A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (If Applicable	e)			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.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🔀 🛛 No 🕻	Face Value of	of Each Ticket/Pass \$	470.10
	Event Description			Date(s)	, 1 , 22	1 1
		Provide Title/Exp	lanation			//
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛙	If no: Dak	land As	
					Name or Source	
	Was ticket distribution made a of agency official?	it the behest	No 🗋 Yes 🕻	If yes: Valle,	, Richard- Supervisor Dis Official's Name (Las	strict Z
-						
3.	• Use Section A to identify the agency	v's department or	unit ellse Sect	tion B to identify an individu	al Alise Section C to identify	an outside organization
		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuant to	the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ŗ.
					Other is other is the selow:	Income
				Ceremonial Role If checking "Ceremon	Other I	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/		chool or nonprofit or its contributions to	e agency's policy
			Pass(es)	- the communit		
	Community Child Care Cour Alameda County 22351 City		3			
	4Cs is a non-profit family rea agency dedicated to strengt			children, families ar since 1972.	nd child care providers ir	Alameda County
4.	Verification					
	I have lead and understand FPPC Regu	lations 18944.1 and			orth above, is in accordance with t	he requirements.
		-	Gabriela Ch		Supervisor's Assistant	10/20/22
			Print Name	2	Title	Month, Day, Year)

A Public Document

2	eremonial Role Lyen	ts and nekevr	455 DISL	inducions	A	Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL
	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 P	rovide Explanation in Part 3.)
	(510) 272-6691	Lawson.Bell@acge	ov.ora		Date of Original Filing:	06/16/2022
-			3 .			(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 \$	375
	Event Description: Paul Mc	Cartney		Date(s)	, 06 , 2027	
	Event Description.	Provide Title/ Expla	nation		2	
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳	If no: _Oaklan	de Arena	
				If yes: Hauber	Manage of Occurry	
	Was ticket distribution made	at the behest Yes	No 🗌	If yes:	Official's Name (Last, First)	
	of agency official?					
	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(2001, 1 //	30	Passes			
	Belton, Carlos		3		nonial Role 🔲 Other 📗 king "Ceremonial Role" or "Other" des	
				To promote	attendance at events	held at a County facili
					nonial Role D Other C	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
A	Verification					

4. Verification

.

	Lawson Bell	Supervisor's Assistant	06/16/2022
	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)

Ceremonial Rol	e Even	ts and Tic	ket/Pass I	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
Alameda County						
Division, Departme	nt, or Regi	on (If Applicable)		· · ·	For Official Use Only
Board of Supervis	ors					
Designated Agency	Contact (Name, Title)			1	
Gabriela Christy						
Area Code/Phone N	lumber	E-mail			. Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692		Gabriela.Chi	risty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Eve	ent Infori	mation				175-
Does the agency ha			Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$	510
Event Description _	Paul McCa	artney		Date(s)5	, 6 , 22	//
		Provide Title/Expl	anation			
Ticket(s)/Pass(es) p	provided by	y agency?	Yes 🔲 No 🖸	If no: Uat	land A's	rce
Men tieket distributi		t the beheat		- Valle	, Richard- Supervisor E	
Was ticket distributi of agency official?	on made a	it the benest	No 🗌 Yes 🛿	If yes:	Official's Name (L	ast, First)
Use Section A to identi A. Name of Agence			unit. • Use Secti Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identi	
			Number of		,	
B. Name	of Individua (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the following	ng:
Wong, Cindy				To reward	a community	Income
riong, only			121	volunteer f	or his or her servi	°e
				to the publ		
1						
				IT СПӨСКТИ <u>у</u> Сөгөннөн.	ומו וזטוע טי טוועי פרייידי	
C. Name of Ou (include add	utside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		, 	Pass(es)			
×						
4. Verification	q FPPC Regu	lations 18944.1 and	l 18942. I have veri	ified that the distribution set t	orth above, is in accordance with	the requirements.
			Gabriela Ch	risty	Supervisor's Assistant	8 628/2

Gabriela Christy	Supervisor's Assistant	31 6 28/22
Print Name	Title	Month, Day, Year

Comment:

Agency Report of: ente and Ticket/Pass Distributions

Δ	Pu	bl	ic	Do	CU	ım	ent
~	1 4			$\mathbf{v}\mathbf{v}$			CIII.

