С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	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			
	Lawson Bell, Supervisor's A	ssistant	Amendment (Must Pr	nvide Explanation in Part 3.)		
	Area Code/Phone Number E-mail			06/16/22		
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				100
					Each Ticket/Pass \$	100
	Event Description: Baseball Game Date(s) 06/					//
	Ticket(s)/Pass(es) provided			f no: _Oaklan	d A's	
				fyes: Hauber		
	Was ticket distribution made of agency official?	e at the behest Yes	Official's Name (Last, First)			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Archuletta, Ben		3	lf check	nonial Role D Other M king "Ceremonial Role" or "Other" des e attendance at events	
	· ·				nonial Role D Other D	
	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

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. .

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

eremor	nial Role Even	ts and licket/P	ass Distri	putions		A Public Document
Agency					Date Stamp	California Form 802
Alameda	a County					
Division,	Department, or Reg	ion (if applicable)				For Official Use Only
	f Supervisors					
Designat	ted Agency Contact ((Name, Title)				
	Cartwright				Amendment (Mu	st Provide Explanation in Part 3.)
	de/Phone Number	E-mail				
(510) 27	72-6693	heather.cartwright(@acgov.org		Date of Original Filin	g:(month, day, year)
Functio	on or Event Infor	mation				
Does the	e agency have a ticl	ket policy? Yes	🔳 No 🔲 🖡	ace Value of	Each Ticket/Pass \$	\$100 tix, \$20 parking
Event D	escription: <u>Basebal</u>	l game	ſ	Date(s)	03 , 22	1 1
Event D		Provide Title/ Expla	nation			
Ticket(s))/Pass(es) provided	by agency? Yes		f no:Oakland		
Was tick	et distribution made	e at the behest Yes		f yes: Brown,	Dave	
	ncy official?	165			Official's Name (Last, Fi	st)
	-					
Recip		a da dana she anti su sa ta	ulico Contina D +- 1	dontify an individ	al Also Section C to ide	ntify an outside organization.
• Use Sec	ction A to identify the ager	ncy's department or unit.	Number	dentiry an individu	iai. Use section c to lot	and y an outside organization.
Α.	Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	e public purpose made	pursuant to the agency's policy
			Passes			
В.	Name of Ind	lividual	Number of Ticket(s)/		Identify one of t	he following:
	(Last, Fii	rst)	Passes			
			0.1		nonial Role 🔲 Othe king "Ceremonial Role" or "Othe	
Lee, E	Brandon		3 +1p) event held at a County
					nonial Role	r L Income L
s	Name of Outside C	Incanization	Number			numericant de des enconcide notions
C.	(include address and		of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
Ψ.						
<u> </u>				1		
C. 	ation					
	ad and understand FI	PPC Regulations 1894	4.1 and 18942.	l have verified	that the distribution s	et forth above, is in accordance
		PPC Regulations 1894			that the distribution s	et forth above, is in accordance $\left[n / n + 1 \right]$

Comment:

Print

A Public Document

1.	Agency Name		Date Stamp	California Q12	
	Alameda County				Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only	
	Board of Supervisors				
	Designated Agency Contact	(Name,Title)		1	
	Amy Shrago, Chief of Staff			Amendment (Must Pro	wide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			06/07/22
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			
	Does the agency have a tick	ket policy? Yes 🔳 No 🗌	Face Value of	Each Ticket/Pass \$	100.00
	Event Description:	Athletics vs. Boston Red Sox Provide Title/ Explanation	Date(s)	, 03 , 22	//
	Ticket(s)/Pass(es) provided	by agency? Yes 🗌 No 🔳	If no: Coliseu	m Authority	
	Was ticket distribution made of agency official?		If yes: <u>Carson</u> ,	Name of Source Keith Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. • Use Section B		al. 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		
BOS District 5	4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Other Monther Income Income Income Income		
		Ceremonial Role Other Marco Income In		
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.

	Amy Shrago	Chief of Staff	06-07-22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helplin	FPPC Form 802 (2/2016) e: 866/ASK-FPPC (866/275-3772)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 100/20 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔀 No 🗌 Oakland A's vs. Kansas City Royals 6 , 19 , 22 _

Event Description	eny regaie	Date(s)//
Provide Title/Ex		
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No 🕱	If no: Oakland Athletics
		Name of Source
Was ticket distribution made at the behest	No 🗖 Yes 🔀	If yes: Valle, Richard- Supervisor District 2
of agency official?		Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit.	 Use Section B to identify an individual. 	Use Section C to identify 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 following:				
		Ceremonial Role Other I Income Income 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)/ Pass(es)	To reward a school or nonprofit organization for its contributions to the community				
Seek and Save 545 Saint John St., Pleasanton, CA 94566	10/3					
Seek & Save teaches, trains, and coaches Christian serving teams		and ministry leaders to do justice with compassion as love to others, evangelism to the lost, obedience to the Word, and worship to God				

Verification

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

Gabriela Christy	Supervisor's Assistant	62822
Print Name	Title .	(Month, Day, Year)

1

A Public Document

Agency Report of: nte and Tickot/Page Distributions

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	Α	Public Docu	ument
1.	Agency Name				Date Stamp	California	302
	Alameda County						
	Division, Department, or Reg		For Official Use	e Only			
	Board of Supervisors						
	Designated Agency Contact (
	Lawson Bell, Supervisor's A	Amendment (Must F	Provide Explanation in Pa	art 3 1			
	Area Code/Phone Number E-mail					06/22/22	nt 3.)
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing:	(month, day, year)	-
2.	Function or Event Infor	mation					100
	Does the agency have a ticket policy? Yes			Face Value of	Each Ticket/Pass \$		100
	Event Description: Baseball Game Date			Date(s)	, 21 , 22	1 1	
		Provide Title/ Expla	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳	If no: _Oaklan	d A's		
				If yes: Hauber	Name of Source t, David		
	Was ticket distribution made at the behest Yes No			If 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 pu	suant to the agency's	s policy
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	1	Identify one of the t	ollowing:	
	Phillips, Josh		12	If chec	nonial Role DOther		Income
				Cerer	nonial Role D Other [king "Ceremonial Role" or "Other" de]	
		C. Name of Outside Organization (include address and description)		/ Describe th	e public purpose made pu	suant to the agency's	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.

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

С	eremonial Role Even	ts and Ticket/P	A Public Documen			
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lawson Bell, Supervisor's Assistant				Amendment (Must Pro	vide Explanation in Part 3)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				100
				Each Ticket/Pass \$	100	
	Event Description: Baseball Game Date(s) 06					
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 🛙	f no: Oaklan	d A's	
				f yes: <u>Hauber</u>	Name of Source	
	Was ticket distribution made at the behest Yes No If yes: If y			Official's Name (Last, First)		
	of agency official?					
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			Number			
	B. Name of Ind (Last, Fil		of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Lux, Andy		7	lf chec	nonial Role D Other	cribe below:
	\			1 o promote	e attendance at events	held at a County facility
					nonial Role D Other D king "Ceremonial Role" or "Other" desi	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	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. .

