**A Public Document** 

1.	Agency Name				Date Stamp	California 002	
	Alameda County			Form 802			
	Division, Department, or Regi	ion (If Applicable	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)			-		
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692		risty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	50.00			
	Event Description Tyler the C	reator	122				
		Provide Title/Expla	anation	Date(3)	11 1 A 12		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no:	Kland Als		
	Was ticket distribution made a	t tha habaat	Richard- Supervisor				
	of agency official?	it the benest	Official's Name (	Last, First)			
3	Recipients						
•	Use Section A to identify the agency	/'s department or u	ual. • Use Section C to iden	tify 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				
	Alameda County Behavioral		To reward a Co	unty employee for his	Or		
	Services	3	net exemplary s	ervice to the public or			
				to encourage sta	aff development		
	B. Name of Individua (Last, First)	al .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
					Other I	Income	
		C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant	to the agency's policy	
4	Verification						

#### I hay on ead 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	

Supervisor's Assistant

Title

Comment:

A Public Document 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.) 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 \$150.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🔳 No 🗋 Date(s) \_\_\_\_/ 01 Event Description: \_\_\_\_\_Tyler the Creater 2022 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Brown, Dave 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 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: 4 Angelo, Daniel To encourage County of Alameda resident and business Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

#### 4. Verification

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

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

eremonial Role Even	AF						
Agency Name Alameda County					Date Stamp	California Form	802
Division, Department, or Regi	on (if applicable)					For Official I	Jse Only
Board of Supervisors							
Designated Agency Contact (	Name, Title)						
Amy Shrago, Chief of Staff				Amendment (Must Provide Explanation in Part 3.)			
					Data of Original Filing	04/29/22	_
510-272-0095	Amy.Shrago@	yacgov.	org		Date of Original Filling:	(month, day, yea	r)
Function or Event Inform	nation						
Does the agency have a tick	et policy?	Yes 🔳	No 🗌	Face Value of Each Ticket/Pass \$150.00			50.00
Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes  No  If no				//			
		2	Name of Source				
Was ticket distribution made of agency official?	at the behest	Yes 🔳	No 🗌	If yes: <u>Carson</u> ,	, Keith Official's Name (Last, First)		
	Agency Name Alameda County Division, Department, or Regi Board of Supervisors Designated Agency Contact ( Amy Shrago, Chief of Staff Area Code/Phone Number 510-272-6695 Function or Event Inform Does the agency have a tick Event Description: Tyler the Ticket(s)/Pass(es) provided Was ticket distribution made	Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Amy Shrago, Chief of Staff         Area Code/Phone Number         510-272-6695         E-mail         Amy.Shrago@         Function or Event Information         Does the agency have a ticket policy?         Event Description:         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest	Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Amy Shrago, Chief of Staff         Area Code/Phone Number         510-272-6695         Event Description:         Tyler the Creator         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?         Yes         Was ticket distribution made at the behest	Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Amy Shrago, Chief of Staff         Area Code/Phone Number         510-272-6695         E-mail         Amy.Shrago@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes         No         Event Description:         Tyler the Creator         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?         Yes       No         Was ticket distribution made at the behest       Yes         No       Image: No	Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Amy Shrago, Chief of Staff         Area Code/Phone Number         510-272-6695         E-mail         510-272-6695         Amy.Shrago@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes       No         Face Value of         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?         Yes       No         Was ticket distribution made at the behest       Yes         No       If yes:	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (if applicable)         Board of Supervisors       Designated Agency Contact (Name, Title)         Amy Shrago, Chief of Staff       Image: Amendment (Must Processing 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	Agency Name       Date Stamp       California         Alameda County       Division, Department, or Region (if applicable)       For Official I         Board of Supervisors       Board of Supervisors       For Official I         Designated Agency Contact (Name, Title)       Image: Amy Shrago, Chief of Staff       Image: Amy Shrago@acgov.org       Im

#### 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
Board of Supervisors District 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development;			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
			Ceremonial Role Other I Income Income I I Incom			
			Ceremonial Role Other M Income Income 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			
è						

### 4. Verification

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

	Amy Shrago	Chief of Staff	04-29-22	
	Print Name	Title	(month, day, year)	
Comment:				
	Print Clear	, FPPC Toll-Free Helpline	FPPC Form 802 (2/2016) : 866/ASK-FPPC (866/275-3772)	

