Agency Report of: C 1 vibuti

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions		A Public I	Document
1.	Agency Name				Date Stamp	Californ	
	Alameda County					Form	
	Division, Department, or Reg	on (if applicable)				For Off	cial Use Only
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Heather Cartwright				Amendment (Mus	st Provide Explanati	on in Part 3.)
	Area Code/Phone Number E-mail						
	(510) 272-6693	heather.cartwright@	@acgov.org		Date of Original Filin	g:(month, day,	year)
2.	Function or Event Infor	mation					\$200
					Each Ticket/Pass \$	O	
	Event Description: Los Bukis Date(s)/					/	/
	Ticket(s)/Pass(es) provided		🗌 No 🔳	If no: _Oaklan	d Arena		
					Manage of Courses		
	Was ticket distribution made at the behest Yes 🔲 No 🔳 If yes: Chan, V				Official's Name (Last, Fir	st)	
	of agency official?						
	A. Name of Agency, Dep		of Ticket(s)/ Passes	Describe a	e public purpose made		
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of th	he following:	
	Jacques, Maciel		4		nonial Role D Other king "Ceremonial Role" or "Other		Income
				To reward	a community volunt	eer for service	to the pub
					nonial Role D Othe king "Ceremonial Role" or "Othe		Income
	C. Name of Outside C (include address and		Number of Ticket(s) Passes	Describe ti	ne public purpose made	pursuant to the a	gency's policy
		30					

4. Verification

-PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Heather Cartwright

Supervisor's Assistant

10 (month, day, year)

Print Name

Title

Clear

nee

Print

Agency Report of: d Ticket/Pase Distributions Ev

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Heather Cartwright					ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				onde Explanation in Fait 3.)
	(510) 272-6693	heather.cartwright@)acgov.org		Date of Original Filing: _	(month, day, year)
2	Function or Event Infor	mation				
۷.				Easa Valua of	Each Ticket/Pass \$	\$200
	Does the agency have a ticl					
	Event Description: Los Buk	Event Description: Los Bukis Date(s) 10				//
	Ticket(s)/Pass(es) provided	Provide Title/Explar		lf no: _Oaklan	d Arena	
	nokel(s)/Pass(es) provided	by agency rest			Name of Source	•
	Was ticket distribution made	e at the behest Yes	No 🔳	lf yes: <u>Chan, \</u>	Official's Name (Last, First)	
	of agency official?				Unicial's Name (Last, First)	
_						
3.	Recipients			• I		, an exterial expension
	Use Section A to identify the ager	icy's department or unit.		Identity an Individu	ual. Use section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy
			Passes	-		
	a 		Number	100.01		and the second second
	B. Name of Ind (Last, Fin		of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	()	.,	1 00000	Cerer	nonial Role 🔲 Other 🗌	
	Jacques, Maciel		4		king "Ceremonial Role" or "Other" des	
	,			To reward	a community volunteer	for service to the public
					nonial Role 🗌 Other 🗌	
					king "Ceremonial Role" or "Other" des	
	Name of Outside C)rganization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe tr	ne public purpose made purs	suant to the agency's policy
	2					
_						

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



Print



С	eremonial Role Even	ts and Ticket/Pa	ass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1 3111
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)]	
	Heather Cartwright				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				·····	
	(510) 272-6693	heather.cartwright@)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				\$200
	Does the agency have a ticket policy? Yes Mon Value of E			Each Ticket/Pass \$	φ200	
	Event Description: Los Buki	S Provide Title/ Explan	ation	Date(s) <u>10</u>		//
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🔳	If no: Oaklan	d Arena	
				If yes: Chan, V	Name of Source Nilma	
	Was ticket distribution made at the behest Yes D No M If yes:			If yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department or Unit		Number of Ticket(s) Passes	/ Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	1	Identify one of the f	ollowing:
					nonial Role Other king "Ceremonial Role" or "Other" de	
					nonial Role D Other C king "Ceremonial Role" or "Other" de	
	C. 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
	The Unity Council-1900 F	ruitvale Ave #2a, Or	4	To reward	a school or nonprofit o	rganization for its contrib
	A non-profit Social Equity	Development Corp.				

4. Verification

Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements of the set of the se 11 1.

Clear

<	Heather Cartwright	Supervisor's Assistant	1/15/2021
signee	Print Name	Title	month, day, year)





Date Stamp California 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.) E-mail Area Code/Phone Number **Date of Original Filing:** heather.cartwright@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information \$200 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Date(s) _10 Event Description: Los Bukis 2021 2 Provide Title/ Explanation If no: _Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Chan, Wilma If yes: Was ticket distribution made at the behest Yes D No Official's Name (Last, First) of agency official? Recipients 3. • 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)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes The Unity Council-1900 Fruitvale Ave #2a, Oa To reward a school or nonprofit organization for its contrib 4 A non-profit Social Equity Development Corp.

