A Public Document

| _ | Agency Name | | | Date Stamp | California 002 |
|----|--|---|-----------------------|--|---|
| •• | Alameda County | | | | Form OUZ |
| | Division, Department, or Region (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, District 1 | | | | |
| | Designated Agency Contact (Name, Title) | | | · | |
| | Denise Jacinto, Ticket Administrator | | | | 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 Information | | | ``` | 19 75 |
| | Does the agency have a ticket policy? Yes | Each Ticket/Pass \$ _2 | .10.75 | | |
| | Event Description: Chris Brown Concert | <u>, 15 , 19</u> | | | |
| | Provide Title/ Expla | | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes | 🖾 No 🗖 | If no: | Name of Source | |
| | 144. Albert distribution mode of the behavior of | | If yes: <u>Hagger</u> | ty, Scott | |
| | Was ticket distribution made at the behest Yes | ⊠ NoLJ | II yes | Official's Name (Last, First) | |
| | of agency official? | | | | τ. |
| 3. | • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. | Use Section B to Number of Ticket(s)/ | | | tify an outside organization. suant to the agency's policy |
| | | Passes | | 5 A | |
| | | Number | | | |
| | B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | Chapman, Alex | 2 | eve | omote attendance at a county sponsored ent in or to maximize potential county venue for concession and parking sales | |
| | · · · · · · · · · · · · · · · · · · · | | | nonial Role 🔲 Other L king "Ceremonial Role" or "Other" de | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy |
| | | | | | |
| | | | | | |
| | | | | | |

4. Verification

| | | Denise Jacinto | Ticket Administrator | 11/13/19 | |
|---------------------|--|----------------|----------------------|--------------------|--|
| Signature of Agency | | Print Name | Title | (month, day, year) | |
| Comment: | | | | | |

| Ceremonial R | Ole Evel | is and nicket | Pass Dis | stributions | | A Public Document |
|------------------------|---|-------------------|-----------------------------------|-----------------------|--|---------------------------------|
| 1. Agency Name | 9 | | | | Date Stamp | California 802 |
| | Alameda County | | | | | Form OUZ |
| Division, Depart | Division, Department, or Region (if applicable) | | | | 1 | For Official Use Only |
| Board of Super | visors, Distri | ct 1 | | | | |
| Designated Ager | cy Contact | Name, Title) | | ~ | 1 | |
| Denise Jacinto, | Ticket Admi | nistrator | | | | |
| Area Code/Phone | e Number | E-mail | ·· | | Amendment (Must | Provide Explanation in Part 3.) |
| 510-272-6691 | | Denise.Jacinto@ | acgov.org | | Date of Original Filing | (month, day, year) |
| 2. Function or E | vent Infor | nation | | | | |
| Does the agenc | y have a tick | et policy? Yes | s 🖾 No 🗖 | Face Value of | Each Ticket/Pass \$ | 50.00 |
| Event Description | n: <u>Disney</u> | On Ice 3pm Show | | Date(s) <u>10</u> | <u>, 20 , 19</u> | /// |
| Ticket(s)/Pass(e | Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: | | | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no: | | | Name of Source | ······ | |
| Was ticket distrib | oution made | at the behest Yes | No 🗆 | If yes: <u>Hagger</u> | ty, Scott | |
| of agency offici | al? | | | | Official's Name (Last, First) | |
| A. Name of | Agency, Depar | tment or Unit | Number of Ticket(s), Passes | / Describe the | e public purpose made pu | rsuant to the agency's policy |
| B. | Name of Indiv (Last, First | | Number of Ticket(s)/ Passes | | Identify one of the t | following: |
| Lopez, Tricia | Lopez, Tricia | | 5 | eve | o promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales | |
| | | | | | onial Role [_] Other [_ ng "Ceremonial Role" or "Other" de | I Income L |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the | public purpose made pur | suant to the agency's policy |
| | | | | | | |

4. Verification

| | | Denise Jacinto | Ticket Administrator | 10/17/19 |
|-----------------------|---------|----------------|----------------------|--------------------|
| Signature of Agency n | esignee | Print Name | Title | (month, day, year) |
| Commont | | | | |
| Comment: | | | | |

| <u>_</u> | eremonial Role Ever | nts and Ticket/ | Pass Dis | tributions | A | Public Document |
|----------|--|----------------------------|-----------------------------------|---------------------------------------|--|------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Board of Supervisors, Distr | ict 1 | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Denise Jacinto, Ticket Adm | inistrator | | | Amendment (Must Pro | wide Evolution in Dari 2) |
| | Area Code/Phone Number | E-mail | | - | | wide Explanation in Part 3.) |
| | 510-272-6691 | Denise.Jacinto@a | acgov.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | · · · · · · · · · · · · · · · · · · · | | |
| | Does the agency have a ticl | ket policy? Yes | No 🗆 | Face Value of | Each Ticket/Pass \$ <u>50.</u> | 00 |
| | Event Description: | | | Date(s)10 | | |
| | Event Description. | Provide Title/ Exp | lanation | | _ | // |
| | Ticket(s)/Pass(es) provided | | 🛛 No 🗖 | If no: | Name of Source | |
| | | | | If yes: Hagger | Name of Source | |
| | Was ticket distribution made | e at the behest Yes | 🖄 No 🗌 | If yes: noggon | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe the | e public purpose made pursu | ant to the agency's policy |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the foll | owing: |
| | McGrail, Heather | | 4 | ever | note attendance at a c nt in or to maximize po nue for concession an | tential county |
| | | | | | onial Role 🛄 Other 🛄 ng "Ceremonial Role" or "Other" descrit | Income 🗂 be below: |
| | C. Name of Outside Org (include address and d | ganization description) | Number of Ticket(s)/ Passes | Describe the | public purpose made pursua | int to the agency's policy |
| | | | | | | |

4. Verification

| Signature of Agency Head or Designee | - | Denise Jacinto Print Name | Ticket Administrator | 10/17/19 (month, day, year) |
|--------------------------------------|---|---------------------------|----------------------|--------------------------------|
| Comment: | | | | |

| Ceremonial Role Even | ts and Ticket/ | Pass Dist | ributions | Α | Public Document |
|---|----------------------|-----------------------------------|-------------------|--|--|
| 1. Agency Name | | | | Date Stamp | California Form 802 |
| Alameda County | | | | | |
| Division, Department, or Regi | , | | | | For Official Use Only |
| Board of Supervisors, Distric | | | • | | |
| Designated Agency Contact (| Vame, Title) | | | | |
| Denise Jacinto, Ticket Admir | nistrator | | | Amendment (Must Pro | vide Explanation in Part 3) |
| Area Code/Phone Number | E-mail | | | | |
| 510-272-6691 | Denise.Jacinto@a | icgov.org | | Date of Original Filing: _ | (month, day, year) |
| 2. Function or Event Inform | nation | | | | ······································ |
| Does the agency have a tick | et policy? Yes | 🛛 No 🗆 | Face Value of | Each Ticket/Pass \$ <u>50.</u> | 00 |
| Event Description: | | | Date(s) <u>10</u> | | , , |
| | Provide Title/ Expla | nation | | | |
| Ticket(s)/Pass(es) provided b | y agency? Yes | 🛛 No 🗖 🕺 | If no: | Name of Source | |
| | | | Hagger | Name of Source | |
| Was ticket distribution made of agency official? | at the benest Yes | 🖄 No 🗌 🥤 | ryes: <u></u> | y, Scott Official's Name (Last, First) | |
| of agency official? | | | | | |
| A. Name of Agency, Depart | ment or Unit | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursu | ant to the agency's policy |
| B. Name of Indivi (Last, First) | | Number of Ticket(s)/ Passes | n 145 | Identify one of the foll | owing: |
| Hong, Ernest | Hong, Ernest | | | eward a County emplo plary service to the pub staff developn | lic or to encourage |
| | | | | onial Role 🔲 Other 🛄 ng "Ceremonial Role" or "Other" describ | Income 🗍 |
| C. Name of Outside Orga (include address and do | | Number of Ticket(s)/ Passes | Describe the | public purpose made pursua | ant to the agency's policy |
| | | | | | |

4. Verification

| | Denise Jacinto | Ticket Administrator | 10/17/19 |
|---------------------------------------|----------------|----------------------|--------------------|
| Signature of Agency meading Designate | Print Name | Title | (month, day, year) |
| | | | |
| Comment: | | | ······ |

Agency Report of:

| С | eremonial Role Even | its and Ticket/ | Pass Dist | tributions | Α | Public Document |
|----|--|----------------------------|-----------------------------------|-----------------------|--|---------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 000 |
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Reg | ion (if applicable) | | | - | For Official Use Only |
| | Board of Supervisors, Distri | ict 1 | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Denise Jacinto, Ticket Adm | inistrator | | | Amendment (Must Pr | |
| | Area Code/Phone Number | E-mail | 1 | | | ovide 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 | | | | • • • • • • • • • • • • • • • • • • • |
| | Does the agency have a ticl | ket policy? Yes | 🛛 No 🗆 | Face Value of | Each Ticket/Pass \$ <u>50</u> | .00 |
| | | | | | <u>, 19 , 19</u> | , , [,] , |
| | | Provide Title/ Expla | anation | | · | / |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🛛 No 🗌 | If no: | Name of Source | |
| | Mas ticket distribution mode | | | If yes: Hagger | | |
| | Was ticket distribution made of agency official? | at the benest Yes | 🖄 No 🗖 | n yes. <u> </u> | Official's Name (Last, First) | |
| | or agency official? | | | | | |
| - | • Use Section A to identify the agen | cy's department or unit. | Use Section B to | o identify an individ | ual. • Use Section C to identif | fy an outside organization. |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| | | | Number | | | |
| | B. Name of Indiv (Last, Firs | | of Ticket(s)/ Passes | | Identify one of the fol | lowing: |
| | Evans, Erin | | 2 | ever | mote attendance at a nt in or to maximize po nue for concession an | otential county |
| | | | | | onial Role Li Other Li ing "Ceremonial Role" or "Other" descri | ibe below: |
| | C. Name of Outside Org (include address and o | ganization description) | Number of Ticket(s)/ Passes | Describe the | public purpose made pursu | ant to the agency's policy |
| | ······································ | | | | 2. | |
| | | | | | | |

