Face Value o	f Each Ticket/Pass \$	\$36 tix /\$45 park
- ,		Yes 🔀 No			
Event Description Baseball	Provide Title/Exp	alanation	Date(s)	0 _ 07 _ 19	///
	i iondo intoiExp		If no: Oaklar	nd A's	
Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No		Name of Sou	urce
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?			in yes	Official's Name (L	_ast, First)
3. Recipients				1 14 12	o
Use Section A to identify the agend	y's department o	runit. ●Use See	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	A. Name of Agency, Department or Unit		Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Simon, Fred			Ceremonial Role		Income
Simon, Fred		2	To promote attenda	al Role" or "Other" describe below: ance at a(n) event he potential County reven	eld at a County facility in ue
				Other	Income
			Δ.		
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
<u>A</u>				501-2	
4/Verification					·
I hadro stand and independent ERTO Daw	100 44.1 ani			orth above, is in accordance with	lich les
		Heather Car		Supervisor's Assistant	<u> </u>
		Print Nam	e	Title	(Month, D f y, Year)
Comment:					

1. Agency Name			Date Stamp	California 802	
Alameda County	Alameda County				
Division, Department, or Region (If App	plicable)		1	For Official Use Only	
Board of Supervisors			2		
Designated Agency Contact (Name, Title	=)		4		
Heather Cartwright					
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 272-6693 heathe	r.cartwright@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)	
. Function or Event Information					
Does the agency have a ticket policy?	Yes 🗶 No	Face Value of	of Each Ticket/Pass \$ _	\$24 tix /\$45 park	
Event Description Baseball game		Date(s)0	08, 19	1 1	
Provide Ti	tle/Explanation			//	
Ticket(s)/Pass(es) provided by agency	? Yes 🗆 No	If no: Oaklar	nd A's Name of Sou	1700	
Man ticket distribution we also at the state				arc e	
Was ticket distribution made at the beh of agency official?	nest No 🗖 Yes	If yes: Chan	Official's Name (L	.ast, First)	
Recipients		in a second s	i		
Use Section A to identify the agency's department	ual. • Use Section C to ident	ify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
	Pass(es)	v,			
R Name of Individual	Number of	al at the second s			
B. Name of Individual	Ticket(s)/ Pass(es)				
			Other	Income	
Lam, Marianne	3	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facili order to maximize potential County revenue			
	-				
			Other D		
			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)				
				and and the second of the second s	
Verification	11 and 18012 1 have up	rified that the distribution est f	orth above is in accordance with	the requirements	
				IL DIA	
	Heather Car		Supervisor's Assistant	(Month Day Year)	
	r ma Ndin		- mo	(month, by), rodify	
Comment:					
				FPPC Form 802 (4/12)	

A Public Document

						AT abile boounter
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicab	le)		61	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)			-	
	Heather Cartwright					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	heather.car	twright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		-1		
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$24 tix /\$45 park
	Event Description Baseball g	ame		Date(s)), 08, 19	
	Event Description	Provide Title/Exp	olanation	Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		,			Name of Source	
	Was ticket distribution made a of agency official?	it the behest	No 🔲 Yes	If yes: Chan	, Wilma Official's Name (L	ant Eimt)
*				and the state of t		
3.	Recipients	via dapartment e		ation D An identify on individu	und a Una Castion C to ident	if , an autoida anna iastian
	Use Section A to identify the agency		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
				· · · · · · · · · · · · · · · · · · ·		
						10 · · · · · · · · · · · · · · · · · · ·
	B. Name of Individua	u .	Number of Ticket(s)/		Identify one of the follow	ng
			Pass(es)	Ceremonial Role	Other	Income
	Wong, Christine				ial Role" or "Other" describe below:	
	-		5			eld at a County facility in
				order to maximize p	potential County reven	ue
					Other	Income 🔲
				If checking "Ceremoni	ial Role" or "Other" describe below:	
					Ŕ	
	C. Name of Outside Organi	itation	Number of			
	C. Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
					······································	
_	Verification)	-ru		-1,	1-2	
1	have read and understand EDDC Renul	aione 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
			Heather Car		Supervisor's Assistant	101211
			Print Nam		Title	(Month, Day Year)
						L.
	A					