C	eremonial Role Events and Tick	(et/Pass Di	stributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
1.	Alameda County				Form 002	
	Division, Department, or Region (If Applicable)	1	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy					
	Area Code/Phone Number E-mail			Amendment (Must pl	rovide explanation in Part 3.)	
		isty@acgov.org	3	Date of Original Filing: .	(Month, Day, Year)	
2	Function or Event Information					
		of Each Ticket/Pass \$	118.25			
	Event Description Maxwell: The Night Tour	Yes 🛛 No 🗌	5	, 16 , 22	, ,	
	Event Description Provide Title/Expla	nation	Date(s)		//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛛	If no: Dald	and Als	tr.	
	Was ticket distribution made at the behest	No 🗋 Yes 🛛	If yes: Valle,	Richard- Supervisor	District 2	
	of agency official?			Official's Name (I	.ast, First)	
э.	• Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of Ticket(s)/		ual. • Use Section C to ident		
	Alameda County Behavioral Health Care	Pass(es)	To reward a Co	unty employee for his	or —	
	Services	3	her exemplary s	service to the public of	•	
	-		to encourage st	aff development		
	B. Name of Individual (Last, First)	Number of Ticket(s)/	-	Identify one of the follow	dentify one of the following:	
	() · · · · · · · · · · · · · · · · ·	Pass(es)	Ocean anial Data	Other		
				ial Role" or "Other" describe below:	Income	
				Other Inter and the contract of the contract o	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
4	Verification					

## Gabriela Christy Supervisor's Assistant Image: Constraint of the second second

С	eremonial Role Even	its and Ticket/Pa	ass Distr	ibutions	Α	Public Doc	cument
1.	Agency Name				Date Stamp	California	802
	Alameda County		Form				
	Division, Department, or Reg	jion (if applicable)			1	For Official U	Jse Only
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name,Title)			1		
	Lawson Bell, Supervisor's A	Assistant			Amendment (Must Pr	avida Exploration in	Dout 2 L
	Area Code/Phone Number	E-mail					
	(510) 272-6691	Lawson.Bell@acgo	v.org		Date of Original Filing:	05/23/2022 (month, day, year	
2	Function or Event Infor					(month, day, year	)
۷.			No 🗂 🛛				100
	Does the agency have a tic	Each Ticket/Pass \$					
	Event Description:Baseba	ll Game		Date(s)	<u>, 18 , 2022</u> .		
		Provide Title/ Explan	ation	lf no: _Oaklan			
	Ticket(s)/Pass(es) provided	by agency? Yes	🛾 No 🛄 🛛	f no:	Name of Source		
	Was ticket distribution made	e at the behest. Voc E		lf yes:			
	of agency official?				Official's Name (Last, First)		
			_				
3.	Recipients						
	Use Section A to identify the age	ncy's department or unit. • l	Jse Section B to	identify an individ	ual. Use Section C to identify	an outside organiz	ation.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agenc	y's policy
			,				
	·						
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Trampetti, Dominic		3		nonial Role Other Other king "Ceremonial Role" or "Other" des		Income
			-	To promote	e attendance at events	held at a Coun	ty facility
				1	nonial Role Other Marking "Ceremonial Role" or "Other" des	cribe below:	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agenc	y'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	05/23/2022
	Print Name		Title	(month, day, year)
Comment:				
	Print	Clear		FPPC Form 802 (2/2016)

Public Dooun

9	eremonial Role Even	to and never	ass Distri	DULIONS	AI	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)				Í
	Amy Shrago, Chief of Staff		Amandmant (Must Da			
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-272-6695	Amy.Shrago@acg	ov.org		Date of Original Filing: _	04/29/22 (month, day, year)
2.	Function or Event Infor	mation				400.00
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$	100.00		
	Event Description: <u>Oakland</u>	Athletics vs. Baltim	<u>, 18 , 23</u> -	//		
	Ticket(s)/Pass(es) provided	, <b>.</b>	No 🔳 If	no: Coliseu	m Authority	
					Name of Pourse	
	Was ticket distribution made	at the behest Yes	🔳 No 🗔 🛛 If	yes: <u>Carson</u>	Official's Name (Last, First)	
	of agency official?				Omolar's Maine (Last, 1 hist)	
3.	• Use Section A to identify the ager • Use Section A to identify the ager A. Name of Agency, Depa BOS District 5	Number of Ticket(s)/ Passes	Describe th	ual. Use Section C to identify e public purpose made purs e, encourage, reward, o	uant to the agency's policy	
			2 Number		norale, retention, exem	plary service, or staff 📷
	B. Name of Ind. (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:
				1	nonial Role D Other desk	Income
				1	nonial Role D Other International Role Other Content International Role" or "Other" desc	Income
		C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe t			e 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.