4. Verification

| | Denise Jacinto | Ticket Administrator | 10/17/19 |
|-----------------------------------|----------------|----------------------|--------------------|
| Signature of Agency House of Thee | Print Name | Title | (month, day, year) |
| Comment: | | | |
| | | | |

| C | eremonial Role Ever | nts and Ticket/ | Pass Distr | ributions | Α | Public Document |
|----|---|---------------------|-----------------------------------|-------------------------------|--|---------------------------------------|
| 1. | Agency Name | <u> </u> | | | Date Stamp | California 802 |
| | Alameda County Division, Department, or Region (if applicable) | | | | | |
| | | | | 1 | For Official Use Only | |
| | Board of Supervisors, Distr | ict 1 | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Denise Jacinto, Ticket Adm | inistrator | | | | |
| | Area Code/Phone Number | E-mail | | | | Provide Explanation in Part 3.) |
| | 510-272-6691 | Denise.Jacinto@a | acgov.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | 0 | | | ¥ |
| | Does the agency have a tic | ket policy? Yes | | Face Value of | Each Ticket/Pass \$ <u>-50</u> | 0.00 |
| | | | | | <u>, 18 , 19</u> | / / |
| | | Provide Title/ Expl | anation | / | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🖾 No 🗌 🛛 | f no: | Name of Source | · · · · · · · · · · · · · · · · · · · |
| | Was ticket distribution made | at the henset ver | | _{f ves} . Hagger | official's Name (Last, First) | |
| | of agency official? | at the beliest Yes | | | Official's Name (Last, First) | |
| | A. Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pure | suant to the agency's policy |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | Identify one of the following | | llowing: |
| | Dosanjh, Jessie | | 4 | ever | o promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales | |
| | | | | | onial Role 🛄 Other 🛄 ng "Ceremonial Role" or "Other" desi | Income 🗍 |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe the | public purpose made purs | uant to the agency's policy |
| | | | | | | - |

4. Verification

| | Denise Jacinto | Ticket Administrator | 10/11/19 |
|--------------------------------------|----------------|----------------------|--------------------|
| Signature of Agency Head of Designee | Print Name | Title | (month, day, year) |
| Comment: | | | |

| Ceremonial Role Events and | Ticket/Pass Dist | Toutions | A Public Document |
|--|--------------------------------------|--|---|
| 1. Agency Name | | Date Stam | |
| Alameda County | | | Form OUZ |
| Division, Department, or Region (if appli | cable) | | For Official Use Only. |
| Board of Supervisors, District 1 | | | |
| Designated Agency Contact (Name, Title) | | | |
| Denise Jacinto, Ticket Administrator | | Amendment | (Must Provide Explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | (musi rovice Explanation in Part 3.) |
| 510-272-6691 Denise. | lacinto@acgov.org | Date of Original | Filing:(month, day, year) |
| 2. Function or Event Information | | | |
| Does the agency have a ticket policy? | Yes 🛛 No 🗖 🖡 | Face Value of Each Ticket/Pas | ss \$ <u>200.00</u> |
| Event Description: <u>Marco Antonio Sc</u> | | Date(s) <u>10 / 05 / 19</u> | |
| Provi | de Title/ Explanation | | // |
| Ticket(s)/Pass(es) provided by agency | ? Yes 🛛 No 🗖 🕴 | f no: | |
| Was ticket distribution made at the bal | ant v m v m li | yes: <u>Haggerty, Scott</u> | |
| Was ticket distribution made at the bel of agency official? | | Official's Name (Las | st, First) |
| | | | |
| • Use Section A to identify the agency's departme A. Name of Agency, Department or Un | Number | | to identify an outside organization. ade pursuant to the agency's policy |
| | | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one o | of the following: |
| Munoz, Rocio | 4 | event in or to maxir | e at a county sponsored nize potential county sion and parking sales |
| | | Ceremonial Role 🔲 O If checking "Ceremonial Role" or "C | ther L Income L |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose mad | de pursuant to the agency's policy |
| | | | |

4. Verification

| | Denise Jacinto | Ticket Administrator | 10/11/19 |
|--------------------------------------|----------------|----------------------|--------------------|
| Signature of Agency mead of Designed | Print Name | Title | (month, day, year) |
| Comment: | | | |

| Ceremonial Role Events and Ticket/ | Pass Distr | |
|--|--|--|
| 1. Agency Name | • | Date Stamp California 802 |
| Alameda County | | |
| Division, Department, or Region (if applicable) | | For Official Use Only |
| Board of Supervisors, District 1 | | |
| Designated Agency Contact (Name, Title) | | |
| Denise Jacinto, Ticket Administrator | | Amendment (Must Provide Explanation in Part 3.) |
| Area Code/Phone Number E-mail | | |
| 510-272-6691 Denise.Jacinto@ | acgov.org | Date of Original Filing:(month, day, year) |
| 2. Function or Event Information | | |
| Does the agency have a ticket policy? Yes | No 🗍 🖡 | ace Value of Each Ticket/Pass \$ <u>90.00</u> |
| Event Description:Oakland A's Wild Card gar | | ate(s) <u>10 / 02 / 19</u> / |
| Provide Title/ Exp | lanation | no. |
| | | Name of Source |
| Was ticket distribution made at the behest Yes of agency official? | No 🗖 | yes: <u>Haggerty, Scott</u> Official's Name (Last, First) |
| • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit | Use Section B to Number of Ticket(s)/ Passes | lentify an individual. • Use Section C to identify an outside organization. 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: |
| Koopman, Clayton (2) Imhof, Theresa | 4 | To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales |
| | | Ceremonial Role L Other L Income I Income I Income II |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

| | Denise Jacinto | Ticket Administrator | 10/07/19 |
|--------------------------------------|----------------|----------------------|--------------------|
| Signature of Agency read of Designed | Print Name | Title | (month, day, year) |
| | | | |
| Comment: | | | |
| | | | |

| | | | stributions | | A Public Documer |
|--|---------------------------|---------------------------------------|---------------------------------------|--|-----------------------------------|
| I. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | <u> </u> | | | | Form OU2 For Official Use Only |
| Division, Department, or I | Region (If Applicab | nle) | | | For Onicial Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Conta | act (Name, Title) | | | | |
| Gabriela Christy | | | | <u> </u> | |
| Area Code/Phone Number | r E-mail | · · · · · · · · · · · · · · · · · · · | L | Amendment (Must pr | ovide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Cł | nristy@acgov.org | | Date of Original Filing: . | (Month, Day, Year) |
| . Function or Event Inf | formation | | · · · · · · · · · · · · · · · · · · · | | |
| Does the agency have a ti | cket policy? | Yes 🛛 No 🗌 | Face Value of E | ach Ticket/Pass \$ | 90 |
| Event Description <u>A's Vs.</u> | Rays Provide Title/Exp | lanation | Date(s) <u>10</u> | , 02 , 19 | // |
| Ticket(s)/Pass(es) provide | d by agency? | Yes 🗌 No 🛛 | If no: Oakland | Athletics Name of Sou | rce |
| Was ticket distribution mac | le at the behest | No 🗌 Yes 🛛 | lf ves. Valle, Ri | | • |
| of agency official? | | | n yes | chard- Supervisor D Official's Name (La | ast, First) |
| Recipients | | | | | |
| Use Section A to identify the age A. Name of Agency, Depar | | Number of | | Use Section C to identi- | |
| 7 Ti Hamo of Agonoji, Bepar | | Ticket(s)/ Pass(es) | | | |
| LADKIN JOOR | ph | 3 | her exempla | County employee ry service to the pu | for his o: |
| C C | MO | 3 | to encourage | e staff development | idlic or |
| | | | | 1 | |
| B. Name of Indivia | duai | Number of Ticket(s)/ Pass(es) | Ide | entify one of the followin | g: |
| | | | Ceremonial Role | Other | Income |
| | | | Ceremonial Role | Other | Income |
| C. Name of Outside Org (include address and d | | Number of Ticket(s)/ Pass(es) | Describe the public pu | urpose made pursuant to | the agency's policy |
| | | | | | |
| Verifidation | | | | | |
| and FPPC Reg | gulations 18944.1 and | 18942. I have verified th | at the distribution set forth al | bove, is in accordance with t | he requirements. |
| | | Gabriela Christy | Supe | ervisor's Assistant | 1114/19 |
| Signature of Agency Head or Design | ee | Print Name | | Title | (Month, Day, Year) |
| | | | | | |