Ceremonial Role Events and Ticket/Pass Distributions				iputions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	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				Amondmont (Must B	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				05/31/22
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				275.00
	Does the agency have a tick	ket policy? Yes	No 🗌 👘	Face Value of	Each Ticket/Pass \$	375.00
	Event Description: Paul Mc	Cartney		Date(s)	, 06 , 22	05 , 08 , 22
	Ticket(a)/Deca(ca) provided	Provide Title/ Explai		lf no: _Coliseu	m Authority	
	Ticket(s)/Pass(es) provided	by agency ? Yes [Name of Source	
	Was ticket distribution made	at the behest Yes	No	If yes: Carson	, Keith	
	of agency official?				Official's Name (Last, First)	
3.	• Use Section A to identify the ager • Use Section A to identify the ager A. Name of Agency, Depa BOS District 5		Use Section B to Number of Ticket(s)/ Passes 2	Describe th		suant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/	service to t	he public or to encoura , Identify one of the fo	age staff development;
	(Last, Fir	st)	Passes	Ceren	nonial Role 🔲 Other 📕	
	Carson, Keith		4		king "Ceremonial Role" or "Other" des tourism or foster ecor	acribe below: nomic development on
	Bowerbank, Norma		2	lf chec	nonial Role Other King "Ceremonial Role" or "Other" A community volunteer	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy
		×				

4. Verification

	Amy Shrago	Chief of Staff	05/31/22	
	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 Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Lawson Bell, Supervisor's A	ssistant				
	Area Code/Phone Number	E-mail			. Amenament (Must Pro	ovide Explanation in Part 3.)
	(510) 272-6691	Lawson.Bell@acgo	v.org		Date of Original Filing:	06/16/2022
_			4			(month, day, year)
2.	Function or Event Infor	mation				375
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$			
	Event Description: Paul Mc	Cartney	, 08 , 2022			
		Provide Title/ Explai		//		
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 🕴	f no:Oaklan	d Arena	
	AND AND A DECK OF AN			f yes: <u>Hauber</u>	Name of Source t, David	
	Was ticket distribution made	e at the benest Yes	Official's Name (Last, First)			
	of agency official?					
	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
Б.) Г	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Gonzalez, Maria		3	If checi	nonial Role D Other king "Ceremonial Role" or "Other" desc attendance at events l	Income write below: held at a County facility
					nonial Role Other king "Ceremonial Role" or "Other" desc	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

	Lawson Bell		Supervisor's Assistant	06/16/2022	
	F	Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)	

С	eremonial Role Events and Ticl	ket/Pass D	listributions		A Public Document			
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							
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)			
	(510) 272-6692 Gabriela.Chr	risty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information				215-			
	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value			of Each Ticket/Pass \$				
	Event Description Paul McCartney		Date(s)5	, 8 , 22				
	Provide Title/Expla	anation						
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔀	If no: Oak	Name of Sour	ce			
	Was ticket distribution made at the behest No I Yes I If yes: Valle,			, Richard- Supervisor D	istrict 2			
	of agency official?		If yes:	Official's Name (La	st, First)			
3.	Recipients							
	• Use Section A to identify the agency's department or u	ual. • Use Section C to identif	y 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 Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:			
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income			
	·			Other describe below:	Income			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	organization fo	hool or nonprofit or its contributions to	he agency's policy			
	Community Child Care Council (4Cs) Of Alameda County 22351 City Center Dr	the community		7				
	4Cs is a non-profit family resource agency dedicated to strengthening		children, families ai since 1972.	nd child care providers	in Alameda County			
4.	Verification							
	I have rend and understand FPPC Regulations 18944.1 and				the requirements.			
		Gabriela Chr	isty	Supervisor's Assistant	Q102L			
	$\searrow I$	Prinț Name		1160	(monut, Day, Tedf)			

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	COUNTY OF ALAMEDA					Form OUZ	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)			1		
	Brian Santos, Administrativo	e Associate	Amondment (Africk De	vide Explanation in Part 3.)			
	Area Code/Phone Number					ovide ⊏xplanation in Part 3.)	
	510.272.6332	brian.santos@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	Each Ticket/Pass \$	262.50			
	Event Description: Pearl Ja	m Provide Title/ Expla	<u>, 12 , 22 </u>	///			
	Ticket(s)/Pass(es) provided		No 📕 If	no: Coliseu	m Authority		
					Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes	🗆 No 🔳	' yes:	Official's Name (Last, First)	ń	
3.	Recipients Use Section A to identify the ager 	ncy's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
	Board of Supervisors, District 1 Staff		3		e attendance at a count ility to maximize potenti	y sponsored event at a al county revenue.	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Greg Ruth		3		nonial Role 🔲 Other 📕 king "Ceremonial Role" or "Other" desi	income	
					nonial Role DOther D	Income	
	C, Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	

