Agency Report of:

С	eremonial Role Even	ts and Ticket/I	A Public Documer			
1.	Agency Name		Date Stamp	California 802		
	Alameda County		×	Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, Distri	ct 1				
	Designated Agency Contact	(Name, Title)				
	Denise Jacinto, Ticket Adm	inistrator	Amondmont (Must R	Provide Evalenction in Port 2.1		
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)	
	510-272-6691	510-272-6691 Denise.Jacinto@acgov.org			Date of Original Filing:	
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	🛛 No 🗆 🛛	Face Value of	Each Ticket/Pass \$	52.50
	Event Description: Jonas B	others Concert Provide Title/ Expla	<u>, 12 , 19</u>	//		
	Ticket(s)/Pass(es) provided	by agency? Yes		f no:	<u> </u>	
				f yes: Hagger	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	f yes: <u>Haggen</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	1		ify an outside organization. suant to the agency's policy
	γ					ž
	B. Name of Individual (Last, First) (2) Olson, Chris (2) Snyder, Kimberly		Number of Ticket(s)/ Passes 4	Identify one of the following:		bllowing:
				eve	mote attendance at a nt in or to maximize p nue for concession a	potential county
					onial Role 🔲 Other 🛄 ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
				-		

4. Verification

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

	\geq	Denise Jacinto	Ticket Ad	Ticket Administrator	
-		Print Name	т	itle	(month, day, year)
			E.		
Comment:					

A					
Agency Name				Date Stamp	California 802
Alameda County			Form OUZ For Official Use Only		
Division, Department, or Region	n (If Applicable		For Official Ose Only		
Board of Supervisors					
Designated Agency Contact (Nai	me, Title)				
Gabriela Christy					
Area Code/Phone Number E-	-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must provi	ide explanation in Part 3.)
(510) 272-6692 G	Babriela.Chi	risty@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	ation				······································
Does the agency have a ticket po	olicy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	
Event Description	ders vs. Ter			2 , 08 , 19	/
Event Description	rovide Title/Expla	anation	Date(s)		/
Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No	If no: Ring C	Central Coliseum	
				Name of Source	
Was ticket distribution made at th of agency official?	ne behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor Dis Official's Name (Last	trict 2
					, <i>First)</i>
Use Section A to identify the agency's d Name of Agency, Department o		Init. • Use Set Number of Ticket(s)/			
	Pass(es)		blic purpose made pursuant to the agency's policy		
· · · · · · · · · · · · · · · · · · ·					
B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following:	
B. Name of Individual (Last, First)		Number of		Identify one of the following:	Income
B. Name of Individual (Last, First)		Number of Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other	Income
B. Name of Individual (Last, First)		Number of Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other al Role" or "Other" describe below: Other Other	
(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role	Other al Role" or "Other" describe below: Other Other al Role" or "Other" describe below:	
B. Name of Individual (Last, First) Name of Outside Organizatio (include address and descript)		Number of Ticket(s)/	If checking "Ceremonia Ceremonial Role [If checking "Ceremonia To reward a so organization fo	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: Chool or nonprofit	
(Last, First) Name of Outside Organizatio	tion)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role [If checking "Ceremonia To reward a so	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: Chool or nonprofit	Income
(Last, First) Name of Outside Organizatio (include address and descript Saint Rose Hospital Foundation	tion) 1 27200 on helps	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremonial Ceremonial Role [If checking "Ceremonia If checking "Ceremonia To reward a so organization for the community	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: Chool or nonprofit or its contributions to y ry resources needed to m	Income
(Last, First) Name of Outside Organizatio (include address and descripti Saint Rose Hospital Foundation Calaroga Ave Hayward, Ca	tion) 1 27200 on helps	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role [If checking "Ceremonia If checking "Ceremonia To reward a so organization fo organization fo the community raising the necessar	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: Chool or nonprofit or its contributions to y ry resources needed to m	Income
(Last, First) Name of Outside Organizatio (include address and descript) Saint Rose Hospital Foundation Calaroga Ave Hayward, Ca The St. Rose Hospital Foundatio St. Rose Hospital carry out its m /erification	tion) n 27200 on helps nission by	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) ISJ3	If checking "Ceremonial Ceremonial Role [If checking "Ceremonia To reward a so organization for the community raising the necessar current and future no	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: Chool or nonprofit or its contributions to y ry resources needed to m	Income
(Last, First) Name of Outside Organizatio (include address and descript) Saint Rose Hospital Foundation Calaroga Ave Hayward, Ca The St. Rose Hospital Foundatio St. Rose Hospital carry out its m /erification	tion) a 27200 on helps hission by s 18944.1 and 1	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) ISJ3	If checking "Ceremonial Ceremonial Role [If checking "Ceremonia To reward a so organization for organization for the community raising the necessar current and future no	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: Chool or nonprofit for its contributions to y	Income

