	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County		Form 002				
	Division, Department, or Region (If Applicable)		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Amy Shrago						
	Area Code/Phone Number E-mail				rovide explanation in Part 3.)		
	5102726695 amy.shrago@	acgov.org		Date of Original Filing:	06/01/21 (Month, Day, Year)		
2.	Function or Event Information	······	IDD				
				f Each Ticket/Pass \$ _	100		
		, 01 , 21					
	Event Description Oakland A's Date(s) Of Provide Title/Explanation				//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oaklar	nd Athletics			
				Name of So	urce		
	Was ticket distribution made at the behest No 🗌 Yes 🗵		If yes: Carso	f yes: Carson, Keith Official's Name (Last, First)			
	of agency official?		-031, 7 1131/				
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.						
	CSC Section A to identify the agency's department or unit. (• Use Section B to identify a Number of						
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
				3			
	·	Number of					
	B. (Name of Individual) (Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
			Ceremonial Role	Other Interview of the selection of the	Income		
			Ceremonial Role If checking "Ceremon	Other Other is a contract of the other	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy		
		Pass(es)					
	Peralta Elementary School 460 63rd St. Oakland CA 94609	6	To reward a schoo to the community.	l or nonprofit organiza	tion for its contributions		
	Verification						

3944. Fally 10942. Fhave verified that the distribution act forth above, is in additional for high the requiriements.

Amy ShragoChief of Staff06/01/21Print NameTitle(Month, Day, Year)

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1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
		-mail			Amendment (Must p	rovide explanation in Part 3.)
)acgov.org		Date of Original Filing: 06/01/21 (Month, Day, Year)		
2.	Function or Event Inform	ation		IDU		
	Does the agency have a ticket policy? Yes X No K Face Value of				f Each Ticket/Pass \$ _	100
					0821	1 1
	Event Decemption /	Provide Title/Expla				
	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Oaklar			nd Athletics Name of So		
	Mag tigket distribution mode at	the heheet		- Carso		urce
Was ticket distribution made at the behest of agency official?			No 🗌 Yes 🛛 🛛 If yes: Carso		Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency's	department or u	init. • Use Sec	tion 8 to ident <mark>ify an individe</mark>	III) • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
			Pass(es)			
	92 					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
	(Lest, First)		Pass(es)			
				Ceremonial Role	Other describe below:	Income
				I showing coronan		
		_		Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organiz	ation	Number of			
	(include address and desci		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Sequoia Elementary School 3	3730 Lincoln		To reward a school	or nonprofit organiza	tion for its contributions
	Ave. Oakland CA 94602		6	to the community.		
4.	Verification	· · · · · · · · · · · · · · · · · · ·	<u> </u>			

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	06/01/21
·e —	Print Name	Title	(Month, Day, Year)

Comment: _____

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Agency Name		a dan dari yang mangan yang dari yang da		Date Stamp	California 000		
Alameda County					Form 002		
Division, Department, or Region (If Applicable)					For Official Use Only		
Board of Supervisors							
	Designated Agency Contact (Name, Title)						
Heather Cartwright					new ide our lanation in Dart 2.)		
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)				
(510) 272-6693		rtwright@acgo	ov.org	Date of Original Filing	:(Month, Day, Year)		
Function or Eve	Function or Event Information \$100						
Does the agency have	ve a ticket policy?	of Each Ticket/Pass \$					
Event Description B	aseball game	, 27 , 21	//				
	Provide Title/Explanation						
Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakla				nd A's Name of S			
					ource		
Was ticket distributio of agency official?	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Chai			, WIIMA Official's Name	(Last, First)		
	Recipients						
A. Name of Agency, Department or Unit Number of Ticket(s)/		Describe the public purpose made pursuant to the agency's policy					
	of Individual Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the folic	wing:		
B. Name Clinton, Nate		Ticket(s)/ Pass(es)		Other	Income		
		Ticket(s)/	If checking "Ceremon To promote attend	Other	Income L w held at a County facility in		
		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize	Dether Dether describe below nial Role" or "Other" describe below ance at a(n) event	Income w held at a County facility in		
		Ticket(s)/ Pass(es)	If checking "Cereinor To promote attend order to maximize Ceremonial Role	□ Other □ nial Role" or "Other" describe below ance at a(n) event potential County reve	ncome held at a County facility in enue		
Clinton, Nate		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other or "Other" describe below ance at a(n) event potential County revu	Income held at a County facility in enue		
Clinton, Nate	Last First)	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Country revent County revent Other Other Other County revent County reven	Income held at a County facility in enue		
Clinton, Nate	Last First)	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other Country revent County revent Other Other Other County revent County reven	Income held at a County facility in enue		
Clinton, Nate	Last First) Itside Organization ess and description)	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the pul	Other Other' describe below ance at a(n) event potential County reve Other ot	Income held at a County facility in enue		
Clinton, Nate C. Name of Ou (include addre	Last First) Itside Organization ess and description)	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/ Pass(es) and 18942. / have ve	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the pul	Conter C	Income held at a County facility in enue Income nue Income with the requirements.		
Clinton, Nate C. Name of Ou (include addre	Last First) Itside Organization ess and description)	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the pul enfied that the distribution set rtwright	Other Other' describe below ance at a(n) event potential County reve Other ot	Income held at a County facility in enue Income nue Income with the requirements.		

