Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, 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 Date of Original Filing: Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ ______305.55 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Oakland Raider game Date(s) _____ 03 19 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dosanjh, Jessie	4	To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales
		Ceremonial Role 🔲 Other 🔲 Income 🗋
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	-	Denise Jacinto	Ticket Administrator	11/21/19
Signature of Agency Hea	~ 4	Print Name	Title	(month, day, year)
Comment:				

	eremonial Role Ever	its and ficker	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)			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				
	Does the agency have a ticl		No 🗌	Face Value of	Each Ticket/Pass \$ _	305.55
	Event Description: Oakland	Raider game		Date(s) <u>11</u>	<u>, 07 , 19</u>	1 1
		Provide Title/ Expl				
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	lf no:	Name of Source	
	Mag ticket distribution mode	ot the heheat		If yes: Hagger		
	Was ticket distribution made of agency official?	at the benest Yes	⊠ No 🗋	n yes. <u> </u>	Official's Name (Last, First,)
	of agency official?					
3.	• Use Section A to identify the agend • Use Section A to identify the agend • A. • Name of Agency, Depa		• Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. Irsuant to the agency's policy
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
	Gordon, Joe (2) Gotthardt, Fred (2)		4	eve	mote attendance at nt in or to maximize enue for concession	
					onial Role 🛄 Other L ing "Ceremonial Role" or "Other" de	Income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
			L	J		

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	11/21/19
-orginature of Agency Head	Jignee	Print Name	Title	(month, day, year)
Comment:			(a).	

Ceremonial Role Events	s and licket/Pass	Distribu	lions	A	Public Docum	ient
1. Agency Name				Date Stamp	California O	02
Alameda County					Form O	92
Division, Department, or Region	n (if applicable)				For Official Use On	ły
Board of Supervisors, District	1					
Designated Agency Contact (Na	ame, Title)					
Denise Jacinto, Ticket Admini	strator			mondmont (11-4 D		
Area Code/Phone Number E	-mail			imenament (Must Pr	ovide Explanation in Part 3.).
510-272-6691	Denise.Jacinto@acgov.c	org	Date	of Original Filing: _	(month, day, year)	2
2. Function or Event Informa	ation)				
Does the agency have a ticket	t policy? Yes 🛛 No	- Face	Value of Each [·]	Ticket/Pass \$ <u>22</u>	5.00	_
Event Description: Post Malon	ne Concert		s) <u>11 / 14</u>		//	_
Ticket(s)/Pass(es) provided by	Provide Title/ Explanation	LT If no:				
Ticker(s)/Pass(es) provided by	agency? Yes 🛛 No		Nan	ne of Source		-
Was ticket distribution made at	t the behest Ves 🗷 Nr	If yes:	Haggerty, Sco	ott		
of agency official?			Officia	al's Name (Last, First)		_
A. Name of Agency, Departm	nent or Unit of Ti Pa	mber cket(s)/ E sses	escribe the public	purpose made purs	uant to the agency's pol	icy
Alameda County Board of Su District 1	upervisors,	4	To reward	d a county emplo	oyee for his or her	
			exe	mplary service t	o the public	
B. Name of Individu (Last, First)	ual of Tie	mber cket(s)/ sses		dentify one of the fol	lowing:	
			Ceremonial Rol If checking "Ceren	e D Other D other or "Other" desci		me 🗌
				e D Other D Other	ibe below:	ne 🗌
C. Name of Outside Organ (include address and des	of Tic	nber ket(s)/ D sses	escribe the public	purpose made pursu	ant to the agency's poli	су
					-	

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	11/21/19
Signature of Agency h.	Jesignee	Print Name	Title	(month, day, year)
Comment:				

Seremonial Kole Lven	tis and nekel	rass DIS	unputions		A Public Documen
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	ct 1				
Designated Agency Contact	(Name, Title)			-	
Denise Jacinto, Ticket Admi	inistrator				
Area Code/Phone Number	E-mail		· .	Amendment (Must	Provide Explanation in Part 3.)
510-272-6691	Denise.Jacinto@a	acgov.org		Date of Original Filing	(month, day, year)
2. Function or Event Inform	mation				
Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	137.50
Event Description: Slayer C			Date(s)1		
	Provide Title/ Expla	anation	Date(s)		//
Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗖	lf no:		
			- Hoggod	Name of Source	
Was ticket distribution made	at the behest Yes	🖄 No 🗌	If yes: <u>Haggert</u>	Official's Name (Last, First)	
of agency official?					
A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
Rabeneau, Scott		4	even	note attendance at a at in or to maximize nue for concession a	potential county nd parking sales
				onial Role 🔔 Other ∟ ng "Ceremonial Role" or "Other" dea	
C. Name of Outside Org (include address and c		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
E.					