Comment: _

Agency Name						
	1. Agency Name				California 802	
Alameda County					Form 002	
Division, Department, or Region (If Applicable)					For Official Use Only	
Board of Supervisors					94	
Designated Agency Contact (Name, Title)						
Heather Cartwright						
Area Code/Phone Number [E-mail			Amendment (Must provide explanation in Part 3.)			
(510) 272-6693	heather.car	heather.cartwright@acgov.org		Date of Original Filing:		
Function or Event Infor				l		
Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$24 tix /\$45 park	
Event Description Baseball game						
Event Description	Provide Title/Exp	planation	Date(s)		//	
Ticket(s)/Pass(es) provided by agency?		Yes No X If no: Oakla		nd A's		
				Name of Source		
Was ticket distribution made at the behest of agency official?		No 🗌 Yes 🛛 🛛 If yes: <u>Char</u>		n, Wilma Official's Name (Last, First)		
						Recipients
Use Section A to identify the agence	cy's department of		tion 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)/ Describe the put Pass(es)		blic purpose made pursuant to the agency's policy		
D News of leading to		Number of				
B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:		
Geisner, Ben		4	Ceremonial Role	Other		
		4	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue			
			Ceremonial Role		Income	
			ii checking Geremoni	al Role" or "Other" describe below:	income L	
			in checking. Ceremon	al Role, or Uther, describe below:		
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)		a Role of Uther describe below:		
		Ticket(s)/				
		Ticket(s)/				
Verification	scription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
Verification	scription)	Ticket(s)/ Pass(es)	Describe the public of the pub		to the agency's policy	
Verification	scription)	Ticket(s)/ Pass(es)	Describe the publ rified that the distribution set for twright	ic purpose made pursuant	to the agency's policy	
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 \$24 tix /\$45 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Baseball game 09 08 19 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 🛛 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. 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)/ iLast First Pass(es) Ceremonial Role Other Income Brown, Maddie If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) rification Find EDDC Convictions 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Heather Cartwright Supervisor's Assistant Print Name Title Comment: _

		-11 2 1-2	T 1 4		
1. Agency Name	Date Stamp	California 802			
Alameda County		For Official Use Only			
Division, Department, or Region (If A		Tot official cae offic			
Board of Supervisors	Board of Supervisors Designated Agency Contact (Name, Title)				
Designated Agency Contact (Name, 7					
Heather Cartwright					
Area Code/Phone Number E-mai	l	_ · · · · _ · _ · · · · · · · · · ·		provide explanation in Part 3.)	
(510) 272-6693 heath	ner.cartwright@acg	jov.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Informatio	n				
Does the agency have a ticket policy	/? Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$160.00	
Event Description Iron Maiden Con	cert	Data(s) 09	9,10,19	1 1	
Provide	Title/Explanation				
Ticket(s)/Pass(es) provided by agency? Yes D No 🛛 If no: Golder			n State Warriors		
		Name of So	urce		
Was ticket distribution made at the b of agency official?	ehest No 🗌 Yes	If yes: Char	1, VVIIMa Official's Name (I	last First)	
			omolars Marile (I		
3. Recipients					
Use Section A to identify the agency's department or unit. Use Section B to identify an individ					
A. Name of Agency, Department or Ur	nit Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
		·			
			÷		
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing	
		Ceremonial Role		Income	
Albanesi, Nelson	2		nial Role" or "Other" describe below:	ald at a Causty facility is	
			potential County reven	eld at a County facility in nue	
		Ceremonial Role			
			hial Role" or "Other" describe below:	income L	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
(include address and description	Pass(es)				
Verification	and the state of t			- 24 - 97600-,5-7,8-19	
	944.1 and 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	Heather Ca	rtwright	Supervisor's Assistant	11/11	
	Print Nan	ne	Title	(Month, Day, Year)	
Comment:					

