| С | eremonial Role Even | ts and Ticket/F | Pass Dist | ributions | Α | Public Document |
|----|--|---------------------|-----------------------------------|---------------|--|--------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 Form |
| | Alameda County | | | | | |
| | Division, Department, or Reg | ion (if applicable) | <u> </u> | | | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact | (Name, Title) | | · | | ÷ |
| | Heather Cartwright | | | | Amondmont (Must Pi | rovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | <u> </u> | | | ovide Explanation in Part 3.) |
| | (510) 272-6693 | heather.cartwright | @acgov.org | | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Infor | mation | | | h | |
| | Does the agency have a ticl | ket policy? Yes | No 🗆 | Face Value of | Each Ticket/Pass \$ | 100 |
| | Event Description: Basebal | | | Date(s)09 | 0821 | // |
| | Ticket(s)/Pass(es) provided | | d A's | | | |
| | | by agonoy: res | Name of Source | | | |
| | Was ticket distribution made at the behest Yes 🗖 No 🗐 If yes: <u>Chan, V</u> | | | | Official's Name (Last, First) | |
| | of agency official? | | | | Oniciars Name (Last, Pirst) | |
| | A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | suant to the agency's policy |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the fo | bllowing: |
| | Olney, Eric | | 12 | If check | nonial Role Other King "Ceremonial Role" or "Other" des attendance at a(n) | |
| | | | | Ceren | nonial Role Other King "Ceremonial Role" or "Other" des | Income |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pure | suant to the agency's policy |
| | | | | | | |

4. Verification

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

| | Heather Cartwright | Supervisor's Assistant | 9/7/201 |
|----------|--------------------|------------------------|--------------------|
| | Print Name | Title | (month, day, year) |
| Comment: | | | <u></u> |

Print



Agency Report of: С

| C | eremonial Role Events an | а пск | et/Pass | Distributions | | A Public Document |
|----|---|----------------|-------------------------|--|---|-------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Alameda County | | | | | |
| | Division, Department, or Region (If A | Applicable) | | | | For Official Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (Name, 7 | Title) | | | | |
| | | , | | | | |
| | Gabriela Christy Area Code/Phone Number | | | | Amendment (Must pro | ovide explanation in Part 3.) |
| | | - | sty@acgov | org | Date of Original Filing: _ | (Month, Day, Year) |
| 2. | Function or Event Informatio | | 100 | | | |
| | Does the agency have a ticket policy | | ′es 🔀 🛛 No | Face Value o | of Each Ticket/Pass \$ | 100 |
| | Event Description Oakland A's vs. | Texas Ra | ngers | Date(s) 09 | | 1 1 |
| | Provide | ə Title/Explan | ation | | 1 Landarba C | <u> </u> |
| | Ticket(s)/Pass(es) provided by agen | cy? Y | ∕es□ No | If no: | iland Amlencs | • |
| | | | | | Name of Sour | |
| | Was ticket distribution made at the b of agency official? | ehest | No 🔲 Yes | If yes: Valle, | Richard- Supervisor D Official's Name (La | ast. First) |
| _ | | | | | | |
| 3. | • Use Section A to identify the agency's depart | rtment or un | it alles Sor | tion B to identify an individu | a Use Section C to identit | fy an outside organization |
| | A Number of Describe the number | | | | | |
| | A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) | | | Describe the public purpose made pursuant to the agency's policy | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | B. Name of Individual (Lasi, First) | | Number of Ticket(s)/ | | Identify one of the followin | g |
| | | | Pass(es) | Ceremonial Role | Other | |
| | | | | | al Role" or "Other" describe below: | Income |
| | | | | | | |
| | | | | Ceremonial Role | Other | |
| | | | | | al Role" or "Other" describe below: | |
| | | | Number of | | | |
| | C. Name of Outside Organization (include address and description |) | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | Sunol Glen School 11601 Main St Sunol, CA 94586 | , | 12 | To reward a nonpro community | fit organization for its c | ontributions to the |
| | We, the entire Sunol Glen staff, pa body and community of Sunol will | | | | t will produce goal-orien otive members of socie | |
| 4. | Verification | ! | | | · · · · | |
| | | 8944.1 and 11 | 8942. I have ve | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | | (| Gabriela C | hristy | Supervisor's Assistant | 9/20/01 |