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

С	eremonial Role Even	ts and Ticket/Pa	Α	Public Document		
1.	Agency Name			Date Stamp	California 000	
	Alameda County					Form 802
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Amy Shrago, Chief of Staff				Amondmont (Must R	rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail					
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	06/07/22 (month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl		Each Ticket/Pass \$	100.00		
	Event Description: Oakland	Athletics vs. Seattle Provide Title/ Explan	ation		, 22 , 22	//
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Coliseu				m Authority	
				Carson	Name of Source	
	Was ticket distribution made at the behest Yes No I If yes: Carson, Keith of agency official?					
3.	Recipients • Use Section A to identify the ager	icy's department or unit. • U	Jse Section B to i	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				1	nonial Role 🔲 Other 📕	Income C
					nonial Role D Other	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Berkeley Humane Society	/ 2700 Ninth St., Ber	18	To reward a	a school or nonprofit o	rganization for its contrit

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	06-07-22	
	Print Name	Title	(month, day, year)	
Comment:				
	Print Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)	

С	eremonial Role Even	ts and Tic	ket/Pass D	istributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only			
	Board of Supervisors				,		
	Designated Agency Contact	(Name, Title)	1				
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	nristy@acgov.org	g	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🔀 No 🗖	Face Value o	of Each Ticket/Pass \$	137.SU	
	Event Description Kapil Sharma Date(, 24 , 22		
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Dal	clarid As		
					Name of Sou		
	Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official?			If yes: Valle,	If yes: Valle, Richard- Supervisor District 2		
-							
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual. • Use Section C to identi	fy 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			
	2						
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Sharma, Aditi			To reward a	community	Income	
		NUTLI		volunteer fo	or his or her service		
				to the public	0		
						Income	
	C. (include address and description) Ticket			If checking "Ceremon	ial Role" or "Other" describe below;		
			Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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.

Gabriela Christy	Supervisor's Assistant	628/22
Print Name	Title	(Month, D.y, Year)

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	· A	Public Document	
1.	Agency Name			Date Stamp	California 802		
	County of Alameda						
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	County Administrator's Offic	e					
	Designated Agency Contact (Name, Title)			1		
	Marites Ward			rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				rovide Explanation in Part 5.)	
	510-272-3893	marites.ward@acg	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 \$ 💻	T: \$18 P: \$15			
	Event Description: <u>Alameda County Fair</u> Date(s) <u>*06</u> /.				, 17 , 202 ,	07 , 10 , 202	
	Ticket(s)/Pass(es) provided	by agency? Yes					
	Name of Source						
	Was ticket distribution made at the behest Yes No No If yes:						
3.	Recipients • Use Section A to identify the agen	icy's department or unit. •	Use Section B to id	lentify an individu	ual. Use Section C to identif	fy 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		
	County Fire Department		T:700 P:30		e, encourage, reward o norale, retention, or ex		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	following:	
					nonïal Role D Other C king "Ceremonial Role" or "Other" de		
				1	nonial Role D Other de		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e 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.

	Marites Ward	Executive Assistant	June 8, 2022	
	Print Name	Title	(month, day, year)	
T=2 for 1 or Friend of Fair Comment: <u>operations 6/17-7/10/2022</u>	•	good for one-time use on any date	of Fair <u></u> ∎	



_						abito Boodinoni
1. Agency Name				Date Stamp	California 802	
	County of Alameda					Form OUZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact (Name, Title)			1	
	Marites Ward				Amendment (Must Pri	ovide Evolution in Part 31
	Area Code/Phone Number	E-mail				unde Explanation ar Part 5.)
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick		No 🗆 F	ace Value of	Each Ticket/Pass \$	T: \$18 P: \$15
	Event Description: Alameda	County Fair	D	ate(s) *06	, 17 , 202 <mark>2</mark>	07 , 10 , 202
	Provide Title/ Explanation				·	
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🔲 🛛 If	no:	Name of Source	
	Mas ticket distribution mode	ot the behast of	If	VAS.		
	Was ticket distribution made at the behest Yes 🗌 No 🔳 If yes:					
3.	Recipients • Use Section A to identify the agen		Number	Per en la c		
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
	County Librarian		T:30 P:15		e, encourage, reward o norale, retention, or ex	
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role D Other 🗍 king "Ceremonial Role" or "Other" des	
					nonial Role D Other C King "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e 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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022



A Public Document

C	eremonial Role Event	is and licket/P	ass Distri	butions	ΑΑ	Public Document	
1.	Agency Name			Date Stamp	California 802		
	County of Alameda						
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only	
	County Administrator's Office	e					
	Designated Agency Contact (/	Vame, Title)			1		
	Marites Ward			rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				,	
	510-272-3893	marites.ward@acgo	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation				T 010 D 015	
	Does the agency have a ticket policy? Yes ■ No □ Face Value of B			Each Ticket/Pass \$	T: \$18 P: \$15		
	Event Description: Alameda	County Fair	D	ate(s) <u>*06</u>	_ 17 <u>_ 202</u> 2	07 , 10 , 202+	
		Provide Title/ Explar	nation				
	Ticket(s)/Pass(es) provided I	oy agency? Yes	No 🗌 If	no:	Name of Source	C	
	Was ticket distribution made	at the behest. Vec I		yes:			
	of agency official?	at the benest Yes L			Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agend	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identif	v 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		
	County ACERA Departm	ient	T:40 P:18		e, encourage, reward c norale, retention, or ex		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes	· •	Identify one of the f	ollowing:	
			-		nonial Role D Other King "Ceremonial Role" or "Other" de		
	;				nonial Role D Other C		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e 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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)



	eremonial Role Even	is and lickeur	ass Distr	iputions	A	Public Document
۱.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact (Name,Title)				
	Marites Ward					ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovice Explanation in Part 3.)
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				T. 640 D. 645
	Does the agency have a tick	ket policy? Yes	No 🗆 🕴	Face Value of	Each Ticket/Pass \$	T: \$18 P: \$15
	Event Description: Alameda	a County Fair		Date(s) *06	<u>, 17 , 202</u>	07 , 10 , 202
		Provide Title/ Explai	nation	5410(0)	·	
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🔲 🛛	f no:	Name of Source	
			-	fuce	Name of Source	
	Was ticket distribution made	e at the benest Yes [No	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify	
	County Assessor		T:130 P:15		e, encourage, reward of morale, retention, or ex	
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes	- 1 -	Identify one of the fo	llowing:
					nonial Role D Other D king "Ceremonial Role" or "Other" des	cribe below:
	(nonial Role DOther des 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	uant to the agency's policy
	2					

4. Verification

2

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.

