С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name		Date Stamp	California 802 Form		
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Lawson Bell, Supervisor's A	Assistant			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				06/27/22
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	📕 No 🗌 🛛 F	ace Value of	Each Ticket/Pass \$	143.71
	Event Description: Ana Ga	briel Concert Provide Title/ Expla	nation	Date(s)		//
	Ticket(s)/Pass(es) provided		🗌 No 🔳 I	f no: Oaklan	d Arena	
				f yes: <u>Hauber</u>	Name of Source t. David	
	Was ticket distribution made of agency official?	e at the behest Yes	No 🔲 🏾	yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Dep		Use Section B to i Number of Ticket(s)/ Passes	1		y an outside organization. Suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Fernandez, Ignacio		3	lf chec	nonial Role D Other king "Ceremonial Role" or "Other" des attendance at events	
					nonial Role D Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside C (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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Lawson Bell	Supervisor's Assistant	06/27/22
	Print Name	e Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

A Public Document 1. Agency Name Date Stamp California Alameda County Form 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 (510) 272-6692 Gabriela.Christy@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔀 No 🗆 abrig nd. 10 22 Event Description . 2 Date(s) mvide Tifle/Evolupation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔀 Name of Source Was ticket distribution made at the behest If yes: Valle, Richard- Supervisor District 2 No 🗋 Yes 🔀 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. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last. Fant) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below: Number of To reward a school or nonprofit Name of Outside Organization Ċ. Ticket(s)/ (include address and description) the agency's policy organization for its contributions to Pass(es) the community Union City Family Center 725 Whipple Rd, Union City, CA 94587 As the anchor organization for over 40 to provide an integrated system of care, utilizing evidence-based regional partners, we collaborate with practices, to support our community from cradle to retirement, 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.

Gabriela Christy

Supervisor's Assistant

17 22 (Month, Day, Year)

Comment:

A Public Document

. Agency Na	une				Date Stamp	California On
Alameda Co	unty					Form OU
Division, Department, or Region (If Applicable)					1	For Official Use Only
Board of Sup	pervisors					
Designated A	gency Contact	(Name, Title)				
Gabriela Chr	risty					
Area Code/Ph	one Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-66	592	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
Function o	r Event Infor	mation				# 10125
Does the age	ncy have a ticke	t policy?	Yes 🔀 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$ 181.25
Event Descrip	tion Twice	Provide Title/Exp		Date(s)2	, 18 , 22	///
Ticket(s)/Pass	e(es) provided by	/ agency?	Yes 🔲 No	x If no:	Name of So	1029
Was ticket dis	tribution made a	t the behest	No 🗔 Veel		, Richard- Supervisor	
of agency off			No 🔲 Yes	n yes:	Official's Name (
-	o identify the agency Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
A. Name of			Number of Ticket(s)/			
		nt or Unit	Number of Ticket(s)/ Pass(es)			to the agency's policy
A. Name of	Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
A. Name of	Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremon Ceremonial Role	Ic purpose made pursuant	to the agency's policy
A. Name of B. C. Name	Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sc organization fo	Identify one of the follow Identify one of the	ing:
A. Name of B. C. Name (include	Agency, Departme Name of Individua (Last, Faot) of Outside Organiza address and desc 301 Southland	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon To reward a sc	Identify one of the follow Identify one of the	ing:

 Gabriela Christy
 Supervisor's Assistant
 D 17/22

 Print Name
 Title
 (Month, Day, Veer)