	Amy	Shrago	Chief of Staff	04-29-22	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)	

1.	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	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	mation				\$100 tix, \$20 parking	
	Does the agency have a ticl	ket policy? Yes			Each lickel/Pass & _		
	Event Description:Basebal	l game	<u>, 19 , 22 </u>				
	Event Description.	Provide Title/ Explai					
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 If no: Oakland				0 A S Name of Source		
	Was ticket distribution made at the behest Yes D No If yes: Brown,				Dave		
	Was ticket distribution made	e at the benest Yes [	_ No 🔳 "	yes	Official's Name (Last, First	)	
	of agency official?						
3.	Recipients						
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to id	entify an individ	ual. Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		he public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	÷	Identify one of the		
			2 +1p	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:			
	,			To promote	mote attendance at a(n) event held at a Count		
	C. Name of Outside Organization (include address and description)				monial Role D Other cking "Ceremonial Role" or "Other"		
			Number of Ticket(s)/ Passes		e the public purpose made pursuant to the agency's policy		

**A Public Document** 

### 4. 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.

		Heather Cartwright	Supervisor's Assistant	4/28/002	
		Print Name	Title	(month, day, year)	
Comment:	$\sim$				
	P	rint Clear	FPPC Toil-Free Helpline: 86	FPPC Form 802 (2/2016) 6/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 \$100 tix, \$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Baseball game Date(s) \_\_\_\_ 19 22 Provide Title/ Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Brown, Dave 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes To reward a school or nonprofit organization for its contrib The Unity Council-1900 Fruitvale Ave #2a, Q 16 +3p A non-profit Social Equity Development Corpo

### 4. Verification

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

Clear

Print

		Heather Cartwright	Supervisor's Assistant	4/28/112	
		Print Name	Title	(month, day, year)	
	$\sim$				
Comment:			·		
-					

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County				Form <b>UUZ</b>	
	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.)			
	Area Code/Phone Number	E-mail				
	(510) 272-6693	heather.cartwright@	Dacgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	mation				\$400 tive \$20 perting
	Does the agency have a tick	ket policy? Yes			cach nokel/Fass q =	\$100 tix, \$20 parking
	Event Description: Basebal	l game	D	ate(s)	, 20 , 22	//
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [		no: Oaklan	Name of Source	
	Was ticket distribution made	e at the behest Ves [	T No 📰 If	yes: Brown,	Dave	
	of agency official?				Official's Name (Last, First	)
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	
	Geisner, Ben		18 +4p <sup>If che</sup>		emonial Role  Other  Income  I	
				Cerer	nonial Role Content and the content of the content	
	C. Name of Outside C (include address and	0	Number of Ticket(s)/ Passes	Describe ti	he public purpose made p	ursuant to the agency's policy
_	Verification					

**A Public Document** 

Inave read and understand EEPC 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	9/28/WA	
		3	Print Name	Title	(month, day, year)	
Comment:						
	Prir	nt	Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 56/ASK-FPPC (866/275-3772)	

Α. Dublic Decume -

<u> </u>	cientonial Note Lven	to and mokeur	ass Distri	Dutiona	A	Fublic 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)	1	0		
	Amy Shrago, Chief of Staff		Amendment /Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				04/29/22
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick				Each Ticket/Pass \$	100.00
	Event Description:	Athletics vs. Baltimo	, 21 , 22	///		
	Ticket(s)/Pass(es) provided			no: <u>Coliseu</u>	m Authority	
				yes: Carson	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	No 🗆 🛛 If	yes:	Official's Name (Last, First)	
	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
	B. Name of Individual (Last, First) Carter, Shomari		Number of Ticket(s)/ Passes		Identify one of the following:	
			4 If cl	If check	emonial Role D Other M Income ecking "Ceremonial Role" or "Other" describe below: A a community volunteer for service to the publ	
				Ceren	nonial Role D Other M king "Ceremonial Role" or "Other" des	Income
	C. Name of Outside Organization (include address and description)		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.

	Amy Shrago		Chief of Staff	04-29-22
		Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 80	FPPC Form 802 (2/2016) 56/ASK-FPPC (866/275-3772)

<b>Ceremonial Role Event</b>	ts and Ticket/Pa	ass Distri	butions	Α	<b>Public Document</b>
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Amy Shrago, Chief of Staff					
Area Code/Phone Number	E-mail			Must Pi	rovide Explanation in Part 3.)
510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	04/29/22
O. Franchiser on Franchist					(month, day, year)
2. Function or Event Inform					100.00
Does the agency have a tick				Each Ticket/Pass \$	100.00
Event Description:	Athletics vs. Clevela	nd Gau	ate(s)	, 27 , 22	
	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided I	by agency? Yes		no: <u>Coliseu</u>	Mama of Course	
Mos tisket distribution mode	at the helicet of the	i if	yes: Carson,	, Keith	
Was ticket distribution made of agency official?	at the benest Yes	No 🔲 🛛 🕅	yes	Official's Name (Last, First)	
of agency official?					
3. Recipients • Use Section A to identify the agend	cy's department or unit. • U	lse Section B to id	lentify an individu	al. Use Section C to identif	y an outside organization.
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
B. Name of Indiv (Last, Firs		Number of Ticket(s)/		Identify one of the fe	ollowing:
		Passes		nonial Role D Other	Income
				nonial Role TOther Other	Income
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Hillcrest Elementary School	ol 30 Marguerite Dr.	18	To reward a	a school or nonprofit o	rganization for their cont
4. Verification					

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

	Amy Shrago	Chief of Staff	04-29-22	
	Print Name	Title	(month, day, year)	
Comment:				
	Print Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	