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	11/13/19
orgnature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

_	eremonial Role Even	is and nickel	rass Dis	unpations	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		2 B			i saini
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Distri				6	
	Designated Agency Contact	Name, Title)	<u>·</u>			
	Denise Jacinto, Ticket Admi	nistrator			Amondmont (Iturt Tu	vvide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-272-6691	Denise.Jacinto@a	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	7.50
	Event Description: Mana Co	ncert		Date(s)1	<u>, 30 , 19</u>	//
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🗌	If no:	Name of Source	
	Was ticket distribution made	at the behest. Vee		If yes: Hagger	ty, Scott	
	of agency official?	at the believer fes			Official's Name (Last, First)	
	Use Section A to identify the agend A. Name of Agency, Depar		Number of Ticket(s)/ Passes		e public purpose made pursu	
			Number			
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
	Martinez, Melissa	· · ·	4	eve reve	emote attendance at a ent in or to maximize p enue for concession ar	otential county nd parking sales
	C. Name of Outside Org		Number of Ticket(s)/	If checkii	onial Role U Other U ng "Ceremonial Role" or "Other" descrit public purpose made pursua	
			Passes			

4. Verification

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

	Denise Jacinto	Ticket Administrator	12/2 / 19
Signature of Agency Head or Designee	Print Name	Title	(month, bay, year)
Comment:			

	eremonial Role Ever					A Public Documen	
1	. Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicat	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692		nristy@acgo	N OF	Date of Original Filing: _		
2	Function or Event Infor		msty@acyo	v.org	Duto of original Thing.	(Month, Day, Year)	
۷.			_			DEEE 125	
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	- 303.33 51	
	Event Description Oakland R	aiders vs. De	, 03 , 19	//			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oaklan				nd Arena		
	Was ticket distribution made a	tika hahasi			Name of Sou		
	Was ticket distribution made at the behest No I Yes X of agency official?			If yes: Valle,	Richard- Supervisor D Official's Name (La	VISTRICT 2	
5.	• Use Section A to identify the accept	la donartmont or	unit alles Ora	dia the state of the state			
	Use Section A to identify the agency's department or unit.						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	-						
	B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	9:	
	(Last First)		Ticket(s)/	^c To reward		g: Income	
	B. Name of Individual (Last First) Johnson, Raquel		Ticket(s)/ Pass(es)	(To reward	a community	income	
	(Last First)		Ticket(s)/	volunteer	a community for his or her serv	income	
	(Last First)		Ticket(s)/ Pass(es)	To reward volunteer to the pub	a community for his or her serv	income	
	(Last First)		Ticket(s)/ Pass(es)	volunteer	a community for his or her serv	income	
	(Last First)		Ticket(s)/ Pass(es)	volunteer	a community for his or her serv	income	
	(Last First)		Ticket(s)/ Pass(es)	volunteer	a community for his or her serv	income	
	(Last First) Johnson, Raquel Name of Outside Organiza	ation	Ticket(s)/ Pass(es) 3 [] Number of	volunteer to the pub	a community for his or her serv lic	income	
	(Last First) Johnson, Raquel	ation iption)	Ticket(s)/ Pass(es)	volunteer to the pub	a community for his or her serv	Income	
	(Last First) Johnson, Raquel Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 3 [] Number of Ticket(s)/	volunteer to the pub	a community for his or her serv lic	income	
	(Last First) Johnson, Raquel Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 3 [] Number of Ticket(s)/	volunteer to the pub	a community for his or her serv lic	Income	
	(Last First) Johnson, Raquel Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 3 [] Number of Ticket(s)/	volunteer to the pub	a community for his or her serv lic	Income	
	(Last First) Johnson, Raquel Name of Outside Organiza	ation iption)	Ticket(s)/ Pass(es) 3 [] Number of Ticket(s)/	volunteer to the pub	a community for his or her serv lic	Income	

 Signature of Agency Head or Designee
 Gabriela Christy
 Supervisor's Assistant
 12/11/2019

 Print Name
 Title
 (Month, Day, Year)

