1. Agency Name California 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: (510) 272-6693 heather.cartwright@acgov.org (month, day, year) 2. Function or Event Information 100 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🔳 No 🗌 Event Description: Baseball game 20 21 80 Date(s) _ Provide Title/ Explanation If no: _Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖿 Name of Source Chan, Wilma Was ticket distribution made at the behest Yes D No If ves: 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes

| В. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
|--------------------|---|-----------------------------------|--|
| Taylor, Antionette | | 12 | Ceremonial Role Other I Income I It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County |
| | | | Ceremonial Role Other I Income Income I Income |
| 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 |
| | | | |

Verification

t

PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in_laccordance 1

| – Hea | ther Cartwright | Supervisor's Assistant | 0/19/2 |
|-------|-----------------|------------------------|--------------------|
| | Print Name | Title | (month, day, year) |
| | | | |

Print



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A Public Document

Agency Report of: d Ticket/De

| AF | Public | Docum | enf |
|----|--------------|-----------------|-----|
| | MANIN | DVVU III | |

| - | Agency Name | | 29 | | Date Stamp | California 000 |
|----|--|--|---|---|--|--|
| | Alameda County | | | | | Form 802 |
| | Division, Department, or Reg | on (if applicable) | | For Official Use Only | | |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | Name, Tille) | | | | |
| | Amy Shrago, Chief of Staff | | | | | |
| | Area Code/Phone Number | E-mail | | | | Provide Explanation in Part 3.) 08/19/21 |
| | 510-272-6695 | Amy.Shrago@acgo | ov.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | an shine an ann an Anna | <u>, 1965 - 19</u> 33 - 19 | | |
| | Does the agency have a ticl | | | | Each Ticket/Pass \$ | aller and a free first of the state of the s |
| | Event Description: Oakland | A's | | Date(s) | , 21 , 21 | 1 1 |
| | | Provide Title/ Expla | nation | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | 🗆 No 🔳 | If no: Oakland | Name of Source | |
| | | - 1.45 - 1 1 4 | | If yes: Carson | , Keith | |
| | Was ticket distribution made | at the benest Yes | No 📋 | ii yes. | Official's Name (Last, First) | nan han berna an a |
| | of agency official? | | | | | |
| | A. Name of Agency, Dep: | irtment or Unit | of Ticket(s)/ Passes | Describe tr | e pubec pur pose made pu | suant to the agency's policy |
| | B. Name of Ind (Last, Fil | | Number of Ticket(s)/ Passes | | Identify one of the f | following: |
| | Hourula, Johannes | Hourula, Johannes | | Ceremonial Role D Other D It checking "Caremonial Role" or "Other" describe below: To reward a community volunteer for servic | | scribe below: |
| | wynia an an ar an ar | gygr gyggygg yn ar yn de fan i an yn regenn ar yn yr 1999 | | . E | nonial Role COMPANIE Other Sting "Ceremonial Role" or "Other" de | |
| | C. Name of Outside C (include address and | Prganization d description) | Number of Ticket(s)/ Passes | Describe ti | he public purpose made pu | rsuant to the agency's policy |
| | | Ale ann an tha an t | | | | anna an a sha ta anna a sha anna a sha anna a sha anna a sha anna a |

- D:

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

| Amy Shrago | | Chief of Staff | 08/19/21 | |
|------------|------------|--------------------------|---|--|
| | Print Name | Title | (month, day, year) | |
| rint | Clear | FPPC Toll-Free Helpline: | FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772) | |