A Public Document

1. Agency Name			Date Stemp	California 000		
Alameda County	Alameda County					
Division, Department, or Region (# App		For Official Use Only				
Board of Supervisors						
Designated Agency Contact (Name, Title)					
Gabriela Christy	Gabriela Christy					
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
(510) 272-6692 Gabriel	a.Christy@acgov	v.org	Date of Original Filing: _	(Month, Day, Year)		
2. Function or Event Information						
Does the agency have a ticket policy?	Yes 🔀 No		f Each Ticket/Pass \$	\$ 153.75		
Event Description Kacey MUS	CIRAN 25	Date(s) 2	<u>, 19</u> , 22	//		
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no:	Name of Sou	лса		
Was ticket distribution made at the beha	est No 🗖 Yes	if yes: Valle,	Richard- Supervisor D			
of agency official?			Official's Name (Li	ast, First)		
3. Recipients Use Section A to Identify the agency's department 	int or unit. • Use Sec	tion B to identify an Individu	al. • Use Section C to identif	fy an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy		
B. Name of Individual (Lost, Frat)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ig:		
-		Ceremonial Role I	Other	Income		
		Ceremonial Role	Other D	Income 🔲		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pase(es)	organization for	ool or nonprofit its contributions to	ne agency's policy		
La Familia 24301 Southland Drive, Su 300 Hayward, Ca	ite	— the community				
We provide underserved multicultural communities with the tools and support	rt	necessary to build re	esilience, wellness, and	economic power.		
. Verlfication						

I have readand understand FPPC Regulations 18944.1 and 18942. I have vertiled that the distribution set forth above, is in accordance with the requirements.

	Gabriela Christy	Supervisor's Assistant	2/17/22
	Print Name	Title	(Month, Day, Year)
		(#1)	
Comment:			

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) Lawson Bell, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 06/24/22 (510) 272-6691 Lawson.Bell@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information 118.75 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ = Yes 🔳 No 🗌 Event Description: Pisto Y Corridos Eslabon Armado Date(s) 02 20 22 Provide Title/ Explanation If no: _____Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Haubert, David Was ticket distribution made at the behest Yes 🔳 No 🗀 If yes: Official's Name (Last, First) of agency official?

A Public Document

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 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:
Medanos, Felicia	3	Ceremonial Role Other Income Income To promote tourism or foster economic or business devel
		Ceremonial Role Other I Income Income If 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

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.

	Lawson Bell	Supervisor's Assistant	06/24/22	
	Print Name	Title	(month, day, year)	
Comment:				
	Print Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)	

A				The second se	and the second s
Agency Name				Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Reg	Division, Department, or Region (If Applicable)				
Board of Supervisors	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.Ch	risty@acgov	.org	Date of Original Filing	(Month, Day, Yeat)
Function or Event Infor	mation			the second s	
Does the agency have a ticke	et policy?	Yes 🔀 No 🛛	- Face Value o	of Each Ticket/Pass \$_	\$ 118.75
Event Description <u>Pisto</u>	CORRIGO	70	Date(s)	, 20, 22	
	Provide Title/Expl		Date(s)		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🛙	s If no:		
				Name of S	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	Richard- Supervisor	District 2
				Cinuters radiile	Luor rusy
• Use Section A to identify the agence	v's department or (unit. • Use Sect	lon B to identify an individu	IBL a Lise Section C to idea	
A. Name of Agency, Departme		Number of Ticket(s)		lic purpose made pursuan	
		Pass(es)			the are egeney a policy
B. Name of Individua (Leef Frat)	al y	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
B. Name of Individua (Leef Frat)	al 💡	Ticket(s)/		Identify one of the follow	
B. Name of Individua (Leef Frat)	al 🖓	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other o	Income
(Lee/ Frat)		Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonia! Role If checking "Ceremoni	Cther	Income
(Leef Frat) C. Name of Outside Organi (include address and desi	ization cription)	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sci organization fo	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: hool or nonprofit r its contributions to	Income
(Leef Frat)	ization cription)	Ticket(s)/ Pass(cs)	If checking "Ceremon Ceremonial Role If checking "Ceremoni To reward a sci	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: hool or nonprofit r its contributions to	Income
C. Name of Outside Organi (include address and dest	Ization cription) Drive, Suite	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a scl organization fo the community	Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below: hool or nonprofit r its contributions to	Income
C. Name of Outside Organi (include address and desi La Familia 24301 Southland 300 Hayward, Ca We provide underserved mu communities with the tools a Verification	Ization cription) Drive, Suite liticultural ind support	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sci organization fo the community necessary to build m	Cther	Income
C. Name of Outside Organi (include address and desi La Familia 24301 Southland 300 Hayward, Ca We provide underserved mu communities with the tools a	Ization cription) Drive, Suite liticultural ind support atjons 18944.1 end 1	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sci organization fo the community necessary to build n	Cther	Income

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Agency Report of: A TE +/Da e Dietributione to - L.