4. Verification

	Lawson Bell	Supervisor's Assistant	05/13/22	
	Print Name	Title	(month, day, year)	
Comment:				
	Print Clear	EPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016)	

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			1	
	Amy Shrago, Chief of Staff				Amondmont /Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				05/31/22
	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	ket policy? Yes	Each Ticket/Pass \$	262.50		
	Event Description: Pearl Jam Date(s) 05				, 12 , 22	05 , 13 , 22
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳	If no: _Coliseu		
			Name of Source . Keith			
	Was ticket distribution made at the behest Yes No If yes: Carson				Official's Name (Last, First)	
	of agency official?					
3.	Use Section A to identify the agen A. Name of Agency, Depa		. Number of Ticket(s)/ Passes	1		y an outside organization.
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Pendleton, Matt		4	If chec	nonial Role Other M king "Ceremonial Role" or "Other" des attendance at events	
	Connor, Brandy		4	Ceren If chec	nonial Role DOther Ming "Ceremonial Role" or "Other" des	Income
	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
	2					

4. Verification

	Amy S	Shrago	Chief of Staff	05/31/22	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)	

A Public Document

7	A						
1.	1. Agency Name Alameda County				Date Stamp	California Form 802	
						For Official Use Only	
	Division, Department, or Regi	on (If Applicable	e)				
	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.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				21.2 00	
	Does the agency have a ticket	t policy?	Yes 🔀 🛛 No 🕻	Face Value o	f Each Ticket/Pass \$ 13 22	262.20	
	Event Description Pearl Jam			- 5		1	
	Event Description	Provide Title/Exp	lanation	Date(s)	/		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:						
				Name of Sou			
	Was ticket distribution made a	t the behest	No 🗖 Yes 🛙	If yes: Valle,	Richard- Supervisor D	District 2	
	of agency official?				Official's Name (La	ast, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of				Ial. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	Name of Agency, Department or Unit Ticket(s)/			Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
	0		++				
	D News of lasticities	1	Number of				
	B. Name of Individua (Last, First)	11	Ticket(s)/ Pass(es)	Τ- 1	Identify one of the following	ng:	
				— To reward a c	ommunity	Income	
	Hannon, Michael		$ \mathcal{L} $	volunteer for	his or her service		
			$ \mathcal{O} $	to the public			
				- F			
				Geremoniai recio	_	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant f	to the agency's policy	
			Pass(es)				
4.	Verification						
	I have read and understand FPPC Requi	lations 18944 1 an	d 18942. I have ver	ified that the distribution set f	orth above is in accordance with	the requirements	

Gabriela Christy Print Name

Supervisor's Assistant Title

Comment:

С	eremonial Role Even	ts and Ticket/F	Pass Distri	butions	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)			1		
	Amy Shrago, Chief of Staff				Amondmont (Must 8	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	_				
	510-272-6695	Amy.Shrago@acg	ov.org		Date of Original Filing:	05/31/22 (month, day, year)	
2.	Function or Event Infor	Function or Event Information					
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$	100.00			
	Event Description: Oakland	Athletics vs. Los Ar Provide Title/ Expla	, 13 , 22	//			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 If	no: <u>Coliseu</u>	m Authority		
				yes: Carson	Name of Source		
	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 ager • Use Section A to identify the ager A. Name of Agency, Depa		Use Section B to ic Number of Ticket(s)/ Passes	Í		y an outside organization. suant to the agency's policy	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	Simpson, Samuel		14	If chec.	nonial Role D Other king "Ceremonial Role" or "Other" de attendance at events		
	Jones, Jason		4	Ceren If chec	nonial Role DOther		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy	

4. Verification

	Amy Shrago		Chief of Staff	05-31-22	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

