

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, District 1			
Designated Agency Contact <i>(Name, Title)</i> Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,500

Event Description: Oakland A's Game Date(s) 07 / 02 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
	Livermore Girls Softball Association P.O. Box 905, Livermore, CA 94551	1 Suite	TO reward a non-profit youth sports organization for their contributions to the Livermore Community.

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

_____ Leah Doyle-Stevens _____ Ticket Administrator _____ 07/02/19
 Print Name Title (month, day, year)

Comment: Suite was used as part of annual fundraiser event. Proceeds go toward equipment and field maintenance.

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 36.00

Event Description: Oakland A's Game Date(s) 07 / 03 / 19

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Friends of Joe Michell School 1001 Elaine Ave., Livermore, CA 94550	4	TO reward a non-profit organization for contributions to the school community.

4. Verification

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

Leah Doyle-Stevens
Ticket Administrator
07/02/19

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: Tickets were raffled at annual fundraiser event. Proceeds go toward unfunded school enrichment programs.

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Division, Department, or Region (if applicable)			For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Vener Bates, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
510-272-6691	vener.bates@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15.00

Event Description: Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair Association
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Supervisor Scott Haggerty
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Ramsey Ismael	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To reward a community volunteer for his or her service too the public.
Joe Gordon		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
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.

<u>Vener Bates</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>July 25, 2019</u> <small>(month, day, year)</small>
---	---	---

Comment: _____

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

Agency Name _____

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Mary Koppel	8	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
	Dawn Argula	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
	Arturo Del Rio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
	William Martinez	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
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
	Livermore Chamber of Commerce, 2157 1st street, Livermore, CA 94550	8	To reward a non-profit organization for its contributions to the community.-

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Vener Bates, Supervisor's Assistant Area Code/Phone Number E-mail 510-272-6691 vener.bates@acgov.org;		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15.00

Event Description: Alameda County Fair Date(s) - 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair Association
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Supervisor Scott Haggerty
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda County General Services Agency	85	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
Tri-Valley Substation Sheriff's Office	40	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mel Luna	20	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
Wanda Thompson	12	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue.
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
School of Imagination, 9801 Dublin Blvd., Dublin, CA 94568	20	To reward a school or non-profit organization for its contributions to the community.

4. Verification

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

 Vener Bates Supervisor's Assistant July 25, 2019
Print Name Title (month, day, year)

Comment: _____

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

Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda County Assessor's Office	35	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
ACDCSS (Child Support Services)	21	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
Social Services Agency	10	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
Health Care Services Agency	6	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Bob Tucknott	10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.
Gloria Olson	10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.
Nat Piazza	10	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.
Guy Houston	8	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
Alameda County			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors, District 1			
Designated Agency Contact <i>(Name, Title)</i>			
Denise Jacinto, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
510-272-6691	Denise.Jacinto@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 160.00

Event Description: Got 7 World Tour 2019 Date(s) 07 / 10 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Yang, Mary	4	To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	09/05/19
<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Denise.Jacinto@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 130.00

Event Description: Shawn Mendes Concert Date(s) 07 / 13 / 19

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Juarez, Mario	4	To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales <input checked="" type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	09/05/19
<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,500

Event Description: Oakland A's Game Date(s) 07 / 13 / 19

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Las Positas College Foundation 3000 Campus Hill Dr., Livermore, CA 94551	1 Suite	To reward a school or non-profit organization for its contributions to the community

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

Leah Doyle-Stevens
Ticket Administrator
07/02/19
Signature of Agency Representative Print Name Title (month, day, year)

Comment: Suite was auctioned during fundraiser event. Proceeds go toward programs, scholarships & community.

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, District 1			
Designated Agency Contact <i>(Name, Title)</i> Leah Doyle-Stevens, Ticket Administrator		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 36.00

Event Description: Oakland A's Game Date(s) 07 / 13 / 19 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda Health System 1411 E. 31st St., Oakland, CA 94602	4	To Reward a school or nonprofit organization for its contributions to the community.

4. Verification

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

<small>Signature of Agency Head or Designee</small> 	Leah Doyle-Stevens <small>Print Name</small>	Ticket Administrator <small>Title</small>	07/02/19 <small>(month, day, year)</small>
---	---	--	---

Comment: Tickets were auctioned during fundraiser event. Proceeds go toward improved hospital programs and care.