| <u> </u> | eremonial Note Lyen | to and nekeur | ass Disti | ibulions | A | Fublic Document |
|----------|---|----------------------|-----------------------------------|-------------------------|---|----------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | County of Alameda | | | | | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | _ | | For Official Use Only |
| | Board of Supervisors, Fourt | h District | | | | |
| | Designated Agency Contact | Name, Title) | | | | |
| | Nathan Miley | | | | Amondmont (Must D | revide Fundamentian in David O.) |
| | Area Code/Phone Number | E-mail | | | Amendment (Must Pi | rovide Explanation in Part 3.) |
| | (510) 272-6694 | austin.bruckner@a | cgov.org | | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Inform | mation | | - | | |
| | Does the agency have a tick | et policy? Yes | No 🗆 | Face Value of | Each Ticket/Pass \$ | |
| | Event Description: <u>Oakland</u> | | | Date(s) <u>8</u> | , 22 , 21 | |
| | Event Description. | Provide Title/ Expla | nation | Date(s) | // | // |
| | Ticket(s)/Pass(es) provided | by agency? Yes | No 🗌 | lf no: | | |
| | | | | lf yes: <u>Miley, N</u> | Name of Source | |
| | Was ticket distribution made | at the behest Yes | 🔲 No 🗌 | If yes: | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| | 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 |
| | B. Name of Indi (Last, First | | Number of Ticket(s)/ Passes | | Identify one of the fo | bllowing: |
| | Mole, Elizabeth | | 2 | lf check | nonial Role D Other king "Ceremonial Role" or "Other" des a cmmunity volunteer fe | |
| | Aguilar, Amber | | 2 | lf check | nonial Role D Other des king "Ceremonial Role" or "Other" des a community volunteer | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | suant 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 "

| | Nath | an Miley | Supervisor, Fourth District | August 20, 2021 |
|---|-------|---------------------------------------|-----------------------------|------------------------|
| _ | gnee | Print Name | Title | (month, day, year) |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | Print | Clear | EBBC Toll Free Helphan 0000 | FPPC Form 802 (2/2016) |

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Dublie De

| С | Ceremonial Role Events and Ticket/Pass Distributions | | | | Α | Public Document |
|----|--|----------------------|-----------------------------------|-------------------------------|---|---------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 000 |
| | County of Alameda | | | | Form For Official Us | |
| | Division, Department, or Reg | ion (if applicable) | | | - | For Official Use Only |
| | Board of Supervisors, Four | th District | | | | |
| | Designated Agency Contact | (Name, Title) | | | 1 | |
| | Nathan Miley | | | | Amondmont (Must 6 | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | rovue Explanation in Part 3.) | | |
| | (510) 272-6694 | austin.bruckner@a | cgov.org | | Date of Original Filing: | (month day year) |
| 2. | Function or Event Infor | mation | | | l | |
| | Does the agency have a tic | ket policy? Ves | No 🗖 🗏 | Face Value of | Each Ticket/Pass \$ | |
| | | | | | | |
| | Event Description: Oakland | Provide Title/ Expla | nation | Date(s) | // | // |
| | Ticket(s)/Pass(es) provided | • | | f no: | Name of Source | |
| | | | | Miley N | Name of Source | |
| | Was ticket distribution made | e at the behest Yes | No 🗖 📕 | f yes: | Official's Name (Last, First) | ···· |
| | of agency official? | | | | | |
| | A. Name of Agency, Dep | artment or Unit | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy |
| | B. Name of Indi (Last. Fir | | Number of Ticket(s)/ Passes | | Identify one of the f | |
| | Hamid Niazi | | 2 | | nonial Role D Other 📕 king "Ceremonial Role" or "Other" de | |
| | | | 2 | | | for their service to the r |
| | | | h | | | · · · · · · · · · · · · · · · · · · · |
| | Monde Agenor | | 2 | | nonial Role 🛄 🛛 Other 📕 king "Ceremonial Role" or "Other" de | scribe below: |
| | | | _ | To reward a | a community voluntee | for their service to the r |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | | | suant to the agency's policy |
| - | <u> </u> | | | | | |

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 | August 23, 2021 | |
|----------|--------------|-----------|-----------------------------|------------------------|--|
| <u> </u> | | rint Name | Title | (month, day, year) | |
| Cor | | | ······. | | |
| | Print | Clear | | FPPC Form 802 (2/2016) | |