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
١.	Agency Name		Date Stamp	California 802 Form		
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors				- C	
	Designated Agency Contact	(Name, Title)				
	Lawson Bell, Supervisor's A	Assistant			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	Lawson.Bell@acgo	iv.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic			Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney of	Provide Title/ Explai	nation	Date(s)	<u>, 23 , 22</u>	//
	Ticket(s)/Pass(es) provided		🗌 No 🔳 🗏	f no: <u>Oaklan</u>	d Arena	
		.,	111		Name of Source	
	Was ticket distribution made	e at the behest Yes	No 🗖 📕	f yes: Hauber	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agen A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify	
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo	pllowing:
	Gutierrez, Vanessa		6	If chec	Ceremonial Role Dother Stream of the checking "Ceremonial Role" or "Other" describe below: To promote tourism or foster economic or busi	
				Cerer	nonial Role D Other diking "Ceremonial Role" or "Other" des	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	ne public purpose made purs	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. .

		Lawso	n Bell	Supervisor's Assistant	06/24/22	
			Print Name	Title	(month, day, year)	
Comment:						
	1	Print	Clear	EBBC Toll Free Helpline: 866	FPPC Form 802 (2/2016)	

1.	Agency Name				Date Stamp	California 000	
	Alameda County					Form OU2	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692		hristy@acgov	000	Date of Original Filing:		
	Function or Event Infor		may@acgov	lorg		(Month, Day, Year)	
í.	Does the agency have a ticke		V. 191 B		ue of Each Ticket/Pass \$	\$ 62.50	
			Yes 🔀 No		·	Q 125,22	
	Event Description	ON CO Provide Title/Exp	planation	Date(s) _	Q, 24, 22	Q , 25, 22	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	🔀 🛛 If no:	Name of Sou		
	Was ticket distribution made a	t the behast					
	of agency official?	I INC DENESI	No 🗖 Yes	If yes:	alle, Richard- Supervisor D Official's Name (Li		
	Desistante						
	• Use Section A to identify the agency	's department or	r unit. • Use Sec	tion B to identify an ind	ividual. • Use Section C to Identi	fy an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's point				
	B. Name of Individua (Lev. Fred)		Number of Ticket(s)/ Pass(es)		identify one of the followin	iĝ:	
				Ceremonial Ro	ble D Other anonial Role" or "Other" describe below:	Income	
					9.1		
				Ceremonial Ro	ole Other describe belaw:	Income	
			About	To reward	la color 1		
-	C. Name of Outside Organiz (Include address and desc		Number of Ticket(s)/ Pass(es) the commun		l a school or nonprofit on for its contributions t	igency's policy	
	La Familia 24301 Southland 300 Hayward, Ca	Drive, Suite	12	- contail	աուհ		
	We provide underserved mul communities with the tools ar	ticultural Id support		necessary to bui	ld resilience, wellness, am	a economic power.	
	Verification have ନୁସନ୍ନ୍ୟୁଣ୍ଣ understend FPPC Regula	tions 18944 1 pm	118942, have ver	ified that the distribution o	set forth above is in accommon with	the marine meanin	
·			Gabriela Ch		Supervisor's Assistant	A 112-100	
		-	Print Name		Title	- IT LL	