Ceremonial Role Events		evrass Di	stributions		A Public Docum
. Agency Name				Date Stamp	California 80
Alameda County		<u>^</u>			Form OO
Division, Department, or Region	n (If Applicable)			7	. For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	nme, Title)				
Gabriela Christy	abriela Christy				
	-mail		2	Amendment (Must p	rovide explanation in Part 3.)
	Babriela.Christ	y@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	ation				(month, Buy, Iour)
Does the agency have a ticket p	olicy? Ye	s 🛛 No 🗖	Face Value of	of Each Ticket/Pass \$	305.SS 17
Event Description Oakland Raid					
Event Description	ion	Date(s)	07 , 19	//	
			If no: Oaklar	nd Arena	
	yerrey: Ye	s 🗌 No 🛛	n nu	Name of Sou	urce
Was ticket distribution made at th	ne behest N	o 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor [District 2
of agency official?				Official's Name (L	ast, First)
• Use Section A to identify the agency's d	lenartmont or unit	e Lice Section R	to identific en individu		()(
		Under of			
A, Name of Agency, Department of		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)		lumber of Ficket(s)/		Identify one of the followin	ıg:
		Pass(es)	C: To mattion	d a agreement it.	income
Hill, Ron		21,1	lf (d a community	
		311	voluntee	r for his or her se	rvice
			to the pu	blic	
			Cŧ		Income
			lf c		
Name of Outside Organizatio		umber of icket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
(include address and descript		ass(es)		,	and agoing a honey
				<u> </u>	
/erification					
have read and understand FPPC Regulations	18944.1 and 1894	2. I have verified tha	t the distribution set for	th above, is in accordance with i	he requirements.
		briela Christy		upervisor's Assistant	12/11/2010
Signature of Agency Head or Designee		Print Name		Title	

(Month, Day, Year)

Cere	monial Role Even	ts and Tie	cket/Pass	s Distributions		A Public Documen
1. Ag	ency Name				Date Stamp	California 802
Ala	meda County					Form 002
Divi	sion, Department, or Reg	ion (If Applicab	le)		-	For Official Use Only
Воа	ard of Supervisors					
Desi	ignated Agency Contact ((Name, Title)			-	
Gab	oriela Christy			×.		
	Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)
(510	0) 272-6692	Gabriela.Cl	nristy@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Fur	nction or Event Inform	mation				
Does	s the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	225
Ever	nt Description Post Malor	ne		Date(s) 11	l· <u>,</u> 14 <u>,</u> 19	1 1
		Provide Title/Exp	lanation	Date(3)		
Ticke	et(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd Arena	
					Name of Source	
	ticket distribution made a gency official?	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor Dis Official's Name (Las	t First)
	ipients Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	an outside organization
Α.	Name of Agency, Departme		Number of			
~ .	Name of Agency, Department	in or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
В.	Name of Individual (Last, First)	- 54 	Number of Ticket(s)/ Pass(es)		Identify one of the following:	Income
			L			
				Ceremonial Role		Income
				n checking Ceremonia	al Role" or "Other" describe below:	
C.	Name of Outside Organiz	ation	Number of		nool or nonprofit	
О.	(include address and desc		Ticket(s)/ Pass(es)	•	r its contributions to	agency's policy
	neda County Democratic 3937, Hayward, CA	Party P.O.	4	— the community		
	Alameda County Democ dinates the party's activit				ndorsements, organizing t local, state and nationa	
	ication					
in <u>a</u> vje, re	ead and understand FPPC Regular	uons 18944.1 and				e requirements.
			Gabriela Ch		Supervisor's Assistant	12/11/2019
U Si	ignature of Agency Head or Designe		Print Name	· · · · ·	Title	(Month, Day, Year)