(Month, Day, Year)

| C | eremonial Role Even | ts and Ticket/P | ass Distr | ributions | | A Public Do | |
|----|---|---|-----------------------------------|------------------------|---|---------------------------|------------|
| 1. | Agency Name | | | | Date Stamp | California Form | 802 |
| | Alameda County | | | | | | |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official | Use Only |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact | Name, Title) | | | | | |
| | Heather Cartwright | | | | | st Provide Explanation in | Part 3) |
| | Area Code/Phone Number | E-mail | | | | | |
| | (510) 272-6693 | heather.cartwright@ | @acgov.org | | Date of Original Filing | g:(month, day, yea | r) |
| 2. | Function or Event Infor | mation | | | | | 100 |
| | Does the agency have a tick | et policy? Yes [| No 🗌 🗏 | Face Value of | Each Ticket/Pass \$. | | 100 |
| | Event Description: Basebal | | | Date(s) | , 12 , 21 | , , | |
| | Event Description: | Provide Title/ Expla | nation | | | // | |
| | Ticket(s)/Pass(es) provided | | 🗌 No 🔳 🗏 | f no: Oakland | d A's | | |
| | | , | | | Name of Source | | |
| | Was ticket distribution made | at the behest Yes | 🗌 No 🔳 📕 | lf yes: <u>Chan, V</u> | Official's Name (Last, Firs | st) | |
| | of agency official? | | | | Onicial's Marrie (Last, 1 1/3 | 99 | |
| | A. Name of Agency, Depa | intment or Unit | of Ticket(s)/ Passes | Describe th | e public purpose made p | oursuant to the agend | y's policy |
| | B. Name of Indi (Last, Fire | | Number of Ticket(s)/ Passes | | Identify one of the | e following: | |
| | Farooq, Alina | | 12 | - | onial Role Dother | | |
| | Tarooq, Anna | | | | county resources o | | ole to Co |
| | | | | Cerem | ionial Role Other ing "Ceremonial Role" or "Other" | | Income |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made p | oursuant to the agenc | y's policy |
| | | | | | | | |

4. Verification

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

| | 3. ad or Designee | Heather Cartwright Print Name | Supervisor's Assistant | (month, day, year) |
|----------|----------------------|----------------------------------|------------------------|--------------------|
| Comment: | | | | |