4. Verification

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

Supervisor's Assistant Heather Cartwright (month, day, year) Print Name Title signee >



Agency Report of:

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)]	
	Amy Shrago				Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				10-20-21
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor					137.50
	Does the agency have a tick		📕 No 🗖		Each Ticket/Pass \$	137.50
	Event Description: Myke To	wers Provide Title/ Explai	nation	Date(s)		//
	Ticket(s)/Pass(es) provided		No 🔳	If no: Coliseu	m Authority	×
			1	If yes: Carson	Name of Source Keith	
	Was ticket distribution made	e at the behest Yes	📕 No 🗖	If yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B t	o identify an individ	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes	/ Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	1	Identify one of the f	ollowing:
	Sanchez, Liz		4		nonial Role D Other king "Ceremonial Role" or "Other" de	
				To reward	a community volunteer	for services to the publi
					nonial Role D Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s) Passes	/ Describe th	ne public purpose made pur	suant to the agency's policy

4. Verification

	Amy Shrago	Chief of Staff	10-20-21
	Print N	lame Title	(month, day, year)
Comment:			
	Print Clea	ar FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016 866/ASK-FPPC (866/275-3772

С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Docu	
1.	Agency Name				Date Stamp	California Form	02
	Alameda County						
	Division, Department, or Reg	ion (if applicable)				For Official Use	Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Amy Shrago, Chief of Staff				Amendment (Must P	rovide Explanation in Par	t 3.)
	Area Code/Phone Number	E-mail				10-20-21	,
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	mation					
	Does the agency have a tick	ket policy? Yes	No 🔲 🔰	Face Value of	Each Ticket/Pass \$	62.	50
	Event Description: Disney on Ice Date(s)				, 14 , 21	10 , 15 , 2	21
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [🗋 No 🔳	If no: _Coliseu			
	Was ticket distribution made at the behest Yes a No D If yes:				Name of Source , Keith		
	Was ticket distribution made at the behest Yes No O If yes: If yes: of agency official?				Official's Name (Last, First)		
	of agency official?						
3.	Recipients Use Section A to identify the agen 	cy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to identif	y an outside organizatio	on.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's	policy
	X						
	B. Name of Indi (Last, Firt		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	Horula, Matlena		4	lf chec	nonial Role D Other king "Ceremonial Role" or "Other" de	scribe below:	ncome
				To reward	a community voluntee	r for service to the	public
	Walker, Leslie		4	Cerer	nonial Role D Other		ncome
				To reward	a community voluntee	r for service to the	public
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	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 the pequirements.

	Amy	Shrago	Chief of Staff	10/20/21
		Print Name	Title	(month, day, year)
Comment:	-			
	Print	Clear	EDBC Toll Free Helpline: 9	FPPC Form 802 (2/2016)

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

С	Ceremonial Role Events and Ticket/Pass Distributions				A Public Document	
1.	Agency Name				Date Stamp	California 802
	Alameda County					sector in the local division in the local di
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in Part 3)
	Area Code/Phone Number	E-mail				10-20-21
_	510-272-6695	Amy.Shrago@acgc	ov.org	2	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney of	on Ice		Date(s)	<u>, 16 , 21 </u>	/
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided	No 📕	If no: <u>Coliseu</u>	Mama of Course		
	Was ticket distribution made	at the behest ves		If yes: Carson	, Keith	
	of agency official?			· · · · · · · · · · · · · · · · · · ·	Official's Name (Last, First)	
_						
3.	Recipients			()		
	 Use Section A to identify the agen 	cy's department or unit.		o identity an individu	Jal. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes	/ Describe th	e public purpose made purs	uant to the agency's policy
	BOS Dist 5		4	To promote employee r	e, encourage, reward, o norale, retention, exem	r support general plary service, or staff 🖪
	0					
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	1	Identify one of the fo	llowing:
	Shepard, Katie		4		nonial Role D Other In the Other Role of "Other" description of the other other of the other other other of the other othe	Income
				To reward a	a community volunteer	for service to the public

4. Verification

C.

Jones, Kenya

Name of Outside Organization

(include address and description)

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.

4

Number

of Ticket(s)/

Passes

Ceremonial Role

Other

To reward a community volunteer for service to the public

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

Income 🗖

	Amy Shrago	Chief of Staff	10/20/21
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Heather Cartwright				Amendment (Must P)	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	(510) 272-6693	heather.cartwright@	Dacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$62.50
	Does the agency have a ticl	ket policy? Yes			Each Ticket/Pass \$	φ02.30
	Event Description: Disney of	onilce		Date(s)	<u>, 16 , 202</u>	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [If no: _Oakland	Name of Source	
	Was ticket distribution made	a at the henest . Vea I		If yes: Chan, V	Vilma	
	of agency official?	e at the benest Yes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Official's Name (Last, First)	
_						
3.						
	Use Section A to identify the ager	ncy's department or unit. •		identify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
			Passes			
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes	-	Identify one of the f	ollowing:
			F 43303	Ceren	nonial Role 🔲 Other 🗌	
	Lau, Joanne		2	lf chec	king "Ceremonial Role" or "Other" de	
				To promote	e county resources or f	facilities available to C
					nonial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
_						

4. Verification

'and 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 Vesignee month, day, year)

Print ____



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

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: (510) 272-6693 heather.cartwright@acgov.org (month, day, year) 2. Function or Event Information \$62.50 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Disney on Ice 17 2021 10 Date(s) Provide Title/ Explanation Oakland Arena If no: Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Chan, Wilma If yes: Was ticket distribution made at the behest Yes D 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)/ Α. Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Brown, Maddie	4	Ceremonial Role Conter
		Ceremonial Role Other Income 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
		5