Marites Ward	Executive Assistant	June 8, 2022	
Print Name	Title	(month, day, year)	

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022



delta D

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
1. Agency Name	Date Stamp	California	802

orm County of Alameda For Official Use Only Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title) Marites Ward Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-272-3893 marites.ward@acgov.org (month, day, year) 2. Function or Event Information T: \$18 P: \$15 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Alameda County Fair *06 17 202 07 2022 10 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? lf no: 🗉 Yes 🔳 No 🗌 Name of Source Was ticket distribution made at the behest Yes 🔲 No If yes: 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes **County Auditor** To promote, encourage, reward or support general T:250 P:30 employee morale, retention, or exemplary service. Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)



С	Ceremonial Role Events and Ticket/Pass Distributions				A Public Documer		
1.	Agency Name				Date Stamp	California 802	
	County of Alameda						
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	County Administrator's Offic	e					
	Designated Agency Contact (Name, Title)					
	Marites Ward					vide Explanation in Part 3.)	
	Area Code/Phone Number E-mail					Svide Explanation in r art 5.)	
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				T. \$10 D. \$15	
	Does the agency have a ticket policy? Yes Mo G Face Value of I				Each Ticket/Pass \$	T: \$18 P: \$15	
	Event Description: <u>Alameda County Fair</u> Date(s) <u>*06</u>			, 17 , 202 <mark>∓</mark>	07 , 10 , 202		
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 门 🛛 If	no:	Name of Source		
	Was ticket distribution made	at the behest Ves I	No 📕 If	yes:			
	of agency official?				Official's Name (Last, First)		
3.	Recipients Use Section A to identify the ager 	cy's department or unit.	Use Section B to it	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	ne public purpose made pursuant to the agency's policy		
	County Counsel		T:70 P:15		e, encourage, reward or norale, retention, or ex		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
					nonial Role D Other king "Ceremonial Role" or "Other" des	Income cribe below:	
	<u>;</u>			1	nonial Role 🔲 Other 🔲 king "Ceremonial Role" or "Other" des	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	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.

Marites Ward	Executive Assistant	June 8, 2022	
Print Name	Title	(month, day, year)	



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•	gency Report of: eremonial Role Even	ts and Ticket/P	ass Disti	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Region (if applicable)				1	For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact (Name, Title)				1	
	Marites Ward				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				rondo Explanation in run dir di
	510-272-3893	marites.ward@acg	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 🗌	Face Value of	Each Ticket/Pass \$ _	T: \$18 P: \$15
	Event Description: Alameda	a County Fair		Date(c) *06	_ 17 <u>_</u> 202 2	07 , 10 , 202
	Provide Title/ Explanation				;) B	//
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🗖	lf no:	Name of Source	
			_	If yes:	Name of Source	
	Was ticket distribution made	e at the benest Yes [🗆 No 📕	ii yes.	Official's Name (Last, First,)
	of agency official?					
	Use Section A to identify the ager A. Name of Agency, Department	artment or Unit	Use Section B to Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	Information Technology		T:30 P:15		e, encourage, reward norale, retention, or e	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	
					nonial Role Dother king "Ceremonial Role" or "Other" o	
					nonial Role D Other king "Ceremonial Role" or "Other" of	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	8 					

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)



С	eremonial Role Even	ts and Ticket/F	Pass Distri	butions	Α	Public Document
1,	Agency Name			Date Stamp	California 802	
	County of Alameda					Form OUZ
	Division, Department, or Region (if applicable)			1	For Official Use Only	
	County Administrator's Offic	County Administrator's Office				
	Designated Agency Contact	Name, Title)			1	
	Marites Ward				Amondmont (Must D	ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail					ovide Explanation in Part 3.)
	510-272-3893	marites.ward@acg	gov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$	T: \$18 P: \$15		
	Event Description: Alameda				, 17 , 202 <mark>2</mark>	07 , 10 , 202
	Event Description:	Provide Title/ Expla	anation D	ate(s)	<u> </u>	
	Ticket(s)/Pass(es) provided					
			Name of Source			
	Was ticket distribution made at the behest Yes 🔲 No 🔳 🛛 If yes:				Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit Community Development Agency		• Use Section B to id Number of Ticket(s)/ Passes T:130 P:15	Describe th	ual. Use Section C to identify ne public purpose made purs e, encourage, reward o morale, retention, or ex	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	If chec	Identify one of the fermonial Role Other king "Ceremonial Role" or "Other" des	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	If chec	nonial Role Other	cribe below:
	·					

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.

Marites Ward	Executive Assistant	June 8, 2022	
Print Name	Title	(month, day, year)	

Print

Clear

Ceremonial Role Events and Ticket/Pass Distributions			A Public Document		nt		
1.	Agency Name			Date Stamp	California 80	2	
	County of Alameda						4
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	County Administrator's Offic	ce					
	Designated Agency Contact	(Name, Title)			1		
	Marites Ward				Amendment (Must Pr	avido Exploration in Part 2)	_
	Area Code/Phone Number E-mail					ovue Explanation in Part 3.)	
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				T: #40 D: #45	
	Does the agency have a ticket policy? Yes 🔳 No 🔲 Face Value of I				Each Ticket/Pass \$	T: \$18 P: \$15	
	Event Description: <u>Alameda County Fair</u> Date(s) <u>*06</u>				<u>, 17 , 202,</u>	07 , 10 , 202	
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🗌 🛛 If	no:	Name of Source		
	Was ticket distribution made	a at the behast . Vee I	- No - If	yes:			
	of agency official?	e at the benest Yes	No 🖬 👖	yco	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to id	lentify an individe	ual. Use Section C to identify	v an outside organization.	
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
	District Attorney		T:100 P:15		promote, encourage, reward or support general ployee morale, retention, or exemplary service.		
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fe	bllowing:	
	3				nonial Role D Other king "Ceremonial Role" or "Other" des		ie [
					nonial Role D Other king "Ceremonial Role" or "Other" des		ie 🗌
	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 polic	y

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.

Marites Ward	Executive Assistant	June 8, 2022	
Print Name	Title	(month, day, year)	



С	eremonial Role Even	ts and Ticket/F	ass Distri	butions	Α	Public Document
_	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact	Name, Title)				
	Marites Ward				Amendment (Must Pr	ovide Explanation in Part 31
	Area Code/Phone Number	E-mail				ondo explanation in Fait 0.9
	510-272-3893	marites.ward@acg	jov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				T. \$40 D. \$45
	Does the agency have a tick		📕 No 🖾 🛛 Fa	ace Value of	Each Ticket/Pass \$	T: \$18 P: \$15
	Event Description: Alameda	a County Fair Provide Title/ Expla	D	ate(s) <u>*06</u>	<u>, 17 , 202,</u>	07 , 10 , 202
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔲 🛛 If	no:	Name of Source	
	Was ticket distribution made at the behest Yes 🔲 No 🔳 If yes:					
	of agency official?	163		Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the ager	icy's department or unit.	Use Section B to id	lentify 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	be the public purpose made pursuant to the agency's policy	
	General Services Agency		T:250 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
					nonial Role D Other	
	a				nonial Role D Other 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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)



С	eremonial Role Even	ts and Ticket/F	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
	County Administrator's Offic	e				
	Designated Agency Contact	(Name, Title)			1	
	Marites Ward				Amondmont (Must Dr	avida Evalanation in Part 21
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-272-3893	marites.ward@acg	lov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				T 440 D 445
	Does the agency have a ticket policy? Yes ■ No □ Face Value of I				Each Ticket/Pass \$	T: \$18 P: \$15
	Event Description. Alameda	a County Fair	D	ate(s) *06	<u>, 17 , 202</u>	07 , 10 , 202
	Event Description: Alameda County Fair Date(s) *06				//_ 	/
	Ticket(s)/Pass(es) provided	by agency? Yes	🔳 No 🗔 🛛 If	no:		
					Name of Source	
	Was ticket distribution made at the behest Yes 🗌 No 🔳 If yes:				Official's Name (Last, First)	
	of agency official?					
3.	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Vuse Section B to id Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy	
	Health Care Services Ag	ency	T:100 P:15		e, encourage, reward o norale, retention, or ex	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other Ming "Ceremonial Role" or "Other" des	
					nonial Role D Other des	
	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.