A Public Document

| | | 224 | S 7 | | AT abile bootanich |
|--|--------------------|-------------------------------------|-----------------------------------|--|--------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form 002 |
| Division, Department, or Re | gion (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | - | |
| Gabriela Christy | | | | | |
| Area Code/Phone Number | E-mail | | ······ | Amendment (Must pi | rovide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Cł | nristy@acgov | org | Date of Original Filing: . | (Month, Day, Year) |
| 2. Function or Event Info | rmation | | | | (|
| Does the agency have a tick | et policy? | Yes 🗵 No 🛛 | ☐ Face Value o | of Each Ticket/Pass \$ | 200 150 |
| Event Description Marco An | tonio Solis | | Date(s)10 | 0 , 05 , 19 | // |
| | FIOVICE INTEREXP | | Oaklar | | |
| Ticket(s)/Pass(es) provided t | by agency? | Yes 🗌 🛛 No 🛛 | If no: Oaklar | Name of Sou | Irce |
| Was ticket distribution made | at the behest | No 🗌 Yes 🛛 | M If yes. Valle, | Richard- Supervisor E | District 2 |
| of agency official? | | | | Official's Name (L | ast, First) |
| . Recipients | | | | | 12 |
| Use Section A to identify the agend | cy's department or | unit. • Use Sect | ion B to identify an individu | ial. • Use Section C to identi | fy an outside organization. |
| A. Name of Agency, Departm | ent or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant i | to the agency's policy |
| | | | | | |
| 2. | | | | | |
| B. Name of Individu | al | Number of Ticket(s)/ | | Identify one of the followin | |
| (Løst, First) | | Pass(es) | | Identify one of the followin | |
| Garcia, Susie | | | To reward a | community | Income |
| Garcia, Gusic | | 4 | | r his or her servic | |
| | | | | | e |
| | | | to the public | ; | |
| | | | | | |
| | | | | | |
| C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | o the agency's policy |
| | <u> </u> | | | ······································ | <u> </u> |
| | | | | | 13 |
| | | | 3 | | |
| Verification | | | | ····· | |
| I have read and understand FPPC Regul | ations 18944.1 and | 18942. I have verif | ied that the distribution set for | rth above, is in accordance with | the requirements. |
| | | Gabriela Chi | risty S | Supervisor's Assistant | 11/4/19 |
| signature of Agency Head or Designee | <u> </u> | Print Name | | Title | (Month, Day, Year) |

Comment: ___

| _ | emonial Role Ever | | | | | A Public Documer |
|-------|---|-------------------|-------------------------|------------------------------|--|---|
| | gency Name | | | | Date Stamp | California 802 |
| | lameda County | | | | | |
| Di | vision, Department, or Re | gion (If Applical | ble) | | | For Official Use Only |
| | oard of Supervisors | | × | | | |
| De | signated Agency Contact | (Name, Title) | | _ | | |
| G | abriela Christy | | | | · | |
| Ār | ea Code/Phone Number | E-mail | | | Amendment (Must p. | rovide explanation in Part 3.) |
| (5 | 10) 272-6692 | Gabriela.C | hristy@acgov. | org | Date of Original Filing: | (Month, Day, Year) |
| 2. Fu | unction or Event Infor | rmation | | | | (month, bdy, red) |
| Do | es the agency have a ticke | et policy? | Yes 🗵 🛛 No 🗌 |] Face Value | of Each Ticket/Pass \$ | 125 |
| Ev | ent Description Chris Brow | wn | | - Deta(a) 1(| 0 , 15 , 19 | |
| L. V. | | Provide Title/Ex | planation | Date(s) | | / |
| Tic | ket(s)/Pass(es) provided b | y agency? | Yes 🗌 No 🛛 | If no: Oakla | nd Arena | |
| | | | | - | Name of Sou | |
| | s ticket distribution made a agency official? | at the behest | No 🗌 Yes 🛛 | If yes: Valle | e, Richard- Supervisor [Official's Name (L | District 2 |
| | | | | | | ast, Hirst) |
| | cipients se Section A to identify the agenc | v'e department e | runit a Llas Cásti | en D és identifs en la divid | | |
| A. | | | Number of | | | |
| А. | Name of Agency, Departme | ent or Unit | Ticket(s)/ Pass(es) | Describe the pub | blic purpose made pursuant f | to the agency's policy |
| 8 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| В. | Name of Individua | al | Number of Ticket(s)/ | | Identify one of the followin | a. |
| | (2001, 71181) | | Pass(es) | | | |
| | A | | | Ceremonial Role | al Role" or "Other" describe below: | Income |
| S | imms, Angel | | 4 | | a community | |
| | V | | | volunteer f | or his or her servi | ice |
| | | | | | | Income |
| | | | | to the publi | | |
| | | | | | | |
| | | | Number of | | | |
| C. | Name of Outside Organi (include address and desc | | Ticket(s)/ | Describe the publ | lic purpose made pursuant to | the agency's policy |
| | | | Pass(es) | | | |
| | | | | | | |
| | | | | | | <u></u> |
| | | | | | | |
| | | | | × | | |
| | ification | | | dala dala di tata di tata | | |
| | read and understand FPPC Requis | tions 18944 1 and | 18942 1 hour works | | the show is in second- | he and the second se |
| | røad and understand FPPC Regula | tions 18944.1 and | Gabriela Chri | | rth above, is in accordance with t Supervisor's Assistant | he requirements. |

Comment: ____

| | | | | | A Public Docum |
|---|---|---|--|--|---|
| | | | | Date Stamp | California 80 |
| - | | | | | |
| ivision, Department, or Reg | ion (If Applicab | le) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| esignated Agency Contact | (Name, Title) | | |] | |
| Gabriela Christy | | | | Amondment (Music | |
| rea Code/Phone Number | E-mail | | | | ide explanation in Part 3.) |
| 510) 272-6692 | Gabriela.Cl | nristy@acgo | v.org | Date of Original Filing: | (Month, Day, Year) |
| unction or Event Infor | mation | | | | |
| oes the agency have a ticke | t policy? | Yes 🛛 No | Face Value c | f Each Ticket/Pass \$ | 50 |
| vent Description Disney On | ICE | | Date(s) 10 | , 17 , 19 | 0, 19, 19 |
| | Provide Title/Exp | lanation | Date(3) | | |
| cket(s)/Pass(es) provided by | / agency? | Yes 🗌 No | If no: Oaklar | nd Arena | |
| | | | | | |
| | t the behest | No 🗌 Yes | If yes: Valle, | Richard- Supervisor Dis | |
| | | s | | | , <i>Filstj</i> |
| | 's department or | unit. • Use Se | ction B to identify an individu | al. • Use Section C to identify | an outside organization |
| | | Number of Ticket(s)/ | | | |
| | | | | 2 | , |
| Name of Individua | | Number of | | | |
| (Last, First) | | Ticket(s)/ Pass(es) | | | |
| utierrez, Sylvia | | 4 | To reward a | i community | Income |
| | | 1 | | | • |
| | | | To reward a | community | |
| hmidt, Marcia | | 4 | To reward a | community | Income |
| hmidt, Marcia | × | 4 | To reward a | c community r his or her service | Income |
| hmidt, Marcia | × | 4 | To reward a | community r his or her service | Income |
| hmidt, Marcia Name of Outside Organiz (include address and desc | | A Number of Ticket(s)/ Pass(es) | To reward a volunteer fo | community r his or her service | Income |
| Name of Outside Organiz | | Ticket(s)/ | To reward a volunteer fo | community r his or her service | Income |
| Name of Outside Organiz | | Ticket(s)/ | To reward a volunteer fo | community r his or her service | Income |
| Name of Outside Organiz | | Ticket(s)/ | To reward a volunteer fo | community r his or her service | Income |
| Name of Outside Organiz (include address and desc | ription) | Ticket(s)/ Pass(es) | To reward a volunteer fo to the public | community r his or her service | Income |
| Name of Outside Organiz (include address and desc | ription) | Ticket(s)/ Pass(es) | To reward a volunteer fo to the public | community r his or her service | Income |
| | Board of Supervisors esignated Agency Contact Babriela Christy rea Code/Phone Number 510) 272-6692 function or Event Informos the agency have a ticke vent Description Disney On cket(s)/Pass(es) provided by as ticket distribution made a f agency official? ecipients Jse Section A to identify the agency . Name of Agency, Department (Last, First) | Alameda County ivision, Department, or Region (If Applicab Board of Supervisors esignated Agency Contact (Name, Title) Babriela Christy rea Code/Phone Number E-mail Gabriela.Ch 510) 272-6692 Fermil Gabriela.Ch Cunction or Event Information bes the agency have a ticket policy? yent Description Disney On ICE Provide Title/Exp cket(s)/Pass(es) provided by agency? as ticket distribution made at the behest of agency official? Ecipients Jase Section A to identify the agency's department or Name of Agency, Department or Unit Name of Individual (Last, First) | Alameda County Ivision, Department, or Region (If Applicable) Board of Supervisors esignated Agency Contact (Name, Title) Dabriela Christy rea Code/Phone Number E-mail Gabriela.Christy@acgo unction or Event Information bes the agency have a ticket policy? Yes IND vent Description Disney On ICE Provide Title/Explanation cket(s)/Pass(es) provided by agency? Yes IND as ticket distribution made at the behest No Yes f agency official? Ecipients Ise Section A to identify the agency's department or unit Number of Name of Agency, Department or Unit Number of (Last, First) Name of Individual (Last, First) Name of Individual Number of Ticket(s)/ Pass(es) | Alameda County ivision, Department, or Region (If Applicable) Board of Supervisors esignated Agency Contact (Name, Title) Sabriela Christy rea Code/Phone Number E-mail 510) 272-6692 Gabriela. Christy@acgov.org unction or Event Information bes the agency have a ticket policy? Yes ⊠ No □ Face Value of Provide Title/Explanation Date(s)10 vent Description Disney On ICE Provide Title/Explanation Date(s)10 cket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:0aklar as ticket distribution made at the behest No □ Yes ⊠ If yes:Valle, if agency official? If yes:Valle, Describe the puble Ise Section A to identify the agency's department or unit. • Use Section B to identify an individue Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the puble Mame of Individual (tast. Free) Number of Ticket(s)/ Pass(es) To reward a | Nameda County ivision, Department, or Region (If Applicable) Board of Supervisors esignated Agency Contact (Name, Title) Sabriela Christy rea Code/Phone Number E-mail Gabriela Christy rea Code/Phone Number Gabriela Christy unction or Event Information bes the agency have a ticket policy? Yets Description Disney On ICE Provide Title/Explanation cket(s)/Pass(es) provided by agency? Yets Description If no: Oakland Arena Name of Supervisor Dis Gapency official? ecipients lase Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual Raw, Fred Name of Individual |