C	eremonial Role Even	its and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name		Date Stamp	California 802 Form		
	Alameda County					
	Division, Department, or Reg	lion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lawson Bell, Supervisor's A	Assistant	-		Amondmont (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				06/24/22
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				00.50
	Does the agency have a tic	ket policy? Yes	📕 No 🔲 🛛 F	Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney	on Ice Provide Title/ Explai	nation		, 26 , 22	//
	Ticket(s)/Pass(es) provided	by agency? Yes [🗆 No 🔳 📔	f no: <u>Oaklan</u>	d Arena	
				f yes: <u>Hauber</u>	Name of Source t. David	
	Was ticket distribution made of agency official?	e at the behest Yes	No 🔲 🕺	f yes:	Official's Name (Last, First)	
	Use Section A to identify the age A. Name of Agency, Dep		Number of Ticket(s)/ Passes			suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fe	ollowing:
	Tiffany, Michael		3		nonial Role D Other	
				To promote	e tourism or foster ecor	nomic or business devel
					nonial Role D Other C	
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Desc			Describe ti	ne public purpose made pur	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 requirements.

	Lawson Bell	Supervisor's Assistant	06/24/22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear		FPPC Form 802 (2/2016)

C	eremonial Role Even	ts and licket/F	ass Distr	ibutions	A	Public Document
1.	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)			-	
	Lawson Bell, Supervisor's A	ssistant				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	
	(510) 272-6691	Lawson.Bell@acg	ov.org		Date of Original Filing: _	06/24/22 (month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	🔳 No 🗌	Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney of	Provide Title/ Expla	anation	Date(s)	<u> </u>	/
	Ticket(s)/Pass(es) provided		🔲 No 🔳	If no: Oaklan	d Arena	
		.,			Name of Source	
	Was ticket distribution made	e at the behest Yes	🔳 No 🗖	lf yes:	Official's Name (Last, First)	
	of agency official?				Omotors Nome (Lost, 1130)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	•Use Section B to	identify an individ	ual. Use Section C to identify	/ an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne 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:
	Bradley, Shawn		3		nonial Role D Other king "Ceremonial Role" or "Other" des	
				To promote	e tourism or foster ecor	nomic or business devel
	·				nonial Role 🔲 Other 🗔 king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne 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 the requirements.

	Lawson Bell	Supervisor's Assistant	06/24/22	
	Print Name	Title	(month, day, year)	
Comment:	•			

Print



-						The second booking
1	Agency Name				Date Stamp	California OA
	Alameda County					Form OU
	Division, Department, or Regi	on (If Applicat	nle)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			_	
	Gabriela Christy Area Code/Phone Number				Amendment (Must p	rovide explanation in Part 3.)
		E-mail				
_	(510) 272-6692		hristy@acgov	/.org	Date of Original Filing: .	(Month, Day, Year)
? •••	Function or Event Inform					# 10 50
	Does the agency have a ticket		Yes 🔀 No	Face Value	of Each Ticket/Pass \$	Rpt
		ON CC Provide Title/Ex	Dianation	Date(s)	2,26,22	· /
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no:	Name of Sou	//Ce
	Was ticket distribution made at	the behest	No 🔲 Yes	M Hum Valle	e, Richard- Supervisor [
	of agency official?			Kak IT yes:	Official's Name (L	
	Recipients					
	Use Section A to identify the agency'	s department o		ction B to identify an individ	lual. • Use Section C to Ident	ify an outside organization.
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:
				Ceremonial Role If checking "Ceremon	Other Inter Inter Describe below:	Income
				Ceremonial Role	Other D niał Role" or "Other" describe below:	Income
	C. Name of Outside Organiz: (include address and descr	ation iption}	Number of Ticket(s)/ Pass(es)	organization fo	hool or nonprofit or its contributions to	the agency's policy
	La Familia 24301 Southland E 300 Hayward, Ca	Drive, Suite	6	- the community		
	We provide underserved multi communities with the tools and			necessary to build a	resilience, wellness, an	d economic power.
٦	/erlfication					
I	have read and understand FPPC Recutation	nne 18044 1 and	18942. I have ver	filed that the distribution set f	orth above, is in accordance with	the requirements.
			Gabriela Ch	nristv	Supervisor's Assistant	2 17 72