Marites Ward	Executive Assistant	June 8, 2022	
Print Name	Title	(month, day, year)	

Ceremonial Role Events and Ticket/Pass Distributions				Α	Public Document	
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact					
	Marites Ward					
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation				T: 040 D 045
	Does the agency have a ticket policy? Yes Mo Ves Kate Value of			Each Ticket/Pass \$	T: \$18 P: \$15	
	Event Description: <u>Alameda County Fair</u> Date(s) *06			<u>, 17 , 202</u>	07 , 10 , 202	
	Ticket(s)/Pass(es) provided by agency? Yes No I If no:				Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	Official's Name (Last, First)			
	 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 		Use Section B to id Number of Ticket(s)/ Passes		e public purpose made pursuant to the agency's policy	
	Human Resources		T:200 P:15		e, encourage, reward on norale, retention, or e	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role DOther C	
					nonial Role Dother C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant 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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

С	eremonial Role Even	ts and Ticket/F	Pass Distril	butions	Α	Public Document	
1.	Agency Name		Date Stamp	California 802			
	County of Alameda						
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	County Administrator's Offic	e					
	Designated Agency Contact	(Name, Title)					
	Marites Ward				Amendment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				ovide Explanation in Part 5.)	
	510-272-3893	marites.ward@acg	jov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				T: \$19 D: \$15	
	Does the agency have a ticl				Each Ticket/Pass \$	T: \$18 P: \$15	
	Event Description: Alameda	a County Fair Provide Title/ Expla	Danation	ate(s) <u>*06</u>	, 17 , 202 <mark>2</mark>	07 , 10 , 202	
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🗌 🛛 If	no:	Name of Source	1	
	Was ticket distribution made	e at the behest Yes	Official's Name (Last, First)				
	of agency official?						
3.	Recipients		lles Costion Das id		und Also Spation C to identif		
	 Use Section A to identify the ager 	icy's department of unit.	Number	lenuly an individi	ual. Ose section C to identify	y an outside organization.	
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
	Probation Department		T:160 P:15		e, encourage, reward o morale, retention, or ex		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role	-	
	2				nonial Role D Other king "Ceremonial Role" or "Other" des		
	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	

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

С	eremonial Role Even	ts and Ticket/	Pass Distri	butions	Α	Public Document
1.	Agency Name			Date Stamp	California 802	
	County of Alameda					1 01111
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	County Administrator's Office	ce				
	Designated Agency Contact	(Name, Title)			1	
	Marites Ward					rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-3893	marites.ward@ac	gov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				T. \$10 D. \$15
	Does the agency have a tic	ket policy? Yes	No 🗋 🗧	ace Value of	Each Ticket/Pass \$	T: \$18 P: \$15
	Event Description: Alamed	a County Fair Provide Title/ Exp.	lanation D	ate(s) <u>*06</u>	<u>, 17 , 202,</u>	07 , 10 , 202
					Name of Source	
	Was ticket distribution made	e at the behest Yes	Official's Name (Last, First)			
	of agency official?		Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	• Use Section B to ic	lentify an individ	ual. Use Section C to identif	fy an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	Public Defender		T:100 P:15		omote, encourage, reward or support general oyee morale, retention, or exemplary service.	
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the f	following:
					nonial Role D Other C	
	·				monial Role DOther	
	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
		1				

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)



С	eremonial Role Even	ts and Ticket/F	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)	n (if applicable)			For Official Use Only	
	County Administrator's Offic	e					
	Designated Agency Contact	(Name, Title)			1		
	Marites Ward				Amendment (Must Pr	Cavido Explonation in Port 2 \	
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)	
	510-272-3893	marites.ward@acg	lov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation		W.			
	Does the agency have a tick	ket policy? Yes	🔳 No 🗔 🛛 Fa	ace Value of	Each Ticket/Pass \$	T: \$18 P: \$15	
	Event Description: Alameda	a County Fair	D	*06	, 17 , 202 2	07 , 10 , 202	
	Event Description.	Provide Title/ Expla	nation	ate(3)	,,,,,,,		
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🔲 🛛 If	no:	Name of Source		
	Was ticket distribution made of agency official?	e at the benest Yes	Official's Name (Last, First)				
	or agency official?						
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to id	lentify an individ	ual. Use Section C to identify	y 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		
	Public Works Agency		T:200 P:15		romote, encourage, reward or support general loyee morale, retention, or exemplary service.		
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	pllowing:	
					nonial Role D Other king "Ceremonial Role" or "Other" des		
		¢			noniał Role Dother C king "Ceremonial Role" or "Other" des		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pure	suant to the agency's policy	
	ñ						

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact (Name,Title)			1	
	Marites Ward				Amondmont (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a ticket policy? Yes No Does The Agency have a ticket policy?				Each Ticket/Pass \$	T: \$18 P: \$15
					<u>, 17 , 202</u>	07 , 10 , 202
	Event Description: Alameda	Provide Title/ Expla	ate(s)	/ // / 202+		
					Name of Source	
	Was ticket distribution made	at the behest Yes	🗆 No 🔳 🛛 If	yes:	Official's Name (Last, First)	
	of agency official?				Onicial S Name (Last, 1 hay	
	Use Section A to identify the agen A. Name of Agency, Depa Registrar of Voters		Use Section B to id Number of Ticket(s)/ Passes T:70 P:15	Describe th	ual. Use Section C to identify ne public purpose made purs e, encourage, reward o morale, retention, or ex	suant to the agency's policy
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	Income
	C. Name of Outside Organization		Number of Ticket(s)/	If chec	nonial Role D Other des king "Ceremonial Role" or "Other" des ne public purpose made purs	
	(include address and		Passes			

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

Clear

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 Regi	on (if applicable)				For Official Use Only	
	County Administrator's Offic	e					
	Designated Agency Contact (Name, Title)					
	Marites Ward						
	Area Code/Phone Number	E-mail			Amendment (Must)	Provide Explanation in Part 3.)	
	510-272-3893	marites.ward@acg	lov ora		Date of Original Filing:		
_			Jonnoig			(month, day, year)	
2.	Function or Event Infor					T: \$18 P: \$15	
				Each Ticket/Pass \$ _	1. 010 1. 010		
	Event Description: Alameda	County Fair Provide Title/ Expla	D	ate(s) <u>*06</u>	, 17 _/ 202 <mark>7</mark>	07 _ 10 _ 202	
	Ticket(s)/Pass(es) provided			no:			
				yes:	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy		
	Sheriff's Department		T:100 P:15		e, encourage, reward norale, retention, or e		
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes	-	Identify one of the	following:	
					nonial Role DOther [King "Ceremonial Role" or "Other" d		
					nonial Role DOther [king "Ceremonial Role" or "Other" d		
	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	
	i 						