					A Fublic Document
1. Agency Name				Date Stamp	California 802
Alameda County	Alameda County				Form OOZ
Division, Department, or R	egion (If Applicabl	1	For Official Use Only		
Board of Supervisors					
	Designated Agency Contact (Name, Title)				
Heather Cartwright					
Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6693	heather.car	twright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info					(Wohn, Day, rear)
Does the agency have a tic		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$160.00
					//
Event Description Misfits C	Provide Title/Exp	olanation	Date(s)9		/
Tickot(s)/Pass(as) provides	by agapay?		Golder	n State Warriors	
			Name of So	urce	
Was ticket distribution made	e at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?				Official's Name (I	Last, First)
. Recipients					
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify a					tify an outside organization.
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
B. Name of Individ (Last Frail)	dual *	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Statler, Amelia		4	Ť	al Role" or "Other" describe below:	Income
		4		nce at a(n) event h potential County reven	eld at a County facility in ue
			Ceremonial Role	Other .	Income
C. Name of Outside Org (include address and o		Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant	to the agency's policy
A Classificantia					the second s
Nerification	equilations 8944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
		Heather Car	twright	Supervisor's Assistant	017/19
		Print Nam	e	Title	(Month, D la y, Year) /
Comment:					

. Agency Name		2.1	1	Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Region	(If Applicable	e)	·····		For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nam	Designated Agency Contact (Name, Title)				
Heather Cartwright				·	
	nail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693 he	ather.cart	wright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Informat	10				(Monun, Day, rear)
Does the agency have a ticket po		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	\$17 tix /\$45 park
	•				//
Event Description Baseball game	vide Title/Expi	lanation	Date(s)		//
Ticket(s)/Pass(es) provided by ag	ency?		IX If no: Oaklar	nd A's	
ficker(3)/r ass(es) provided by ag	ency:	Yes 🗌 No		Name of Sc	ource
Was ticket distribution made at the	e behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?				Official's Name (Last, First)
Recipients					
• Use Section A to identify the agency's de	partment or	······································	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or	Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
		Pass(es)			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1 400(00)	Ceremonial Role	Other	
				al Role" or "Other" describe below:	
				*	
			O sur marial Dala		Income
			Ceremonial Role If checking "Ceremon	Other 🗖	
C. Name of Outside Organization (include address and description		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		1 455(65)			
Oakland African American Char Commerce-333Hegenberger Ro		6	To reward a school to the community	or nonprofit organizat	tion for its contributions
Advance economic opportunity strengthen Oakland's Black bus					
Verification	¥ 1	1			
I have had and incomtand EDDC Desulation	18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.
		Heather Car	twright	Supervisor's Assistant	10/H/C
		Print Nam		Tille	(Month, Døy, Year)
					•
Comment:					

1.	1. Agency Name				Date Stamp	California 802
	Alameda County	22				Form 002
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name Title)				
		,				
	Heather Cartwright Area Code/Phone Number	P	·		Amendment (Must pr	ovide explanation in Part 3.)
		E-mail	turiaht@ooo		Date of Original Filing: _	
	(510) 272-6693		twright@acg	ov.org		(Month, Day, Year)
2.	Function or Event Infor		_	\/		\$17 tix /\$45 park
	Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$	······
	Event Description Baseball g	ame	· · · · · · · · · · · · · · · · · · ·	Date(s)	<u> </u>	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	Name of Sou	Irce
	Was ticket distribution made a	t the behast		If yes: Chan		
	of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)
~	E	en have been and the second			- 10 H A	
3.	• Use Section A to identify the agency	/'s department or	unit • Use Sec	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	6	Number of Ticket(s)/		blic purpose made pursuant to the agency's policy	
			Pass(es)			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	19:
	(Loot Firel)		Pass(es)			······
				Ceremonial Role If checking "Ceremoni	A Other	Income
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
	Satellite Affordable Housing Associates- 1835 Alcatraz Ave.Berkeley, CA 94703		6	To reward a school to the community	or nonprofit organizati	on for its contributions
	Provides quality affordable h services	nomes and				
	Verification					
	I have lead and understand FPPC Regul	ations 18944.1 ang	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
			Heather Car	twright	Supervisor's Assistant	10/7/19
		· · · · · · · · · · · · · · · · · · ·	Print Name		Title	(Month, Day, Year)
						·

mp California 802
Form OUZ
For Official Use Only
nt (Must provide explanation in Part 3.)
al Filing:
an a constant an airean air
Pass \$\$35 tix /\$45 park
9//
//
lame of Source
i's Name (Last, First)
TS Name (Last, Filst)
ē
C to identify an outside organization.
pursuant to the agency's policy
he following:
Income
ribe below:
eld at a County
y revenueconcession sales
ribe below:
pursuant to the agency's policy
pursuant to the agency's policy
ŭ
1-1-1-1-1-1
ordance with the requirements.
ssistant 10/7//
(Month, Day Year)
1