4.

| Seremonial Role Even | is and II | CKet/Pas | s distributions | | A Public Documer |
|--|-------------------|-------------------------------------|--------------------------------------|---|---------------------------------|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | |
| Division, Department, or Regi | on (If Applicat | ble) | | | For Official Use Only |
| Board of Supervisors | | | | 1 | |
| Designated Agency Contact (| Vame, Title) | | | | |
| Gabriela Christy | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must | provide explanation in Part 3.) |
| (510) 272-6692 | Gabriela.Cl | hristy@acgo | v.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Inform | nation | | | <u> </u> | (Month, Day, Year) |
| Does the agency have a ticket | policy? | Yes 🔀 No | Face Value o | of Each Ticket/Pass \$ _ | 50 |
| Event Description Disney On | ICE | | | | |
| Event Description | Provide Title/Exp | olanation | Date(s) | , 18 , 19 | // |
| Ticket(s)/Pass(es) provided by | agency? | | If no: Oaklar | nd Arena | |
| | - | Yes 🗌 No | _ | Name of So | |
| Was ticket distribution made at | the behest | No 🗌 Yes | If yes: Valle, | Richard- Supervisor I Official's Name (I | District 2 |
| of agency official? | | | | Official's Name (I | ast, First) |
| Recipients | | | | | |
| Use Section A to identify the agency's | department or | | ction B to identify an individu | al. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Department | t or Unit | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant | to the agency's policy |
| | | | | | |
| | | | | | |
| | | + | | | |
| | | | | | |
| B. Name of Individual | | Number of Ticket(s)/ | | | |
| (Last, First) | | Pass(es) | | Identify one of the followin | ng: |
| | | | Ceremonial Role | | Income |
| | | | | I Role" or "Other" describe below: | |
| | | | To reward a | | |
| | | | | r his or her servi | ce |
| Colon, Irma | | | to the public | | Income |
| | | 7 | to the public | • | |
| | | | | | |
| Name of Outside Organizat | | Number of Ticket(s)/ | Describe the public | purpose made pursuant to | |
| (include address and descrip | otion) | Pass(es) | | | o the agency's policy |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| /erification | | | | | |
| | ns 18944_1 and 1 | 18942. I have veril | fied that the distribution set forth | n above, is in accordance with t | the requirements. |
| | | | | | |
| | - | | | pervisor's Assistant | 11/4/19 |
| ature of Agency Head or Designee | - | Gabriela Ch Print Name | | upervisor's Assistant | (Month, Day, Year) |

| 1. Agency Name Alameda County Division, Department Board of Supervisor Designated Agency C Gabriela Christy | | | | Date Stamp | California Form 802 |
|--|------------------------|-------------------------------------|-----------------------------|--|-------------------------------|
| Division, Department Board of Supervisor Designated Agency C | | | | | Form CO |
| Board of Supervisor Designated Agency C | | | | | For Official Use Only |
| Designated Agency (| | able) | <i>.</i> | | For Official Use Only |
| | | | | | |
| Gabriela Christy | Contact (Name, Title) | | | | |
| , | | | | | <u> </u> |
| Area Code/Phone Nu | mber E-mail | | | Amendment (Must pi | ovide explanation in Part 3.) |
| (510) 272-6692 | Gabriela. | Christy@acgov. | .org | Date of Original Filing: . | (Month, Day, Year) |
| 2. Function or Even | t Information | | | | (|
| Does the agency have | e a ticket policy? | Yes 🗵 No 🛛 | Face Value o | of Each Ticket/Pass \$ | 50 |
| Event Description | ney On ICE | | Deta(a) 10 |) , 19 , 19 | , . |
| | Provide Title/E | xplanation | | | / |
| Ticket(s)/Pass(es) pro | vided by agency? | Yes 🗌 No 🖸 | If no: Oaklar | nd Arena | |
| Mee tieket distribut | | | | Name of Sou | |
| Was ticket distribution of agency official? | made at the behest | No 🗌 Yes 🛛 | If yes: Valle, | Richard- Supervisor D Official's Name (La | Istrict 2 |
| | | | | | 1ST, FIRST) |
| Recipients Use Section A to identify t | he adency's department | or unif a Haa Daafi | iem D 4a (dau416 and 1 d) 1 | ual. • Use Section C to identif | |
| A. Name of Agency, D | | Number of Ticket(s)/ Pass(es) | | lic purpose made pursuant t | |
| | | | | | |
| | | Number of | | | |
| B. Name of I | | Ticket(s)/ Pass(es) | To reward a | community | |
| Sosa, Alma | | | volunteer for | r his or her servic | e Income [|
| | | 17 | to the public | | |
| | | | To reward a c | | |
| | | | volunteer for | his or her service | |
| Munoz, Roberto | | 2 | to the public | | |
| | | | to the public | | |
| C. Name of Outside | e Organization | Number of | | | |
| (include address a | and description) | Ticket(s)/ Pass(es) | Describe the public | c purpose made pursuant to | the agency's policy |
| | | | | | |
| | | | | | |
| | | | · | | |
| Verification | C | | | | |
| | ∴ ~ 18944.1 an | | | th above, is in accordance with th | |
| re of Agency Head or L | | _ Gabriela Chri | stySi | upervisor's Assistant | 11/4/17 |

| _ | eremonial Role Events and T | icket/Pas | s Distributions | | A Public Documer |
|----|---|------------------------|---------------------------------------|---|------------------------------|
| 1 | Agency Name | | | Date Stamp | California 802 |
| | Alameda County | | | | Form OUZ |
| | Division, Department, or Region (If Applica | ble) | | | For Official Use Only |
| | Board of Supervisors | | | | |
| | Designated Agency Contact (Name, Title) | | | | |
| | Gabriela Christy | | | | |
| | Area Code/Phone Number E-mail | | | Amendment (Must prov | vide explanation in Part 3.) |
| | (510) 272-6692 Gabriela.C | hristy@acgc | ov.org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Information | | | | |
| | Does the agency have a ticket policy? | Yes 🗵 No | □ Face Value o | of Each Ticket/Pass \$ | 50 |
| | Event Description Disney On ICE | | | 20 , 19 | , , |
| | Provide Title/Ex | planation | Date(3) | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗋 No | If no: Oaklar | nd Arena | 3 |
| | Man ticket distribution and at the test | | | Name of Sourc | |
| | Was ticket distribution made at the behest of agency official? | No 🗌 Yes | If yes: <u>Valle</u> , | Richard- Supervisor Dis Official's Name (Las | strict 2 |
| _ | | | · · · · · · · · · · · · · · · · · · · | Chical's Warne (Las | |
| 5. | • Use Section A to identify the agency's department o | rupit e Lioo So | otion D to identify on individu | | |
| | | Number of | | | |
| | A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant to | the agency's policy |
| | | | | | |
| | | ω. | | | |
| | | | | | |
| | | | | | |
| | B. Name of Individual | Number of | | | |
| | (Last, First) | Ticket(s)/ Pass(es) | | Identify one of the following: | |
| | | | Ceremonial Role | Other | |
| | | * | If checking "Ceremonia | l Role" or "Other" describe below: | |
| | | 27 | | | |
| | | -l | | | |
| | | | Ceremonial Role | Other Role" or "Other" describe below: | Income |
| | | 1 | n uncering ociemental | ritole of Other describe below. | |
| | | | | | |
| 7 | Name of Outside Organization | Number of | To reward a scl | hool or nonprofit | |
| | (include address and description) | Ticket(s)/ Pass(es) | organization fo | r its contributions to | agency's policy |
| | Jnion City Family Center 725 Whipple | | the community | | |
| | Rd, Union City, CA 94587 | 4 | | | |
| - | | | | | |
| | s a partnership of families, schools, community, and public and private | | | g together to promote "o | radle to retirement" |
| | | | success. | | |
| | erification | 10040 (| 28 | | |
| | nave read and understand EDDC Dequisions 18944.1 and | | | | requirements. |
| | <u> </u> | Gabriela Ch | | upervisor's Assistant | 114/19 |
| | эе | Print Name | | Title | (Month, Day, Year) |