Print



| . Agency Name | | | | Data Stema | A Public Do | cumer |
|--|---------------------------|------------------------------|---|---|--|----------|
| Alameda County | | | | Date Stamp | California Form | 802 |
| Division, Department, or Reg | ion (If Applicable) | | <u></u> | - | For Official Use | e Only |
| | | | | | | |
| Board of Supervisors Designated Agency Contact (| Name, Title) | | · | - | | |
| Gabriela Christy | . , | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must p | rovide explanation in Pa | art 3.) |
| (510) 272-6692 | Gabriela.Christy(| @acgov. | .org | Date of Original Filing: | (Month, Day, Year) | |
| . Function or Event Inform | | | | | (Month, Day, Year) | |
| Does the agency have a ticke | | 🛛 No 🛛 | Face Value c | of Each Ticket/Pass \$ | | 200 |
| Event Description Pepe Aguil | | | | , 17 , 21 | | |
| Event Description | Provide Title/Explanation | 1 | Date(s) | | | |
| Ticket(s)/Pass(es) provided by | agency? Yes | 🗆 No 🛙 | If no: | Name of Sou | Urce | |
| Was ticket distribution made a | t the behest No | 🗆 Yes | If yes: Valle, | Richard- Supervisor [| District 2 | |
| of agency official? | | | | Official's Name (L | ast, First) | |
| Recipients • Use Section A to identify the agency | 's department or unit. | • Use Sect | tion B to identify an individu | al. • Use Section C to ident | ifv an outside organiza | ation. |
| A. Name of Agency, Departme | nt or Unit Tic | mber of ket(s)/ ss(es) | | lic purpose made pursuant | | |
| | | | | | | |
| B. Name of Individual (Lest, First) | Tic | nber of ket(s)/ ss(es) | | Identify one of the following | ng: | |
| | | | Ceremonial Role | Other Inter Other al Role" or "Other" describe below: | ir | ncome |
| | | | | Other describe below: | In | |
| C. Name of Outside Organia (include address and desc | ription) Tic | nber of ket(s)/ ss(es) | Describe the publ | ic purpose made pursuant (| to the agency's policy | y |
| UC FAMILY CENTER 725 W Union City, CA 94587 | hipple Rd, | 3 | To reward a nonprof community | it organization for its c | contributions to th | ie |
| Since 2013, the Union City Face Center (UCFC) has improved | | | nearly 20,000 individ agencies that provid | luals. We collaborate e services to students | with more than 4 and families in th | 0 he |
| Verification | | | | | | |
| yula | tions 18944.1 and 18942. | l have verit | fied that the distribution set for | rth above, is in accordance with | the requirements. | |
| _ | Gab | riela Chi | ristyS | Supervisor's Assistant | 9/28 | 5/21 |
| in the stratency Heal of Designee | | Print Name | | Title | (Month, Day | (, Year) |

A Public Document

| 1. Agency Nar | ne | | | | Date Stamp | California 802 |
|---------------------|---|------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| Alameda Cou | nty | | | | | Form 002 |
| Division, Depa | rtment, or Reg | ion (If Applicable | e) | | | For Official Use Only |
| Board of Supe | ervisors | | | | | |
| Designated Ag | ency Contact | Name, Title) | | | | |
| Amy Shrago | | | | | | rovide explanation in Part 3.) |
| Area Code/Pho | one Number | E-mail | | | | |
| 5102726695 | | amy.shrago | @acgov.org | | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or | Event Infor | mation | | | | 200 |
| Does the agen | cy have a ticke | t policy? | Yes 🛛 No | | of Each Ticket/Pass \$ _ | |
| Event Descript | ion Oakland A | 's | | Date(s)09 |) / 21 / 21 | ////// |
| | | Provide Title/Exp | lanation | | | |
| Ticket(s)/Pass | Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Öaklan | | | | | urce |
| | Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Carso of agency official? | | | | on, Keith Official's Name (I | Last, First) |
| 3. Recipients | | | | 6 (a) <u>(t)</u> - | <u>д о А., с.с.</u> . С. | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Use Section A to | identify the agenc | y's department or | Number of | ction B to identify an individu | al. • Use Section C to Iden | tify an outside organization. |
| A. Name of | Agency, Departme | ent or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | | | | | | |
| | | | | | | |
| В. | Name of Individu | 1 | Number of Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| | · <u>-</u> , | | | Ceremonial Role | Other | Income |
| π. | | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | Ceremonial Role | | Income |
| | | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| C. Name (include | of Outside Organ e address and des | lization scription) | Number of Ticket(s)/ Pass(es) | Describe the pub | blic purpose made pursuant | to the agency's policy |
| Youth Alive | | | 12 | To reward a school to the community. | l or nonprofit organiza | tion for its contributions |
| | | | | | | |
| 4. Verification | lerstand FPPC Regi | llations 18944.1 an | d 18942. I have ve | erified that the distribution set t | forth above, is in accordance wi | th the requirements. |
| | | | Amy Shr | | Chief of Staff | 09/21/21 |

Print Name

Title

(Month, Day, Year)