Verification

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

2	Heather Cartwright	Supervisor's Assistant	115/202
ignee	Print Name	Title	(month day, year)



Clear



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Α	Ρ	ub	lic	Do	cum	ent

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Filing	10-20-21
	510-272-6695	Amy.Shrago@acgc	w.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				00.50
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	62.50
	Event Description: Disney of	on Ice		Date(s)	, 17 _/ 21	1 1
		Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: <u>Coliseu</u>	Name of Course	
	Was ticket distribution made	at the behest Yes	No 🗖	If yes: Carson,	Keith	
	of agency official?	100			Official's Name (Last, First)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen • A. Name of Agency, Depa	, ,	Jse Section B to Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
			Number			
	B. Name of Indi (Last, First		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Ray, Sarah		4	lf check	ionial Role Other Ming "Ceremonial Role" or "Other" des	Income Income a resident and busines
					nonial Role D Other	
	Hong, Aileen		4		ing "Ceremonial Role" or "Other" des ae County of Alameda	a resident and business
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes			suant to the agency's policy

4. Verification

		Amy	Shrago	Chief of Staff	10/20/21
	v		Print Name	Title	(month, day, year)
Comment: _					
		Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Amy Shrago, Chief of Staff					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				62.50
	Does the agency have a tick		📕 No 🗌		Each Ticket/Pass \$ _	62.50
	Event Description: Disney of	Providè Title/ Explai	nation	Date(s)		///
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳	If no: Coliseu		
				If yes: Carson	Name of Source , Keith	
	Was ticket distribution made	at the behest Yes	📕 No 🗖	If yes:	, Official's Name (Last, First)	
	of agency official?					
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			fy an outside organization. rsuant to the agency's policy
	B. Name of Indi (Last, Fira		Number of Ticket(s)/ Passes		Identify one of the	following:
	Bahren, Rahel		4	If check	nonial Role DOther	
				Ceren	nonial Role D Other	
	C. Name of Outside Outside Outside Outside Outside Outside Outside address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	.					

4. Verification

	Amy	Shrago	Chief of Staff	10/20/21
		Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticket/F	ass Disti	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Amy Shrago				Amendment (Must Pr	mide Evelopetics in Ded 0.)
	Area Code/Phone Number	E-mail				
	510-272-6695	Amy.Shrago@acg	ov.org		Date of Original Filing:	10-20-21 (month, day, year)
2	Function or Event Infor	mation				(monan, day, year)
۷.			_			200
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: System	of a Down Provide Title/ Expla	nation	Date(s) <u>10</u>		
	Ticket(s)/Pass(es) provided	by agency? Yes	🗖 No 🔳	If no: _Coliseu		
				If yes: Carson	Name of Source . Keith	
	Was ticket distribution made	e at the behest Yes	🔳 No 🗖	If yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identify	/ an outside organization.
	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 Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Schoneker, Jake		4	lf chec	nonial Role D Other king "Ceremonial Role" or "Other" des	cribe below:
				To promote	e attendance at events	held at a County facility
					nonial Role Other D king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	3					

4. Verification

	Amy Shrago	Chief of Staff	10-20-21
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role E 1. Agency Name . 110 à s

J.	eremonial Role Even	ts and licket/P	ass Distri	putions	A	Public Document
1.	Agency Name				Date Stamp	California 002
	Alameda County		•			Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago				Amendment (Must Pri	uido Exploration in Port 2)
	Area Code/Phone Number	E-mail				10-20-21
	510-272-6695	Amy.Shrago@acgc	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes	No 🗖 F	ace Value of	Each Ticket/Pass \$	175.00
	Event Description: J. Cole		_	ate(s) <u>10</u>	<u>,</u> 20 <u>,</u> 21	
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 🛛 If	no: <u>Coliseu</u>		
			LC .	yes: Carson	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 agen	cy's department or unit	lica Saction R to is	lontifu an individu	ual Alico Soction C to identify	
	• Ose section A to identify the agen	cy's department of unit.	Number	lentity an individu	al. Ose section c to identify	an outside organization.
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	BOS Dist 5		4		, encourage, reward, o norale, retention, exem	
	B. Name of Indi (Last, Fire)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Dother Dother des ing "Ceremonial Role" or "Other" des	
					nonial Role D Other D	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

4. Verification

	Amy Sh	rago	Chief of Staff	10-20-21
		Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

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: (510) 272-6693 heather.cartwright@acgov.org (month, day, year) 2. Function or Event Information \$175 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: _____ 10 20 2021 Date(s) Provide Title/ Explanation Oakland Arena If no: Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔳 Name of Source Chan, Wilma If yes: Was ticket distribution made at the behest Yes I 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)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Richardson, India To promote County resources or facilities available to Co Other Ceremonial Role 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 of Ticket(s)/ C. (include address and description) Passes

4. Verification

I have read and used I have verified that the distribution set forth above, is in accordance I Heather Cartwright Print Name Supervisor's Assistant Title Title



Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
ivision, Department, or Region (If A	pplicable)			TOT CITICIAL OSE CITIY
Board of Supervisors				
esignated Agency Contact (Name, T	itle)			
leather Cartwright				
rea Code/Phone Number E-mail			_	provide explanation in Part 3.)
510) 272-6693 heath	er.cartwright@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	n			¢10
oes the agency have a ticket policy			f Each Ticket/Pass \$ _	
Event Description Alameda County	Fair	Date(s)10	, 21 , 21	10 , 31 , 21
Provide	Title/Explanation			
icket(s)/Pass(es) provided by agen	oy? Yes 🗌 No 🛙	If no: Alame	da County Fair Name of Sc	
the tight distribution made at the b	abaat y 🗖 y 🖪	- Alame	eda County Superviso	
Vas ticket distribution made at the b of agency official?	ehest No 🗌 Yes [X If yes: / italin	Official's Name ((Last, First)
Recipients				
Vectorents Use Section A to identify the agency's depar	tment or unit. • Use Sect	tion B to identify an individu	al. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Ur	Number of		lic purpose made pursuan	2
	Pass(es)			
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	1 400(00)	Ceremonial Role	Other D	Income
Cheng, Jason				
Manallon Maria	2		ial Role" or "Other" describe below:	
Magallon, Maria	2	•To reward a comm	ial Role" or "Other" describe below: unity volunteer for his	
viagalion, iviana	2	[.] To reward a comm public	unity volunteer for his	s or her service to the
	2	To reward a comm public _{Ceremonial Role}	unity volunteer for his	s or her service to the
Schultheis, Carla	2	•To reward a comm public Ceremonial Role If checking "Ceremon	unity volunteer for his	s or her service to the
Schultheis, Carla		•To reward a comm public Ceremonial Role If checking "Ceremon	unity volunteer for his	s or her service to the
Schultheis, Carla _ee, Steven K.	2 Number of	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda	2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda Name of Outside Organization	2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda Name of Outside Organization	2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda Name of Outside Organization	2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda Name of Outside Organization	2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda Name of Outside Organization (include address and description	2 Number of Ticket(s)/	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public	unity volunteer for his	s or her service to the
Schultheis, Carla Lee, Steven K. Boykins, Linda Name of Outside Organization	2 Number of Ticket(s)/ Pass(es)	To reward a comm public Ceremonial Role <i>If checking "Ceremor</i> To reward a comm public Describe the put	unity volunteer for his	s or her service to the Income
Schultheis, Carla Lee, Steven K. Boykins, Linda C. Name of Outside Organization (include address and description	2 Number of Ticket(s)/ Pass(es)	To reward a comm public Ceremonial Role If checking "Ceremon To reward a comm public Describe the put	unity volunteer for his	s or her service to the Income
Schultheis, Carla Lee, Steven K. Boykins, Linda C. Name of Outside Organization (include address and description	2 Number of Ticket(s)/ Pass(es) 8944 1 and 18942. / have ve	To reward a comm public Ceremonial Role <i>If checking "Ceremon</i> To reward a comm public Describe the put	unity volunteer for his Other other	s or her service to the Income

A Public Document 1. Agency Name Date Stamp California 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 \$18 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair Date(s) <u>10</u>, 21, 21 31 10 21 Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? Recipients 3. • 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 of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Cushman, Warren 2 Guskin, Andrea To reward a community volunteer for his or her service to the McKnight, Piper public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 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.

Heather Cartwright

Print Name

Supervisor's Assistant

A Public Document

1						the state of the second st
•••	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	;)		1	For Official Use Offiy
	Board of Supervisors					
5	Designated Agency Contact (Name, Title)				
3	Heather Cartwright Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693		wright@acgo	N OLU	Date of Original Filing:	(Manth Day Var)
_			wiigiit@dogo			(Workh, Day, Year)
	Function or Event Inform			- Face Value o	of Each Ticket/Pass \$ _	\$18
	Does the agency have a ticke		Yes 🛛 No [
	Event Description Alameda C	County Fair	levetien	Date(s)) <u>22</u> 21	10 , 31 , 21
			anauon	Alame	da County Fair	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛		eda County Fair Name of So	ource
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	Alam	eda County Supervise	or Wilma Chan
	of agency official?			A 11 yes	Official's Name	(Last, First)
2	Recipients					
5.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of		olic purpose made pursuar	
	A. Name of Agency, Departme	and of office	Ticket(s)/ Pass(es)			
			Number of		i	
	B. Name of Individu	al	Ticket(s)/		Identify one of the follow	wing:
				To promote attend	Dother Dother Control of the control	Income
	Various (reference attached		Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend potential County re Ceremonial Role	Dother Dother Control of the control	Income
	Various (reference attached	j nization	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below ance at a County faci evenue from parking a Other	Income lity in order to maximize and concession sales Income
	C Name of Outside Orga	nization scription)	Ticket(s)/ Pass(es) 206	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo Describe the pu	Other	Income lity in order to maximize and concession sales Income

 Heather Cartwright
 Supervisor's Assistant
 10/31/2021

 Print Name
 Title
 (Month, Day, Year)