| | | | | | A Public Documen |
|---|--|--|---|---|---|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form OOZ |
| Division, Department, or Reg | gion (If Applicat | ole) | | | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | <u> </u> | - | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| (510) 272-6693 | heather.ca | twright@aco | gov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Infor | mation | <u></u> | | | |
| Does the agency have a ticke | et policy? | Yes 🗵 No | Face Value of | of Each Ticket/Pass \$ _ | \$218.75 |
| | wn Concert | | |) 15 19 | |
| Event Description Chris Brow | Provide Title/Ex | planation | Date(s) | | // |
| Ticket(s)/Pass(es) provided b | | | If no. Golde | n State Warriors | |
| | , agonoy: | Yes 🗌 No | | Name of So | urce |
| Was ticket distribution made a | at the behest | No 🗌 Yes | If yes: Chan | , Wilma Official's Name (L | |
| of agency official? | | | | Official's Name (L | .ast, First) |
| • Use Section A to identify the agency | v's department o | unit a Llea Sa | ction R to identify an individ | 12 - Hes Section C to ident | if an outside errenization |
| | | Number of | T | | |
| A. Name of Agency, Departme | ent or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| ······ | n an | | | G | ······································ |
| | | | | | |
| | | | | | |
| | <u>.</u> | | | | |
| | <u></u> | | | | |
| R Name of Individua | 1 | Number of | | | 14 |
| B. Name of Individua | ll in the second se | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ng: |
| (Last, First) | ll in the second se | Ticket(s)/ | Ceremonial Role | Other | |
| B. Name of Individua (Last, First) Lam, Marianne | ll in the second se | Ticket(s)/ Pass(es) | If checking "Ceremoni | Other | Income |
| (Last, First) | ll and | Ticket(s)/ | If checking "Ceremoni To promote attenda | Other describe below: ince at a(n) event he | Income |
| (Last, First) | | Ticket(s)/ Pass(es) | If checking "Ceremoni To promote attenda order to maximize p | Other describe below: al Role" or "Other" describe below: unce at a(n) event he otential County revent | Income |
| (Last, First) | 1 | Ticket(s)/ Pass(es) | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role | Other describe below: al Role" or "Other" describe below: ince at a(n) event he otential County revent Other | Income E |
| (Last, Fusi) | 1 | Ticket(s)/ Pass(es) | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role | Other describe below: al Role" or "Other" describe below: unce at a(n) event he otential County revent | Income E eld at a County facility in ue |
| (Last, First) | 1 | Ticket(s)/ Pass(es) | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role | Other describe below: al Role" or "Other" describe below: ince at a(n) event he otential County revent Other | Income |
| (Last, Fost) Lam, Marianne C. Name of Outside Organi | zation | Ticket(s)/ Pass(es) 2 Number of | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Cther | Income |
| (Last, Fost) | zation | Ticket(s)/ Pass(es) 2 | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Other describe below: al Role" or "Other" describe below: ince at a(n) event he otential County revent Other | Income E eld at a County facility in ue Income E |
| (Last, Fost) Lam, Marianne C. Name of Outside Organi | zation | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Cther | Income [eld at a County facility in ue Income [|
| (Last, Fost) Lam, Marianne C. Name of Outside Organi | zation | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Cther | Income [eld at a County facility in ue Income [|
| (Last, Fost) Lam, Marianne C. Name of Outside Organi | zation | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Cther | Income E eld at a County facility in ue Income E |
| (Last, Fost) Lam, Marianne C. Name of Outside Organi | zation | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Cther | Income E eld at a County facility in ue Income E |
| (Last, Fost) Lam, Marianne C. Name of Outside Organi | zation | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni | Cther | Income E eld at a County facility in ue Income E |
| (Last, Fest) Lam, Marianne C. Name of Outside Organi (include address and desc | zation cription) | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role If checking "Ceremoni Describe the publ | Other A Role" or "Other" describe below: Cotential County revent Other Other A Role" or "Other" describe below: | Income |
| (Last, Fest) Lam, Marianne C. Name of Outside Organi (include address and desc | zation cription) | Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) | If checking "Ceremoni To promote attenda order to maximize p Ceremonial Role [If checking "Ceremoni Describe the publ | Other al Role" or "Other" describe below: conce at a(n) event he cotential County revent Other other cother cother" describe below: cother or "Other" describe below: cother or "Other" describe below: cother or "Other" describe below: cother of the purpose made pursuant the cother of the purpose made | Income |

| 1. Agency Name | | | | Date Stamp | A Public Docume |
|--|-----------------|-------------------------------------|---------------------------------------|---|---------------------------------|
| Alameda County | | | | Date Stamp | California Form 802 |
| Division, Department, or Region | (If Applicabl | (e) | · · · · · · · · · · · · · · · · · · · | - | For Official Use Only |
| | A | | | | P |
| Board of Supervisors Designated Agency Contact (Nar | ne Title) | | | | |
| Heather Cartwright | | | | | |
| | mail | | | Amendment (Must p | provide explanation in Part 3.) |
| | | twright@acg | iov.ora | Date of Original Filing: | (Month, Day, Year) |
| , Function or Event Informa | 7 | | | | (Monin, Day, rear) |
| Does the agency have a ticket po | | Yes 🛛 No | Face Value o | of Each Ticket/Pass \$ _ | \$50 |
| Event Description Disney on Ice | - | | | | ·] / |
| Event Description Provide Prov | ovide Title/Exp | lanation | Date(s) | | // |
| Ticket(s)/Pass(es) provided by ag | nencv? | Yes 🔲 No | IS If no: Golder | n State Warriors | |
| | <u>yonoy</u> . | | | Name of So | urce |
| Was ticket distribution made at th of agency official? | e behest | No 🗌 Yes | If yes: Chan, | , Wilma Official's Name (I | Last, First) |
| . Recipients | | | - - | | |
| Use Section A to identify the agency's d | epartment or | unit. • Use Se Number of | ction B to identify an individu | al. • Use Section C to iden | tify an outside organization. |
| A. Name of Agency, Department o | r Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | | |
| | | | | 2 | |
| | | | | | |
| | | Number of | | | |
| B. Name of Individual (Lest, First) | | Ticket(s)/ Pass(es) | | Identify one of the follow | ng |
| | | | Ceremonial Role | Other | Income |
| | | | If checking "Ceremonia | al Role" or "Other" describe below: | |
| | | | | | |
| · | · · · · · · · | | Ceremonial Role | Other | Income |
| | | | | al Role" or "Other" describe below: | income _ |
| | | | | | |
| | | | | | |
| C. Name of Outside Organization (include address and descript | | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant | to the agency's policy |
| ALL IN Alameda County - 1221 Street Room 18 - Oakland,CA 9 | | 4 | | nce at a(n) event he otential County reven | eld at a County facility in ue |
| Anti-poverty initiative in Alamed | a County | | | 15 | ÷ |
| Verification | | - | | · · · · · · · · · · · · · · · · · · · | |
| · · · · · · · · · · · · · · · · · · · | '4.1 and | 18942. I have ve | rified that the distribution set fo | rth above, is in accordance wit | h the requirements. |
| | - 1 I | Heather Car | twright S | Supervisor's Assistant | 14/2X/19 |
| surgiure of Age | | Print Nam | | Title | (Month, Day, Yea) |
| | - | | | (c) | · · · |
| Comment: | | 3 | | BBC Toll Free Helpline: 8 | FPPC Form 80 |

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

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| | | · · · · · · · · · · · · · · · · · · · | | |
|--|---|--|---|--------------------------------|
| Agency Name | | . <u> </u> | Date Stamp | California 802 |
| Alameda County | | | | Porm |
| Division, Department, or Region (| lf Applicable) | | | For Official Use Only |
| Board of Supervisors | | | | |
| Designated Agency Contact (Name | e, Title) | | 1 | |
| Heather Cartwright | | | | |
| Area Code/Phone Number E-m | ail | · ···································· | Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6693 hea | ather.cartwright@ac | gov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Informati | on | ····· | | |
| Does the agency have a ticket poli | cy? Yes 🛛 No | Face Value | of Each Ticket/Pass \$ _ | \$50 |
| Event Description Disney on Ice - | Worlds of Enchantr | ment Deta(a) 10 | 0,18,19 | 1 1 |
| Event Description | de Title/Explanation | Date(s) | // | // |
| Ticket(s)/Pass(es) provided by age | ency? Yes 🗌 No | If no: Golde | n State Warriors | |
| | | | Name of Sol | urce |
| Was ticket distribution made at the of agency official? | behest No 🗌 Yes | If yes: Char | 1, VVIIMA Official's Name (L | act Eirct) |
| | | | Omeran s Name (E | |
| Recipients | and an unit line Co | ation Dida televités en Individ | - | |
| Use Section A to identify the agency's dep | Number of | | | |
| A, Name of Agency, Department or U | Unit Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuant | to the agency's policy |
| | | | | |
| | | | | |
| 8 | | | | |
| 8 | | | | |
| 8 | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the followi | 10 |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| B. Name of Individual (Last, First) | Ticket(s)/ | | Other | |
| B. Name of Individual (Last, First) | Ticket(s)/ | | | |
| B. Name of Individual (Last, First) | Ticket(s)/ | | Other | |
| B. Name of Individual (Last, First) | Ticket(s)/ | | Other | |
| B. Name of Individual (Last, First) | Ticket(s)/ | If checking "Ceremon | Other o | Income |
| B. Name of Individual (Last, First) | Ticket(s)/ | If checking "Ceremon | Other Other Other Other Other | income |
| | Ticket(s)/ Pass(es) | If checking "Ceremon | Other Other Other Other Other | Income |
| (Last, First) | Number of Ticket(s)/ Pass(es) | If checking "Ceremon Ceremonial Role If checking "Ceremon | Other Other Other Other Other | Income |
| (Last, First) C. Name of Outside Organization (include address and descriptio | n) | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub | Other Other Other Other Other Inter Inter Int | Income |
| (Last, First) Name of Outside Organization (include address and descriptio ALL IN Alameda County - 1221 C | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 4 | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub | Other Other Other Other Other Other Other Ind Role" or "Other" describe below: It purpose made pursuant t Cance at a(n) event he | Income |
| (Last, First) C. Name of Outside Organization (include address and descriptio ALL IN Alameda County - 1221 C | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 4 | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub | Other Other Other Other Other Inter Inter Int | Income |
| (Last, First) Name of Outside Organization (include address and descriptio ALL IN Alameda County - 1221 C Street Room 18 - Oakland,CA 94 | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 612 | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub | Other Other Other Other Other Other Other Ind Role" or "Other" describe below: It purpose made pursuant t Cance at a(n) event he | Income |
| (Last, First) C. Name of Outside Organization (include address and descriptio ALL IN Alameda County - 1221 C Street Room 18 - Oakland,CA 94 Anti-poverty initiative in Alameda | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 612 | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub | Other Other Other Other Other Other Other Ind Role" or "Other" describe below: It purpose made pursuant t Cance at a(n) event he | Income |
| (Last, First) C. Name of Outside Organization (include address and description) ALL IN Alameda County - 1221 C Street Room 18 - Oakland, CA 94 Anti-poverty initiative in Alameda | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 612 County | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote attenda order to maximize p | Other | Income |
| (Last, First) C. Name of Outside Organization (include address and description) ALL IN Alameda County - 1221 C Street Room 18 - Oakland, CA 94 Anti-poverty initiative in Alameda | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 612 County | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote attenda order to maximize p | Other | Income |
| (Last, First) C. Name of Outside Organization (include address and description) ALL IN Alameda County - 1221 C Street Room 18 - Oakland, CA 94 Anti-poverty initiative in Alameda | n) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dak 612 County | If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To promote attenda order to maximize p crified that the distribution set for twright | Other | Income Income Income |