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	AI	Public Document
1.	Agency Name				Date Stamp	California 802 Form
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lawson Bell, Supervisor's A	ssistant			Amendment (Must Pro	vide Explanation in Dart 2.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	Lawson.Bell@acgc	ov.org		Date of Original Filing: _	06/24/22 (month, day, year)
2	Function or Event Infor	mation				(
.				· · · · · · · · · · · · · · · · · · ·		62.50
	Does the agency have a ticl				Each Ticket/Pass \$	
	Event Description: Disney of	on Ice	C)ate(s)		//
		Provide Title/ Explai	nation	no:Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Source	
	Was ticket distribution made	e at the behest Yes	No 🗆 👫	yes: Hauber	t, David	
	of agency official?	1001			Official's Name (Last, First)	
	Use Section A to identify the ager		Use Section B to in Number of Ticket(s)/ Passes	1	ual. Use Section C to identify	-
	B. <u>Name of Individual</u> (Last, First) Ellingston, Roland		Number of Ticket(s)/ Passes		Identify one of the following:	
			10	If check	nonial Role D Other M king "Ceremonial Role" or "Other" des tourism or foster econ	
		U			nonial Role D Other D king "Ceremonial Role" or "Other" desi	Income
		C. Name of Outside Organization (include address and description)		Describe th	ne public purpose made purs	uant 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. *

	Lawson Bell		Supervisor's Assistant	06/24/22	
	Print Name		Title	(month, day, year)	
Comment:					
	Print	Clear		FPPC Form 802 (2/2016)	

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1. Agency Name			Date Stamp	California Ong
Alameda County				Form OUZ
Division, Department, or Region (If Application	le)			For Official Use Only
Board of Supervisors		-		
Designated Agency Contact (Name, Title)				
Gabriela Christy				
Area Code/Phone Number E-mail			Amendment (Must pro	ride explanation in Part 3.)
	nristy@acgov.	A*A	Date of Original Filing:	·
2. Function or Event Information	Insty@acgov.	019	sale of original rinig.	(Month, Day, Year)
				\$ 62.50
Does the agency have a ticket policy?	Yes 🔀 No 🛾		of Each Ticket/Pass \$	106
Event Description	C	Date(s)	<u>27,22</u>	
	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🖸	d If no:	Name of Source	~
Was ticket distribution made at the benest	N	a Valie.	, Richard- Supervisor Di	
of agency official?	No 🚺 Yes 🛿	If yes:	Official's Name (Las	t, First)
8. Recipients				······
Necipients Use Section A to identify the agency's department or	unit. • Use Secti	on B to Identify an Individu	ual. • Use Section C to Identify	the outstate encoded to a
A. Name of Agency, Department or Unit	Number of			
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
B. Name of Individual	Number of			
(Last, Fort)	Ticket(s)/ Pass(es)		Identify one of the following	2
		Ceremonial Role	Other O	
	1 1	fi checking "Ceremonli	al Role" or "Other" describe below:	
	++			
		Ceremonial Role	al Role" or "Other" describe below:	Income
		n undersity contentione		
C. Name of Outside Organization	Number of	To reward a	school or nonprofit	
(include address and description)	Ticket(s)/ Pass(es)	or Bainzarion	I IOP Its contribution	gency's policy
La Familia 24301 Southland Drive, Suite	a	the commun	ity	
300 Hayward, Ca				
Mo mentide underserved multipulture l	+			
We provide underserved multicultural communities with the tools and support		necessary to build re	esilience, wellness, and	economic power.
	l			
Verification				
I have radit and understand FPPC Regulations 18944.1 and	18942. I have verifi	ed that the distribution set for	rth above, is in accordance with th	e requirements.
	Gabriela Chri	ísty S	Supervisor's Assistant	Q 17 22
	Print Name		Title	Month, Day, Year)
v				
Comment:			Ψ.	