Comment:

eremonial Role Eve	nts and Ticl	ket/Pass	Distributions		A Public Document
Agency Name		Date Stamp	California 802		
Alameda County			Form UUL		
Division, Department, or Re	egion (If Applicable,		For Official Use Only		
Board of Supervisors		-			
Designated Agency Contac	t (Name, Title)				
Heather Cartwright		Amendment (Must p	rovide explanation in Part 3.)		
Area Code/Phone Number	E-mail				
(510) 272-6693	heather.carty	wright@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	ormation				\$18
Does the agency have a tick		Yes 🗵 No [Face Value o	f Each Ticket/Pass \$	\$10
Event Description Alameda County Fair Date(s) Date(s)				, 22 , 21	10 , 31 , 21
	7707100 1100 2.1.01		Alame	da County Fair	
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [Name of So	
Was ticket distribution made of agency official?	e at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (r Wilma Chan Last, First)
• Use Section A to identify the age	ency's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify 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 Indivi	dual	Number of Ticket(s)/		Identify one of the follow	ving:
(Loot, First;		Pass(es)	O un marial Dala	Other	Income
Molina, Courtney			Ceremonial Role If checking "Ceremon	hial Role" or "Other" describe below:	
		4	To promote attend facilitymaximize	anceevent held at a potential County rever	County nueconcession sales
			Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income [
		Number of			
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
. Verification	Regulations 18044 1 on	d 18942 I have v	erified that the distribution set	forth above. is in accordance w	vith the requirements.
л начје гери анд инфермано г РРС К		Heather Ca		Supervisor's Assistar	nt1/15/20
	-	Print Nar	ne	Title	(Month, Day, Year)

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document			
1.	Agency Name		Date Stamp	California 802					
	Alameda County					Form 002			
	Division, Department, or Reg	ion (If Applicable		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)							
	Heather Cartwright								
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)			
	(510) 272-6693	heather.cart	wright@acgo	ov.org	Date of Original Filing	(Month, Day, Year)			
2.	Function or Event Infor	mation		·					
	Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$.	\$18			
	Event Description Alameda	County Fair		Date(s) 1() , 22 , 21	10 , 31 , 21			
	Event Description	Provide Title/Expl	anation						
	Ticket(s)/Pass(es) provided b	y agency?	eda County Fair						
			Yes 🗌 No		Name of S leda County Supervis				
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alan	Official's Name	(Last, First)			
-									
3.		Bestion 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, Departm		Number of						
	A. Name of Agency, Departm	ent or onit	Ticket(s)/ Pass(es)	Describe the pu					
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follo	wing:				
	(Last First)		Pass(es)		Other				
	Richardson, India			Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below				
	·		4		lanceevent held at				
				facilitymaximize	potential County reve	enueconcession sales			
				Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below	Income			
	Name of Outside Organization Nu		Number of						
	(include address and description)		Ticket(s)/ Pass(es)		plic purpose made pursua	int to the agency's policy			
4.	Verfification /				111111 × 114004				
	I have read and understand FPPC Reg	ulations 8944.1 an	d 18942. I have v Heather Ca		t forth above, is in accordance Supervisor's Assista	11/1-10.			
			Print Nar		Title	(Month, Day, Year)			

	1001 000	Distributions		A Public Document
. Agency Name	Date Stamp	California 802		
Alameda County				Form UUZ
Division, Department, or Region (If Applicable)		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright				
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6693 heather.carty	vright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
	Yes 🔀 No [Face Value o	f Each Ticket/Pass \$	\$18
			, 22 , 21	10 , 31 , 21
Event Description Alameda County Fair	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No [If no: Alame	da County Fair	
Hokel(3// ass(cs/ provided by agency:			Name of Sou	
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Superviso Official's Name (L	r Wilma Chan
of agency official?	5		Official's Name (E	
 B. Recipients Use Section A to identify the agency's department or used 	ual. • Use Section C to ident	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Other	Income
Lau, Joanne	2		nial Role" or "Other" describe below: anceevent held at a	County
		facilitymaximize	potential County reven	ueconcession sales
	·	Ceremonial Role	Other Other Other Other Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
				3

A ways and Miana a			Data Stamp	California 002	
Agency Name	Date Stamp	Form 802			
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					
(510) 272-6693 heather.cart	wright@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information				\$18	
Does the agency have a ticket policy?	Yes 🛛 No 🗌	-	f Each Ticket/Pass \$ _		
Event Description Alameda County Fair		Date(s)	, 22 , 21	10 , 31 , 21	
Provide Title/Expl	anation	A 10000	de County Egir		
Ticket(s)/Pass(es) provided by agency?	If no: Alame	da County Fair Name of So	ource		
Was ticket distribution made at the behest	No 🔲 Yes 🛛	Alam	eda County Superviso	or Wilma Chan	
of agency official?		A liyes.	neda County Supervisor Wilma Chan Official's Name (Last, First)		
Recipients					
Use Section A to identify the agency's department or	ual. • Use Section C to ider	ntify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ving:	
	Pass(es)				
	Pass(es)	Ceremonial Role		_	
Brown, Maddie	Pass(es)	If checking "Ceremon	hial Role" or "Other" describe below.		
Brown, Maddie		If checking "Ceremon To encourage pror	note County-run, spol	:	
Brown, Maddie		If checking "Ceremon To encourage pror community events.	ial Role" or "Other" describe below. note County-run, spol 	nsored, or supported	
Brown, Maddie		If checking "Ceremon To encourage pror community events. Ceremonial Role	ial Role" or "Other" describe below. note County-run, spol 	nsored, or supported	
Name of Outside Organization	4 Number of	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below. note County-run, spol Other ial Role" or "Other" describe below.	insored, or supported	
	4	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below. note County-run, spol	insored, or supported	
Name of Outside Organization	4 Number of Ticket(s)/	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below. note County-run, spol Other ial Role" or "Other" describe below.	nsored, or supported	
Name of Outside Organization	4 Number of Ticket(s)/	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below. note County-run, spol Other ial Role" or "Other" describe below.	nsored, or supported	
C. Name of Outside Organization (include address and description)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon Describe the pul	ial Role" or "Other" describe below. note County-run, Spol Other nial Role" or "Other" describe below. Dic purpose made pursuar	nsored, or supported	
C. Name of Outside Organization (include address and description)	4 Number of Ticket(s)/ Pass(es) d 18942. I have ver	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon Describe the pul	ial Role" or "Other" describe below. note County-run, spoi	insored, or supported	
C. Name of Outside Organization (include address and description)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To encourage pror community events. Ceremonial Role If checking "Ceremon Describe the pul	ial Role" or "Other" describe below. note County-run, Spol Other nial Role" or "Other" describe below. Dic purpose made pursuar	insored, or supported	