4.

Seremonial Role Even	ts and Ti	cket/Pass	Distributions		A Public Documer	
. Agency Name				Date Stamp	California 802	
Alameda County					1 ann	
Division, Department, or Reg	ion (If Applicab	1	For Official Use Only			
Board of Supervisors						
Designated Agency Contact (Name, Title)					
Gabriela Christy						
Area Code/Phone Number	E-mail			Amendment (Must p	Amendment (Must provide explanation in Part 3.)	
(510) 272-6692	Gabriela.Cl	hristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
. Function or Event Inform	nation		· · · · · · · · · · · · · · · · · · ·			
Does the agency have a ticket policy? Yes 🛛 N			Face Value of	of Each Ticket/Pass \$ _	262.50	
Event Description Jonas Brot	Jongo Prothere			2 / 08 / 19	1 1	
	Provide Title/Exp	planation	Date(s)	/		
Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency?			nd Arena		
Mae ticket distribution mode -	tho her	Yes No		Name of Sou Richard- Supervisor		
Was ticket distribution made at of agency official?	t the penest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor [Official's Name (L	ast First)	
Paginianto						
• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization	
A, Name of Agency, Departmer		Number of		lic purpose made pursuant		
T, name of Agenoy, Department		Ticket(s)/ Describe the pub Pass(es)		inc purpose made pursuant	to the agency's policy	
			· · ·			
····						
		Number of	·			
B. Name of Individual (Last, First)	Name of Individual (Last, First)		Identify one of the following:			
		Pass(es)	Ceremonial Role	Other		
				al Role" or "Other" describe below:	Income	
			Ceremonial Role	Other	Income	
			If checking "Geremonia	al Role" or "Other" describe below:		
C. Name of Outside Organiz	ation	Number of Ticket(s)/	-			
	(include address and description)		Describe the public purpose made pursuant to the agency's policy		o the agency's policy	
THE FRIENDS OF CHABOT	COLLEGE			hool or nonprofit	<u> </u>	
FOUNDATION 25555 Hesperian Ave		4		n for its contributions to		
Be the community support thr	ouah		— the community			
philanthropic activities for Cha						
Verification			· · · · · · · · · · · · · · · · · · ·			
PC Require	~~744.1 and	18942. I have veril	fied that the distribution set for	rth above, is in accordance with	the requirements.	
_		Gabriela Chi	risty S	Supervisor's Assistant	12/12/19	
		Print Name				
		FIIILINAINE		Title	(Month, Day, Year)	

A Public Document

		<u>.</u>				
1. Agency Name				Date Stamp	California 802	
Alameda County		*	For Official Use Only			
Division, Department, or Regi	ion (If Applicab					
Board of Supervisors			• •			
Designated Agency Contact (Name, Title)					
Heather Cartwright		Amendment (Must pr	vide explanation in Part 3.)			
Area Code/Phone Number	E-mail					
(510) 272-6693	heather.car	twright@acg	ov.org	Date of Original Filing:		
2. Function or Event Inforr	nation				¢105.00	
Does the agency have a ticket	t policy?	f Each Ticket/Pass \$	\$125.00			
Event Description Family Brid						
Event Description	Provide Title/Exp	planation				
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	n State Warriors		
				Name of Sou		
Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	Official's Name (La	ast. First)	
of agency official?	a	<u> </u>				
3. Recipients	7	unit - Nes Sos	tion R to identify an individu	al Ise Section C to identi	fy an outside organization.	
	:.	unit. • Use Section B to identify an individ				
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·					
		•				
B. Name of Individua	Number of Ticket(s)/		Identify one of the followir	ıq:		
(Lost, Fust)	Pass(es)					
				Other describe below:	Income	
Chan, Carl	4		unity volunteer for his c	or her service to the		
		-	Ceremonial Role	Other	Income	
				ial Role" or "Other" describe below:		
					10	
	C. Name of Outside Organization			blic purpose made pursuant to the agency's policy		
(include address and des	(include address and description)					
×						
8						
4. Verification	····	. d	- O		······································	
		d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
		Heather Car	twright	Supervisor's Assistant	10/14/19	
	>	Print Nam	e	Title	(Month, Day, Year)	