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors, District 1			
Designated Agency Contact (Name, Title)			
Denise Jacinto, Ticket Administrator			
Area Code/Phone Number	E-mail		
510-272-6691	Denise.Jacinto@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 130.00

Event Description: Shawn Mendes Concert Date(s) 07 / 14 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Pickard, Jasmine	4	To promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales <input checked="" type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Print Name

Ticket Administrator
Title

09/05/19
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17.00

Event Description: Oakland A's game Date(s) 07 / 25 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda County Board of Supervisors, District 1	4	To reward a county employee for his or her exemplary service to the public
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 the regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Leah Doyle-Stevens Ticket Administrator 08/23/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@acgov.org		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45.00

Event Description: Oakland A's game Date(s) 07 / 27 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

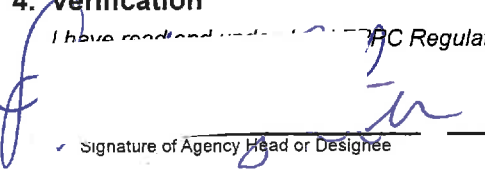
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Scheffer, Dennis	4	To reward a Community volunteer for his or her service to the public.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 _____ Leah Doyle-Stevens _____ Ticket Administrator _____ 08/26/19 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, District 1			
Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510-272-6691	E-mail Leah.Doyle-Stevens@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/Pass \$ 17.00

Event Description: Oakland A's game Date(s) 07 / 31 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haggerty, Scott
Official's Name (Last, First)

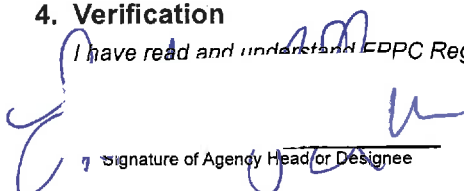
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Luna, Mel	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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



Signature of Agency Head or Designee: Leah Doyle-Stevens Print Name
 Title: Ticket Administrator
 Date: 08/26/19 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description A's vs. Twins Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 17

Date(s) 07 / 02 / 19

If no: Oakland Athletics Name of Source

If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Johnson, Terry	2	To reward a community volunteer for his or her service to the public <input type="checkbox"/> Income <input type="checkbox"/>
		Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, the undersigned, am an authorized representative of the Agency and, under 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 8/11/2019
Signature Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Oakland A's vs. Minnesota Twins
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ ~~17~~ 30/17/24

Date(s) 7 / 3 / 19 7 / 4 / 19 7 / 12 / 19

If no: Oakland Athletics
Name of Source

If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
All American Festival		
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
MT. ZOEY MANSION Free event to celebrate our county & community pride	6	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

esignee

Gabriela Christy
Print Name

Supervisor's Assistant

Title

8/1/2019
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Rodriquez, Roberto	4/1	To reward a community volunteer for his or her service to the public <input type="checkbox"/> Income <input type="checkbox"/>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand 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 8/1/2019
Print Name Title (Month, Day, Year)

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

A Public Document

<p>1. Agency Name Alameda County <i>Division, Department, or Region (If Applicable)</i></p> <p>Board of Supervisors <i>Designated Agency Contact (Name, Title)</i></p> <p>Gabriela Christy</p>		<p>Date Stamp</p>	<p>California Form 802 For Official Use Only</p>
<p>Area Code/Phone Number (510) 272-6692</p>	<p>E-mail Gabriela.Christy@acgov.org</p>	<p><input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i></p> <p>Date of Original Filing: _____ <i>(Month, Day, Year)</i></p>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Greene, Jackie	4/2	<p>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/></p> <p>To reward a community volunteer for his or her service to the public</p>
		Income <input type="checkbox"/>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

_____ _____ _____
Print Name *Title* *(Month, Day, Year)*
 Gabriela Christy Supervisor's Assistant 8/11/2019

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6692	Gabriela.Christy@acgov.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Alameda County Fair Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 15/\$10

Date(s) 7 / 7 / 19

If no: Alameda County Name of Source

If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Assessor's office</u>	<u>4/2</u>	<u>To reward a County employee for his or her exemplary service to the public or to encourage staff development</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Lim, Mathew</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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.

nee Gabriela Christy Supervisor's Assistant 8/1/2019

Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Tyra	4/2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