1. Agency Name

Alameda County

Form 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.) E-mail Date of Original Filing: heather.cartwright@acgov.org (Month, Day, Year) \$18 Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 21 31 21 10 22 10 Date(s) _ Provide Title/Explanation If no: Alameda County Fair Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan No 🗌 Yes 🛛 Official's Name (Last, First) Number of Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: 8 To encourage promote County-run, sponsored, or supported community events... Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below:

Area Code/Phone Number (510) 272-6693 2. Function or Event Information Does the agency have a ticket policy? Event Description Alameda County Fair Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest 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. Α. Name of Agency, Department or Unit Name of Individual Β. Lam, Marianne Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) **Verification** 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 Supervisor's Assistant Heather Cartwright Title Print Name Comment:

A Public Document

California

Date Stamp

Comment: _____

remonial Role Events and Tic	ket/Pass	Distributions		A Public Document			
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)							
Heather Cartwright			Amendment (Must p	rovide explanation in Part 3.)			
Area Code/Phone Number E-mail							
(510) 272-6693 heather.cart	wright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)			
Function or Event Information				\$18			
Does the agency have a ticket policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$ _				
Event Description Alameda County Fair Provide Title/Exp)2221						
Ticket(s)/Pass(es) provided by agency?	da County Fair Name of Sc						
Nas ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Alam	eda County Superviso Official's Name (or Wilma Chan (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	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan				
E:							
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
Oddie, Sarah	4		nial Role" or "Other" describe below: mote County-run, spor				
		Ceremonial Role	Definition of the main of the second	Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy			
6							
Verification have read and understand FPPC Regulations 18944.1 al	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.			
011-0	Heather Car	twright	Supervisor's Assistar	nt 1/19/10			

Ticket/Pass	Distributions		A Public Document	
Agency Name			California 802	
			Form OOZ For Official Use Only	
Division, Department, or Region (If Applicable)				
Board of Supervisors				
		1		
Heather Cartwright				
		Amendment (Must pr	ovide explanation in Part 3.)	
.Cartwright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)	
Yes 🔀 No [Face Value o	of Each Ticket/Pass \$	\$32 Butler Pass	
air	Data(s) 10) , 22 , 21	10 , 31 , 21	
e/Explanation				
Yes □ No I	If no: Alame	eda County Fair		
_				
est No 🗌 Yes	If yes: Alam	Official's Name (L	.ast, First)	
ant or unit a Lise Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
Number of Ticket(s)/	of Describe the public purpose made pursuant to the a			
Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Ceremonial Role	Other	Income	
1 ea.			tu in order to movimize	
	To promote attend potential County re	evenue from parking a	nd concession sales	
14			Income	
Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
		•		
	icable) Cartwright@acg Yes ⊠ No [air e/Explanation Yes □ No [est No □ Yes] ent or unit. • Use Sec Number of Ticket(s)/ Pass(es) 1 ea. Number of Ticket(s)/	Yes X No Face Value of Face Value of Ticket(s) Air Date(s) externation Date(s) Yes X No X If no: Alame est No Yes X If yes: Alame ent or unit. • Use Section B to identify an individe Number of Ticket(s)/ Pass(es) Describe the pull Number of Ticket(s)/ Pass(es) Ceremonial Role 1 ea. Ceremonial Role 1 ea. Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Number of Ticket(s)/ Describe the pull	Image: cable Date Stamp icable)	

	Heather Cartwright	Supervisor's Assistant	11/15/2021	
	Print Name	Title	(Month, Day, Year)	
1/				

Comment:

	eremonial Role Even	is and fic	Keurass	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form				
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			-			
	Heather Cartwright							
	Area Code/Phone Number	E-mail		Amendment (Must	provide explanation in Part 3.)			
	(510) 272-6693		twright@acg	ov.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$ _	\$15 parking pass				
	Event Description Alameda	County Fair		Data(a) 10) <u>22 21</u>	10 , 31 , 21		
	Event Description	Provide Title/Expl						
	Ticket(s)/Pass(es) provided b	v adencv?	eda County Fair					
			Yes 🗌 No 🛛		Name of S			
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervis Official's Name	(Last First)		
	of agency official?							
3.	• 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 of						
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Describe the pu Pass(es)		ublic purpose made pursuant to the agency's policy			
			Pass(es)					
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follo	wing:		
	B. Name of Individu	ıal	Number of					
	(Last, Hirst)	ıal	Number of Ticket(s)/	Ceremonial Role		Income		
	Brown, Maddie Lau, Joanne	ıal	Number of Ticket(s)/	If checking "Ceremo To promote attend	Other Other Inial Role" or "Other" describe below Iance at a County fac	Income		
	Brown, Maddie	ıal	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	D Other D	Income		
	Brown, Maddie Lau, Joanne Lam, Marianne	ıal	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend potential County ro Ceremonial Role	Other Other other describe below lance at a County fac evenue from parking a Other	Income		
	Brown, Maddie Lau, Joanne Lam, Marianne Oddie, Sarah	ıal	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attence potential County ro Ceremonial Role If checking "Ceremo	Other	Income In		
	Brown, Maddie Lau, Joanne Lam, Marianne	Ial	Number of Ticket(s)/ Pass(es) 1 ea.	If checking "Ceremo To promote attend potential County ro Ceremonial Role If checking "Ceremo To promote attend	Other Other' describe below dance at a County fac evenue from parking a Other Other other anial Role" or "Other' describe below dance at a County fac	Income In		
	Brown, Maddie Lau, Joanne Lam, Marianne Oddie, Sarah Molina, Courtney	unization	Number of Ticket(s)/ Pass(es) 1 ea. 1 ea. Number of Ticket(s)/	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo To promote attend potential County re	Other Other' describe below dance at a County fac evenue from parking a Other Other other anial Role" or "Other' describe below dance at a County fac	Income		
	C Name of Outside Orga	unization	Number of Ticket(s)/ Pass(es) 1 ea. 1 ea. Number of	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo To promote attend potential County re	Other Other other describe below dence at a County fac evenue from parking a Other other other dence at a County fac evenue from parking a	Income		
	C Name of Outside Orga	unization	Number of Ticket(s)/ Pass(es) 1 ea. 1 ea. Number of Ticket(s)/	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo To promote attend potential County re	Other Other other describe below dence at a County fac evenue from parking a Other other other dence at a County fac evenue from parking a	Income		
4.	C Name of Outside Orga	anization escription)	Number of Ticket(s)/ Pass(es) 1 ea. 1 ea. 1 ea. Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo To promote attend potential County re Describe the pu	Other Other describe below dence at a County fac evenue from parking a Other Other other other describe below dance at a County fac evenue from parking a describe below dance at a County fac evenue from parking a describe purpose made pursua '	Income		
4.	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es) 1 ea. 1 ea. 1 ea. Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend potential County re Ceremonial Role If checking "Ceremo To promote attend potential County re Describe the pu	Other Other describe below dence at a County fac evenue from parking a Other Other other other describe below dance at a County fac evenue from parking a describe below dance at a County fac evenue from parking a describe purpose made pursua '	Income		

C	eremonial Role Even	ts and Ticket/P	ass Dis	tributions	A	Public Do	cument
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	
	Division, Department, or Reg	ion (if applicable)				For Official	Jse Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail				,	
	510-272-6695	Amy.Shrago@acgo	w.org		Date of Original Filing:	10-20-21 (month, day, yea	r)
2.	Function or Event Inform	mation					25.00
	Does the agency have a tick	ket policy? Yes 🛽	🚺 No 🗌	Face Value of I	Each Ticket/Pass \$	I	20.00
	Event Description: In Real I	Life Comedy Tour Provide Title/ Explan	ation	Date(s)	, 23 , 21 -		
	Ticket(s)/Pass(es) provided			lf no: _Coliseu	m Authority		
	nekel(s)/r ass(es) plovided	by agency: rest			Name of Source		
	Was ticket distribution made	e at the behest Yes	No 🗖	If yes: <u>Carson</u> ,	, Keith Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agen	ncy's department or unit.	Use Section B	to identify an individu	al. Use Section C to identify	an outside organi	zation.
	A Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe th	e public purpose made purs	uant to the agend	y's policy

A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Clark, Keith	4	Ceremonial Role Other Income Income To reward a community volunteer for service to the public
		Ceremonial Role Other I Income Income It checking "Ceremonial Role" or "Other" describe below:
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

4. Verification

		Amy S	Shrago	Chief of Staff	10/20/21	
			Print Name	Title	(month, day, year)	
	v					
Comment:						
ie.		Print	Clear	EDDC Tell Free Methins	FPPC Form 802 (2/2016)	
	-			FPPC foil-riee neiphine.	866/ASK-FPPC (866/275-3772)	

A Public Document

					AT ublic bocullent	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Region (If Applicat	ole)		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1		
	Gabriela Christy					
	Area Code/Phone Number E-mail		provide explanation in Part 3.)			
	(510) 272-6692 Gabriela.C	hristy@acgov	/.org	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Information			h	40	
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	f Each Ticket/Pass \$	18	
	Event Description Alameda County Fair		Date(s)	¢ <u>, 23 , 21</u>	10 , 31 , 21	
	Provide Title/Ex	planation	(-)			
	Ticket(s)/Pass(es) provided by agency?	Name of S	Source			
	Was ticket distribution made at the behest		Valle.	Richard- Supervisor		
	of agency official?	No 🗖 Yes	If yes:	Official's Name	(Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department of	or unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
		Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	Watkins, Tyler		Ceremonial Role		Income	
		10		ial Role" or "Other" describe below unity volunteer for his	s or her service to the	
			Ceremonial Role	Other	Income	
	Jackson, Leonard	10		ial Role" or "Other" describe below unity volunteer for his	s or her service to the	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy	
4.	Verification	nd 18942 L bave ve	erified that the distribution set f	orth above is in accordance.	with the requirements	
		Gabriela C		Supervisor's Assista	11-2 21	