A Public Document

Agency Name		-1		Date Stamp	California 002	
Alameda County				Bute Stamp	Form 802	
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title)				-	For Official Use Only	
				-		
Heather Cartwright	et		· · ·	Amendment (Must p	rovide explanation in Part 3.)	
	E-mail	wright@aca	ovora	Date of Original Filing:		
(510) 272-6693 heather.cartwright@acgov.org				(Month, Day, Year)		
Does the agency have a ticket		V V N-		f Each Ticket/Pass \$ _	\$17	
		Yes 🛛 No				
Event Description Baseball game Date(s) 09				//		
			If no: Oaklar	nd A's		
				Name of So	urce	
Was ticket distribution made at the behest No \Box Yes \boxtimes If yes: $\frac{C}{C}$		If yes: Chan	, Wilma			
of agency official?			Official's Name (Last, First)		
Recipients						
• Use Section A to identify the agency's	s department or	unit. • Use Sec Number of	ction B to identify an individu I	ial. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
				·····		
				×		
B. Name of Individual (Cast First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role		Income	
Glass, Mary Pat		2		ial Role" or "Other" describe below:	County	
			To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales			
				Other describe below.	Income	
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		Pass(es)				
<u></u>				8		
Verification		18942. I have ve Heather Car		orth above, is in accordance wit Supervisor's Assistant	In boles	

Comment: _____

Ceremonial Role Events a	nd Ticket/Pass	Distributions		A Public Documer
. Agency Name		and a state of the	Date Stamp	California 802
Alameda County				ronn
Division, Department, or Region (#	f Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name	, Title)			
Heather Cartwright				
Area Code/Phone Number E-m	ail		Amendment (Must pi	ovide explanation in Part 3.)
	.ther.cartwright@acc	jov.org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Informati	- 1e		a dan mana ana ana ana ana ana ana ana ana	
Does the agency have a ticket poli		Face Value o	of Each Ticket/Pass \$	\$36 tix/\$45 park
		00	9,21,19	1
Event Description Baseball game	de Title/Explanation	Date(s)		///
Ticket(s)/Pass(es) provided by age		IT If no: Oakla	nd A's	
nonot(o)/r dooleo/ provided by age	ncy? Yes 🗌 No		Name of Sou	urce
Was ticket distribution made at the	behest No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?			Official's Name (L	.ast, First)
Recipients				16
Use Section A to identify the agency's dep	Number of			
A. Name of Agency, Department or I	Jnit Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
B. Name of Individual (Last First)	Number of Tickét(s)/ Pass(es)	Ceremonial Role If checking "Ceremor	Identify one of the followi	ng: Income
		Ceremonial Role If checking "Ceremor	Other Dielew:	Income
C. Name of Outside Organization (include address and description		Describe the put	lic purpose made pursuant	to the agency's policy
AC Social Services Agency-2000 Pablo Ave,Oakland CA 94612) San 2	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
Promoting the economic and soc well-being of individuals, families				
Verification				
I have read and understand CPPC Regulations	18944.1 and 18942. I have v	erified that the distribution set f	orth above, is in accordance with	h the requirements. h
	Heather Ca	rtwright	Supervisor's Assistant	U////
	Print Nar	ne	Title	(Month, Day, Year)
			÷	
Comment:				FPPC Form 802