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

-

Clear

С	eremonial Role Even	ts and Ticket/F	Pass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California Form 802
•••	County of Alameda					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact	Name, Title)				
	Marites Ward				Amondmont (Must 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Conde Explanation in Part 5.)
	510-272-3893	marites.ward@acg	jov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				T: \$10 D: \$15
	Does the agency have a ticket policy? Yes Mo G Face Value of E				Each Ticket/Pass \$ _	T: \$18 P: \$15
	Event Description: Alameda	a County Fair Provide Title/ Expla	anation D	ate(s) <u>*06</u>	, 17 _, 202 <mark>2</mark>	07 , 10 , 202
	Ticket(s)/Pass(es) provided			no:	Name of Source	
	Was ticket distribution made at the behest Yes 🗌 No 🔳 If yes: of agency official?				Official's Name (Last, First)	
3.	Recipients					
•	Use Section A to identify the ager	icy's department or unit.	• Use Section B to ic	lentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit of		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy	
	Social Services Agency		T:200 P:15		e, encourage, reward on norale, retention, or e	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role D Other C	
					nonial Role D Other C	
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes		Describe th	e public purpose made pu	rsuant 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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

Clear

C	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					1 01111 0 0 0
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact (Name, Title)				1	
	Marites Ward					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing:	(month, day, year)
_	Function or Event Infor					(month, ddy, your)
4.				-		T: \$18 P: \$15
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Alameda	a County Fair		Date(s) <u>*06</u>	<u>, 17 , 202,</u>	07 , 10 , 202
		Provide Title/ Expla		6 m m m		
	Ticket(s)/Pass(es) provided	by agency? Yes I		r no:	Name of Source	
	Was ticket distribution made	at the behest Yes			Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
-						
3.	Recipients					
	 Use Section A to identify the ager 	icy's department or unit.	Use Section B to i	dentify an individu	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
	Child Support Services		T:50 P:15		e, encourage, reward on morale, retention, or e	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role D Other C	
					nonial Role D Other C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant 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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)



5	eremonial Role Even	is and nekely	ass Distr	iputions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only
	County Administrator's Offic	e				
	Designated Agency Contact (Name, Title)			1	
	Marites Ward					ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				onde Explanation in Fait 3.)
	510-272-3893	marites.ward@acg	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				T: \$18 P: \$15
	Does the agency have a tick		No 🗌 🛛	ace Value of	Each Ticket/Pass \$	Γ. ΦΙΟ Γ. ΦΙΟ
	Event Description: Alameda	a County Fair		Date(s) <u>*06</u>	<u>, 17 , 202,</u>	07 , 10 , 202
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		f no:		
	nekel(s)/1 ass(es) provided	by agency: Test	No 🗌 🛛		Name of Source	
	Was ticket distribution made	at the behest Yes	No 📕 I	f yes:	Official's Name (Last, First)	
	of agency official?				Umciai s Name (Last, First)	
3.	• 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
	Treasurer/Tax Collector		T:100 P:15		e, encourage, reward o norale, retention, or ex	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	
					nonial Role D Other king "Ceremonial Role" or "Other" des	scribe below:
			-		noniał Role Dother king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	8					
-						

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.

Marites Ward	Executive Assistant	June 8, 2022
Print Name	Title	(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022



Deck 12 -

	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County Health Care Services Agency						
	Division, Department, or Region (if applicable) Office of the Agency Director					For Official Use Only	
	Designated Agency Contact	(Name, Title)					
	Colleen Chawla				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number				6/17/2022		
	(510) 618-3452	Colleen.Chawla@a	cgov.org		Date of Original Filing	(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 \$	18 ticket/\$15 parking	
	Event Description: Alameda	a County Fair			, 17 , 22	07 , 10 , 22	
	Event Description:	Provide Title/ Explan		Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔲 🛛	f no:			
				f yes: Colleen	Name of Source Chawla		
	Was ticket distribution made of agency official?	e at the behest Yes	No 🗋	f yes:	Official's Name (Last, First))	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	al. Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy	
	-						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
	Perkins, Shirley		1 ticket		Ceremonial Role Other Income		
				Staff Appre	Staff Appreciation		
	Crecy, Margaret		1 ticket		nonial Role Other Other king "Ceremonial Role" or "Other" of	Income	
				Staff Appre	ciation		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant 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.

	Colleen Chawla	Health Care Services	Agenty 2077ector
Comment:	Print Name	Title .	(month, day, year)
	Print Clear	FP FPPC Toll-Free Helpline: 866/ASK	PC Form 802 (2/2016) -FPPC (866/275-3772)

California Form 802

A Public Document

Agency Name

Alameda County Health Care Services Agency

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
S			
В.	Name of Individual	Number of Ticket(s)/	Identify one of the following:
	(Last, First)	Passes	
			Ceremonial Role D Other I Income Income
Murray Hoem, Dina	ay Hoem, Dina	1 ticket	Staff Appreciation
			Ceremonial Role Other Income Income
Sha	h, Sameena	1 ticket	Staff Appreciation
			Ceremoniał Role D Other M Income
Rod	riguez, Jeannette	1 ticket 1 parking pass	Staff Appreciation
			Ceremonial Role Other To Income
Gallo	o, Cynthia	.1 ticket	Staff Appreciation
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



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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>N:</u>			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income
Taba	asa, Ernesto	1 ticket	Staff Appreciation
			Ceremonial Role Other Income Income
Fool	t, Alicia	1 ticket	Staff Appreciation
-			Ceremonial Role Other Income Income
Salte	er, Scott	1 ticket	Staff Appreciation
			Ceremonial Role D Other M Income I Income I Income
Nava	arro, Maria	1 ticket 1 parking pass	Staff Appreciation
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
	Λ		

Print



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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Lest, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other III Income
Sin,	Jenny	1 ticket	Staff Appreciation
			Ceremonial Role Other Income Income Income
Jon	es, Nancy	1 ticket	Staff Appreciation
			Ceremonial Role Other Income Income
Esp	arza, Jeannina	1 ticket	Staff Appreciation
Маг	tinez, Laura	1 ticket 1 parking pass	Ceremonial Role Other Income Income Staff Appreciation
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



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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	20		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
Eng	, Shannon	1 ticket	Staff Appreciation
			Ceremonial Role Other Month Income Income Income Income
Arroyo, Alexandra		1 ticket	Staff Appreciation
			Ceremonial Role Other Income
			Ceremonial Role Cher Cher Income Income Income Income
с.	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

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

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		butions	F	Public Document	
1. Agency Name			Date Stamp	California Form 802	
HCSA				Form OUZ For Official Use Only	
Division, Department, or Region (if applicable)				For Official Use Only	
ENVIRONMENTAL HEALTH DEPARTMENT					
Designated Agency Contact (Name, Title)					
			Amendment (Must	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail			_		
			Date of Original Filing	(month, day, year)	
2. Function or Event Information		,		18.00	
Does the agency have a ticket policy? Yes					
Event Description: ALAMEDAS COUNTY FAIR	nation		17 / 22		
	- Drive Of				
Was ticket distribution made at the behest Yes	Official's Name (Last, First	}			
of agency official?			Onicial's Name (Last, Filst	/	
• Use Section A to identify the agency's department or unit.	Use Section B to id	lentify an individu	an individual. Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes				
A. Name of Agency, Department or Unit B. Name of Individual (Last, First)	Number of Ticket(s)/	Describe the		e following:	

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.