_____ Gabriela Christy _____ Supervisor's Assistant _____
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
(510) 272-6692	Gabriela.Christy@acgov.org	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>BOS - DZ</u>	<u>4/2</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Munoz Ramos, Cinthya</u>		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	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.

ee Gabriela Christy Supervisor's Assistant 8/1/2019
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>BOS-D2</u>	<u>4/2</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one or the following:
Miley, Chris		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

_____ Gabriela Christy _____ Supervisor's Assistant 8/1/2019
Signature Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region <i>(If Applicable)</i>		For Official Use Only	
Board of Supervisors		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Designated Agency Contact <i>(Name, Title)</i> Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Demartini, Andy	4/2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>Describe below:</small> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

Signature Gabriela Christy Supervisor's Assistant 8/11/2019
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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/Pass \$ 15 / \$10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Schmidt, Lorenzo	4/1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

_____ _____ _____
Print Name Title 8/1/2019
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6692	Gabriela.Christy@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/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	D. To reward a school or nonprofit organization for its contributions to _____'s policy
Union City Family Center 725 Whipple Rd., Union City, CA 94587	30/5	the community
Strive to build community by engaging and preparing youth and adults to participate in transforming their	+	communities, so that every child, family, and community member will have at their fingertips high-quality services and opportunities needed in order to thrive. +

4. Verification

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

_____ Gabriela Christy _____ Supervisor's Assistant _____ 8/11/2019
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15 / \$10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	To reward a school or nonprofit organization for its contributions to the community
Cypress Mandela 977 66th Ave, Oakland, CA 94621	30 / 5	
The Cypress Mandela Training Center is a community based organization dedicated to improving the lives of		of the people it serves by providing pre-apprentice construction and life skills training along with employment assistance.

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.

Print Name

Title

(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@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/Pass \$ 15/10

Event Description Alameda County Fair Date(s) 7 / 7 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Gutierrez, Alia	4/2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public
		Income <input type="checkbox"/>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Gabriela Christy
Print Name

Supervisor's Assistant
Title

8/1/2019
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100 | 30

Event Description GOT7 Date(s) 7 / 10 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
U Lee, Chan	4/2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	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.

Gabriela Christy
Supervisor's Assistant
01/19

Signature Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Designated Agency Contact <i>(Name, Title)</i> Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 130/30

Event Description Shawn Mendes: The Tour Date(s) 7 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Sharma, Aditi	4/2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public
		Income <input type="checkbox"/>

C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	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.

_____ Gabriela Christy _____ Supervisor's Assistant _____ 9/1/2019
nee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
(510) 272-6692	Gabriela.Christy@acgov.org	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 24

Event Description A's vs. White Sox Date(s) 07 / 13 / 19 07 / 14 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
Samson, Kyle	2	
Green, Keith	2	To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	_____ 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.

8/1/19

Designee
Print Name
Title
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692		Date Stamp	California Form 802 For Official Use Only
E-mail Gabriela.Christy@acgov.org		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Shawn Mendes: The Tour
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 130/30

Date(s) 7 / 14 / 19

If no: Golden State Warriors
Name of Source

If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)


3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>CAO</u>	<u>4/2</u>	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
<u>Mojica, Maylene</u>		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand 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
8/1/2019
 signee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6692	Gabriela.Christy@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/Pass \$ 17/24

Event Description A's vs. Mariners Date(s) 07 / 16 / 19 07 / 17 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Sharma, Aditi	2	<input type="checkbox"/> Ceremonial Role <input checked="" type="checkbox"/> To reward a community volunteer for his or her service to the public <input type="checkbox"/> Other Income <input type="checkbox"/>
Singh, Jay	2	<input type="checkbox"/> Ceremonial Role <input checked="" type="checkbox"/> To reward a community volunteer for his or her service to the public <input type="checkbox"/> Other Income <input type="checkbox"/>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 nee Gabriela Christy Supervisor's Assistant
 Print Name Title (Month, Day, Year) 8/11/2019

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Gabriela Christy		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 24/36

Event Description A's vs. Mariners Date(s) 07 / 25 / 19 07 / 26 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	To reward a school or nonprofit organization for its contributions to the community
Saint Rose Hospital Foundation 27200 Calaroga Ave, Hayward, CA 94545	4	agency's policy
The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by		raising the necessary resources needed to meet the hospital's current and future needs.