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1.	Agency Name				Date Stamp	California 000		
	Alameda County					Porm 002		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Heather Cartwright				F 3 • • • • • • • • • • • • • • • • • • •			
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)		
	(510) 272-6693	heather.cartwright@	Dacgov.org		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$	\$143.75		
	Event Description: Ana Gal	oriel Provide Title/ Explar	(Date(s)	, 10 , 202	//		
	Ticket(s)/Pass(es) provided			f no: Oakland				
				Brown,	Name of Source Dave			
	Was ticket distribution made of agency official?	e at the behest Yes [No	If yes: Brown,	Official's Name (Last, First)			
2								
3.	• Use Section A to identify the ager	cy's department or unit.	Use Section B to i	identify an Individu	al. Use Section C to identify	an outside organization.		
			Number	1				
	A. Name of Agency, Depa	artment or Unit	of Tisket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	B. Name of Indi (Lest, Fire)	Number of Ticket(s)/ Passes		Identify one of the following:				
				Ceremonial Role . Other Income Income to the checking "Ceremonial Role" or "Other" describe below:				
					ioniai Role D Other D dng "Caramonial Role" or "Other" desi	Income		
	C. Name of Outside O {include address and		Number of Ticket(s)/ Passes	Describe the	e the public purpose made pursuant to the agency's policy			
	The Unity Council-1900 Fi	ruitvale Ave #2a, Or	4	To reward a	school or nonprofit or	ganization for its contrib		
	A non-profit Social Equity	Development Corpr						
4.	Verification							
1	i have read and understand FP	PC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set fo	rih above, is in accordance		
1	with the requirements.)						
		Heather Cartv	vright	Supe	rvisor's Assistant	Ou jul Anna		
			nt Name		Title	(month day, year)		
	11					Contracting Call, Poor		
	Comment:							
		Print C	lear	-		FPPC Form 802 (2/2016)		
						86/ASK-FPPC (866/275-3772)		

Ceremon	ial Role Even	ts and Ticket/P	ass Distri	ibutions	Α	Public Document
I. Agency	Name				Date Stamp	California 802
Alameda					-	Form OU2 For Official Use Only
	Department, or Reg	l on (if applicable)				Tor Criticial Use Grify
	Supervisors d Agency Contact ((Nama Thia)			-	
-		wame, nuej				
	Cartwright /Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
(510) 272		heather.cartwright(Dacgov.org		Date of Original Filing:	(month, day, year)
2. Function	n or Event Infor	mation				
Does the	agency have a tick	ket policy? Yes	No 🗖 🖡	ace Value of	Each Ticket/Pass \$	\$62.50
Event De	scription: Disney of	on Ice: Dream Big Provide Title/ Explai	E)ate(s)	, <u>24</u> , 202 ,	/
Ticket(s)/	Pass(es) provided		No H	no: Oaklan	d Arena	
					Manua of Decima	
	t distribution made y official?	at the behest Yes [No 📰 🛙 H	yes: Brown,	Officiai's Name (Last, First)	
B. Recipie • Use Section		cy's department or unit.	Use Section B to l	dentify an Individ	ual. Use Section C to identif	y an outside organization.
Α.	Name of Agency. Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pur	suant to the agency's policy
B.	Name of Indi		Number of Ticket(s)/		Identify one of the fi	ollowing:
	(Last, Firs	st)	Passes			
Gardley	, Kassendra		4		nonial Role 🔲 🚏 Other 🔙 king "Ceremonial Role" or "Other" de	
-				To encoure	age County of Alameda	resident and busines
					nonial Role 🛄 Other 🗌 King "Ceremonial Role" or "Other" dea	
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
. Verificati						
/ I have read with the req	and understand EP uirements.	PC Regulations 18944.	1 and 18942.	have ventied	that the distribution set fo	orth above, is in accordance
	_	Heather Cart	wright	Supe	ervisor's Assistant	04/04/11

	Heather Cartwright	Supervisor's Assistant	04/04/1021
	Prin1 Name	Title	(month/day, year)
Comment:			
1	Print Clear	EDDC Toll Free Helpline: 86	FPPC Form 802 (2/2016)