Print Name (month, day, year)

Comment:





Agency Name

12

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:
Salaices, michelle	Z.	Ceremonial Role Other Other Income
Garabiles, Entik	2	Ceremonial Role D Other D Income Income If checking "Ceremonial Role" or "Other" describe below:
Nova K, Marsol	1.	Ceremonial Role Other A Income
Mendabil, John	, :	Ceremonial Role D Other D 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



Agency Name

r

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
	rasses	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the following:
Bereber Jason P);	Ceremonial Role Other Income Income Income
Owcark, Ronald 1	2	Ceremonial Role D Other D Income I Income I Income
Hinson, Jylor	t	Ceremonial Role D Other D Income Income It checking "Ceremonial Role" or "Other" describe below:
Arana, clara	يل ا	Ceremonial Role D Other C 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
S		
		1

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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:
West, David &	15	Ceremonial Role Dother rescribe below:
Hang, michalle a	1	Ceremonial Role Conter Ceremonial Role Conter Ceremonial Role Conter Ceremonial Role" or "Other" Ceremonial Role Conter Ceremonial Role Ceremonial Role Ceremonial Role Conter Ceremonial Role Cer
DelaGriz, Saird	ľ	Ceremonial Role Dother describe below:
Duons-Ly -Trang	k	Ceremonial Role Dther Dther 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



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 Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
3	Ceremonial Role Other Other Income
2 U	Ceremonial Role Dother Income Income Income Income Ceremonial Role" or "Other" describe below:
1	Ceremonial Role Dother of Cher Contract Income Income If checking "Ceremonial Role" or "Other" describe below:
ĨĻ.	Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes

Print

С	eremonial Role Events and Ticket/Pa	ass Dist	ributions	Α	Public Document
1.	Agency Name			Date Stamp	California 802
	HCSA				
	Division, Department, or Region (if applicable)	2.112		1	For Official Use Only
	ENVIRONMENTAL HEALTH DEPARTMENT				
	Designated Agency Contact (Name, Title)				
				Amendment (Must Pri	ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail			_	. ,
				Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
] No 🗌	Face Value of I	Each Ticket/Pass \$	15.00
	Event Description: ALAMEDAS COUNTY FAIR Provide Title/ Explan	ation	Date(s)	, 17 , 22	7 10 22
		No 🗖	If no:Brian Sa	antos	
				Name of Source	
	Was ticket distribution made at the behest Yes	No 🗌	If yes:	Official's Name (Last, First)	
	of agency official?			Omenara Warne (East, 1 hay	
3.	• Use Section A to identify the agency's department or unit. • I • Use Section A to identify the agency's department or unit. • I • A. Name of Agency, Department or Unit	Use Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	
				nonial Role D Other King "Ceremonial Role" or "Other" des	
				nonial Role D Other Ming "Ceremonial Role" or "Other" des	
	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

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.

(month, day, year) rint Name

Comment:







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:
Salaices, Michelle	1	Ceremonial Role Other describe below:
AD Vall, Marisol	(Ceremonial Role Other Other Income In
Gnervaj Martizez; Celine)	Ceremonial Role Ceremonial Role" Other Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income Income 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

ency Name meda County sion, Department, or Region (If App ard of Supervisors ignated Agency Contact (Name, Title	licable)		Date Stamp	California 802 Form
sion, Department, or Region (If Applart of Supervisors	licable)			Tomi
ard of Supervisors	licable)		1	
	•			I of Official Ose Only
ignated Agency Contact (Name, Title				
)			
ather Cartwright				
a Code/Phone Number E-mail			. [_] Amendment (Must p	provide explanation in Part 3.)
0) 272-6693 heather	.cartwright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
nction or Event Information				
es the agency have a ticket policy?	Yes 🔀 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$ _	\$18
nt Description <u>Alameda County Family</u>	air Ie/Explanation	Date(s)06	<u> </u>	7 , 10 , 22
ket(s)/Pass(es) provided by agency	? Yes 🗌 No 🛛		Name of Sc	
	est No 🗌 Yes [If yes: Alam	eda County Superviso Official's Name (or Dave Brown (Last, First)
cipients	entorunit. ●Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy	
		•		
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	44	If checking "Ceremo To promote attend	ance at a County facil	lity in order to maximize
		Ceremonial Role	Other	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	364	To reward a schoo to the community	bl or nonprofit organiza	ation for its contributions
	nction or Event Information as the agency have a ticket policy? Alameda County Fa Provide The Alameda County Fa Provide The Alameda County Fa Provide The Alameda County Fa Provide The Alamed by agency's as ticket distribution made at the beh agency official? Acipients as Section A to identify the agency's department Name of Agency, Department or Unit Name of Individual (Last, First) And the contract of the address of the a	nction or Event Information as the agency have a ticket policy? Yes ⊠ No [ant Description Alameda County Fair Provide Title/Explanation ket(s)/Pass(es) provided by agency? Yes □ No [s ticket distribution made at the behest agency official? No □ Yes [cipients No □ Yes [we section A to identify the agency's department or unit. • Use Sec Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) rious (reference attached readsheet) 44 Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) arious (reference attached 364	Inction or Event Information as the agency have a ticket policy? Yes INO Face Value of Date(s) es the agency have a ticket policy? Yes INO Face Value of Date(s) Office ent Description Alameda County Fair Provide Title/Explanation Date(s) Office Ret(s)/Pass(es) provide title/Explanation If no: Alame Alame s ticket distribution made at the behest agency official? No I Yes I If yes: Alam Alame recipients escetion A to identify the agency's department or unit. • Use Section B to identify an individ Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put Name of Individual (Last First) Ceremonial Role If checking "Ceremo To promote attend potential County re rious (reference attached readsheet) 44 Ceremonial Role If checking "Ceremo To promote attend potential County re Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the put	0) 272-8053 Iteration.clarity interaction of the clarity interaction. not Description Alameda County Fair Provide Title/Explanation Date(s)

I have read and understand PPC 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	8/1/2022
Print Name	Title	(Month, Day, Year)

Comment: _

eremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				Form OVZ
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693 heather.cartw	vright@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				¢40
Does the agency have a ticket policy?	Yes 🗵 🛛 No [Face Value c	f Each Ticket/Pass \$ _	\$18
Event Description Alameda County Fair	anation	Date(s)	, 17 , 22	07 , 10 , 22
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [Name of Sc	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Alam	eda County Superviso Official's Name (br Dave Brown
Use Section A to identify the agency's department or a	Number of			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Magallon, Maria Roberts, Royl Schulthesis, Carla	2	If checking "Ceremo	nial Role" or "Other" describe below:	
Graves, Kimberly Bolton, Carolyn Maxey, Lara	2	If checking "Ceremo.	nial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	at to the agency's policy
-				
	Agency Name Alameda County Division, Department, or Region (If Applicable, Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6693 Event Description Alameda County Fair Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or the (Lase, First) Magallon, Maria Roberts, Royl Schulthesis, Carla Graves, Kimberly Bolton, Carolyn Maxey, Lara C Name of Outside Organization	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No □ Vas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Magallon, Maria Roberts, Royl Schulthesis, Carla Graves, Kimberly Bolton, Carolyn Maxey, Lara C. Name of Outside Organization Ticket(s)/	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes X No Function or Event Information Does the agency have a ticket policy? Yes X No Fired County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No Vas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual (Law, Frev) Magallon, Maria 2 Roberts, Royl 2 Graves, Kimberly 2 Bolton, Carolyn 2 Graves, Kimberly 2 Bolton, Carolyn 2 Name of Outside Organization Number of Ticket(s)/ Describe the public To reward a commonial Role (Licket and the outside organization To reward a commonipublic	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors amendment, or Region (If Applicable) Board of Supervisors amendment (Mustry Designated Agency Contact (Name, Title) amendment (Mustry Heather Cartwright amendment (Mustry Area Code/Phone Number E-mail (510) 272-6693 beather.cartwright@acgov.org Function or Event Information Date of Original Filing: Does the agency have a ticket policy? Yes No Function or Event Information Date(s) Does the agency have a ticket policy? Yes No Event Description Alameda County Fair Provide TitleExplanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Vas ticket distribution made at the behest No Vas section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an individual. Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an individual. •Use Section C to identify an individual. A. Name of Agency, Department or Unit Number of Ti

have dead 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	08.01.2022
Print Name	Title	(Month, Day, Year)

