С	eremonial Role Events and Tick	et/Pass D	istributions		A Public Document
1.	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)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must prov	ide explanation in Part 3.)
	(510) 272-6692 Gabriela.Chris	sty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				127 (2)
	Does the agency have a ticket policy?	Yes 🔀 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$	37.50
	Event Description Los Tucanes De Tijuana Provide Title/Explai	Date(s)3		///	
		Yes 🗋 No 🛛	If no: Oak	land Athletics	ю
	Was ticket distribution made at the behest of agency official?	If yes: Valle,	Richard- Supervisor Di Official's Name (Las	strict 2	
	Use Section A to identify the agency's department or un A. Name of Agency, Department or Unit	nit. • Use Section Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identify	
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	j:
			•••••••••••••	Other discribe below:	Income
			Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	organization	school or nonprofit for its contributions t	agency's policy
	Rasing Leaders 22100 Princeton St Hayward, Ca	3	the commun	ity	
	Raising Leaders is a workshop and internship model created by the Hayward.		Adult School to aive	e at-risk youth an oppor	tunity to hear from

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					Ter abile boodilient
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (If Applic	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(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?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	175.00
	Event Description Marc Anthony		Date(s) <u>3</u>	, 17 , 22	1 1
	Provide Title/	Explanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: UQK	Land Athletics	rce
	Was ticket distribution made at the behas	st No 🗔 Vee I	valle.	Richard- Supervisor D	
	of agency official?	st No ☐ Yes	If yes:	Official's Name (La	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department		tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremoni	Other describe below:	Income
			Ceremonial Role	Other D	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	-	ool or nonprofit its contributions to	the agency's policy
	Union City Family Center 725 Whipple Rd, Union City, CA 94587	3	 the community 		
	The Union City Family Center provides an innovative community school mode		As the anchor orga	nization for over 40 reg	jional partners.
	Verification I have read and understand FPPC Regulations 18944.1	1 and 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with) the requirements.
		Gabriela C		Supervisor's Assistant	ca /201777
	-	Print Name		Title	(Month, Day, Year)

Comment: _

C	eremonial Role Events and Ticket/Pa	ass Distri	butions	A	Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Torn
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				ovide Explanation in Fait 5.)
	(510) 272-6693 heather.cartwright@	Dacgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	No 🗆 🗧	ace Value of	Each Ticket/Pass \$	\$175.00
			03	, 17 , 2022	
	Event Description: Marc Anthony Provide Title/ Explan	D	ate(s)		/
	Ticket(s)/Pass(es) provided by agency? Yes [d Arena			
		Name of Source Dave			
	Was ticket distribution made at the behest Yes 🔲 No 🔳 If yes: Brown			Official's Name (Last, First)	
	of agency official?				
	A. Name of Agency, Department or Unit	Number of Ticket(\$)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	
				nonial Role D Other king "Ceremonial Role" or "Other" de	
			1	nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	The Unity Council-1900 Fruitvale Ave #2a, Or	4	To reward	a school or nonprofit o	rganization for its contrib
-	A non-profit Social Equity Development Corpo				

4. Verification

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

	Heathe	er Cartwright	Supervisor's Assistant	04/04/ 2021		
	>	Print Name	Title	(month, day, year)		
Comment:						
	Print	Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)		

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-							
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only	
	Board of Supervisors	6					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				27 50	
	Does the agency have a ticket policy? Yes 🛛 No 🗖 Face V				of Each Ticket/Pass \$	37.50	
	Event Description <u>New Edition</u> Date(s) <u>3</u>				, 18 , 22	1 1	
	Event Description	Provide Title/Expl	L J Auglika C				
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 If no: MA			lavel Athletics			
				Name of Source			
	Was ticket distribution made a of agency official?	t the benest	No 🗋 Yes 🛿	If yes: Valle,	, Richard- Supervisor Dis Official's Name (Las	t, First)	
2							
з.	• Use Section A to identify the agency	's department or	unit. • Use Secti	ion B to identify an individu	ual. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme		Number of		Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department of Unit Ticket(s)/ Pass(es)						
			Number of				
	B. Name of Individua (Last, First)	ll .	Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other		
					ial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ		Number of Ticket(s)/	To reward a	a school or nonprofit	jency's policy	
	(include address and des		Pass(es)	the commu	n for its contributions	to	
	Daily Bowl 525 H St, Union 94587	City, CA	3	the commu	Inity		
	0.001		-				
					would otherwise go to waste and deliver it to local agencies to		
	At Daily Bowl, our mission is Volunteers recover edible fo			would otherwise go feed needy families		o local agencies to	

11/28/22 Supervisor's Assistant Gabriela Christy Print Name Title

U	ng	u
(A	onth,	ay, Year)

Comment:

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form UUL		
	Division, Department, or Regi	on (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must P	Provide 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	nation				\$137.50
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	φ107.00
	Event Description: <u>New Edition feat. Jodeci</u> Date(s) <u>03</u>				, 18 , 202 <mark>.</mark>	/
		Provide Title/ Explar				
	Ticket(s)/Pass(es) provided	by agency? Yes [no: Oaklan	Name of Source	
	Was ticket distribution made	at the behest Yes	Dave			
	of agency official?		🗌 No 🔳 🛛 IT		Official's Name (Last, First)	
3.	• Use Section A to identify the ager A. Name of Agency, Depa		Use Section B to id Number of Ticket(s)/ Passes			fy an outside organization. rsuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:
			on, India 4 ^{#6}		remonial Role Other Income Income	
				1	nonial Role 🔲 Other [king "Ceremonial Role" or "Other" d	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made pu	rsuant to the agency's policy
-	Verification					

haye 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	Supervisor's Assistant
		Print Name	Title
nont:	\sim		