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

Alameda County			Date Stamp	California 802
Division, Department, or Region (if applicable) Board of Supervisors				For Official Use Only
Designated Agency Contact (Name, Title)				
Heather Cartwright				
Area Code/Phone Number E-mail				Provide Explanation in Part 3.)
(510) 272-6693 heather.cartwright@	@acgov.org		Date of Original Filing:	(month, day, year)
. Function or Event Information				\$62.50
			Each Ticket/Pass \$	φο2.30
Event Description: Disney on Ice: Dream Big		Date(s)/.	25 , 202	
Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes [No i	f no: Oakland	Arena	
			Mama of Course	
Was ticket distribution made at the behest Yes [🗋 No 🔳 📗	f yes: Brown, I	Official's Name (Last, First)	
of agency official?				
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individu	al. Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
· · · · · · · · · · · · · · · · · · ·				
B. Name of Individual (Last, Fust)	Number of Ticket(s)/ Passes		Identify one of the f	öllowing:
			oniel Role D Other C ng "Ceremoniel Role" or "Other" de	
			onial Role 🔲 Other 🛄 ing "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
Boys and Girls Club of San Leandro - 2200 S	4	To reward a	school or nonprofit o	rganization for its contrib
Mission to build caring, responsible citizens.				
Verification				
Vitave read and vinderstand FPPC Regulations 18944.	1 and 18942.	l have verified th	hat the distribution set fo	orth above, is in accordance
Heather Carty	vriaht	Super	rvisor's Assistant	04/10/100
S	int Name		Title	(month, fay, year)
Comment:				
	lear			FPPC Form 802 (2/2016) 366/ASK-FPPC (666/275-3772)

Comment: _

Print

Clear

A Public Document

	Agency Name Alameda County	Date Stamp	Galifornia 802		
	Division, Department, or Region (if applicable)	-	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
1	Heather Cartwright				
	Area Code/Phone Number E-mail			Amendment (Must P	Provide Explanation in Part 3.)
1	(510) 272-6693 heather.cartwright@	Dacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
I	Does the agency have a ticket policy? Yes		ace Value of	Each Ticket/Pass \$	\$62.50
	Event Description: Disney on Ice: Dream Big Provide Title/ Explan	nation E		, 26 , 202	
-		No II	f no: Oakland	d Arena	
			Brouten	Name of Source	
١	Was ticket distribution made at the behest Yes [] No 📃 👖	yes: Brown,	Official's Name (Last, First)	
	of agency official?				
	Use Section A to Identify the agency's department or unit. A, Name of Agency, Department or Unit	Use Section B to i Number of Ticket(s)/ Pasees	1		ify an outside organization.
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of the l	following:
				nonial Role 🛄 · Other 🗌 ing "Ceremonial Role" or "Other" de	
(*				onial Role D Other de	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's pr		
	ALL IN Alameda County - 1221 Oak Street R	4	To promote	attendance at a(n)	event held at a County f
	Anti-poverty initiative in Alameda County	M.			
K	Artification have read and understand FRPC Regulations 18944. The trace regulations from the trace of the tra	1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance
	Heather Carty	vright	Supe	rvisor's Assistant	04/04/11121
		nt Name		Title	(month/dey, year)

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

_			Inderente		T ubito Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County		Form OUZ			
	Division, Department, or Region (if applicable)		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Heather Cartwright	Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail	•		Data of Original Elling		
	(510) 272-6693 heather.cartwright(gacgov.org		Date of Original Filing:	(month, day, year)	
	Function or Event Information					
	Does the agency have a ticket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ _	\$62.50	
	Event Description: Disney on Ice		Date(s)	, 26 , 202		
	Provide Title/ Expla					
	Ticket(s)/Pass(es) provided by agency? Yes	d Arena Name of Source				
	Was ticket distribution made at the behest Yes I No I If yes:			Dave		
	of agency official?			Official's Name (Last, First)		
_						
-	Recipients					
	Use Section A to identify the agency's department or unit.	ual. Use Section C to identi	ify an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy	
		Passes				
		Number				
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:	
) 		Ceren	nonial Role 🔲 Other 🕻		
				ing "Ceremonial Role" or "Other" de		
			Cerem	nonial Role 🗌 Other		
			If check	ing "Ceremonial Role" or "Other" de	ascribe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy	
	(menuo address and description)	Passes				
	Trybe - 1341B E25th St. Oakland, CA 94606	8	To reward a	a school or nonprofit o	organization for its contrib	
	Community building nonprofit in Oakland prov					
7	Verification					
1	I have read and understand FRPC Regulations 18944	.1 and 18942.	l have verified l	that the distribution set f	orth above, is in accordance	
	with the requirements.					
	Heather Cart	wright	Supe	ervisor's Assistant	04/04/100	
		int Name		Title	(month, bay, year)	
	Comment:		-			
		(
	Print C	lear	I	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