-					
1.	Agency Name	u dia		Date Stamp	California 802
	Alameda County			-	Form For Official Use Only
	Division, Department, or Region (If Applicable,)		-	
	Board of Supervisors	с. С			
	Designated Agency Contact (Name, Title)				
	Heather Cartwright	Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone Number E-mail				
	(510) 272-6693 heather.carty	wright@acg	ov.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information			f Each Ticket/Dece	\$24
		Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Baseball game	anation	Date(s)09) _ 22 _ 19	//
		Yes 🗌 No	If no: Oaklar	nd A's Name of Sour	rce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan		
	of agency official?		⊠ nyes	Official's Name (La	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
				an airin an airin an ann an ann an ann an ann an ann an	
	B. Name of Individual (Cast Fost)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				ial Role" or "Other" describe below:	
		Number of		2	
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Mastick Senior Center-1155 Santa Clara Ave,Alameda,CA94501	2	To reward a school to the community	or nonprofit organizatio	on for its contributions
	Provides a well-rounded social recreation program for seniors, age 50 and older.			1	
4/	Verification	100.10.1			the maximum of the second s
/	I have read and understand FPPC Regulations 18944.1 and				une requirements.
	F	Heather Car		Supervisor's Assistant	(Month, Day, Year)
	Comment:				EDDC Ecom 900 (4/40)
			F	FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

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1.	Agency Name				Date Stamp	California	802
	Alameda County		Form	002			
	Division, Department, or Reg	on (If Applicabi	e)			For Official U	Jse Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago, Chief of Staff						D. (0)
	Area Code/Phone Number	E-mail			Amendment (Must prov	·	,
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Yea	r)
2.	Function or Event Inform	nation					
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗋	Face Value of Each Ticket/Pass \$45.00			
	Event Description A's Baseball Provide Title/Explanation			Date(s) 09 / 04 / 19 / / /			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No 🛛	If no: Oaklan	d 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 st, First)	

3. Recipients

•Use	Section A to identify find agency's department of	v unit. • Use Sea	ction B to identify an individual. • Use Section C to identify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SSA	A	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development
В.	(Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role D Other C Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Berl	keley Humane Society	4	To reward a school or nonprofit organization for its contributions to the community
Nor	th Hills Community Association	4	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

Amy Shrago	Chief of Staff	10/01/19
Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

_				Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regi	on (If Applicabl	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Vame, Title)			-		
	Amy Shrago, Chief of Staff						
		E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6695		@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform		<u> </u>			(Monun, Day, Year)	
	Does the agency have a ticket		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	17.00	
	Event Description <u>A's Baseba</u>	Provide Title/Exp	lanation	Date(s)	04 / 19	//	
	Ticket(s)/Pass(es) provided by			IX If no: Oaklar	nd Athletics		
	Tickel(s)/1 ass(es) provided by	agency:	Yes 🗌 No		Name of Sou		
	Was ticket distribution made at	t the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor District 5		
	of agency official?				Official's Name (La	ast, First)	
3.	Recipients			No. 15-71 (0)			
	 Use Section A to identify the agency 	's department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	District 5		4		To reward a County employee for his or her exemplary service to the public or to encourage staff development		
	,						
	B. (Name of individual (Lest, First))	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:	
				Ceremonial Role If checking "Ceremoni	Other X ial Role" or "Other" describe below:	Income	
				Ceremonial Role	Other D	Income	
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy	

4. Verification

	Amy Shrago	Chief of Staff	10/01/19
	Print Name	Title	(Month, Day, Year)
Comment:			