4. Verification

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

_____ Gabriela Christy _____ Supervisor's Assistant _____
Print Name Title (Month, Day, Year)

8/1/2019
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 36/17/45

Event Description Oakland A's vs. Texas Rangers Date(s) 7, 27, 19 7, 08, 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
HARD Foundation 1099 E Street Hayward, CA 94541	7	To reward a school or nonprofit organization for its contributions to the community _____ _____ _____
The specific and primary purposes of this corporation are to initiate, sponsor, promote and carry out plans, programs		policies and activities that will tend to further park and recreation projects within the jurisdictional limits of the Hayward Area Recreation and Park District

4. Verification

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

Signature Gabriela Christy Supervisor's Assistant _____
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region <i>(If Applicable)</i>			For Official Use Only
Board of Supervisors		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Designated Agency Contact <i>(Name, Title)</i>			
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100/30

Event Description KMEL Summer Jam Date(s) 7 / 28 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jackson, Latisha	4/2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>"Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, _____, Supervisor's Assistant, FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ _____ _____ 8/11/2019
 Signee Print Name Title *(Month, Day, Year)*

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6692	Gabriela.Christy@acgov.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 17

Event Description A's vs. Brewers Date(s) 07 / 30 / 19 07 / 31 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following: _____
Jackson, Blake	2	<input checked="" type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/> <input type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
Gomez, Javey	2	<input checked="" type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/> <input type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	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.

_____	Gabriela Christy	Supervisor's Assistant
<small>signee</small>	<small>Print Name</small>	<small>Title</small>
		<u>08/11/17</u> <small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 36

Event Description Baseball game Date(s) 07 / 03 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Khatri, Sikander	2	To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2	
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

Signature of Agency Head or Designee

 Heather Cartwright Supervisor's Assistant
Print Name Title

 7/30/19
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$17**

Event Description Baseball game Date(s) 07 / 04 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Lam, Marianne	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

_____ Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ **Heather Cartwright** _____ **Supervisor's Assistant**
Print Name Title 7/20/19
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$15

Event Description Alameda County Fair Date(s) 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following.
Murphy, Eric Cheng, Jason Stadmire, Sylvia	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> To reward a community volunteer for his or her service to the public
Clemons, Estelle Whitlock-Peterson, Leisel Voves, Nancy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> To reward a community volunteer for his' or her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 _____ Heather Cartwright <small>Signature of Agency Head or Designee Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 07.15.2019 <small>(Month, Day, Year)</small>
--	---	--

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

A Public Document

1. Agency Name Alameda County		Date Stamp	<div style="background-color: #cccccc; padding: 5px; display: inline-block;">California Form 802</div> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$15**

Event Description Alameda County Fair Date(s) . 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Bacani, Mark	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, _____, pursuant to Sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Heather Cartwright <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 07.15.2019 <small>(Month, Day, Year)</small>
--	---	--

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;">Area Code/Phone Number (510) 272-6693</td> <td style="width:75%; border: none;">E-mail heather.cartwright@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org				
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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/Pass \$ _____ \$15

Event Description Alameda County Fair Date(s) 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Maddie	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, _____, pursuant to California Government Code sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee 	Heather Cartwright <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	07.15.2019 <small>(Month, Day, Year)</small>
--	---	--	---

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number E-mail (510) 272-6693 heather.cartwright@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$15

Event Description Alameda County Fair Date(s) _____ 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
Cartwright, Bonnie	7	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	7	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

_____ Heather Cartwright <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 07.15.2019 <small>(Month, Day, Year)</small>
--	---	--

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Heather Cartwright			
Area Code/Phone Number	E-mail		
(510) 272-6693	heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$15

Event Description Alameda County Fair Date(s) 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Various (reference attached spreadsheet)	153	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
	153	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Various (reference attached spreadsheet)	20	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Various (reference attached spreadsheet)	150	To reward a school or nonprofit organization for its contributions to the community

4. Verification

_____ regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ _____ _____
 Heather Cartwright Supervisor's Assistant 07.15.2019
Print Name Title (Month, Day, Year)