| Ceremonial Role Lver | | Skeurass | s Distributions | · · · · · · · · · · · · · · · · · · · | A Public Documen |
|---|--------------------|-------------------------------------|---|---|------------------------------------|
| 1. Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | · | | Form 0022 For Official Use Only |
| Division, Department, or Reg | gion (If Applicabl | le) | | | |
| Board of Supervisors | | | | | |
| Designated Agency Contact | (Name, Title) | | | 8 | |
| Heather Cartwright | | | | Amondment (Must or | vide explanation in Part 3.) |
| Area Code/Phone Number | E-mail | | (20 | | |
| (510) 272-6693 | | twright@acg | jov.org | Date of Original Filing: _ | (Month, Day, Year) |
| 2. Function or Event Infor | | | | 8 | \$50 |
| Does the agency have a ticke | | Yes 🔀 🛛 No | | of Each Ticket/Pass \$ | |
| Event Description Disney or | Provide Title/Exp | of Enchantm | | | / |
| Ticket(s)/Pass(es) provided b | y agency? | Yes 🗌 No | | n State Warriors Name of Soul | rce |
| Was ticket distribution made a of agency official? | at the behest | No 🔲 Yes | If yes: Chan | , Wilma Official's Name (La | ast, First) |
| 3. Recipients | | | | | |
| Use Section A to identify the agence | y's department or | | ction B to identify an individu | al. • Use Section C to identit | fy an outside organization. |
| A. Name of Agency, Departm | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | | | | | |
| | | Number of | | | |
| B. Name of Individu (Last, First) | al | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| Uribe, Maria | | 4 | | Other Other Conternation Conternatin Conternation Conternation Conternation | Income |
| | | | public | <u></u> | |
| .e | | | Ceremonial Role If checking "Ceremon | Other Control the the service below: | Income 🗌 |
| C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | | |
| ,,,,,,, | | | · . | | |
| Verificatiøn | | فت سو بال | | | , |
| | | 1 18942. I have ve Heather Car | | orth above, is in accordance with Supervisor's Assistant | the requirements. U28/19 |
| signature | | Print Nam | | Title | (Month Day, Year) |
| | | | | | |
| Comment: | | <u> </u> | | | FPPC Form 802 (4/12) |

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| | | | s Distributions | | A Public Documen |
|--|-------------------------------------|--|--|---|--|
| . Agency Name | <u> </u> | | | Date Stamp | California 802 |
| Alameda County | | | | · · | Form |
| 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 | | | Amendment (Must p | rovide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | jov.org | Date of Original Filing: | (Month, Day, Year) |
| . Function or Event Info | rmation | | | | ······································ |
| Does the agency have a tick | | Yes 🗵 No | | of Each Ticket/Pass \$ _ | \$50 |
| Event Description Disney or | n Ice - Worlds | of Enchantm | nent Date(s) 1 | 0 <u>, 20 ,</u> 19 | 1 1 |
| Event Description | Provide Title/Exp | lanation | | | |
| Ticket(s)/Pass(es) provided I | by agency? | Yes 🗋 No | If no: Golde | en State Warriors Name of So | |
| | | `` | Char | | urce |
| Was ticket distribution made of agency official? | at the benest | No 🗌 Yes | If yes: Char | Official's Name (I | Last, First) |
| | | | | - 6 Edt | |
| Recipients Use Section A to identify the agend | cy's department or | unit. • Use Se | ction B to identify an individ | lual. • Use Section C to ident | tify an outside organization. |
| A. Name of Agency, Departm | | Number of Ticket(s)/ Pass(es) | | blic purpose made pursuant | |
| | | | | | |
| | | | | | |
| | | | | 1 | |
| B. Name of Individu | ual . | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | |
| (Last, First) | ial | Ticket(s)/ | Ceremonial Role | Other | |
| B. Name of Individu (Last First) Wright, Nicole | al . | Ticket(s)/ | If checking "Ceremo | | Income |
| (Last, First) | ial | Ticket(s)/ Pass(es) | If checking "Ceremo To reward a comm public Ceremonial Role | Dther Dther Dial Role" or "Other" describe below: | Income |
| (Last, First) | ial | Ticket(s)/ Pass(es) | If checking "Ceremo To reward a comm public Ceremonial Role | Other | Income |
| (Last, First) | nization | Ticket(s)/ Pass(es) | It checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo | Other | Income |
| (Lost First) Wright, Nicole | nization | Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ | It checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo | Other | Income |
| (Lost First) Wright, Nicole | nization | Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ | It checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo | Other | Income |
| (Lost First) Wright, Nicole | nization scription) | Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) | If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pub | Other Other Other Control of the service below: Other | Income |
| (Lost First) Wright, Nicole C. Name of Outside Organ (include address and des | nization scription) | Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) | If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pub | Other | Income |
| (Lost First) Wright, Nicole C. Name of Outside Organ (include address and des | nization scription) 944.1 and | Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) | If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the public trified that the distribution set to | Conter C | Income |
| (Lost First) Wright, Nicole C. Name of Outside Organ (include address and des | nization scription) 944.1 and | Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) | It checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the public rified that the distribution set : | Control Contr | Income |

| eremonial Role Event | s and Tic | cket/Pass | s Distributions | | A Public Docume |
|---|----------------------------------|-------------------------------------|---------------------------------------|--|--|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | Form 007 |
| Division, Department, or Regio | on (If Applicabl | le) | | 7 | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contact (A | lame, Title) | | | 8 | |
| Heather Cartwright | | | | | |
| Area Code/Phone Number | E-mail | | | | rovide explanation in Part 3.) |
| (510) 272-6693 | heather.car | twright@acg | jov.org | Date of Original Filing: | (Month, Day, Year) |
| Function or Event Inform | ation | | (+A-) | ð | |
| Does the agency have a ticket | | Yes 🗵 No | | of Each Ticket/Pass \$ _ | \$50 |
| Event Description Disney on lo | ce - Worlds Provide Title/Exp | of Enchantm | nent Date(s) 10 |) _ 20 _ 19 | // |
| Ticket(s)/Pass(es) provided by | | Yes 🗋 No | If no: Golder | n State Warriors | |
| | | | | Name of Sou | Irce |
| Was ticket distribution made at of agency official? | the behest | No 🗌 Yes | If yes: Chan | , VVIII I a Official's Name (L | ast First) |
| | | | 50 | ē | ····· |
| • Use Section A to identify the agency's | department or | unit. • Use Se | ction B to identify an individu | al. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Department | or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | ······································ | |
| r | · | | | | |
| B. Name of Individual | | Number of | · · · · · · · · · · · · · · · · · · · | | |
| D. (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the following | 19 |
| | | | | Other | Income |
| Gardley, Kassendra | | 4 | - | al Role" or "Other" describe below: Inceevent held at a (| County |
| | | | | otential County revenu | |
| | | | Ceremonial Role | Other | Income |
| | | | | al Role" or "Other" describe below: | ••••• |
| 2 | | | | 9 0 | |
| C. Name of Outside Organiza | tion | Number of | Dependente | ic purpose made pursuant t | o the approvic patient |
| (include address and descri | ption) | Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant t | o the agency's policy |
| | | | | s | |
| | | | | | |
| | | | <u> </u> | | <u>, , , , , , , , , , , , , , , , , ,</u> |
| | | | | | |
| Verificatien. | с. <u>с</u> . | | a uga in ignili an e ing | <u> </u> | / |
| | | | | the above in it accordance with | the requirements |
| | : and | 18942. I have ver | rified that the distribution set fo | nin above, is in accordance with | ine requirements. |
| | | 18942. I have ver Heather Carl | | Supervisor's Assistant | 10/28/19 |
| | | | twright S | | (Month, gay, Year) |

| С | eremonial Role Events and Tic | ket/Pass | Distributions | | A Public Document |
|----|--|-------------------------|--------------------------------|-------------------------------------|-----------------------------------|
| 1. | Agency Name | n · · · | | Date Stamp | California 802 |
| | Alameda County | | | | Form OOZ For Official Use Only |
| | Division, Department, or Region (If Applicable | e) | | | For Official Ose Offiy |
| | Board of Supervisors | | | | R. |
| | Designated Agency Contact (Name, Title) | | | | |
| | Amy Shrago | | | | |
| | Area Code/Phone Number E-mail | | | Amendment (Must pr | ovide explanation in Part 3.) |
| | 5102726695 amy.shrago(| @acgov.org | | Date of Original Filing: _ | (Month, Day, Year) |
| 2. | Function or Event Information | | | • | 00.00 |
| | Does the agency have a ticket policy? | Yes 🗵 No | Face Value of | of Each Ticket/Pass \$ | 90.00 |
| | Event Description Oakland A's | | Date(s) 10 |) _ 02 _ 19 | 1 1 |
| | Provide Title/Expla | anation | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes 🗌 No | If no: Oaklar | nd Athletics | |
| | | | _ | Name of Sou | rce |
| | Was ticket distribution made at the behest of agency official? | No 🗋 Yes | If yes: | Official's Name (Li | ast First) |
| _ | | ······ • | | | |
| 3. | • ection A to identify the agency's department or u | unit a Lieo Sor | tion B to identify an individu | Ial. • Use Section C to identi | fv an outside organization |
| | | Number of | | | |
| | A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | to the agency's policy |
| | District 5 | | | | er exemplary service to |
| | 2 I | 4 | the public or to enc | ourage staff developme | ent |
| | | | | | |
| | | | | | |
| | B. (Name of Individual (Last First) | Number of Ticket(s)/ | | Identify one of the followin | ıg: |
| | | Pass(es) | Ceremonial Role | Other | |
| | | | | al Role" or "Other" describe below: | income 🛄 |
| | | | | | |
| | | | | | |
| | | | Ceremonial Role | | Income |
| | | | If checking "Ceremoni | al Role" or "Other" describe below: | |
| | | | | | |
| | Name of Outside Organization | Number of | | <u></u> | |
| | C. Name of Outside Organization (include address and description) | Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant t | o the agency's policy |
| | | | | | · · · · · · · · · · · · |
| | | | | | |
| | | | | | |
| G) | 4 | | | | |
| | | | | <u></u> | |