Comment: _

Agency Report of: (

| С | eremonial Role Event | s and Ticket/P | ass Distri | butions | Α | Public Document |
|----|---|-------------------------------|--|---------------------|---|---|
| _ | Agency Name Alameda County Division, Department, or Regio Board of Supervisors | | | | Date Stamp | California Form 802 For Official Use Only |
| | Designated Agency Contact (/ | Name, Title) | | | | |
| | Heather Cartwright | | | | Amendment (Must Pl | rovide Explanation in Part 3.) |
| | | E-mail | | | | |
| | (510) 272-6693 | heather.cartwright@ | gacgov.org | | Date of Original Filing: . | (month, day, year) |
| 2. | Function or Event Inform | nation | | | | 100 |
| | Does the agency have a tick | et policy? Yes | No 🗖 🛛 F | ace Value of | Each Ticket/Pass \$ | 100 |
| | Event Description: Baseball | game Provide Title/ Explar | 1ation | ale(3) | , 23 , 21 | // |
| | Ticket(s)/Pass(es) provided I | by agency? Yes [| No 📕 If | no: <u>Oaklan</u> | d A's | |
| | Was ticket distribution made of agency official? | at the behest Yes [| Name of Source Vilma Official's Name (Last, First) | | | |
| 3. | Recipients • Use Section A to identify the agence | v's department or unit. | Use Section B to ic | lentify an individi | ual. Use Section C to identif | y an outside organization. |
| | A. Name of Agency, Depar | | Number of Ticket(s)/ Passes | | | suant to the agency's policy |
| | R Name of Individual | | Number | | Identify one of the f | ollowina: |
| | B. Name of Indiv (Last, Firs | | of Ticket(s)/ Passes | | | |
| | | | | | nonial Role Cther C king "Ceremonial Role" or "Other" de | • |
| | | | | | nonial Role Other king "Ceremonial Role" or "Other" de | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy |
| | Deputy Sheriff's Activities | League, 16335 E 14 | 12 | To reward | a school or nonprofit o | rganization for its contrib |

Youth sports/activities league in unincorporate

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

Supervisor's Assistant Heather Cartwright Title Print Name (month, day, year, Comment:

Print



Agency Report of: Ceremonial Role E 1. Agency Name 1. 1999 .

| | | ibutions | • • | Public Document |
|-----------------------|--|--|--|--|
| | | | Date Stamp | California 802 Form |
| | | | | Form OUZ |
| n (if applicable) | | | | For Official Use Only |
| | | 11 - L | | |
| ame, Title) | | | | |
| | | | | nuida Evalanatian in Part 3.1 |
| -mail | | | | Swoe Explanation in Part 3.) |
| neather.cartwright@ | @acgov.org | | Date of Original Filing: _ | (month, day, year) |
| ation | | | | 100 |
| t policy? Yes | No 🗌 🛛 F | ace Value of | Each Ticket/Pass \$ | 100 |
| jame | | Date(s) | <u>, 24 , 21 </u> | / |
| Provide Title/ Explai | nation | | | |
| y agency? Yes [| | | Name of Source | · · · · · · · · · · · · · · · · · · · |
| t the behest ves | | yes: Chan, V | Vilma | |
| | | | Official's Name (Last, First) | |
| <u> </u> | 1 | | | |
| | Passes | | | |
| Jual | Number of Ticket(s)/ Passes | | Identify one of the fo | llowing: |
| | | | | income |
| | 12 | | | |
| | | | | |
| | | Cerem If check | ionial Role Other Contract of the transformed and the transformed | |
| | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| | | | | |
| | ation to policy? Yes game Provide Title/ Explain y agency? Yes [at the behest Yes [r's department or unit. • ment or Unit | ame, Title) E-mail heather.cartwright@acgov.org ation the policy? Yes No F game Provide Title/Explanation y agency? Yes No Mo Mo Mo at the behest Yes No Mo Mo f the behest Yes No Mo Mo f the behest Yes No Mo Mo f the behest Yes for Ticket(s)/ Passes f the behest No Mo f f f the behest No Mo f f f the behest No Mo f f f f f f f f f f f f f f f f f f f | ame, Title) E-mail heather.cartwright@acgov.org ration the policy? Yes No Face Value of game Date(s) 09 Provide Title/Explanation y agency? Yes No If no: Oakland y agency? Yes No If no: Chan, V at the behest Yes No If yes: Chan, V at the behest Yes No If yes: Chan, V at the behest Yes Do If yes: Chan, V at the behest Yes Do If yes: Chan, V at the behest Yes To I of Ticket(s)/ Passes dual Number of Ticket(s)/ Passes Cerem 12 Cerem 1 Cer | Im (if applicable) arre, Title) E-mail heather.cartwright@acgov.org Date of Original Filing: |