16

Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact	gion (If Applicab		<u> </u>	Date Stamp	California 802
Division, Department, or Reg Board of Supervisors	gion (If Applicab				Form 004
Board of Supervisors	gion (If Applicabl	,			
-		le)		-	For Official Use Only
Designated Agency Contact					
Dooignated Ageney Contact	(Name, Title)	·····		-	
Amy Shrago, Chief of Staff					
Area Code/Phone Number E-mail			······	Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function or Event Infor	mation			L	(wonin, Day, real)
Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	24.00
A's Baseb	all				
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided b	v agency?		IM If no: Oaklar	nd Athletics	
	, goney .			Name of Sou	
	at the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor E	District 5
				Official's Name (La	ast, First)
Recipients					
	y's department or		ction B to identify an individu	al • Use Section C to identif	fy an outside organization
A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy		
GSA		4 To reward a County employee for his or her exemplary s			
	al	Number of Ticket(s)/		Identify one of the followin	<i>a</i> :
(Lest, First)		Pass(es)			
					Income
			If checking "Ceremoni.	al Role" or "Other" describe below:	
			Ceremonial Role	Other	income
			If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	o the agency's policy
	Function or Event Infor Does the agency have a ticke Event Description <u>A's Baseb</u> Ficket(s)/Pass(es) provided b Was ticket distribution made a of agency official? Recipients Use Section A to identify the agence A. Name of Agency, Departm GSA B. Clame of Individue (Last, First)	Function or Event Information Does the agency have a ticket policy? Event Description A's Baseball Provide Title/Exp Ficket(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 GSA 3. Clame of Individual (Lest, First)	Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description A's Baseball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Nas ticket distribution made at the behest of agency official? No □ Yes Recipients ●Use Section A to identify the agency's department or unit ●Use Sec A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) GSA 4 B. (fame of Individual) Number of Ticket(s)/ Pass(es) It ast, First) Number of Ticket(s)/ Pass(es) S. (fame of Individual) Number of Ticket(s)/ Pass(es) S. (fame of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es)	Function or Event Information Provide Title/Explanation Face Value of Date(s) Event Description A's Baseball Date(s) Oc Provide Title/Explanation Date(s) Oc Oc Ficket(s)/Pass(es) provided by agency? Yes No If no: Oaklar Mass ticket distribution made at the behest of agency official? No Yes If yes: Carsc of agency official? Recipients Ose Section A to identify the agency's department or unit Number of Ticket(s) Describe the pub GSA 4 To reward a County the public or to encome Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role State of Individual Number of Ticket(s) Describe the pub Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Mame of Outside Organization Number of Ticket(s) Describe the pub Name of Outside Organization Number of Ticket(s) Describe the pub Mame of Outside Organization Number of Ticket(s) Describe the pub Mame of Outside Organization Number of Ticket(s) Describe the pub Name of Outside Organ	Function or Event Information Does the agency have a ticket policy? Yes INo Face Value of Each Ticket/Pass \$

4. Verification

Amy Shrago	Chief of Staff	10/01/19
Print Name	Title	(Month, Day, Year)

		5 and m	CREUP ass	DISTINUTIONS		A Public Documen
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Regio	n (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)			4	
	Amy Shrago, Chief of Staff					
		E-mail			Amendment (Must pr	ovide explanation in Part 3.)
		amy.shraqo	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform					(Monin, Day, Year)
	Does the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	45.00
				—		1 1
	Event Description A's Basebal	Provide Title/Exp	planation	Date(s)) 07 19	//
	Ticket(s)/Pass(es) provided by	agency?		If no: Oaklar	nd Athletics	
		agency:	Yes 🗌 No		Name of Sou	
	Was ticket distribution made at	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.	Recipients					
	Use Section A to identify the agency's	department of	Number of	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	District 5		4	4 To reward a County employee for his or her exemplary servite the public or to encourage staff development		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremoni	Other X	Income
				Ceremonial Role If checking "Ceremoni	Other describe below:	Income
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
-	Roses in Concrete Communit	y School	4	To reward a school to the community.	or nonprofit organizati	on for its contributions

4. Verification

 Amy Shrago	Chief of Staff	10/01/19
Print Name	Title	(Month, Day, Year)

C	eremonial Role Events and	ncket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If App.	licable)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title	-			
	Amy Shrago, Chief of Staff				
	Area Code/Phone Number E-mail	Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6695 amy.shi	rago@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		·		(Month, Day, Year)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	45.00
					/
	Event Description A's Baseball Provide Titl	e/Explanation	Date(s)	9 <u>22 19</u>	//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:			nd Athletics	
				Name of So	
	Nas ticket distribution made at the behest No ☐ Yes 🖾 If yes: Ca			on, Keith - Supervisor Official's Name (I	District 5
	of agency official?			Official's Name (I	Last, First)
3.	Recipients				
	Use Section A to identify the agency's department	Number of	ction B to identify an individu	III. • Use Section C to ident	tify an outside organization
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
	B. (Name of Individual)	Number of			
	Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Corrier Deminis	I.	Ceremonial Role		Income
	Carrion, Dominic	4		al Role" or "Other" describe below:	
	3	-		ance at a County spon	sored event or event ize potential County rev
			Ceremonial Role		
	Music, Richard		-	al Role" or "Other" describe below:	
		6			d event or event held at a
			County facility in orde	r to maximize potential C	County revenue from parkin
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			to all agondy a policy
	Samuel Merritt University	0	To reward a school	or nonprofit organizat	ion for its contributions
		8	to the community.		