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

| С | eremonial Role Even | ts and Ticket/P | ass Distri | butions | Α | Public D | ocument |
|----|---|---|-----------------------------------|---------------------|-------------------------------|--------------------|-------------------|
| 1. | Agency Name | | 1 I | | Date Stamp | Californ | ^{ia} 802 |
| | Alameda County | | | | | | |
| | Division, Department, or Regi | on (if applicable) | | | | For Offic | ial Use Only |
| | Board of Supervisors | Board of Supervisors | | | | | |
| | Designated Agency Contact (| Designated Agency Contact (Name, Title) | | | | | |
| | Heather Cartwright | | | | Amendment (Must F | Provido Explanatio | n in Dort 2) |
| | Area Code/Phone Number | E-mail | | | | Tovide Explanalio | n in ran 3.j |
| | (510) 272-6693 | heather.cartwright@ | @acgov.org | | Date of Original Filing: | (month, day, | /ear) |
| 2. | Function or Event Inform | nation | | | | | |
| | Does the agency have a tick | tet policy? Yes | 🖀 No 🗔 F | ace Value of | Each Ticket/Pass \$ _ | | 100 |
| | Event Description: Baseball | game | D | ate(s)08 | , 27 , 21 | , | 1 |
| | | Provide Title/Expla | nation | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | | no: Oaklan | Mama of Source | | |
| | Mas ticket distribution made | Was ticket distribution made at the behest Yes D No F If yes: Chan, V | | | | | |
| | of agency official? | at the beliest yes | 🗋 No 🔳 👖 | | Official's Name (Last, First) | | |
| 3. | 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 identi | fy an outside org | anization. |
| | A. Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | rsuant to the ag | ency's policy |
| | | | Number | | | | |
| | B. Name of Indiv (Last, First | | of Ticket(s)/ Passes | | Identify one of the t | following: | |
| | Cartwright, Bonnie | | 12 | If check | ionial Role D Other C | escribe below: | Income |
| | 4 | | | To encoura | ge County of Alamed | a resident an | d business |
| | | | | Cerem | onia! Role C Other C |] | income |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pu | suant to the age | ency's policy |
| | | | | | | | |

4. Verification

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

| \geq | Heather Cartwright | Supervisor's Assistant | 8/24/2021 |
|----------|--------------------|------------------------|-------------------|
| Designee | Print Name | Title | (month, day/year) |
| | | | |

Print



FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

E-mail

Amy.Shrago@acgov.org

Distributions A Public Document
Date Stamp California 802
For Official Use Only
Amendment (Must Provide Explanation in Part 3.)

Date of Original Fillng:

08/19/21

(month, day, year)

2. Function or Event Information

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

| Does the agency have a ticket policy? Yes No | Face Value of Each Ticket/Pass \$ |
|---|--|
| Event Description: Oakland A's | Date(s) 08 , 29 , 21 |
| Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes I No | I If no: Oakland Athletics |
| | Name of Source |
| Was ticket distribution made at the behest Yes No Cof agency official? | If yes: Carson, Keith Official's Name (Last, First) |

3. Recipients

1. Agency Name

Alameda County

510-272-6695

Board of Supervisors

Amy Shrago, Chief of Staff

Area Code/Phone Number

• 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 Defender's Office | | 12 | To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff | |
| в. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: | |
| | ynnen defe, hâld wer gener gener en werden it de die Addre Mandel maan in de e | | Ceremonial Role D Other I Income I Inco | |
| | 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - | | Ceremonial Role Other Income I | |
| С. | 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.

|) | Amy Shrago | Chief of Staff | 08/19/21 | |
|---------|------------|---|-----------------------------|--|
| esignee | Print Name | Title | (month, day, year) | |
| Prin | t Clear | n an a stand an | FPPC Form 802 (2/2016) | |
| Prin | C Clean | FPPC Toll-Free Helpline | 866/ASK-FPPC (866/275-3772) | |