| | Heat | her Cartwright | Supervisor's Assistant | 01/2/102/ |
|-------------------|-------|----------------|---------------------------------------|------------------------|
| signature of Ager | .e | Print Name | Title | (month, day, year) |
| Comment: | | | · · · · · · · · · · · · · · · · · · · | |
| | Print | Clear | | FPPC Form 802 (2/2016) |

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

A Public Document

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|---|--------------------|------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| | Alameda County | | | | | Form OOZ For Official Use Only |
| | Division, Department, or Regi | on (If Applicable |) | | | Por Onicial Use Only |
| | Board of Supervisors | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | |
| | | | | | | |
| | Amy Shrago Area Code/Phone Number | E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| | | | accov ora | | Date of Original Filing: | 09/24/21 |
| _ | 5102726695 | amy.shrago(| wacyov.org | | | (Month, Day, Year) |
| 2. | Function or Event Inform | | | | f Each Ticket/Doog ¢ | 200 |
| | Does the agency have a ticke | | Yes 🛛 No | | f Each Ticket/Pass \$ _ | |
| | Event Description Oakland A | 's | | Date(s)09 | , 25 , 21 | / |
| | • | Provide Title/Expl | anation | | | |
| | Ticket(s)/Pass(es) provided by | y agency? | Yes 🔲 No [| If no: Oaklar | Name of Sc | |
| | | (1) | | | | |
| | Was ticket distribution made a of agency official? | it the benest | No 🗌 Yes | If yes: Carso | Official's Name (| (Last, First) |
| | | | | | | |
| 3. | • Use Section A to identify the agency | | unit (a Lina Can | tion R to identify an individu | alles Sertion C to iden | tife in outside organization |
| | | | Number of | | | |
| | A. Name of Agency, Department or Unit | | Ticket(s)/ Pass(es) | Describe the pub | ilic purpose made pursuan | t to the agency's policy |
| | BOS Dist 5 | | 10 | To promote encour employee morale | age, encourage, rewa | ard or support general |
| | | | | | | |
| | R Name of Individua | | Number of | | | |
| | B. Name of Individua (Lasi, Firel) | | Ticket(s)/ Pass(es) | | Identify one of the follow | wing: |
| | | | | Ceremonial Role | | Income |
| | Coleman, Robert | | 2 | | ial Role" or "Other" describe below: | |
| | | | _ | To reward a comm | unity volunteer for ser | rvice to the public. |
| | <u> </u> | | | Ceremonial Role | Other | Income |
| | | | | | ial Role" or "Other" describe below: | |
| | | | 2 | | | |
| | | | | | | |
| | C Name of Outside Organ | ization | Number of | | | A fa tha ann an la star |
| | (include address and des | cription) | Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuan | it to the agency's policy |
| | | | | | | ····· |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4 | Verification | | | | | |

Verification The 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 | 09/24/21 |
|-------|------------|----------------|--------------------|
| - · · | Print Name | Title | (Month, Day, Year) |