A Public Document 1. Agency Name California Date Stamp Portin 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.cartwright@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information \$62.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔳 No 🗍 Event Description: Disney on Ice: Dream Big Date(s) _____ 27 2022 Provide Title/ Explanation **Oakland Arena** Ticket(s)/Pass(es) provided by agency? If no: ____ Yes 🔲 No 🔳 Name of Source Brown, Dave Was ticket distribution made at the behest Yes D No If 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 Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Β. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Rote Other Income If checking "Ceremonial Roje" or "Other" describe below

C.	C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency's policy	
Davi	s Street Community Center - 3081 Teage	8	To reward a school or nonprofit organization for its contrib	
Impr	ove quality of life for low income resident			

4. Verification

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

		Heather Cartwright	Supervisor's Assistant	04/04/1117
_		Print Name	Title	(month day, year)
Comment:	\mathcal{O}	H:		
	Pr	rint Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

Agency Name				Data Storm	Const Half-const and the second second	
AL L. A				Date Stamp	California 802	
Alameda County					Porm 002	
Division, Department, or Reg	ion (if applicable)				For Official Use Only	
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Heather Cartwright				Amendment (Must Provide Explanation in Part 3.)		
rea Code/Phone Number	E-mail					
(510) 272-6693	heather.cartwright@	Dacgov.org		Date of Original Filing:	(month, day, year)	
- Function or Event Infor	mation				with A	
Does the agency have a tic		No DE	ace Value of F	Each Ticket/Pass \$	\$62.50	
Event Description: Disney t		Define	ate(s)	27 , 2027		
licket(s)/Pass(es) provided	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland Arena					
	-) -3) 100 -			Mana of Course		
Nas ticket distribution made at the behest Yes 🔲 No 📷 If yes: 🗕				Official's Name (Last, First)		
of agency official?				charter and the period in they		
Desiniants						
• Use Section A to identify the ager	cv's department or unit	Jse Section R to in	lentify an individu	al. Use Section C to identi	fy an outside organization	
Use Section A to identify the agency's department or unit. Use Section B to identify an individ					ry an outside organization.	
A. Name of Agency, Department or Unit			Describe the	e public purpose made pu	rsuant to the agency's policy	
		Passes				
	- Talanak	Number				
B. Name of Indi (Lest, Fir.	of Ticket(s)/ Passes		Identify one of the	rollowing:		
			Cerem	onial Role 🗌 Other 🛛		
			if check	Ing "Ceremonial Role" or "Other" de	escribe below:	
			Ceremonial Role Other I Income			
				ing "Ceremonial Role" or "Other" de	scribe below:	
Name of Outside O	rganization	Number	Deer ribe the	a public purpose made pu	suant to the agency's policy	
C. (include address and		of Ticket(s)/ Passes	Describe di	e hanne huihees made he	scant to are againcy a policy	
Girls Inc. of the Island City	/, 1724 Santa Clara	4	To reward a	school or nonprofit o	rganization for its contrib	
Youth services organization	n in Alameda					
	and a submodel					
erification						
have read and understand FP	PC Regulations 18944.	1 and 18942. I	have verified t	hat the distribution set f	orth above, is in coordance	
with the shaulrements.)				Bulinta	
			rvisor's Assistant	04/04/WT		
	> Pri	int Name		Title	(month, play, year)	
6						
Comment:						