4. Verification

| | Amy Shrago | Chief of Staff | 11/04/19 |
|--------------|------------|----------------|--------------------|
| . (2009) | Print Name | Title | (Month, Day, Year) |

Comment: _

A Public Document

| Jency Name ameda County ision, Department, or Regi ard of Supervisors signated Agency Contact (hy Shrago a Code/Phone Number 02726695 Inction or Event Inforr es the agency have a ticket | Name, Title) E-mail amy.shrago | ţā | | Date Stamp | California 802 Form 802 For Official Use Only |
|---|--|--|--|--|--|
| ision, Department, or Regi ard of Supervisors signated Agency Contact (ny Shrago a Code/Phone Number 02726695 nction or Event Inforr | Name, Title) E-mail amy.shrago | ţā | | | ALL CONTRACTOR |
| ard of Supervisors signated Agency Contact (ny Shrago a Code/Phone Number 02726695 nction or Event Inforr | Name, Title) E-mail amy.shrago | ţā | | | For Onicial Use Only |
| signated Agency Contact (ny Shrago a Code/Phone Number 02726695 nction or Event Inforr | E-mail amy.shrago | 80 | | | |
| signated Agency Contact (ny Shrago a Code/Phone Number 02726695 nction or Event Inforr | E-mail amy.shrago | (i) | | | |
| a Code/Phone Number 02726695 nction or Event Inform | amy.shrago | ii (i | | | |
| a Code/Phone Number 02726695 nction or Event Inform | amy.shrago | | | | |
| 02726695 nction or Event Inform | amy.shrago | - | | Amendment (Must pro | wide explanation in Part 3.) |
| | 4.8 | @acgov.org | • | Date of Original Filing: | (Month, Day, Year) |
| es the agency have a ticket | nation | | | | · · · · · · · · · · · · · · · · · · · |
| | t policy? | Yes 🗵 No | Face Value of | f Each Ticket/Pass \$ | 200.00 |
| ent Description Marco Ante | onio Solis | | | , 05 , 19 | |
| ent Description | Provide Title/Exp | lanation | Date(s) | // | 392 |
| (et(s)/Pass(es) provided by | agency? | | If no: Oaklar | nd Arena | |
| | agonoy. | | | Name of Sour | ce |
| | t the behest | No 🗌 Yes | If yes: | | |
| agency official? | | | | Official's Name (La | st, First) |
| cipients | | | | | |
| e Section A to identify the agency | 's department or | | ction B to identify an Individu | al. • Use Section C to identif | y an outside organization. |
| Name of Agency, Departme | nt or Unit | Ticket(s)/ | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | | |
| (Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the following | 9: |
| | | | Ceremonial Role | Other | Income |
| rtinez, Marta | | 4 | - | | |
| | 41 | | | | |
| = | | 4 | | | Income |
| Name of Outside Organiz (include address and desc | zation ription) | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy |
| | 5 | | | | · · · · · · · · · · · · · · · · · · · |
| | s ticket distribution made a agency official? ccipients se Section A to Identify the agency Name of Agency, Department (Name of Individual (Last First) rtinez, Marta | A cipients E Section A to identify the egency's department or Name of Agency, Department or Unit (Last First) rtinez, Marta Name of Outside Organization (include address and description) | s ticket distribution made at the behest agency official? scipients sesection A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency's department or unit Cuse Section A to identify the agency is department or unit Cuse Secting A to identify the agency is departed a to identify the ag | sticket distribution made at the behest agency official? No [] Yes [X] If yes: | Name of Sour agency official? No Yes X is Section A to identify the agency's department or and Else Section A to identify the agency's department or and Else Section A to identify the agency's department or and Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Identify one of the following (Last Praty) Rescription (Last Praty) Number of Ticket(s)/ Pass(es) Identify one of the following (Last Praty) Pass(es) Interval 4 Ceremonial Role Other X If the cling "Genemonial Role" or "Other describe below: 4 Ceremonial Role Other If the cling "Genemonial Role" or "Other describe below: 4 A Ceremonial Role Other If the cling "Genemonial Role" or "Other" describe below: 4 A Number of Ticket(s)' Describe the public purpose made pursuant to the cline description on the cline following "Genemonial Role" or "Other" descript below: 4 If the cling "Genemonial Role" or "Other" descript below: 4 Other Image: Section Cline following "Genemonial Role" or "Other" descript below: |

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 | 11/04/19 |
|--------------------------------------|------------|----------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment: _

| Α | Pu | ıbl | lic | D | oc | u | m | e | n |
|---|----|-----|-----|---|----|---|---|---|---|
| | | | | | | | | | |

| Ceremonial Role Eve | nts and m | reurass | DISTINUTIONS | | A Public Documen |
|--|----------------------|-------------------------------------|---|--|---------------------------------|
| . Agency Name | | | | Date Stamp | California 802 |
| Alameda County | | | | | and contract of the second |
| Division, Department, or Re | gion (If Applicabl | le) | | 1 | For Official Use Only |
| Board of Supervisors | | | | | |
| Designated Agency Contac | t (Name, Title) | · | <u></u> | | |
| Amy Shrago | | | | | |
| Area Code/Phone Number | E-mail | | | | rovide explanation in Part 3.) |
| 5102726695 | amy.shrago | @acgov.org | | Date of Original Filing: | (Month, Day, Year) |
| . Function or Event Info | rmation | · · · · · · · · | | | 040.75 |
| Does the agency have a tick | et policy? | Yes 🛛 No | Face Value | of Each Ticket/Pass \$ _ | 218.75 |
| Event Description Chris Bro | wn: IndiGOAT | Tour | Date(s)1 | 0 <u>, 15 , 19</u> | / |
| | Provide Title/Exp | lanation | | | |
| Ticket(s)/Pass(es) provided | by agency? | Yes 🗌 No | If no: Oakla | nd Arena Name of Soc | urce |
| Was ticket distribution made | at the hohest | | | | |
| of agency official? | at the benest | No 🗌 Yes | If yes: | Official's Name (L | .ast, First) |
| Recipients | | | | | ,,,,, |
| Use Section A to identify the agen | cy's department or | unit. (• Use Sec | ction B to identify an individ | ual. • Use Section C to ident | ify an outside organization. |
| A. Name of Agency, Departm | nent or Unit | Number of Ticket(s)/ Pass(es) | Describe the put | olic purpose made pursuant | to the agency's policy |
| District 5 | | 4 | | y employee for his or h ourage staff developm | er exemplary service to ent. |
| | | | | | = |
| B. (Name of Individue (Last First) | lal | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: |
| | | | Ceremonial Role If checking "Ceremon | Dther describe below: | Income |
| | | | Ceremonial Role If checking "Ceremon | Other D | Income |
| C. Name of Outside Orga (include address and de | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| Verification | ulations 18944.1 and | 18942. I have ver | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | | Amy Shra | ago | Chief of Staff | 11/04/19 |
| Ine | ÷ | Print Name | | Title | (Month, Day, Year) |
| | | | | | |

| Cere | monial Role Even | its and Tio | cket/Pass | s Distributions | | A Public Documen |
|--------|--|---|-------------------------------------|---------------------------------------|--|---------------------------------|
| 1. Ag | ncy Name Date Stamp | | | | California 802 | |
| Ala | ameda County | | | | | |
| Div | ision, Department, or Reg | ion (If Applicabl | le) | | | For Official Use Only |
| Bo | ard of Supervisors | | | | | |
| | signated Agency Contact | (Name, Title) | | | | |
| Am | iy Shrago | | | | | |
| | a Code/Phone Number | E-mail | <u> </u> | | . Amendment (Must pr | ovide explanation in Part 3.) |
| 510 | 02726695 | amy.shrago | @acgov.org | l | Date of Original Filing: _ | (Month, Day, Year) |
| 2. Fu | nction or Event Infor | mation | 9 | | 1 | (month, Buy, Your) |
| Doe | es the agency have a ticke | t policy? | Yes 🛛 No | Face Value o | f Each Ticket/Pass \$ | 50.00 |
| Eve | nt Description | Ice: World of Provide Title/Exp. | Enchantme | | , 17 , 19 | |
| Tick | et(s)/Pass(es) provided by | v agency2 | | IX If no: Oaklar | nd Arena | |
| ICA | er(s)/Fass(es) provided b | by agency? Yes No X If no: <u>Sectionally terms</u> | | | rce | |
| | <pre>s ticket distribution made a agency official?</pre> | t the behest | No 🗌 Yes | If yes: | Official's Name (La | ast, First) |
| 3. Red | cipients | | ···· | · · · · · · · · · · · · · · · · · · · | | |
| o Isi | e Section A to identify the agency | 's department or | unit. 🔹 Use Sei | ction B to identify an Individu | • Use Section C to identif | y an outside organization. |
| A. | Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant t | o the agency's policy |
| Dist | trict 5 | | 4 | | employee for his or he ourage staff developme | er exemplary service to ent. |
| B. | (Name of Individua (Last, First) |) | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: |
| | | | | Ceremonial Role | Other D | Income |
| | | | | Ceremonial Role | Other I I Role" or "Other" describe below: | Income |
| C. | Name of Outside Organiz (include address and desc | | Number of Ticket(s)/ Pass(es) | Describe the publi | c purpose made pursuant to | the agency's policy |
| | 2 | | | | | |