4. Verification

I have real 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	10/01/19
Print Name	Title	(Month, Day, Year)

Comment: ____

. .

2			CREVF d55	Distributions		A Public Document
1.	Agency Name		-		Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)		·····	-	
	Amy Shrago, Chief of Staff					
	Area Code/Phone Number	E-mail		<u>_</u>	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	o@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	24.00
	Event Description A's Baseb	all				
	Event Description	Provide Title/Exp	planation	Date(s)		/
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	IX If no: Oaklar	nd Athletics	
	()	,,			Name of Sol	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	District 5
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department o	Number of	ction B to identify an individu	III. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	District 5		4	4 To reward a County employee for his or her exemplary the public or to encourage staff development		
	B. (Nams of Individu: (Last, First)	at	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
					Other X al Role" or "Other" describe below:	Income
				Ceremonial Role	Other describe below:	Income
C. Name of Outside Organization (include address and descriptio			Number of Ticket(s)/ Pass(es)	Describe the publ	ic 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.

Amy Shrago	Chief of Staff	10/01/19
Print Name	Title	(Month, Day, Year)

Comment: __

A Dublic Decument

_				Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	jion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	510-272-6695		@acgov.org	I	Date of Original Filing:		
2.	Function or Event Information					(Month, Day, Year)	
	Does the agency have a ticke		Yes 🛛 No	Eace Value o	of Each Ticket/Pass \$	160.00	
	Event Description Iron Maide	Provide Title/Exp	lanation	Date(s)	9 <u>10 19</u>	//	
	Ticket(s)/Pass(es) provided b			Golden	n State Warriors		
	nekel(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Sou	rce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith		
	of agency official?			•	Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or		ction B to identify an individu	Ial. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/				
	<u>.</u>		Pass(es)	ass(es)			
			Number of				
	B. (Name of Individu. (Last, First)	af	Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
			rass(es)	Ceremonial Role	Other 🛛		
	LIN, JOE				ial Role" or "Other" describe below:		
			14	To promote attenda	ance at a County spons	ored event or event	
				held at a County far	cility in order to maximi	ze potential County rev	
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	ial Role" or "Other" describe below:		
		(Number of		-1		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
			1 435(63)				
	r						
					· · · · · · · · · · · · · · · · · · ·		
4	Varification						

4. Verification

Amy Shrago	Chief of Staff	10/01/19
Print Name	Title	(Month, Day, Year)

A Public Document

-						AT usite Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		. <u> </u>	1	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	510-272-6695	amy.shrago	@acgov.org	ſ	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	· · · · · · · · · · · · · · · · · · ·			
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	160.00
	Event Description The Original Misfits Date(s)			<u>, 11 , 19</u>		
	Provide Title/Explanation Date(S)				//	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No	If no: Golder	n State Warriors	
				Name of Sour	ce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	Official's Name (La	not Eiroti
3.	Recipients	de demoitment ou				
		Use Section is to identify the agency's department or unit EUse Sec A. Name of Agency, Department or Unit Number of Ticket(s)/			lic purpose made pursuant t	
			Pass(es)			
	B. Name of Individua	0	Number of Ticket(s)/		Identify one of the fallowin	
	(Last, First)		Pass(es)		Identify one of the followin	9:
	Donohoe, Robert			Ceremonial Role		
	Dononoe, Robert		4		al Role" or "Other" describe below:	and avant as avant
				To promote attendance at a County sponsored even held at a County facility in order to maximize potent		
				Ceremonial Role	Other Other other describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to) the agency's policy
4.	Verification					

-	Amy Shrago	Chief of Staff	10/01/19
	Print Name	Title	(Month, Day, Year)

Date Stamp Form For Official Use Only
I Onni
For Official Use Only
Amendment (Must provide explanation in Part 3.)
e of Original Filing:
(Month, Day, Year)
h Ticket/Pass \$ 232.00
28 <u>19</u> 09 <u>29</u> 19
e Warriors
Name of Source
eith
Official's Name (Last, First)
ify one of the following:
Other 🔀 Income 🗌
Other Income Income Cor" Other describe below: at a County sponsored event or event n order to maximize potential County rev
or "Other" describe below: at a County sponsored event or event

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	10/01/19
Print Name	Title	(Month, Day, Year)

Comment: ____

4.