SECTION B - INDIVIDUALS

2-1 TICKET RECIPIENTS

Name	Organization	Address	Description	# of Tickets
Herbert Javier				5
Eric Murphy				1
Jason Cheng				1
Sylvia Stadnivre				1
Letty Flores				2
Leisel Whitlock-Peterson				1
Estelle Clemons				1
Nancy Voves				1
Sharif Carminer				3
Rey Wenceslao				3
Wanda Chiu				2
Lourdes Cardenas				3
Jose Santiago				6
Marian Deguzman				4
Nadia Jackson				1
Miao Ng				4
Doreth Fellows				4
Maria Magallon				4
Eva Lam				4
Margie Rogres				4
Christiae Chiovare				4
Eogaf Alayon				3
Gray Babaa				10
Jan Millioz				2
John Chung				6
Fernando Valenzuela				4
Johnny Nila				4
Brenda Howard				4
Linda Herrera				4
Vince Herrera				4
Jennifer Moyers				1

Flora Shek
 Barbara Valenzuel
 Laurie Miller
 Larray Kelly
 Lorraine Shopher
 Frances Li
 Brenda
 Irene Hagebusch
 Daniel Nila
 Roberto Saturnbaga
SECTION C - OUTSIDE ORGANIZATIONS

San Leandro Home							
Owner Association -	14055 Doolittle Drive, San	Family focused living					15
Casa Del Mar	Leandro, CA 94577	community in San Leandro					4
			Provide Youth Development				4
Girls Inc. of the	1724 Santa Clara Ave,	Services Geared for Girls in					4
Island City	Alameda, CA 94501	Alameda					4
San Leandro Boys &	401 Marina Blvd, San	Youth activities & after-					4
Girls Club	Leandro, CA 94577	school club in San Leandro					4
	555 19th Street, Oakland,	Multicultural family resource					4
Lotus Bloom	CA 94612	center					4
			Provides pre-apprentice				4
Cypress Mandela	977 66th Ave, Oakland, CA	construction, life skills and					4
Alameda Boys and	94612	employment assistance					4
Girls Club	1900 3rd Street, Alameda,	Youth activities & after-					4
	CA 94501	school club in San Leandro					4
							5
							153
							20
							30
							30
							30
							170

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail Heather.Cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$32 Butler Pass

Event Description Alameda County Fair Date(s) 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Brown, Maddie Bacani, Marc Cartwright, Bonnie	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Sundaraman, Asha	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I, Heather Cartwright, Supervisor's Assistant, on 07.16.2019,
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California	Form 802
Division, Department, or Region (If Applicable) Board of Supervisors			For Official Use Only	
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)		
Area Code/Phone Number (510) 272-6693	E-mail Heather.Cartwright@acgov.org			

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$10 park

Event Description Alameda County Fair Date(s) 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Murphy, Eric Cheng, Jason Stadmire, Sylvia	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
Whitlock-Peterson, Leisel Clemmons, Estelle Voves, Nancy	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 _____ <small>Signature of Agency Designated</small>	Heather Cartwright _____ <small>Print Name</small>	Supervisor's Assistant _____ <small>Title</small>	07.16.2019 _____ <small>(Month, Day, Year)</small>
--	--	---	--

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form	802	
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			For Official Use Only		
Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright			<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>		
Area Code/Phone Number (510) 272-6693	E-mail Heather.Cartwright@acgov.org				

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$20 VIP park

Event Description Alameda County Fair Date(s) 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Maddie Bacani, Marc Cartwright, Bonnie	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Sundararaman, Asha	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Heather Cartwright
Print Name

Supervisor's Assistant
Title

07.16.2019
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$15

Event Description Alameda County Fair Date(s) - 07 / 07 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Sundararaman, Asha	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

_____ _____ _____
 Heather Cartwright Supervisor's Assistant 07.15.2019
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$160.00

Event Description GOT 7 Concert Date(s) 07 / 10 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cartwright, Dellie	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee: Heather Cartwright Title: Supervisor's Assistant Date: 7/25/19
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$24**

Event Description Baseball game Date(s) 07 / 12 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Schutz, Barry	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Heather Cartwright	Supervisor's Assistant	<u>7/30/19</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number E-mail (510) 272-6693 heather.cartwright@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$130.00**

Event Description Shawn Mendes Concert Date(s) 07 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Youth Alive! 3300 Elm Street, Oakland, CA 94609 Educate/train young leaders to create a peaceful community	2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

I have verified that the distribution set forth above, is in accordance with the requirements of sections 18944.1 and 18942.