Ceremonial Role Even					A Public Documer
1. Agency Name				Date Stamp	California 802
Alameda County			i citti		
Division, Department, or Regi	on (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)			-	
Gabriela Christy					l
Area Code/Phone Number	E-mail		·	Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692	Gabriela.Christy	v@acqo\	/.org	Date of Original Filing:	
2. Function or Event Inform					(Month, Day, Year)
Does the agency have a ticket		s 🗵 No	Eace Value o	f Each Ticket/Pass \$	50
- •	· · ·		—		
Event Description PUBG Glot	Provide Title/Explanati	ion	Date(s)		11 , 24 , 19
			If no: Oaklar	nd Arena	
Ticket(s)/Pass(es) provided by	agency? Yes	s 🗋 No		Name of Source	ce
Was ticket distribution made at	the behest No	D 🗌 Yes	🛛 🛛 If ves. Valle,	Richard- Supervisor Di	istrict 2
of agency official?			ii yes	Official's Name (La	st, First)
Recipients Use Section A to identify the agency'	s department or unit.	• Use Sec	tion B to identify an individu	al. • Use Section C to identify	(an outside organization
, , ,			ton b to lacitary an marriad	al. • Ose dection o to identify	an outside organization.
A. Name of Agency, Departmen	t or Unit T	umber of ficket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
A. Name of Agency, Departmen	t or Unit T	licket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
A. Name of Agency, Departmen	It or Unit	Ficket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
A. Name of Agency, Departmen B. Name of Individual (Last, First)	It or Unit	licket(s)/	To reward a c	ommunity	o the agency's policy
B. Name of Individual (Lest. First)	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c		o the agency's policy
B. Name of Individual	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c	ommunity	
B. Name of Individual (Lest. First)	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c volunteer for to the public	ommunity his or her service	
B. Name of Individual (Lest. First)	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c volunteer for to the public To reward a c	ommunity his or her service ommunity	
B. Name of Individual (Lest. First) Carter, Matthew	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c volunteer for to the public To reward a c	ommunity his or her service	
B. Name of Individual (Lest. First)	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c volunteer for to the public To reward a c	ommunity his or her service ommunity	
B. Name of Individual (Lest. First) Carter, Matthew	It or Unit	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c volunteer for to the public To reward a co volunteer for l	ommunity his or her service ommunity	
B. Name of Individual (Lest. First) Carter, Matthew	ation Nu	ricket(s)/ Pass(es) umber of ricket(s)/	To reward a c volunteer for to the public To reward a co volunteer for I to the public	ommunity his or her service ommunity	Income
B. Name of Individual (Last, First) Carter, Matthew Kwan, Lance	ation Nu	umber of icket(s)/ Pass(es)	To reward a c volunteer for to the public To reward a co volunteer for I to the public	ommunity his or her service ommunity his or her service	Income
B. Name of Individual (Last, First) Carter, Matthew Kwan, Lance	ation Nu	umber of icket(s)/ Pass(es)	To reward a c volunteer for to the public To reward a co volunteer for I to the public	ommunity his or her service ommunity his or her service	Income

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

4.

	Gabriela Christy	Supervisor's Assistant	12/11/2019
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

J

A Public Document

1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If Appl	icable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Gabriela Christy				
Area Code/Phone Number [E-mail			Amendment (Must provid	de explanation in Part 3.)
	Christy@acgo	N OF	Date of Original Filing:	
2. Function or Event Information				(Month, Day, Year)
	_			137.50
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$	
Event Description Slayer		Date(s)	1 26 19	/
Provide Title	/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oakla	nd Arena Name of Source	
Was ticket distribution made at the behe	of			
of agency official?	st No□Yes	If yes: Valle,	Richard- Supervisor Dist Official's Name (Last,	First)
2 Deciniento				
3. Recipients Use Section A to identify the agency's department 	ntorunit elles Se	otion B to identify an individu	alles Section Ote identites	
	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the	he agency's policy
B. Name of Individual	Number of			· · · · · · · · · · · · · · · · · · ·
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:	
		Ceremonial Role	Other	
		If checking "Ceremonia	al Role" or "Other" describe below:	
			· · · · · · · · · · · · · · · · · · ·	
		Ceremonial Role		Income
		If checking "Ceremonia	I Role" or "Other" describe below:	
		To reward a s	chool or nonprofit	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	organization	for its contributions to	ency's policy
	Pass(es)	—— the communit	tv	
Hayward Arts Council 22100 Princeton			5	
St., H2, (in the Adult School), Hayward	,			
is here for you as an artist or patron. W		Hayward California	region – part of the San F	
embrace all forms of art in the entire	Ŭ	Bay Area.	egion – part of the San F	rancisco Greater
Verification				
I have read and understand FPPC Regulations 18944.1 a	and 18942. I have ver	ified that the distribution set for	th above, is in accordance with the r	equirements
	Gabriela Ch			nluma
Signature of Agency require undersignee	Print Name		upervisor's Assistant	- ILIIAU
	1		1100	(Month, Day, Year)
Comment: FundPalsing Aucho	NHCM			

					A Public Documer
1.	. Agency Name			Date Stamp	California 802
	Alameda County		Form OU2		
	Division, Department, or Region (If Appli		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			_	
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
		.Christy@acgov	ora	Date of Original Filing: .	
2.	Function or Event Information	,0.5			(Month, Day, Year)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	159.50
	Event Description Bay Area Reunion	Explanation	Date(s)		/
	Ticket(s)/Pass(es) provided by agency?		⊠ lf no: <u>Oakla</u> r	nd Arena	
	nexel(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛		Name of Sou	rce
	Was ticket distribution made at the behes	st No 🗖 Yes 🛛	If yes. Valle,	Richard- Supervisor D	District 2
	of agency official?			Official's Name (L	ast, First)
	Use Section A to identify the agency's department A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant i	
		Number of Ticket(s)/			
		Number of Ticket(s)/ Pass(es)			to the agency's policy
	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Pass(es)	Describe the pub	Iic purpose made pursuant f	to the agency's policy g:
-	A. Name of Agency, Department or Unit B. Name of Individual	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f Identify one of the following Other al Role" or "Other" describe below: Other	g:
	A. Name of Agency, Department or Unit B. Name of Individual (Last. First) C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f Identify one of the following Other al Role" or "Other" describe below: Other It Role" or "Other" describe below:	g:

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	12/11/2019
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: for fundraising	j/Auction Hem		
	5/		EDDC Form 902 (4(42)

Ceremonial Role Event	s and Tio	cket/Pass	Distributions		A Public Documer
. Agency Name			5.12 - 6	Date Stamp	California 802
Alameda County				9	Form 002
Division, Department, or Region (If Applicable)					For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Vame, Title)			-	
Heather Cartwright					
	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 Inform	nation		· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$225
Event Description Post Malon	e Concert			1 , 14 , 19	*
Event Description	Provide Title/Exp	lanation			///
Ticket(s)/Pass(es) provided by	agency?	Yes 🗀 No	If no: Golde	n State Warriors	
			_	Name of So	urce
Was ticket distribution made at of agency official?	the behest	No 🔲 Yes	If yes: Char	1, VVIIMa Official's Name (I	ast First)
		1			*
• Use Section A to identify the agency?	s department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/		olic purpose made pursuant	
<u></u>	• • • •	Pass(es)			
B. Name of Individual (Lest First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng
Develo II. L'ande			Ceremonial Role		Income
Randell, Linda		2		nial Role" or "Other" describe below:	eld at a County facility ir
				potential County reven	
9	·····		Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe-below:	
				· · · · · · · · · · · · · · · · · · ·	
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			······································
<u> </u>			i i i i i i i i i i i i i i i i i i i		
Verification	4 1 and	18942 have ve	rified that the distribution set fi	orth above, is in accordance with	h the requirements.
			0		1126/16
		Heather Car		Supervisor's Assistant	(Month, Day, Year)
	<i>x</i>		-		· · · · · · · · · · · · · · · · · · ·
Comment:					EBBC Earm 802 (4/4)

Ceremonial Role Events an	d Ticket/Pass	Distributions		A Public Documen
. Agency Name	<u> </u>		Date Stamp	California 802
Alameda County				ronn
Division, Department, or Region (If A	pplicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, 7	itle)		-	
Heather Cartwright		3	Amendment (Mustin	rovide explanation in Part 3.)
Area Code/Phone Number E-mai				
(510) 272-6693 heath	er.cartwright@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	n			\$137.50
Does the agency have a ticket policy	? Yes 🛛 No		of Each Ticket/Pass \$	
Event Description Slayer	¥	Date(s)	<u>1 , 26 , 19 </u>	//
Provide	Title/Explanation		en State Warriors	
Ticket(s)/Pass(es) provided by agend	cy? Yes 🗌 No	If no: Oold	Name of So	urce
Was ticket distribution made at the b	ehest No 🗌 Yes	If yes: Cha	n, Wilma	
of agency official?			Official's Name (I	.ast, First)
. Recipients		*)		
Use Section A to identify the agency's depart				
A. Name of Agency, Department or Un		Describe the pu	blic purpose made pursuant	to the agency's policy
	Pass(es)			
			· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual	Number of		Identify one of the follow	na
D. (Last, First)	Ticket(s)/ Pass(es)		identity end of the following	
		Ceremonial Role		Income
		If checking "Gerema	onial Role" or "Other" describe below:	
×		·		
	· · · · · · · · · · · · · · · · · · ·	Ceremonial Role	Other	Income
		If checking "Ceremo	onial Role" or "Other" describe below:	
	Number of		<u> </u>	
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
	1 400(05)			ion for its contributions
Trybe - 1341B E25th St. Oakland, 94606	CA 4	to the community	ol or nonprofit organizat	
Community building nonprofit in O providing youth & family services	akland			
Verification	1			
//	44.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance wit	h the requirements
	Heather Car	twright	Supervisor's Assistant	"/89/1
	Print Nam		Tille	(Month, Day, Year)

Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
. Agency Name	-		Date Stamp	California 802
Alameda County				- Crim
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright				
Area Code/Phone Number E-mail				rovide explanation in Part 3.)
(510) 272-6693 heather.cartw	right@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				\$125
Does the agency have a ticket policy?	Yes 🔀 No		f Each Ticket/Pass \$	
Event Description Bay Area Reunion		Date(s) <u>11</u>	, 27 , 19	//
	nation	Golder	State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: <u>Conden</u>	Name of Sol	urce
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?		n yes	Official's Name (L	.ast, First)
Recipients				
Use Section A to identify the agency's department or un		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
	1 200(20)			
		+ ·		
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ng
	Pass(es)	Ceremonial Role	Other	Income
			al Role" or "Other" describe below:	
		Ceremonial Role	Other al Role" or "Other" describe below:	
~				
C Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			
ALL IN Alameda County, 1221 Oak	4	To promote attenda	ince at a(n) event h	eld at a County facility in
Street, Oakland, CA 94612	4	order to maximize p	otential County reven	ue
Anti-poverty initiative in Alameda County				
Verification				
			orth above, is in accordance wit	11251
	leather Ca		Supervisor's Assistant	
nature of Agency 🛀 🥱 signee	Print Narr	ne	Tille	(Month, Day, Year)
Comment			10	
Comment:				FPPC Form 802 (4/1)

Ceremonial Role Events	and Tick	(et/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County		Form OOZ			
Division, Department, or Region	(If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)				
Heather Cartwright					
	mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693 h	eather.cartw	right@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	ition	÷		3	¢197.50
Does the agency have a ticket po		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	\$187.50
Event Description MANA: Raya	ndo El Sol T	our 2019	Date(s) 11	, 30 , 19	//
	ovide Title/Explai	nation			
Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Golder	n State Warriors	
		_	- Chan		
Was ticket distribution made at the of agency official?	ne benest	No 🗌 Yes	If yes:	Official's Name (I	_ast, First)
• Use Section A to identify the agency's of	department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
		Number of		lic purpose made pursuant	
A. Name of Agency, Department of		Ticket(s)/ Pass(es)	Describe the pas		
B. Name of Individual (Lasr, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		<u>.</u>	Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe.below:	
C. Name of Outside Organizat (include address and descrip	tion ption)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Trybe - 1341B E25th St. Oakla 94606	ind, CA	4	To reward a school to the community	or nonprofit organizat	ion for its contributions
Community building nonprofit i providing youth & family servic	n Oakland es		· ·	-	
Verification					
tio	ns 18944.1 and 1	8942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	F	leather Car	twright	Supervisor's Assistant	1/24/1
		Print Nam	e	Title	(Month, Day, Year)

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) PAmi Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Amy. Shragoe Accov. org Date of Original Filing: . 5102726695 (Month, Day, Year) 2. Function or Event Information 305.55 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🖾 No 🗋 Event Description Raiders Date(s) ____/__ 07, 19 Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest No 🗍 Yes 🖾 If yes: ____ Official's Name (Last, First) of agency official? 3. Recipients se Section A to identify the agency's department or unit. . Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number 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) Claremont Middle School PTSA To reward a school or nonprofit organization for its contributions 4 5750 College Ave. Oakland CA 94618 to the community Verification Δ PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have read ?" Chief of Staff Amy Shrago 12/02/19 sianee Print Name Title (Month, Day, Year) Comment: .

A Public Document

. Ag	ency Name				Date Stamp	California 801
Alameda County						Form OU2
Divi	sion, Department, or Reg	i on (If Applicabl	For Official Use			
Boa	ard of Supervisors					
Des	ignated Agency Contact	(Name, Title)			1	
Am	y Shrago				Amendment (Must pro	
Area	a Code/Phone Number	E-mail				
510	2726695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
	nction or Event Infor					225.00
	s the agency have a ticke	•	Yes 🔀 No		of Each Ticket/Pass \$	
Ever	nt Description Post Malo	ne Provide Title/Exp	lanation	Date(s) <u>1</u>	1 , 14 , 19	///
		The mental		If no: Oakla	ind Arena	
HCK	et(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Sour	rce
	ticket distribution made a agency official?	it the behest	No 🗌 Yes	If yes:	Official's Name (La	nst, First)
Rec	pients	e .		· · · · · · · · · · · · · · · · · · ·		
• Use	Section A to identify the agency	's department or		ction B to identify an individ	ual. • Use Section C to identif	y an outside organization.
Α.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	o the agency's policy
В.	Name of Individua (Last First))	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			F 435(65)	Ceremonial Role	Other D	Income
					nial Role" or "Other" describe below:	
				Ceremonial Role	ial Role" or "Other" describe below:	Income
				in checking Ceremon	ial Role of Other describe below:	
c.	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	(Include address and desc	anpuon)	Pass(es)			
	rest Elementary School larguerite Dr, Oakland, (4	To reward a school to the community.	or nonprofit organizatio	n for its contributions
Veril	fication				. <u></u>	
l have [,]	the stand FPPC Regula	tions 18944.1 and			orth above, is in accordance with t	
			Amy Shra	igo	Chief of Staff	12/02/19

