Ι.	Agency Name				Date Stamp	California 802
	Alameda County					TOTAL OUT
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	•	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amenament (mastr)	=-preneuvil III Fatt v.)
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor	mation			ď	2100 tiv/\$20 podina
	Does the agency have a tick	et policy? Yes I	■ No □ F	ace Value of	Each Ticket/Pass \$	5 TOO tix/\$20 parking
	Event Description: Oakland	A's Game	D	ate(s)07	, 14 , 202	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oaklan	Name of Source	
	Was ticket distribution made	at the behest Voc.	□ No ■ If	yes: Hauber	t, David	
	of agency official?	at the beliest 168	□ NO ■	-	Official's Name (Last, First)	
	or agency emotar.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to ic	dentify an individ	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Agular, Martin		8tix-1p		nonial Role Other Cking "Ceremonial Role" or "Other" det	_
				To promote	County resources ava	ailable to County resid
					nonial Role Other king "Ceremonial Role" or "Other" des	_
	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
						
4.	Verification					
	Phaye read and understand FE	PC Regulations 18944	4.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
1	with the requirements)		_		81. 10.00
		Heather Carl		Sup	ervisor's Assistant	
1	Signature of Agency Head or Design	ee F	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$100 tix/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Date(s) 07 / 14 / 2022 Event Description: Oakland A's Game Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Income 🔲 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Mook, Dan 8tix-1p To promote County resources available to County resider Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification ad and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements) (egalations	70044.7 070	10042.111440	voimou trat trio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	1	
	Heathe	r Cartwright		Supervisor'	s Assistant		9/	111	11	17

	Hoatho	Ourtungin
organium of Agency Head or Designee		Print Name

Comment:

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Alameda County			Date Stamp	California 802
				For Official Use Only
Division, Department, or Region (if applicable)				
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	1.00		Date of Original Filing:	
(510) 272-6691 heather.cartwrig	ht2@acgov.org		Date of Original Filling.	(month, day, year)
Function or Event Information				\$100 tix/\$20 parking
Does the agency have a ticket policy?	es 📕 No 🔲 📑	ace Value of I	Each Ticket/Pass \$	ψ100 tiλ/ψ20 parking
Event Description: Oakland A's Game	D	ate(s)07	, 16 , 2022	
Provide Title/ E	xplanation	no: _Oakland	d Arena	
Ficket(s)/Pass(es) provided by agency? Yes			Mama of Course	
Nas ticket distribution made at the behest γ	es□ No■ If	yes: Hauber	t, David Official's Name (Last, First)	
of agency official?	es 🔲 No 🖿	,	Official's Name (Last, First)	
Recipients • Use Section A to identify the agency's department or uni	it • Use Section B to ic	lentify an individu	ual. Use Section C to identi	fy an outside organization.
- Use Section A to identify the agency's department of an	Number	I I I I I I I I I I I I I I I I I I I	di. Ose section e to identi	, an obtained organization.
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe th	e public purpose made pur	rsuant to the agency's policy
	Passes			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
			nonial Role Other	
Archuleta, Ben	4tix-1p		king "Ceremonial Role" or "Other" de	
		To promote	attendance at events	s held at a County facili
,			nonial Role Other	
		If checi	king "Ceremonial Role" or "Other" de	escribe below:
	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Verification				
have read and understand FPPC Regulations 18	1944.1 and 18942. I	I have verified	that the distribution set t	forth above, is in accordance
have read and understand FPPC Regulations 18 with the requirements.				forth above, is in accordance
have read and understand FPPC Regulations 18 with the requirements.	Cartwright		ervisor's Assistant	\\\ \/15/W
have read and understand FPPC Regulations 18 with the requirements.				forth above, is in accordance 5/0 (month, dely, year)