Comment: ____

1 Agoney Name			Date Stamp	California 000	
1. Agency Name					
Alameda County Division, Department, or Region (if Applic	cable)			For Official Use Only	
· · · · · · · · · · · · · · · · · · ·	Board of Supervisors Designated Agency Contact (Name, Title)				
Designated Agency Contact (Name, Title)					
Heather Cartwright			Amendment (Must pro	ovide explanation in Part 3.)	
Area Code/Phone Number E-mail					
(510) 272-6693 Heather.	.Cartwright@acg	ov.org	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Information		\$15 parking pass			
Does the agency have a ticket policy?	Yes 🛛 No [of Each Ticket/Pass \$		
Event Description Alameda County Fa	ir	Date(s)	<u> </u>	07 , 10 , 22	
Provide Title	e/Explanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No [If no: Alame	da County Fair	irce	
Multiplication the second states have		📼 Alam	eda County Supervisor		
Was ticket distribution made at the behe of agency official?	est No 🗌 Yes	If yes:	Official's Name (L	ast, First)	
 Recipients Use Section A to identify the agency's department 	entorunit. ●Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	Number of		olic purpose made pursuant		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the par	ble purpose made pursuant to the agonay o poney		
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:	
	Pass(es)	Ceremonial Role	Other	Income	
Brown, Maddie		If checking "Ceremo	nial Role" or "Other" describe below:		
Hong, Ernest	1 ea.	To promote attendance at a County facility in order to maxi potential County revenue from parking and concession sale			
Carvalho, Christopher					
1 Marianaa		Ceremonial Role	Dother nial Role" or "Other" describe below:	Income	
Lam, Marianne Sundararaman, Asha	1 ea.	1	ance at a County facili	ty in order to maximize	
Richardson, India		potential County re	evenue from parking ar	nd concession sales	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	•				
4. Verification	4,1 and 18942. I have v	rerified that the distribution set	forth above, is in accordance wi	ith the requirements.	
	Heather Ca		Supervisor's Assistan		
	Print Nar		Title	(Month, Day, Year)	
Comment:				EDDO E 802 /4/4	

A Public Document

		Distributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Region (If Application)	ble)			To Official Ose Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright				Link and the first in Decide 2.5
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 Heather.C	artwright@acg	ov.org	Date of Original Filing: _	(Month, Day, Year)
Function or Event Information				\$15 parking page
Does the agency have a ticket policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$	\$15 parking pass
Event Description Alameda County Fair		Date(s) 06	<u> </u>	07 , 10 , 22
Provide Title/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Alame	da County Fair	Irce
Was ticket distribution made at the behesi		Alam	eda County Supervisor	
of agency official?	No 🗌 Yes 🛛	X If yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			C	
D Name of Individual	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Ceremonial Role		Income
Geisner, Ben	1		nial Role" or "Other" describe below: y-run, sponsored or su	poorted community
		events, activities, o		pported dominiumity
		Ceremonial Role	Other	Income
Wilson, Galen	5	, and a	nial Role" or "Other" describe below:	
	/	To promote Count events, activities, o	y-run, sponsored or su or programs	pported community
Name of Outside Organization	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
		erified that the distribution set		

	Heather Cartwright	Supervisor's Assistant	08.01.2022
	Print Name		(Month, Day, Year)
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Comment: _____

Agency Name				Date Stamp	California 002
				F	
Alameda County					Form OOZ
Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
Board of Supervisors					
	Varne, Title)			• r	
Heather Cartwright					
÷	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	heather.car	wright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
	nation				
		Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	\$18
.				, 17 , 22	07 , 10 , 22
Event Description	Provide Title/Exp	lanation	Date(s)	//	/
Ticket(s)/Pass(es) provided by	/ agency?		If no: Alame	da County Fair	
Ticket(3)/1 ass(cs) provided by	ragency.			Name of Sc	
	t the behest	No 🔲 Yes 🕻	If yes: Alam	eda County Superviso	or Dave Brown
of agency official?				Oniciar's Name (Lasi, 1 hsij
Recipients				.) Use Cretien C to iden	tife on outside exemitation
Use Section A to identify the agency	/'s department or				
A. Name of Agency, Department or Unit Ticket(s)/ Describe the pub		olic purpose made pursuan	t to the agency's policy		
5.		Number of			
B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			Ceremonial Role		Income
Brown, Maddie		6			sored or supported
	5				
			If checking "Ceremo		Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	it to the agency's policy
	Board of Supervisors Designated Agency Contact (// Heather Cartwright Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Alameda C Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individual (Leat, First) Brown, Maddie	Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6693 E-mail heather.card Function or Event Information Does the agency have a ticket policy? Event Description Alameda County Fair Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Brown, Maddie	Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6693 E-mail heather.cartwright@acgo Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No [Was ticket distribution made at the behest of agency official? No □ Yes [Recipients • Use Section A to identify the agency's department or unit. • Use Sec A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Brown, Maddie	Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number E-mail (510) 272-6693 heather.cartwright@acgov.org Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗠 Face Value of Event Description Does the agency have a ticket policy? Yes 🖾 No 🗠 Face Value of Event Description Alameda County Fair Date(s) Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes 🗆 No 🖾 If no: Alame Was ticket distribution made at the behest of agency official? No 🔄 Yes 🖾 If yes: Alam If yes: Alam Vuse Section A to identify the agency's department or unit. • Use Section B to identify an Individe A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Ceremonial Role if checking 'Ceremon Brown, Maddie (Last First) Ceremonial Role if checking 'Ceremon Ceremonial Role if checking 'Ceremon C. Name of Outside Organization Number of Ticket(s)/ Describe the put	Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number [510] 272-6693 Particle of Each Ticket/Pass §

eather Cartwright	Supervisor's Assistant	08.01.2022
Print Name	Title	(Month, Day, Year)
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Comment: _____

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-	eremonial Role Events and Ticl	Neur a33	Distributions		A Public Document
1.	Agency Name	<u></u>		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				
	Area Code/Phone Number E-mail			. Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693 heather.carty	vright@acgo	v.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	of Each Ticket/Pass \$	\$18
	Event Description Alameda County Fair		Data(c) 6		07 , 10 , 22
	Event Description Provide Title/Expla	anation			<u></u>
	Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No [If no: Alame	da County Fair	
				Name of So	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Alam	eda County Superviso Official's Name (I	Last, First)
3.	• Use Section A to identify the agency's department or t	unit. • Use Sec	tion 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)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Other Other	Income
	Carvalho, Christopher	4		nial Role" or "Other" describe below: note County-run, spor	sored or supported
			community events.		icered, er eupperied
			Ceremonial Role If checking "Ceremon	Other Dinial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
					,