Comment: _

J

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

A Public Document

1. Agency Name			Date Stamp	California 802		
Alameda County		Form 002				
Division, Department, or Region (If Applicable		For Official Use Only				
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Amy Shrago						
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	hrago e	ALGOV. ORG	Date of Original Filing	(Month, Day, Year)		
2. Function or Event Information				205 55		
	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	305.55		
Event Description Raiders		Date(s) 11	<u>, 17 , 19</u>			
Event Description Provide Title/Expla	anation is					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Raiders Name of Sour			
	_	-				
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (La	st, First)		
3. Recipients			· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the agency's department or a	unit. (+ Use Se	ction B to identify an individu	III. • Use Section C to identif	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
District 5	16	To reward a County the public or to enc	y employee for his or he ourage staff developme	er exemplary service to ent		
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
		ouronness trest	Other 🛛	Income		
Carson, Keith	2		ial Role" or "Other" describe below:	*		
	-	County funding or s	of facilities or events the support	hat have received		
······································		Ceremonial Role		Income		
	2	If checking "Ceremoni	ial Role" or "Other" describe below:			
	2			¥.		
	Musharaf					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy		

	Amy Shrago	Chief of Staff	12/02/19
1. **	Print Name	Title	(Month, Day, Year)

A Public Document

4 the public or to encourage staff development B. Number of Ticket(s)/ Pass(es)	1	. Agency Name		9 V	Date Stamp	California QO	
Board of Supervisors Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Arrad Code/Phone Number E-mail any. Shrago@acgov.org Date of Original Filing: To Event Information Does the agency have a ticket policy? Provide Transcomments Provide Transcomments Provide Transcomments No [] Provide Transcomments No [] Provide Transcomments No [] No [] No [] Ticket(Is)/Pass(es) provided by agency? Yes [] No [] If yes: Official? Recipionts		Alameda County					
Designated Agency Contact (Name, Tife) Area Code/Phone Number Area Code/Phone Number Storz Code/Phone Number 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No ☐ Face Value of Each Ticket/Pass \$		Division, Department, or Region (If	Applicable)		-	For Official Use Only	
Designated Agency Contact (Name, Tife) Area Code/Phone Number Area Code/Phone Number Storz Code/Phone Number 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No ☐ Face Value of Each Ticket/Pass \$		Board of Supervisors					
Amy Shrago Image: Area Code/Phone Number Strago@acgov.org Image: Area Code/Phone Nume Strago@acgov.org Image: Area Code/Phone Nume Strago@acgov.org Image: Area Code/Phone Nume Code/Phone Number Strago@acgov.org Image: Area Strago@acgov.org Image: Area Strago Area Strago Area Strage Area Area Area Area Strage Area Area Area Area Area Area Area Are			Title)		- 1		
Area Code/Phone Number E-mail Imposition and the second seco			,				
5102726695 amy.shrago@acgov.org Date of Original Filing:(Month. Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes [X] No [] Face Value of Each Ticket/Pass \$137.50 Event Description Slayer Provide TideExplanation Date(s)1219					Amendment (Must provide explanation in Part 3.)		
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 137.50 Event Description Stayer Provide TitlerExplanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No Yes Anne of Source No Yes Official? No Yes Official? No Yes Official? Official? No Yes Official? No Yes Official? Official? Official? Official? No Yes Official? Ceremonial Role Official? Ceremonial Role Official? Ceremonial Role Official? Ceremonial Role Office O				ra	Date of Original Filing:		
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$	$\overline{2}$			'9		(Month, Day, Year)	
Event Description Slayer Date(s) 11 26 19	An a			La 🗔 🛛 🗖 Eace Value (of Each Ticket/Pase \$	137.50	
Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakland Arena Was ticket distribution made at the behest of agency official? No Yes X If yes:							
Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakland Arena Was ticket distribution made at the behest of agency official? No X Yes X Official's Name (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit Vise Section A to identify an outside organization. •Use Section A to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) District 5 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development B. frame of individual (sector for the following: Identify one of the following: (sector for develop Income [(include address and description) Number of Ticket(s) Pass(es) Ceremonial Role [Other [(include address and description) Number of Ticket(s) Income [(include address and description) To tevelop Describe the public purpose made p		Event Description Slaver Date(s) _ Date(s) _			/ 26 / 19	///	
Was ticket distribution made at the behest of agency official? No Yes X If yes:				– Oakla	nd Arena		
of agency official? If yes. Official's Name (Last, First) 3. Recipients •Use Section A to dentify the agency's department or one @Les Section B to identify an individual of Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy 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 County Passies) Number of Ticket(s) Identify one of the following: Image: Ceremonial Role County		lickel(s)/Pass(es) provided by ager	ncy? Yes 🗌 N		Name of Sou	urce	