4. Verification

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

| | 1 | Amy Shrago | Chief of Staff | 11/04/19 |
|----------|---|------------|----------------|--------------------|
| 1. | 9 | Print Name | Title | (Month, Day, Year) |
| Comment: | | | | 2 |

| eremonial Role Event | | | : | | A Public Documen |
|--|--|---|---|---|---|
| | | | | Date Stamp | California 802 |
| · · · · · · · · · · · · · · · · · · · | | | | | Form OOZ For Official Use Only |
| Division, Department, or Regi | on (If Applica) | ble) | | | |
| Board of Supervisors | | | | | |
| Designated Agency Contact (/ | Vame, Title) | | | | |
| Amy Shrago | | Amondmont (Mustor | | | |
| Area Code/Phone Number | E-mail | | | | |
| 5102726695 | amy.shrag | o@acgov.org | 9 | Date of Original Filing: _ | (Month, Day, Year) |
| Function or Event Inform | nation | | | | |
| | | | | of Each Ticket/Pass \$ | 50.00 |
| Event Description Disney on I | of Enchantme | ent Date(s) 10 | 0 , 18 , 19 | | |
| Ticket(s)/Pass(es) provided by | agency? | | if no: Oakia | nd Arena | |
| | | | | Name of Sou | rce |
| | the behest | No 🗌 Yes | If yes: | 017 1 1 1 1 1 | |
| or agency official? | | _ | | Official's Name (La | ast, First) |
| | | rass(es) | | | |
| B. Name of Individual (Last, First) | | Number of Ticket(s)/ | | Identify one of the followin | g: |
| | | Pass(es) | Caromanial Bala | Other 🕅 | Income |
| Horula, Johannes | | | | | |
| 6.4 | | 4 | To promote attenda held at a County fac | ance at a County spons cility in order to maximi | ored event or event ze potential County rev |
| | | 4 | | | Income |
| | | | | | |
| Name of Outside Organiza (include address and descr | | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant to | o the agency's policy |
| | | Ticket(s)/ | Describe the publ | lic purpose made pursuant to | o the agency's policy |
| | Board of Supervisors Designated Agency Contact (/ Amy Shrago Area Code/Phone Number 5102726695 Function or Event Inform Does the agency have a ticket Event Description Disney on I Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients • (Use Section A to identify the egency A. Name of Agency, Departmen B. (Name of Individual) | Alameda County Division, Department, or Region (If Applical Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number 5102726695 Function or Event Information Does the agency have a ticket policy? Event Description Disney on Ice: World or Provide Title/Ex Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients •Use Section A to identify the agency's department of A. Name of Agency, Department or Unit B. Name of Individual (Last, First) | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number 5102726695 Event Coscience Description Disney on Ice: World Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes Of agency official? Recipients •Use Section A to identify the agency's department or unit Number of Ticket(s)/Pass(es) Pass(es) Ansme of Agency, Department or Unit Number of Ticket(s)/Pass(es) Pass(es) | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail 5102726695 E-mail amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value Event Description Disney on Ice: World of Enchantment Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 If no: Oakla Was ticket distribution made at the behest No 🗋 Yes 🖾 In Oil from: Oakla Was ticket distribution made at the behest Of agency official? Recipients Otse Section A to Identify the agency's department or unit A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Horula, Johannes | Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes X No Function or Event Information Does the agency have a ticket policy? Yes X No Froute Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X Name of Sou Was ticket distribution made at the behest No Yes X Official? Official's Name (Little Section B to Identify an individual) Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Official? Number of Ticket(s)/ Pass(es) Identify one of the following Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the following Ticket(s)/ Pass(es) Identify one of the following Ticket(s)/ Ticket(s)/ Pass(es) Identify one of the following Ticket(s)/ Pass(es) Aname of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Other X Identify one |

| _ | Amy Shrago | Chief of Staff | 11/04/19 | |
|---|------------|----------------|--------------------|--|
| | Print Name | Title | (Month, Day, Year) | |
| | | | | |
| | | | | |

| seremonial Role Events | and neveras | 5 DISTINUTIONS | | A Public Documer | | | |
|--|-------------------------------------|--|--|--|--|--|--|
| . Agency Name | | 9. <u> </u> | Date Stamp | California 802 | | | |
| Alameda County | | | | | | | |
| Division, Department, or Region | (If Applicable) | | 1 | For Official Use Only | | | |
| Board of Supervisors | | | | | | | |
| Designated Agency Contact (Nan | ne, Title) | | - | | | | |
| Amy Shrago | | | | | | | |
| · · · | nail | | Amendment (Must provide explanation in Part 3.) | | | | |
| 5102726695 an | ny.shrago@acgov.org | g | Date of Original Filing: | (Month, Day, Year) | | | |
| . Function or Event Information | tion | | | (month, Day, Tear) | | | |
| Does the agency have a ticket po | licy? Yes 🛛 No | of Each Ticket/Pass \$ _ | 50.00 | | | | |
| Event Description Disney on Ice | | |) , 20 , 19 | / | | | |
| Ticket(s)/Pass(es) provided by ag | ency? Yes 🗌 No | If no: Oakla | nd Arena Name of So | urce | | | |
| Was ticket distribution made at the of agency official? | e behest 🛛 No 🗌 Yes | s 🛛 🛛 If yes: | Official's Name (I | Last, First) | | | |
| Recipients | Recipients | | | | | | |
| Use Section A to identify the agency's de | epartment or unit. (• Use Se | oction B to identify an individu | • Use Section C to ident | ify an outside organization. | | | |
| A. Name of Agency, Department or | Describe the pub | lic purpose made pursuant | to the agency's policy | | | | |
| | | | | | | | |
| = | | | | | | | |
| B. Name of Individual (Last. First) | Number of Ticket(s)/ Pass(es) | | Identify one of the followi | ng: | | | |
| Pendelton, Matt | 4 | | al Role" or "Other" describe below: | Income | | | |
| | | To promote attenda held at a County fac | ance at a County spons cility in order to maxim | sored event or event ize potential County rev | | | |
| | 4 | Ceremonial Role If checking "Ceremoni | Other al Role" or "Other" describe below: | Income | | | |
| | Number of | | | 0 | | | |
| C. Name of Outside Organizatio (include address and description | Tinkot(n)/ | Describe the publ | ic purpose made pursuant t | to the agency's policy | | | |
| | | | > C | | | | |
| | | | | | | | |

4. Verification

| - | | Amy Shrago | Chief of Staff | 11/04/19 |
|----------|-----|------------|----------------|--------------------|
| | | Print Name | Title | (Month, Day, Year) |
| ě | · · | | | |
| Comment: | | | | |

Agency Report of:

| С | eremonial Role Events | and Tic | ket/Pass | Distributions | | A Public Documen | | |
|----|---|--------------------|-------------------------------------|---------------------------------|---|--|--|--|
| 1. | Agency Name | Date Stamp | California 802 | | | | | |
| | Alameda County | | | | | In CALIFIC AND A | | |
| | Division, Department, or Region | ı (If Applicabl | | For Official Use Only | | | | |
| | Board of Supervisors | | | | | | | |
| | Designated Agency Contact (Na | me Title) | | | | | | |
| | | 1110, 11110) | | | | | | |
| | Amy Shrago | Amendment (Must pr | ovide explanation in Part 3.) | | | | | |
| | | -mail | | | Date of Original Filing | | | |
| | 5102726695 a | my.shrago | @acgov.org | | Date of Original Filing: _ | (Month, Day, Year) | | |
| 2. | Function or Event Information | ation | | | | 50.00 | | |
| | Does the agency have a ticket policy? Yes 🛛 No 🔲 Face Value of | | | | f Each Ticket/Pass \$ | 50.00 | | |
| | | | | nt Dete(a) 10 | , 20 , 19 | // | | |
| | Event Description | anation | Date(s) | / | / | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklar | | | | d Arena | | | |
| | Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 | | | | Name of Sou | rce | | |
| | Was ticket distribution made at the of agency official? | | | Official's Name (Last, First) | | | | |
| 3. | Recipients | Recipients | | | | | | |
| | Use Section A to identify the agency's it | iepartment or | unit. • Use Sec | ction B to identify an individu | • Use Section C to identif | fy an outside organization. | | |
| | A. Name of Agency, Department or Unit | | Number of Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant t | o the agency's policy | | |
| | | | | | | | | |
| | 5 | | | | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Pass(es) | | Identify one of the followin | g: | | |
| | Roberts, Shannell | | | Ceremonial Role | Other X I Role" or "Other" describe below: | Income | | |
| | | | 7 | | | receiving services from cy's goals for the partic | | |
| | | 2 | 7 | Ceremonial Role | Other | Income | | |
| (| C. Name of Outside Organizati (include address and descrip | | Number of Ticket(s)/ Pass(es) | Describe the publi | c purpose made pursuant to | o the agency's policy | | |

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

Amy Shrago

Print Name

or Designee

Chief of Staff Title

11/04/19 (Month, Day, Year)

Comment: _

4. Verification