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

	eremonial Role Events and Lici	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County					
	Division, Department, or Region (If Applicable)		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>04/30/21</u> (Month, Day, Year)				
	5102726695 amy.shrago@acgov.org					
2.	Function or Event Information					
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	100	
				, 03 , 21		
	Event Description Oakland A's Date(s) 04				/	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No (If no: Oaklar	nd Athletics		
				Name of So	ource	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name	(Loot First)	
_	of agency official?			Qmciars Name	(Lasi, riisi)	
3.	Recipients				416 A. 1. 1	
	Use Section A to identify the agency's department or a	Number of	tion B to ident <mark>ify an individ</mark>	• Use Section C to Idel	ntify an outside organization.	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy	
				To reward a County employee for his or her exemplary service to		
	4 the public or to end		ourage staff developr	nent		
	B Name of Individual Num					
	B. (Name of Individual) (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			Ceremonial Role	Other	Income	
			If checking "Ceremor	ial Role" or "Other" describe below.	:	
			Ceremonial Role	Other		
				al Role" or "Other" describe below		
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy	
	(include address and description)	Pass(es)				
_						
4.	Verification Thave read and under ins 18944.1 and	18942, I have ve	erified that the distribution set t	forth above, is in accordance v	vith the requirements.	
				Chief of Staff	04/30/21	
		Amy Shri		Title	(Month, Day, Year)	
	<i>4</i> 0	T THE NORTH	~	100	(

Comment: __

a starter

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

. . .

	eremonial Role Even	is and no	NEVE ass	Distributions		A Public Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
						Form Sol	
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				-		
	Gabriela Christy						
	Area Code/Phone Number	E-mail			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 Infor	mation			•	\$100	
	Does the agency have a ticket policy? Yes 🛛 No 🗖 Face Value of			of Each Ticket/Pass \$.	\$100		
	Event Description Oakland A's vs. Astros Date(s)			i, 04 , 21			
	Lvent Description	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			nd Athletics			
					Name of S		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor		
_	-					(,	
3.	Recipients	v's department or	unit e llee Ser	tion B to identify an individ	ual Allse Section C to ide	entify an outside organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of Describe the matrix						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy	
					<u></u>		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	Delich Jachuc			Ceremonial Role	Other	Income	
	Belich, Joshua		3		nial Role" or "Other" describe below unity volunteer for his	s service to the public	
					,		
	Higares, Alexander			Ceremonial Role		Income	
	ngares, Alexander		3	1	nial Role" or "Other" describe belov unity volunteer for his	s service to the public	
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
			, 499(69)				
4.	Verification	ulations 18044.1	d 18042 / how	orified that the distribution est	forth above is in accordance	with the requirements	
	Reg	uiauons 18944.1 an	Gabriela C		forth above, is in accordance	and I	
			Supervisor's Assista				

Supervis Title

(Month, Day, Year)

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

A Public Document

-	American				Data Change	California 000	
1.	Agency Name				Date Stamp	Form 802	
	Alameda County				For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	9)				
	Board of Supervisors						
	Designated Agency Contact ((Name,Title)					
	Amy Shrago				Amondmont (Must	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
	5102726695	amy.shrago@acgov.org			Date of Original Filing:		
2.	Function or Event Infor	mation				100	
	Does the agency have a ticket policy? Yes ⊠ No □						
	Event Description Oakland A's			Data(s) 04	4 , 17 , 21		
	Tondo Hiorzypanaton						
	Ticket(s)/Pass(es) provided by agency? Yes			If no: Oaklar	nd Athletics		
						ource	
	Was ticket distribution made a	at the behest	No 🗍 Yes [If yes: Carso	Official's Name	(Last First)	
_	of agency official?						
3.	Recipients				a line Section C to ide	ntify an outside organization.	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of						
	A. Name of Agency, Department or Unit Tick		Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	District 5		5	To reward a County	inty employee for his or her exemplary service to encourage staff development		
	8. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
					Other D		
	· · · · · ·			Ceremonial Role	Other	Income	
					nial 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		nt to the agency's policy	
4	Verification						
	have read and understand EDDC Base	"'ations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in acco rdance i	with the requirements.	
	Amy Shr		ago	Chief of Staff	04/30/21		
	- ;nee		Print Narr	-	Title	(Month, Day, Year)	

8 I.