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Agency Name			Date Stamp	California 802				
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Division, Department, or Region (If App		For Official Use Only						
Board of Supervisors								
Designated Agency Contact (Name, Title								
Heather Cartwright	Amendment (Must	provide explanation in Part 3.)						
Area Code/Phone Number E-mail								
	r.cartwright@acgov	v.org	Date of Original Filing:	(Month, Day, Year)				
Function or Event Information Does the agency have a ticket policy? Yes X No T Face Value of Each Ticket/Pass \$\$100								
Does the agency have a ticket policy?								
Event Description Baseball game	28 21	//						
	Provide Title/Explanation							
Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland A's Name of Source								
Was ticket distribution made at the beh	i, Wilma							
of agency official?	nest No 🗌 Yes 🛛	······································	Official's Name	(Last, First)				
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		Describe the put	blic purpose made pursuar	t to the agency's policy				
	Pass(es)							
			<u> </u>					
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:				
	Pass(es)	Ceremonial Role	Other					
Galicia, Rebecca		If checking "Ceremo	nial Role" or "Other" describe below					
	6	To promote attend	lance at a(n) event	held at a County facility in				
	0	order to maximize	potential County reve	nue				
	0	order to maximize	lance at a(n) event potential County reve Other Other Other Manager and County and County reversion of the second seco	Income				
	0	order to maximize	potential County reve	Income				
	0	order to maximize	potential County reve	Income				
C. Name of Outside Organization	Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	potential County reve	Income				
C. Name of Outside Organization (include address and description)	Number of	order to maximize Ceremonial Role If checking "Ceremo	Dotential County reversion of the county reversion of	Income				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	Dotential County reversion of the county reversion of	Income				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	Dotential County reversion of the county reversion of	Income				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	Dotential County reversion of the county reversion of	Income				
(include address and description)	Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	Dotential County reversion of the county reversion of	Income				
(include address and description)	Number of Ticket(s)/ Pass(es)	order to maximize Ceremonial Role If checking "Ceremo Describe the pu	potential County reve	Income				
(include address and description)	Number of Ticket(s)/ Pass(es)	order to maximize Ceremonial Role If checking "Ceremo Describe the pu	potential County revention of the source of	Income				
(include address and description)	Number of Ticket(s)/ Pass(es)	order to maximize Ceremonial Role If checking "Ceremo Describe the pu rified that the distribution set twright	potential County reve	Income				

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1.	Agency Name			Date Stamp	California 802	
	Alameda County		Form OUZ For Official Use Only			
	Division, Department, or Region (If Applicable		For Onicial Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	······				
	Amy Shrago				provide explanation in Part 3.)	
	Area Code/Phone Number E-mail	· · ·	06/01/21			
	5102726695 amy.shrago@acgov.org			Date of Original Filing: (Month, Day, Year)		
2.	Function or Event Information				(11)	
				f Each Ticket/Pass \$ _	100	
	Event Description Oakland A's Date(s)			<u>, 29 , 21 </u>	//	
	Provide nite/Explanation			nd Athletics		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oak		If no: Oakia	Name of Se	ource	
	Was ticket distribution made at the behest No I Yes I If yes: Carso			on, Keith		
	of agency official?			Official's Name	(Last, First)	
3.	Recipients					
	• Use Section A to ideanify the agency's department of	Constraint of the second se	ction B to iden <mark>tify an individ</mark>	Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy		
		Pass(es)				
				<u> </u>		
	B. (Name of Individual)	Number of Ticket(s)/		Identify one of the follow	vina:	
	(Last, First)	Pass(es)				
				Other ial Role" or "Other" descri be below.		
			Ceremonial Role		Income	
			If checking "Ceremon	ial Role" or "Other" describe below.	:	
	C. Name of Outside Organization Number of Ticket(s)/ Describe			scribe the public purpose made pursuant to the agency's policy		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy	
	Peter Pan Coop Nursery School 4618		To reward a schoo	ol or nonprofit organization for its contributions		
	Allendale Ave, Oakland, CA 94619	6	to the community.			
_						
4.	Verification					
	II Regulations 18944.1 a					
		Amy Shr		Chief of Staff	(Month, Day, Year)	
		Print Nam	i c	1100	(MUNHI, Day, Tear)	
	Comment:					
				FPPC Toll-Free Helpline	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772) :	