Print

Clear

(month, day, year,

A Public Document

Comment:



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1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			. Amendment (Must provi	de explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				12.50
	Does the agency have a ticke	et policy?	Yes 🔀 🛛 No 🕻	Face Value o	f Each Ticket/Pass \$	16.00
	Event Description André Rie	u		Date(s)3	, 21 , 22	1 1
		Provide Title/Exp	lanation			//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🛛	N If no: Val	clard A's	
					Name of Source	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor Dis Official's Name (Last	First)
					Official's Name (Last	, riistj
3.	• Use Section A to identify the agence	v'e denartment er	unit a Usa Saa	tion B to identify an individu	ust a Lice Section C to identify	on outside exercisetion
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following:	
	8		Pass(es)	Occurrential Date		
				Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below:	Income
	0					
				Ceremonial Role	Other	
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of	To reward a	school or nonprofit	
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	organization	for its contributions to) agency's policy
	Daily Bowl 525 H St, Union	City CA	1 435(63)	the commun		
	94587	Oity, OA	3			
	At Daily Bowl, our mission i	e simplo		would otherwise go	to wasto and doliver it to	
	Volunteers recover edible for			feed needy families	to waste and deliver it to	Diocal agencies to
-	Marification			-		
4.	Verification I have read and understand EPPC Regu	llations 18944 1 an	d 18942. I have ve	rified that the distribution set fo	orth above is in accordance with th	e requirements
			Gabriela Cl		Supervisor's Assistant	10/20122
				matv	ODDEDVISOLS ASSISTANT	

 Print Name
 Title
 Month, bay, Year)

Comment:

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1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regio	on (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (M	Varne, Title)					
	Gabriela Christy						
		E-mail			Amendment (Must provid	de explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chr	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	policy?	Yes 🔀 No 🕻	Face Value o	f Each Ticket/Pass \$ 🔟	18.75	
	Guru Rand	hawa and Ka	nika Kapoor	 Date(s)3	, 25 , 22	1 1	
	Event Description	Provide Title/Expla		Date(s)		//	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:				Sland AS		
		· · .	Name of Source				
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Valle, of agency official?			Richard- Supervisor Dis Official's Name (Last	First)		
_							
3.	• Use Section A to identify the agency	al. • Use Section C to identify	an outside organization.				
	A Number of Department of Department						
			Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	R Name of Individua		Number of				
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other	income	
				If checking "Ceremoni	al Role" or "Other" describe below:	,	
				Ceremonial Role	Other		
					al Role" or "Other" describe below:		
				To reward a s	school or nonprofit		
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/		for its contributions to	agency's policy	
			Pass(es)	the communi			
	Gudwara Fremont 300 Gurd Fremont, CA 94536	wara rtu,	3				
						10 1 1 1 1 1 1 1 1 1	
	Fremont Gurdwara Sahib is tax exempt nonprofit organiz				f Fremont in Nortern Cal and is one of the most p		
-							
4.	Verification	ations 18944 1 and	118942 havo voi	rified that the distribution set fr	orth above is in accordance with th	ne requirements	
	mayarologiana anacpetanger FFO Regul	יייייייייייייייייייייייייייייייייייייי				In anh?	
		8.	Gabriela Cl		Supervisor's Assistant	Month, Day, Year)	

Comment: ______Gurdwara/

A Public Document

-	A ways and Marris				Data Otama	Oalitanta	
З.	Agency Name				Date Stamp	California Form	802
	Alameda County					For Official	Use Only
	Division, Department, or Reg	ion (If Applicabl	e)				
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in) Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov.	org	Date of Original Filing:	(Month, Day, Ye	ar)
2.	Function or Event Infor	mation				62.50	
	Does the agency have a ticke	f Each Ticket/Pass \$	64				
	Event Description PBR Unlea	2622	/	1			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:				and this		
					Name of Sourc		
	Was ticket distribution made at the behest No 🗋 Yes 🛛 If yes: Valle, of agency official?			Richard- Supervisor Dis Official's Name (Las	SIFICI Z		
10 M		Onicial's Maine (Las					
3.	Recipients		unit a Lles Cast	ian D to identify an individu	al a Upp Spotion C to identify		
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of						
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	1.	
	(Last, First)		Pass(es)				
				Ceremonial Role	Other		Income
				If checking "Ceremon	ial Role" or "Other" describe below:		
)		++	Ceremonial Role	Other		
				If checking "Ceremon	ial Role" or "Other" describe below:		
				— To reward a sc	hool or nonprofit		
	C. Name of Outside Organ		Number of Ticket(s)/		or its contributions to	ne agency's p	olicy
	(include address and des		Pass(es)	the community	y		
	Daily Bowl 525 H St, Union 94587	City, CA	3				
	At Daily Bowl, our mission is Volunteers recover edible for			would otherwise go feed needy families	to waste and deliver it t	o local agen	cies to
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	6 28 22
Print Name	Title	(Month, Day, Year)

Comment: ____