A Public Document

-			7,65			
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Regi	on (If Applicable)				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.Chri	sty@acgov.	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information					400/00
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	100/20
	Event Description Oakland A	s vs. LA Ange	s	Date(s) 5	1422	1 1
		Provide Title/Explan	nation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:					
					Name of Sou	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle, of agency official?			Richard- Supervisor D	AISTRICT Z	
-					omolar o Hamo (Et	
3.	Recipients	denartment er u	nit a Usa Saa	tion B to identify an individu	al a Use Section C to identi	h an outcido organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an indivi					
	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 (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
				Ceremonial Role If checking "Ceremon	Other Conter Conter Conter Conternation Con	Income
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)			To reward a solution organization	school or nonprofit for its contributions to	agency's policy
	Ohlone Humane Society 39 Way PMB #108, Fremont, C		2/1	the communit	y	0
	Ohlone Humane Society is a animal welfare nonprofit	a 501(c)(3)		We advocate for an animals.	Ulbarn.	dlife to companion

I have read and understand EPPC 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

Print Name

Title

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	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 pro	vide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chr	isty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information					127 50	
	Does the agency have a ticke	et policy?	Yes 🔀 🛛 No 🕻	Face Value o	f Each Ticket/Pass \$	12/1030	
	Event Description Kem & Ke	nny 'Babyface'	Edmonds	Date(s) 5		137.50	
	Ticket(s)/Pass(es) provided by agency?						
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no:				Name of Sour		
	Wes tisket distribution made at the behast on \Box y/, \Box y/, Valle.				Richard- Supervisor Di		
	Was ticket distribution made at the behest No Yes If yes: Valle, of agency official?				Official's Namé (La	st, First)	
-							
3.	• Use Section A to identify the agend	:y's department or ι	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the partment of Unit				blic purpose made pursuant to the agency's policy		
			Pass(es)				
					,		
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		α:	
	(Last, First)		Pass(es)				
				Ceremonial Role	ial Role" or "Other" describe below:	Income	
				I though go of this		,	
			1 1				
			1 1				
				Ceremonial Role	Other	Income	
					Other is Other and the other of "Other" describe below:	Income	
						Income	
			Number of	If checking "Ceremon	ial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga		Number of Ticket(s)/	If checking "Ceremon To reward a sc	hool or nonprofit	Income	
	(include address and de	scription)		If checking "Ceremon To reward a sc	hool or nonprofit or its contributions to	8	
	U . •	scription) incil (4Cs) Of	Ticket(s)/	If checking "Ceremon To reward a sc organization fo	hool or nonprofit or its contributions to	8	
	(include address and de Community Child Care Cou Alameda County 22351 Cit	scription) uncil (4Cs) Of y Center Dr	Ticket(s)/ Pass(es)	To reward a sc organization fo the community	hool or nonprofit or its contributions to	he agency's policy	
	(include address and de Community Child Care Cou	scription) uncil (4Cs) Of y Center Dr esource	Ticket(s)/ Pass(es)	To reward a sc organization fo the community	hool or nonprofit or its contributions to	he agency's policy	

Theve 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
Print Name	Title

6	20	22
- č	Month, L	bay, Year)

Comment: ___

C	eremonial Role Events and Ticket/Pa	ass Distril	butions	A	Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County		Torini		
	Division, Department, or Region (if applicable)		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Heather Cartwright			Amendment (Must P	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			¢	100 tix \$20 parking
	Does the agency have a ticket policy? Yes	Each Ticket/Pass \$ _			
	Event Description: Baseball game	<u>, 15 , 22 </u>	/		
	Provide Title/ Explana	ation			
	Ticket(s)/Pass(es) provided by agency? Yes		no: <u>Oaklan</u>	Mama of Source	
	Was ticket distribution made at the behest Yes] No 🔳 🛙 İf	yes: Brown,	Dave	
	of agency official?	,	Official's Name (Last, First)		
_					
3.	Recipients				
	• Use Section A to identify the agency's department or unit. • U	lse Section B to ic	dentify an individ	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
				monial Role Dther C king "Ceremonial Role" or "Other" de	
				monial Role Dother Coking "Ceremonial Role" or "Other" d	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
	Alameda County Behavioral Health-7200 Ban	8 +1p	To promote	e attendance at a(n)	event held at a County f
	To support and empower individuals experien				
4.		1 and 19040	I have verified	that the distribution set	forth above is in accordance

ove, is in accordance I have read and understand FPPC Regulations with the requirements. and 18942. I ha