X
Heather Cartwright
Supervisor's Assistant
7/25/19

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number	E-mail		
(510) 272-6693	heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 130.00

Event Description Shawn Mendes Concert Date(s) 07 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
East Oakland Youth Development Center 8200 International Blvd. Oakland, 94621/ Develops social and leaderships skills for youth and young adults	2	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

Signature of Agency Head or Designee: _____ Heather Cartwright _____ Supervisor's Assistant _____ 7/25/19
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (if Applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$24

Event Description Baseball game Date(s) 07 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Maiers, John	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
Oddie, Jim	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Heather Cartwright Supervisor's Assistant 7/30/19
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Shawn Mendes Concert Date(s) 07 / 14 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ \$130.00

If no: Golden State Warriors
Name of Source

If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Nickles, Troy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Heather Cartwright

Supervisor's Assistant

7/25/19
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number E-mail (510) 272-6693 heather.cartwright@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$45 tix/\$20 park

Event Description Baseball game Date(s) 07 / 14 / 19 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma _____
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
UnitedSeniorsofOakland&Alameda -7200 Bancroft Ave Suite251Oakland,94605	18+3p	To reward a school or nonprofit organization for its contributions to the community
Supports issues/concerns to Alameda county seniors and their allies		

4. Verification

Sections 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Print Name

Supervisor's Assistant
Title

7/30/19
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6693 E-mail heather.cartwright@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$45 tix/\$20 park

Event Description Baseball game Date(s) 07 / 16 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Family Justice Center 470 27th St, Oakland, CA 94612	18+3p	To reward a school or nonprofit organization for its contributions to the community
Services to victims of interpersonal violence in a collaborative way		

4. Verification

I hereby certify that the information provided above is true and correct. I have verified that the distribution set forth above, is in accordance with the requirements of Sections 18944.1 and 18942.

_____ Heather Cartwright Supervisor's Assistant 7/30/19
Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Baseball game Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$45 tix/\$20 park

Date(s) 07 / 26 / 19

Ticket(s)/Pass(es) provided by agency? Yes No

If no: Oakland A's Name of Source

Was ticket distribution made at the behest of agency official? No Yes

If yes: Chan, Wilma Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Alameda Health System Foundation-350 Frank H. Ogawa Plaza Oakland, 94612	6+1p	To reward a school or nonprofit organization for its contributions to the community
Serves AHS, Alameda County's patient & family-centered safety net health care		

4. Verification

I, _____, pursuant to Public Resources Code sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright Print Name
 Supervisor's Assistant Title
 7/30/19 (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>			

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$45 tix/\$20 park

Event Description Baseball game Date(s) 07 / 26 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Oakland Chinatown Chamber of Commerce-388 9th Street #290, Oakland	6+1p	To reward a school or nonprofit organization for its contributions to the community
Promote business in the Asian community		

4. Verification

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

Heather Cartwright Supervisor's Assistant
Print Name Title (Month, Day, Year)

7/30/19

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 272-6693	heather.cartwright@acgov.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$25**

Event Description Baseball game Date(s) 07 / 27 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Bullock, Jennifer	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
Krainer, Anne	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and verified the information above and certify that it is true and correct.

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

Heather Cartwright Supervisor's Assistant 7/30/19
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number E-mail (510) 272-6693 heather.cartwright@acgov.org		Date Stamp,	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$100.00**

Event Description KMEL Summer Jam Concert Date(s) 07 / 28 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
N		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Deputy Sheriff's Activities League, 16335 E 14th St, San Leandro, CA 94578	4	To reward a school or nonprofit organization for its contributions to the community
Youth sports/activities league in unincorporated Alameda County		

4. Verification

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

_____ <small>Signature of Agency Head or Designee</small>	Heather Cartwright <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	7/25/19 <small>(Month, Day, Year)</small>
--	---	--	--

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$27

Event Description Baseball game Date(s) 07 / 28 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Visperas, Femy	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

_____ Heather Cartwright <small>Print Name</small>	_____ Supervisor's Assistant <small>Title</small>	_____ 7/30/19 <small>(Month, Day, Year)</small>
--	---	---

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$45 tix / \$20 park

Event Description Baseball game Date(s) 07 / 30 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
East Bay Innovations - 2450 Washington Avenue Suite 240 San Leandro, 94577	6+1p	To reward a school or nonprofit organization for its contributions to the community
Support individuals with disabilities to live, work independently		

4. Verification

I, _____, pursuant to sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: _____ Heather Cartwright _____ Supervisor's Assistant _____
Print Name Title