Date Stamp California Form For Official Use Only Amendment (Must Provide Explanation in Part 3.)
Amendment (Must Provide Explanation in Part 3.)
Amendment (Must Provide Explanation in Part 3.)
Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing:(month, day, year)
\$100 tiv \$20 pork
of Each Ticket/Pass \$\$100 tix, \$20 park
<u>, 16 , 202</u>
nd Arena Name of Source
ert, David
Official's Name (Last, First)
the last of the continuous contribution of the
idual. Use Section C to identify an outside organization.
the public purpose made pursuant to the agency's policy
Identify one of the following:
remonial Role Other Income Recking "Ceremonial Role" or "Other" describe below:
te County resourcesavailable to County reside
remonial Role Other Income Income cecking "Ceremonial Role" or "Other" describe below:
the public purpose made pursuant to the agency's policy
d that the distribution set forth above, is in accordance
d that the distribution set forth above, is in accordance
d that the distribution set forth above, is in accordance
8/. /2
pervisor's Assistant 8/15/0

	Agency Name				Date Stamp	California 802
	Alameda County					I OIIII
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)				
	Heather Cartwright				Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				\$100 tix, \$20 park
	Does the agency have a tick		140		Each Ticket/Pass \$	4100 tix, 420 pain
	Event Description: Oakland	A's Game	D	ate(s)07	, 16 , 2022	
		Provide Title/ Explar	ation	no: Oakland		
	Ticket(s)/Pass(es) provided I	by agency? Yes [Name of Source	
	Was ticket distribution made	at the behest Vec I	¬ No ■ If	yes: Hauber	t, David	
	of agency official?	162	110		Official's Name (Last, First)	
} .	Recipients					
	Use Section A to identify the agence	cy's department or unit. • I		dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				Cerem	nonial Role Other	Income 🔲
	Burns, Thomas		6 tix-1p		king "Ceremonial Role" or "Other" des	scribe below:
				To promote	County resourcesav	ailable to County reside
			,	Cerem	nonial Role Other	Income
			·	If checi	king "Ceremonial Role" or "Other" des	scribe below:
	C. Name of Outside Or		Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	(include address and	description)	Passes			
	Verification					
/	I have read and understand FPI with the requirements.	PC Regulations 18944	.1 and 18942. I	I have verified	that the distribution set fo	orth above, is in accordance
/	vuiti die reduitements.	House Our		O.,	antigorio Accietost	8/15/11:
,	7 billians arka area and a same as	Heather Cart		Supe	ervisor's Assistant	month division
ٺ	Signature of Agency Head or Design	Pi	rint Name		11000	(month, d≝y, year)
	Comment:					

	Agency Name				Date Stamp	California 802
	Alameda County					101111 00-
Į.	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
5	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pri	ovide Explanation in Part 3.)
H	Area Code/Phone Number	E-mail			_	
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				\$100 tickets
	Does the agency have a tick				Each Ticket/Pass \$	4100 00100
	Event Description: Oakland	A's Game	D	ate(s)07	<u>, 16 , 202</u>	
		Provide little/ Explai	action			
	Ticket(s)/Pass(es) provided	by agency? Yes [no: Oakland	Name of Source	
	Was ticket distribution made	at the behest vect	□ No ■ If	yes: Hauber	t, David	
	of agency official?	Test	_ INO <u> </u>		Official's Name (Last, First)	
	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to ic	lentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	7					
	2					
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	-				nonial Role Other	
	Stopka, Rylie		2 tix		king "Ceremonial Role" or "Other" des	
				To promote	e attendance at events	held at a County facili
	/ 			1	nonial Role Other	
				If check	king "Ceremonial Role" or "Other" des	спbe below;
	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
١.	Verification					
/	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
/	with the requirements.					×1,-12
		Heather Cart	wright	Supe	ervisor's Assistant	0/15/67
ı	Signature of Agency Head Op படிக்கும்	P	rint Name		Title	(month, day, year)
_						
	Comment:					

Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6691	California 802 Form 802 For Official Use Only 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 (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Oakland A's Game Date(s) 07 / American (Name, Title) Provide Title (Explanation)	For Official Use Only 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 (510) 272-6691 E-mail heather.cartwright2@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Oakland A's Game Date(s) 07 / American Service Title (Explanation)	Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Heather Cartwright Area Code/Phone Number E-mail	Date of Original Filing:
Heather Cartwright Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Oakland A's Game Date(s) 07 / American Service Title/Explanation	Date of Original Filing:
Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Oakland A's Game Date(s) 07 Date(s	Date of Original Filing:
(510) 272-6691 heather.cartwright2@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No ☐ Face Value of E Event Description: Oakland A's Game Date(s)	Date of Original Filing:
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of E Event Description: Oakland A's Game Date(s) 07 Date(s)	(month, day, year)
Does the agency have a ticket policy? Yes No ☐ Face Value of E Event Description: Oakland A's Game Date(s) 07	
Does the agency have a ticket policy? Yes No ☐ Face Value of E Event Description: Oakland A's Game Date(s) 07	
Event Description: Oakland A's Game Date(s) 07 /	\$100 tix/\$20 parking
Provide Title/ Explanation	
Provide Title/ Explanation	18 , 2022
Ookland	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Oakland	Name of Pourse
Was ticket distribution made at the behest Yes ☐ No ■ If yes: Haubert	, David
of agency official?	Official's Name (Last, First)
of agency official:	
Recipients	
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu	al. Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Of Ticket(s)/ Passes	e public purpose made pursuant to the agency's policy
1 43363	
·	
B. Name of Individual of Ticket(s)/ (Last, First) Passes	Identify one of the following:
Cerem	nonial Role Other Income Income cling "Ceremonial Role" or "Other" describe below:
	County resources available to County reside
Cerem	nonial Role Other Income Incom
C. Name of Outside Organization of Ticket(s)/ Describe the Passes	e public purpose made pursuant to the agency's policy
Verification	
I have read and understand EPPG-Regulations 18944.1 and 18942. I have verified t	that the distribution set forth above, is in accordance
with the requirements.	9/0+/1/1
Heather Cartwright Supe	ervisor's Assistant
	Title (month, day, year)
Signature of Agency Head or Designee Print Name	rige (month, day, year)

-						
	Agency Name				Date Stamp	California 802
	Alameda County]	Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					'
	Designated Agency Contact	(Name,Title)			1	
	Sergio Ardila				☐ Amendment (Must I	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Total Explanation in Fair O.)
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
_						(menus, coy, year)
2.	Function or Event Infor	mation		_	. т	icket-100 Parking-20
	Does the agency have a tick	ket policy? Yes			Each TickerPass \$ =	Total Total Artifig 20
	Event Description: Oakland	A's vs. Houston Ast	ros D	ate(s)07		1 1
	Evolit Booonpaom	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 If	no: Oakland		
				yeş: Tam, Le	Name of Source ena	
	Was ticket distribution made	at the behest. Yes	□ No 🔳 "	yes	Official's Name (Last, First)	
	of agency official?					
_	Recipients					
٠.	Use Section A to identify the ager	ncv's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identi	ify an outside organization.
	- Section 7 to identity the ager	rey 5 department of distri	Number			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
			Passes			
			<u> </u>	ļ		
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
	(Last, Fir	'st)	Passes			
					monial Role Other C king "Ceremonial Role" or "Other" do	
				II chec.	king Ceremonial Noie of Other di	escribe below.
					monial Role Other	
				If chec.	king "Ceremonial Role" or "Other" d	escribe below:
	Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
	(include address and	1 description)	Passes			
	Alameda Boys and Girls (Club	18T 4P	To promoté	County resources or	facilities available to Cou
	Alameda Boys and Ollis C	JIUD	101 41	10 promote		
	···					
1	Verification			1		
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements					
		Sergio Ardila	1	Supe	ervisor's Assistant	7/19/12
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	Comment:					

Agency Report of:

9 ,			
Ceremonial	Role Events	and Ticket/Pass	Distributions

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. Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ	
Division, Department, or Region (if applicable)			3	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)				a	
Sergio Ardila			☐ Amendment (Must I	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail			- Americanione (most)	Torido Explanation in Factory	
(510) 272-6693 sergio.ardila@	gacgov.org		Date of Original Filing:(month, day, year)		
2. Function or Event Information			-	icket 100 Barking 20	
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of I	Each Ticket/Pass \$ 🕹	icket-100 Parking-20	
Event Description: Oakland A's vs. Housto	n Astros	oate(s)/	, 21 , 23	1 1	
Provide Title	a/ Evalenation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳 If	no: Oakland	Coliseum		
		yes: Tam, Le	Name of Source		
Was ticket distribution made at the behest	Yes ☐ No ■ "	yes	Official's Name (Last, First)		
of agency official?					
3. Recipients					
Use Section A to identify the agency's department or	unit. • Use Section B to id	dentify an individu	ial. Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		rsuant to the agency's policy	
	Passes				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:	
TEGG, 1 mey	rasses	Cerem	nonial Role Other	Income	
Ann Wehrlie	18T 4P		king "Ceremonial Role" or "Other" d		
		To promote	County resources or	facilities available to Cou	
·		Corom	nonial Role Other	Income	
			king "Ceremonial Role" or "Other" d		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy		
(monute address and description)	Passes				
:		-			
			_		
1. Verification			* ************************************	£4	
I have read and understand FFRC Regulations with the requirements.	18944.1 and 18942.	I have verified t	that the distribution set	τοπη above, is in accordance	
r .	A	Cuna	amicarla Assistant	2/10/23	
Sergio		Supe	ervisor's Assistant	(month day year)	
Signature of Agency Head or Designee	Print Name		riue	(month, day, year)	
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Alameda County, For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors Designated Agency Contact** (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Game Date(s) _07 If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: 4 tix Stopka, Rylie To promote attendance at events held at a County facility Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

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

Negarations 18944. 1 and 18942. There verified that the distribution out forth above, is in about dance

Signature of Agency Head or Designee Print Name

Supervisor's Assistant

Title

(month, day, year)

Comment:

with the requirements.

Alameda County Division, Department, or Region (If Applica Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Cabriela Christy Function or Event Information Does the agency have a ticket policy? Event Description Oakland A's vs. House	.Christy@acgov	.org	Date Stamp Amendment (Must provi	California 802 For Official Use Only ide explanation in Part 3.)	
Division, Department, or Region (If Applic Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 C. Function or Event Information Does the agency have a ticket policy?	.Christy@acgov	.org		For Official Use Only	
Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 C. Function or Event Information Does the agency have a ticket policy?	.Christy@acgov	.org			
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number [510] 272-6692 Cabriela Cabriela Cabriela Cabriela Cabriela Cabriela		org.		ide explanation in Part 3.)	
Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela. 2. Function or Event Information Does the agency have a ticket policy?		org.		ide explanation in Part 3.)	
Area Code/Phone Number [510] 272-6692		org.		ide explanation in Part 3.)	
(510) 272-6692 Gabriela. 2. Function or Event Information Does the agency have a ticket policy?		.org		vyranagon in Fait 3.j	
2. Function or Event Information Does the agency have a ticket policy?		.org	Date of Original Fillings		
Does the agency have a ticket policy?	Voc KA NI-		Date of Original Filling:	(Month, Day, Year)	
	Von KA LI-			400/400	
Event Description Oakland A's vs. House		Face Value o	f Each Ticket/Pass \$	100/100	
Event Description	ston Astros	Date(s)	2323		
		If no:			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Source		
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, of agency official?			Richard- Supervisor District 2		
			Official's Name (Last, First)		
8. Recipients					
Use Section A to Identify the agency's department		ction B to identify an individu	al. • 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	Number of Ticket(s)/ Pass(es)		Identify one of the following	<i>μ</i>	
	1 455(65)		Other describe below:	Income 🔲	
Z		Ceremonial Role	Other In Oth	Income 🔲	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	organization fo	hool or nonprofit or its contributions to	e agency's policy	
Legaue of Women Voters The League a political grassroots network and	is 183	the community	,		
membership organization that believes the freedom to vote is a nonpartisan	5	P.O. Box 2234 Cas	tro Valley, CA 94546		
. Verification					
I have read and understand EPPC Regulations 18944.	1 and 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with t	he requirements.	
	Gabriela C	hristy	Supervisor's Assistant	& 6/8/20Z	
ign dure of Agency Head or Designee	Print Nam	96	Title	(Month, Day, Year)	