Print Name

Title

(Month, Day, Year)

Comment:

Signature of Agency Head or Designee

A Public Document

1	Agency Name				Date Stamp	California 000	
••					Date Stamp	Form 802	
	Alameda County Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Gabriela Christy				Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6692		risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information					18	
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$ _				
	Event Description Alameda County Fair Date(s)) , 23 , 21	10 , 31 , 21	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛 If no:				Name of Sc	1/200	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle, of agency official?				Richard- Supervisor	Last, First)	
3.	• 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)/ Describe the pul			lic purpose made pursuant			
			Pass(es)				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Garcia, Suzy				Other	Income	
	Garda, Guzy		10		ial Role" or "Other" describe below: unity volunteer for his	or her sonvice to the	
				public	unity volunteer for his	of the service to the	
				Ceremonial Role	Other	Income	
	Martinez, Jackie		10		ial Role" or "Other" describe below:		
				public	unity volunteer for his	or her service to the	
	C Name of Outside Organization Num		Number of				
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
	ā						
4.	Verification		1				

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.

	7.000	Gabriela Christy	Supervisor's Assistant	12321
JI ng-	96	Print Name	Title	(Month, Day, Year)

1

A Public Document

÷						
1.	Agency Name	Date Stamp	California Form 802			
	Alameda County		For Official Use Only			
	Division, Department, or Region (If Applicable))				
	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.Chr	isty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information	Į.	,,, ,, ,, ,			
	Does the agency have a ticket policy?	Yes 🔀 No 🕻	Face Value o	f Each Ticket/Pass \$ _	18	
	Alameda County Fair					
	Event Description Alameda County Fair Provide Title/Expla	anation	Date(s)		10 , 31 , 21	
	Ticket(s)/Pass(es) provided by agency?		d If no:			
	nckel(s)/rass(es) provided by agency:	Yes 🔲 No 🛿	× 11110.	Name of Sc	ource	
	Was ticket distribution made at the behest	No 🗖 Yes 🛿	If ves: Valle,	Richard- Supervisor	District 2	
	of agency official?			Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify			al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
		Pass(es)				
		Number of				
	B. Name of Individual (Last, First)	Ticket(s)/		Identify one of the follow	ing:	
	3	Pass(es)	Ceremonial Role	Other		
				ial Role" or "Other" describe below:	Income	
			Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
	-	Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
		Pass(es)		or popprofit organiza	tion for its sentations	
	Eden Church 21455 Birch St, Hayward, CA 94541	15	to the community	or nonprolit organiza	tion for its contributions	
	8					
	Our vision is to grow in spirit, fellowship,				oming a more culturally	
	and number by offering many		diverse congregatio			
4.	Verification					
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ver	ified that the distribution set f	orth above, is in accordance w	1 1	
		Cobriele Ch	-rioty	Superviserle Assister	+ 1175 11	

 Gabriela Christy
 Supervisor's Assistant
 III 27 2

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment:

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)					
	Gabriela Christy		Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number E-mail					rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes X No Face Value of			f Each Ticket/Pass \$ _	18	
	Event Description Alameda County Fair Date(s			Data(s)	23 21	10 , 31 , 21
	Provide Title/Explanation			//	//	
	Ticket(s)/Pass(es) provided by agency?		Yes 🔲 No	🗙 If no:	Name of Sol	
				Valle, Dishavel, Superviser, District O		
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes:	Official's Name (L	Last, First)	
-						
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. 					
	A. Name of Agency, Department or Unit		Number of		blic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, First)		Pass(es)			
				Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Ohlone Humane Society37175 Hickory St, Newark, CA 94560		15	To reward a school or nonprofit organization for its contributions to the community		
	501(c)(3) animal welfare nonprofit serving Fremont, Newark and Union			City. We advocate f companion animals	for all creatures, from .	urban wildlife to
4.	Verification		4			
	I have gead and		18942. I have verified that the distribution set f		orth above, is in accordance wit	h the requirements.
			Gabriela C		Supervisor's Assistant 11 23 2	
			Print Nam	e	Title	(Month, Day, Year)
	Comment:					

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,)			For Onicial Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Gabriela Christy						
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	Gabriela.Chr	isty@acgov	.org	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Inform	Function or Event Information					
	Does the agency have a ticket policy? Yes 🛛 No 🗖 Face Value of				of Each Ticket/Pass \$.	18	
	Event Description Alameda County Fair Date(s)				° <u>, 23 , 21</u>	10 , 31 , 21	
		Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:				Name of S	Source	
					Richard- Supervisor		
	Was ticket distribution made at the behest No Yes If yes: Valle of agency official?				Official's Name	(Last, First)	
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					entify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	.fe				Other describe below	income	
					Other in Other is the below	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the p Pass(es)		ublic purpose made pursuant to the agency's policy		
	Raising Leaders is a workshop and internship model created by the Hayward		30	To reward a school to the community	or nonprofit organiza	ation for its contributions	
	Adult School to give at-risk youth an opportunity to hear from leaders within			our community and	gain hands-on paid	work experience.	

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.

Gabriela Christy Print Name

14

Supervisor's Assistant Title