Date: 7/30/19
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District Area Code/Phone Number E-mail (510) 272-6694 austin.bruckner@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 3 / 19 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Commission on the Status of Women	4	To increase attendance... maximize profits at an event hosted in a county facility
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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

Nathan Miley	Supervisor, Fourth District	8/1/19
Print Name	Title	(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District			
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 4 / 19 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan _____
Official's Name (Last, First)


3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		To increase attendance... maximize profits at an event hosted in a county facility
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
United Seniors of Oakland and Alameda County (Oakland, CA)	4	To increase attendance... maximize profits at an event hosted in a county facili

4. Verification

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


Nathan Miley
Supervisor, Fourth District
8/1/19
Signature of Agency head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District			
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 12 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Bruckner, Austin	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for his or her service to the community... to increase attendance.
Reyes, Fernando	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for his or her service to the community... to increase attendance.
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.

Signature of Agency Head or _____
Nathan Miley
Print Name
Supervisor, Fourth District
Title
8/1/19
(month, day, year)

Comment: _____

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

Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Kamer, Asa	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a county employee for his or her service to the community... to increase attendance.
Miley, Nathan	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To increase attendance... maximize profit at an event hosted in a county facility
Alexander, Toni	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To increase attendance... maximize profit at an event hosted in a county facility
Armstrong, Erin	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a county employee for his or her service to the community... to increase attendance.
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

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District			
Designated Agency Contact <i>(Name, Title)</i> Nathan Miley, Supervisor, Fourth District			
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org		
<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>			

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Shawn Mendez Date(s) 7 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Gums, Angelica	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for his or her service to the community... increase attendance
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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. ✓ 0

Signature of Agency Head or Designee: _____ Nathan Miley Supervisor, Fourth District 8/1/19
Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District		For Official Use Only	
Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District			
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Harrison, Nathan	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To increase attendance... maximize profit at an event hosted in a county facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. *fl*

Signature of Agency Head or Designee: Nathan Miley Print Name Supervisor, Fourth District Title 8/1/19 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 14 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Zernicke, Mary Louise	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To increase attendance... maximize profit at an event hosted in a county facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee: _____ Nathan Miley _____ Supervisor, Fourth District _____ 8/1/19 _____
Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 16 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Public Health Department	4	To increase attendance... maximize profit at an event hosted in a county facility... to reward county employees for ... service to the community
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

Signature of Agency Head or Designee: Nathan Miley Supervisor, Fourth District 8/1/19
Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District <hr/> Designated Agency Contact <i>(Name, Title)</i> Nathan Miley, Supervisor, Fourth District <hr/> <table style="width:100%;"> <tr> <td style="width:25%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>(510) 272-6694</td> <td>austin.bruckner@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	(510) 272-6694	austin.bruckner@acgov.org	Date Stamp <hr/> <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <hr/> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> <hr/> Date of Original Filing: _____ <i>(month, day, year)</i>
Area Code/Phone Number	E-mail					
(510) 272-6694	austin.bruckner@acgov.org					

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 17 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
Mosley, May	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To increase attendance... maximize profit at an event hosted in a county facility
Tangren, Linda	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To increase attendance... maximize profit at an event hosted in a county facility
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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.

Signature of Agency Head or Designee	Nathan Miley <small>Print Name</small>	Supervisor, Fourth District <small>Title</small>	8/1/19 <small>(month, day, year)</small>
--------------------------------------	---	---	---

Comment: _____

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

Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Eggman, Mary Lou	12	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To increase attendance... maximize profit at an event hosted in a county facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail austin.bruckner@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 25 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

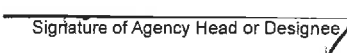
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Higgins, Christopher	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To increase attendance... maximize profit at an event hosted in a county facility
Harrison, Nathan	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To increase attendance... maximize profit at an event hosted in a county facility
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
Hayward Arts Commission (Hayward, CA)	10	To increase attendance... maximize profit at an event hosted in a county facility

4. Verification

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

	Nathan Miley	Supervisor, Fourth District	8/1/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (if applicable) Board of Supervisors, Fourth District <hr/> Designated Agency Contact (Name, Title) Nathan Miley, Supervisor, Fourth District <hr/> Area Code/Phone Number E-mail (510) 272-6694 austin.bruckner@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____