	Heather Cartwright	Supervisor's Assistant	4/CS/WK	
	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)	

A Public Document

eremonial Role Even	is and nekeura	ass Distill	Julions	A	Public Document
Agency Name		Date Stamp	California 802		
Alameda County					Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Designated Agency Contact (Name, Title)			1	
Heather Cartwright				Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				tonde Explanation in Part 3.)
(510) 272-6693	heather.cartwright@)acgov.org		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation			Q	100 tix \$20 parking
Does the agency have a tick	ket policy? Yes 🛽	No 🗖 🛛 🕇	ace Value of	Each Ticket/Pass \$ _	
Event Description: Basebal	l game Provide Title/ Explan	D	ate(s)	<u>, 15 , 22</u>	///
Ticket(s)/Pass(es) provided		No 🔳 If	no: Oaklan	d A's	
Herei(s)/1 ass(cs) provided	by agency: Tes L			Name of Course	
Was ticket distribution made	at the behest Yes] No 🔳 🛙 lf	yes: Brown,	Dave Official's Name (Last, First)	x
of agency official?				Oniciai's Name (Last, First)	
Recipients					
 Use Section A to identify the ager 	ncy's department or unit.	Jse Section B to id	lentify an individu	ual. Use Section C to identif	fy an outside organization.
A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	suant to the agency's policy
B. Name of Individual		Number of Ticket(s)/		Identify one of the	following:
(Last, Fi	5()	Passes		nonial Role D Other C	-
	10			monial Role D Other [king "Ceremonial Role" or "Other" da	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he public purpose made pu	rsuant to the agency's policy
Deputy Sheriff's Activities	League, 16335 E 14	10 +3p	To reward	a school or nonprofit c	organization for its contrib
Service provider for youth	n in unincorporated A				
. Verification					
I have read and understand FI	PPC Regulations 18944	.1 and 18942.	l have verified	that the distribution set i	forth above, is in accordance
with the requirements.)		0	andaarla Accistant	6/n×/n-
	>		Sup		4/10/11
	> Heather Cart	wright rint Name	Sup	ervisor's Assistant	(month, day, year

Comment:

 \mathcal{U}

Print



С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	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				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing:	06/16/22 (month, day, year)
2.	Function or Event Infor	mation				100
				Each Ticket/Pass \$ _	100	
	Event Description: Baseball Game Date(s) 05				//	
	Ticket(s)/Pass(es) provided		🗌 No 🔳	lf no: _Oaklan	d A's	
					Name of Source	
	Was ticket distribution made	eat the behest Yes	📕 No 🗌	If yes: Hauber	Official's Name (Last; First)	
	of agency official?				,	
	A. Name of Agency, Depa	ırtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (<i>Last, Fir</i>		Number of Ticket(s)/ Passes		Identify one of the	following:
	Sevilla, Tanya Thompson, Wanda		5	If chec	nonial Role DOther King "Ceremonial Role" or "Other" de attendance at events	
			5	lf chec	nonial Role D Other	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy

4. Verification

Print

	Lawson Bell		Supervisor's Assistant	06/16/2022	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear		FPPC Form 802 (2/2016)	



Agency Name

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:		
	F 48953	Ceremonial Role Other Ceremonial Role Income		
Schreiber, Zoe	5	To promote attendance at events held at a County facility		
······		Ceremonial Role Other Month Income		
Godfrey, Tom	4	To promote attendance at events held at a County facility		
		Ceremonial Role D Other D Income I Income I Income		
		Ceremonial Role Other 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		
		±		

Print

Clear

Agency Report of: Distributio

	eremonial Role Even	is and fickeup	ass Distri	DULIONS	A	Public Document
1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lawson Bell, Supervisor's Assistant				Amondmont (Must Pr	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	Lawson.Bell@acgo	v.org		Date of Original Filing: _	06/16/2022 (month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆 F	ace Value of	Each Ticket/Pass \$	206.25
	Event Description: Mount W			05	, 27 , 2022	
	Event Description:	Provide Title/ Explan	nation	Date(s)	·	//
	Ticket(s)/Pass(es) provided		🗌 No 🔳 If	no: Oaklan	d Arena [,]	
					Name of Source	
	Was ticket distribution made	at the behest Yes	📕 No 🗖 🛛 If	yes: Hauber	Official's Name (Last, First)	
	of agency official?				omolaro Namo (Eaol, Fridy	
	Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to in Number of Ticket(s)/ Passes		ual. Use Section C to identify	
					2	
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Hernandez, Jared		2	If check	nonial Role Dother Merides king "Ceremonial Role" or "Other" desc e attendance at events	Income C pribe below: held at a County facility
	Mendoza, Javier		1	Ceren If check	nonial Role Dother Marking "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/		e public purpose made purs	

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. .