of agency official? Official? Name (Last, First) 3. Recipients •Use Section A to identify the agency's department or unit @Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to 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. (tame of Individual (Last, First) Vumber of Ticket(s) Identify one of the following: Pass(es) Pass(es) Ceromonial Role or Other describe below: Income [(Last, First) Identify one of the following: Income [Income [(Last, First) Vumber of Ticket(s)/ Pass(es) Other [Income [(Last, First) Income [If checking "Ceremonial Role or "Other describe below: Income [(C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Include address and description Income [Include address and description] Inclu		Was ticket distribution made at the t	ehest No∏Ye	s 🛛 If ves			
		of agency official?			Official's Name (L	.ast, First)	
A. Name of Agency, Department or Unit Number of Tracket(s)/ Pass(es) Describe the public purpose made pursuant to 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. (tame of Individual (case road) Number of Tracket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income Income If checking "Geremonial Role O	3.	Recipients		· · · · · · · · · · · · · · · · · · ·			
A. Name of Agency, Department or Unit Ticket(s)' Pass(es) Describe the public purpose made pursuant to 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. Number of Ticket(s)' (tast, read) Number of Ticket(s)' Pass(es) Identify one of the following: Ceremonial Role Other income income If checking "Ceremonial Role" or "Other" describe below: Income Income C. Name of Outside Organization (include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Number of Include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Army Shrago Chief of Staff 12/02/19			rtment or unit. (• Use S	Section B to identify an individu	Ial. • Use Section C to ident	ify an outside organization.	
4 the public or to encourage staff development B. Number of Individual (Last Pai) Number of Ticket[s]/ Pass(es) Identify one of the following: Image: Income Individual (Last Pai) Number of Individual (Last Pai) Income I Income I Image: Income Individual (Last Pai) Number of Individual (Last Pai) Income I Income I Image: Income Individual (Last Pai) Number of Individual (Last Pai) Income I Income I Image: Income Individual (Include address and description) Number of Ticket[s]/ Pass(es) Describe the public purpose made pursuant to the agency's policy Image: Induvidual Individual (Include address and description) Ticket[s]/ Pass(es) Describe the public purpose made pursuant to the agency's policy Image: Induvidual Individual Inditindividual Individual Indi		A. Name of Agency, Department or U	nit Ticket(s)/	f Describe the pub	Describe the public purpose made pursuant to the agency's policy		
B. Tricket(s)/ (Last, Frat) Tricket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below:		District 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development			
B. Tricket(s)/ (Last, Frat) Tricket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below:							
If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 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 Verification Income I have read and understand for the integration of the requirements. Income Amy Shrago Chief of Staff 12/02/19			Ticket(s)/		identify one of the following	ng:	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy . Verification I have read and understand F I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		23				Ілсоте [
C. Italies of obtained organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy . Verification Italions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. . Amy Shrago Chief of Staff 12/02/19				-		Income	
I have read and understand E lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Amy Shrago Chief of Staff 12/02/19	(Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		o the agency's policy	
I have read and understand E lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Amy Shrago Chief of Staff 12/02/19							
Amy Shrago Chief of Staff 12/02/19			944 1 and 18942 I have v	erified that the distribution sot for	th above is in accordance	the requirements	
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. Agency Name			A	Date Stamp	California On
Alameda County					Form OU
Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact ((Name, Title)	-			
Amy Shrago				Amondment (theta	
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
5102726695	amy.shrago	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform					187.50
Does the agency have a ticket	t policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	107.50
Event Description Mana			Date(s)1	1 <u>, 30 , 19</u>	//
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oakl	And Arena Name of Sol	Irce
Was ticket distribution made a	t the behest	No 🗌 Yes	M If year		
of agency official?			If yes:	Official's Name (L	ast, First)
Recipients					
• Use Section A to identify the agency	's department or	unit.) (• Uso Se	ction B to identify an individ	dual. • Use Section C to ident	fy an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				5	2
9					
B. Name of Individual (Last, First))	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below:	income
		-	Ceremonial Role	Other Other nial Role" or "Other" describe below:	Income
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant t	o the agency's policy
Manzanita SEED Elementary 2409 E 27th St, Oakland, CA		4	To reward a schoo to the community	l or nonprofit organizatio	on for its contributions
z					

Amy Shrago	Chief of Staff	12/02/19
Print Name	Title	(Month, Day, Year)

Comment: __

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