Event Description: Oakland A's Date(s) 7 / 26 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: OACCA
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Public Health Department	2	To increase attendance... maximize profit at an event hosted in a county facility
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

Signature of Agency Head or _____	Nathan Miley <small>Print Name</small>	Supervisor, Fourth District <small>Title</small>	8/1/19 <small>(month, day, year)</small>
-----------------------------------	---	---	---

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) <u>Briana Brown</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 17.00

Event Description Baseball game Date(s) 07 / 02 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Baseball
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Pints for Paws	4	To reward a school or nonprofit organization for its contributions to the community

4. Verification

I, _____, pursuant to sections 18944.1 and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Briana Brown _____ Supervisor's Assistant _____ 7/30/19
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 17.00

Event Description A's vs. Twins Date(s) 07 / 04 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Baseball
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients

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

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
D5	4	To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue
B. <small>(Last, First)</small>		
	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Briana Brown Supervisor's Assistant 7/30/19
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago			
Area Code/Phone Number 510-272-6695	E-mail amy.shrago@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 160.00

Event Description GOT 7 Date(s) 07 / 10 / 19
Provide Title/Explanation


Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Mathatse, Julian	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification
 I have read and understand 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 _____ 08/01/19
or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) <u>Briana Brown</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 24.00

Event Description Baseball game Date(s) 07 / 12 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Baseball
Name of Source


Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients
 • Use Section A to identify the agency, department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Yu Ming	4	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

 Briana Brown Supervisor's Assistant 7/30/19
or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail 510-272-6695 amy.shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only.
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 130.00

Event Description SHAWN MONDES Date(s) 07 / 13 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Simpson, Michelle	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

S. /	Amy Shrago	Chief of Staff	08/01/19
<small>Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number (510) 272-6618 E-mail briana.brown2@acgov.org		Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	California Form 802 For Official Use Only
--	--	--	---

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 24.00

Event Description A's vs. White Sox Date(s) 07 / 14 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Baseball
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
D5	4	To promote attendance at a County sponsored event at a County facility in order to maximize potential County revenue
B. Name of Individual (Last, First)		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have verified that the distribution set forth above, is in accordance with the requirements of Sections 18944.1 and 18942.

 Briana Brown
Print Name

 Supervisor's Assistant
Title

 7/30/19
(Month, Day, Year)

Comment: Parking Pass: \$20.00

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Briana Brown		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6618	E-mail briana.brown2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 24.00

Event Description A's vs. Rangers Date(s) 07 / 17 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Baseball
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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:
Sam Simpson	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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

Signature of Agency Head or Designee: _____ Print Name: Briana Brown Title: Supervisor's Assistant (Month, Day, Year): 7/30/19

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

A Public Document

1. Agency Name		Date Stamp
Alameda County		July 2019 District 5
Division, Department, or Region (If Applicable)		
Board of Supervisors		
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (M... Date of Original Filing: _____ (Month, Day, Year)
Amy Shrago, Chief of Staff		
Area Code/Phone Number	E-mail	
(510) 272-6695	amy.shrago@acgov.org	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 24.00

Event Description A's Baseball Date(s) 07 / 26 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

_____ Amy Shrago <small>Print Name</small>	_____ Chief of Staff <small>Title</small>	_____ 08/01/19 <small>(Month, Day, Year)</small>
--	---	--

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (if Applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Amy Shrago		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 510-272-6695	E-mail amy.shrago@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 100.00

Event Description KMEL SUMMER JAM Date(s) 07 / 28 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/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. Name of Individual (Last, First)		
	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

_____ <small>Designee</small>	Amy Shrago <small>Print Name</small>	Chief of Staff <small>Title</small>	08/01/19 <small>(Month, Day, Year)</small>
----------------------------------	---	--	---

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6695	E-mail amy.shrago@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 45

Event Description A's Baseball Date(s) 07 / 31 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith - Supervisor District 5
Official's Name (Last, First)

3. Recipients

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

A. <small>Name of Agency, Department or Unit</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Claremont Middle School 5750 College Ave, Oakland, CA 94618	18	To reward a school or nonprofit organization for its contributions to the community

4. Verification

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

 _____ <small>or Designee</small>	Amy Shrago _____ <small>Print Name</small>	Chief of Staff _____ <small>Title</small>	08/01/19 _____ <small>(Month, Day, Year)</small>
---	--	---	--