Passes

	Laws	on Bell	Supervisor's Assistant	06/16/2022	
	-	Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear		FPPC Form 802 (2/2016)	

C	eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	A	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, Chief of Staff					
	Area Code/Phone Number	E-mail			-	ovide Explanation in Part 3.)
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing: _	05/31/22
-			-			(month, day, year)
2.	Function or Event Infor					100.00
	Does the agency have a ticket policy? Yes Mo Yes Korowa Face Value of E				Each Ticket/Pass \$	100.00
	Event Description: Oakland	Athletics vs. Texas F	Rangers D	ate(s) 05	27 22	1. 1
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes] No 🔳 lf	no: <u>Coliseu</u>	Name of Source	
	Mon ticket distribution made	et the behadt of 🖷		yes: Carson		
				Official's Name (Last, First)		
	of agency official?					
	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
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Decker, Breeanna		2	If chec	nonial Role 🔲 Other 📰 king "Ceremonial Role" or "Other" des e attendance at events	Income C cribe below: held at a County facility
				Ceren	nonial Role 🔲 Other 📓 king "Ceremonial Role" or "Other" desi	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	Lincoln Families 1266 - 14	4th Street, Oakland	15	To reward	a school or nonprofit or	ganization for its contrib

4. Verification

	Amy	Shrago	Chief of Staff	05-31-22	
		Print Name	Title	(month, day, year)	
Comment:				I	
	Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

Agency Report of: 1

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	· •	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL
	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				Amondmont (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				05/31/22
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				100.00
	Does the agency have a ticl			ace Value of	Each Ticket/Pass \$ _	100.00
	Event Description: Oakland Athletics vs. Houston Astros Date(s)				, 30 , 22	//
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseu				m Authority	
	Was ticket distribution made at the behest Yes No					
ň	Was ticket distribution made of agency official?	at the behest Yes	📕 No 🗖 🛛 If	yes:	Official's Name (Last, First)
3.	 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individ 			ual. Use Section C to iden	tify 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 po		ursuant to the agency's policy
	BOS District 5		4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff		, or support general emplary service, or staff 🖶
	B. Name of Individual		Number of Ticket(s)/	-	Identify one of the	following:
	(Last, Fir	st)	Passes			
	Thompson, Stephanie		4	If chec	nonial Role D Other king "Ceremonial Role" or "Other" o e attendance at event	
	Royalty, Chelsea		4	Çerer If chec	nonial Role D Other	describe below:
				To promote	e attendance at even	ts held at a County facility
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy

4. Verification

	Amy Shrago	Chief of Staff	05-31-22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 56/ASK-FPPC (866/275-3772)

A Public Document

1	Agency Name				Date Stamp	California 000	
	Alameda County			Form OUZ			
	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	Gabriela.Ch	risty@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				100/20	
	Does the agency have a ticke	t policy?	Yes 🔀 No 🗋	Face Value o	f Each Ticket/Pass \$ _	100/20	
	Event Description Oakland A	's vs. Houstor		Date(s)5	3122	///	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No 🛛	lf no: Oaklar	Name of Sc	urce	
	Was ticket distribution made at the behest No TYP		No 🗋 Yes 🔀	Valle,	Richard- Supervisor	District 2	
	of agency official?			If yes:	Official's Name (Last, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or		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			
	ALCO Public Works Agency			To reward a County employee for his or			
			18/4			r	
				to encourage sta	att development		
	D Nama of Individua		Number of				
	B. Name of Individua (Last, First)	ai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other D	Income	
				If checking "Ceremor	nai Role or Uner describe below:		
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency		t to the agency's policy	
	(include address and des	scription)	Pass(es)				
	· · · · · · · · · · · · · · · · · · ·						
4	Verification	-					

Gabriela Christy
Print Name

Supervisor's Assistant

Title

bay, Year) Month.