Ceremonial Role Event	s and no		A Public Document			
1. Agency Name	a de la companya			Date Stamp	California 802	
Alameda County					Form OUZ For Official Use Only	
Division, Department, or Regi	on (If Applicable		Por Official Ose Only			
Board of Supervisors		8				
Designated Agency Contact (/	Name, Title)	-				
Heather Cartwright						
	E-mail			_ C Amendment (Must pr	rovide explanation in Part 3.)	
(510) 272-6693	heather.cartwright@acgov.org		iov.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inform	Function or Event Information					
				of Each Ticket/Pass \$	\$262.50	
Jonas Broti				2 , 12 , 19	/	
Event Description	Provide Title/Expl		/			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	IN If no: Golde	n State Warriors		
	S. 90110 J .			Name of Sou	irce	
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Char	, Wilma Official's Name (L	ach First	
of agency official?			<u> </u>	Omcial s Name (L	ası, Firsi)	
. Recipients		2	4			
Use Section A to identify the agency'	s department or	ual. • Use Section C to identi	fy an outside organization.			
A. Name of Agency, Departmer	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
				0		
				<u> </u>		
B. Name of Individual		Number of Ticket(s)/		Identify one of the following		
(Last, First)	(Last, First)			Identity one of the followin	·9.	
				Other	Income	
Kung, Angela	Kung, Angela		-	ial Role" or "Other" describe below:	Id at a County facility in	
			To promote attendance at a(n) event he order to maximize potential County reven			
· · · ·			Ceremonial Role		Income	
McCarthy, Anna		. 2		ial Role" or "Other" describe below:		
•			To promote attendance at a(n) event held at a County fac order to maximize potential County revenue			
94						
U	Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant t	o the agency's policy	
(include address and desc			Describe the public purpose made pursuant to the agenc			
<u></u>						
Varification o					· · · · · · · · · · · · · · · · · · ·	
have reacted	erification 1944.1 and			orth above, is in accordance with	the requirements.	
-		Heather Car	twright	Supervisor's Assistant	12/11/10	
		Print Nam		Title	(Month, Day Year)	
					/	

A Public Document

1	. Agency Name		e •		Date Stamp	California 802	
	Alameda County]	Form OUZ For Official Use Only			
15	Division, Department, or Regi	on (If Applicat	0				
	Board of Supervisors						
	Designated Agency Contact (/	lame, Title)					
	Amy Shrago			rovido evolazotion in Port 2.)			
		E-mail			Date of Original Filing:(Month, Day, Year)		
_	5102726695		@acgov.org]			
2.	Function or Event Information				57	262.50	
	Does the agency have a ticket	Yes 🛛 No		of Each Ticket/Pass \$	202.50		
	Event Description Jonas Broth	ners		Date(s)2	, 12 , 19	/	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	Yes 🗌 No	If no: Oaklar	Name of Sol	Irce		
	Was ticket distribution made at	No 🗌 Yes	If yes:				
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agenny's	department or	unit. (• Use Sec	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departmen	or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
	B. (Name of Individual) (Last, First)						
					2		
			Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Frost, Stacey		4	Ceremonial Role	Other X	Income	
				To reward a student for outstanding scholastic achievement			
			4	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:		Income	
(Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the pub Pass(es)		blic purpose made pursuant to the agency's policy		
	,						
•					<u></u>		
I.)	Verification	nn 19044 4 av d			, ,	· · · · ·	
1	'ions 18944.1 and			ified that the distribution set for			
8	-	Amy Shrago		Chief of Staff	01/03/2020		
			Print Name		Title	(Month, Day, Year)	
C		21					