Heather CartwrightSupervisor's Assistant08.01.2022Print NameTitle(Month, Day, Year)

Comment:

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Comment: _____

eremonial Role Eve	ents and Tic	Ket/Pass L	Istributions		A Public Documen
Agency Name				Date Stamp	California 802
Alameda County					TOTIL
Division, Department, or Re	egion (If Applicable)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	ct (Name,Title)				
Heather Cartwright					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	heather.cart	wright@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	ormation	A	¢10		
Does the agency have a tic	ket policy?	Yes 🛛 No 🗌] Face Value o	f Each Ticket/Pass \$ _	\$18
Event Description Alamed	a County Fair		Date(s) 6		
Event Description	Provide Title/Exp	anation			
Ticket(s)/Pass(es) provided	d by agency?	Yes 🗌 No 🗵	If no: Alame	da County Fair	
			- Alam	eda County Superviso	
Was ticket distribution mad of agency official?	e at the benest	No 🗌 Yes 🗵	If yes:	Official's Name (Last, First)
Recipients					
• Use Section A to identify the age	ency's department or	unit. 🔹 Use Secti	on B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
D Name of India	idual	Number of			
B. Name of Indiv (Last, First)	loual	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
Lam, Marianne				Other Inial Role" or "Other" describe below:	Income
		3		note County-run, spor	
			community events.		isorea, or supportea
			community events	Other	Income
			community events		Income
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	community events Ceremonial Role If checking "Ceremon	Other	Income
		Ticket(s)/	community events Ceremonial Role If checking "Ceremon	Other 🔲 nial Role" or "Other" describe below:	Income
		Ticket(s)/	community events Ceremonial Role If checking "Ceremon	Other 🔲 nial Role" or "Other" describe below:	Income
(include address and	description)	Ticket(s)/ Pass(es)	community events Ceremonial Role If checking "Ceremon Describe the put	Other Dille Role" or "Other" describe below:	Income
(include address and	description)	Ticket(s)/ Pass(es)	community events Ceremonial Role If checking "Ceremon Describe the put	Other Dille Role" or "Other" describe below:	Income Int to the agency's policy

4	eremonial Role Events and Tic	NEUF ass	Distributions		A Public Document
Т.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOL For Official Use Only
	Division, Department, or Region (If Applicable)		1	For Official Ose Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	1			
	Heather Cartwright				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
		wright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Information				
den s	Does the agency have a ticket policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$	\$18
	• •				
	Event Description Alameda County Fair	anation	Date(s)]	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [M If no: Alame	eda County Fair	
	Hokel(3)// ass(co) provided by agency.			Name of So	
	Was ticket distribution made at the behest	No 🗌 Yes [⊠ If yes: Alam	eda County Superviso	
	of agency official?			Cincial S Marine (2000, 7 1007
3.	• Use Section A to identify the agency's department or	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 pu	blic purpose made pursuan	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income
	Sundararaman, Asha	2	· ·	nial Role" or "Other" describe below:	
				moto County-run, spor	sored or supported
					nsored, or supported
			community events Ceremonial Role		Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	community events Ceremonial Role If checking "Ceremo	Other D	Income [
		Number of Ticket(s)/	community events Ceremonial Role If checking "Ceremo	 Other D unial Role" ar "Other" describe below:	Income [

Heather CartwrightSupervisor's Assistant08.01.2022Print NameTitle(Month, Day, Year)

Comment:

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					10111
	Division, Department, or Reg	ion (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)	provide explanation in Part 3.)
	(510) 272-6693	heather.cart	wright@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				¢40
	Does the agency have a ticke	et policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$_	\$18
	Event Description Alameda	County Fair		Date(s) 6	, 17 , 22	07 / 10 / 22
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Alame	eda County Fair	0.0720
				eda County Supervis		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	Official's Name	(Last, First)
3.	Recipients	v's department or	unit • Use Sec	tion B to Identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	Use Section A to identify the agency's department or unit. Use Section B to Identify an indiv Number of			blic purpose made pursuar		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	it to the ugency a policy
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)		Pass(es)	O	Other	Income
	Hong, Ernest			Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below	
			2	To encourage prot community events	mote County-run, spo	nsored, or supported
				Ceremonial Role If checking "Ceremo	Other D	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
				n		
-	N fr ii O	Second II				
4	Verification	ulations 18944.1 ar	id 18942. I have v	erified that the distribution se	t forth above, is in accordance	with the requirements.
		~	Heather Ca		Supervisor's Assista	
		-	Print Nar		Title	(Month, Day, Year)

Comment: ____

		istributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ	
Division, Department, or Region (If Applied	cable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)	·				
Heather Cartwright					
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	cartwright@acgov.	ora	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(Month, Day, Tear)	
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	\$18	
• · · · · · ·					
Event Description Alameda County Fa	/Explanation	Date(s)			
Ticket(a) (Deco(ac) provided by egopore)		If no. Alame	da County Fair		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾		Name of So		
Was ticket distribution made at the behe	est 🛛 No 🗖 Yes 🔀	If yes: Alam	eda County Superviso	r Dave Brown	
of agency official?			Official's Name (Last, Hirst)	
 Recipients Use Section A to identify the agency's department A. Name of Agency, Department or Unit 	Number of		ual. • Use Section C to iden		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put			
n 					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
B. Name of Individual (Lest, First)		Ceremonial Role If checking "Ceremon	Identify one of the follow	ring: Income	
B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other		
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Income [
(Last, First)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu To promote health	Other	Income [

Comment: _____

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Ce	eremonial Role Event	ts and Tic	ket/Pass [Distributions		A Public Document	
Ι.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regi	on (If Applicable	e)			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					
	(510) 272-6693	heather.cart	wright@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform					\$18	
	Does the agency have a ticke		Yes 🛛 No 🗌	-4	of Each Ticket/Pass \$		
	Event Description Alameda C	County Fair Provide Title/Exp	lanation			07 , 10 , 22	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛛	If no: Alame	da County Fair	urce	
	Was ticket distribution made a	t the helpet		Alam	yes: <u>Alameda County Supervisor Dave Brown</u>		
	of agency official?	it the benest	No 🗌 Yes 🛛	If yes:	Official's Name (L	Last, First)	
	Recipients						
	• Use Section A to identify the agenc	y's department or	1 1	ion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
	B. Name of Individu	al	Number of		Identify one of the follow	ing:	
	(Last, First)		Ticket(s)/ Pass(es)				
	Richardson, India			4	D Other nial Role" or "Other" describe below:	Income	
	Renardson, mela		4		inty of Alameda reside	nt and business support	
				Ceremonial Role	Other	Income	
				If checking "Ceremo	nial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
				A			
/	Verification	ulations 18944.1 a	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.	
41			Heather Car		Supervisor's Assistan		
		H	Print Name		Title	(Month, Day, Year)	

Comment:

Comment: _____

. Agency Nar				Distributions		A Public Document
. дуенсу маг	me				Date Stamp	California 802
Alameda Cou	unty					T OTTIL
	artment, or Regi	ion (If Applicable	<i>)</i>			For Official Use Only
Board of Sup	ervisors					
Designated Ag	gency Contact (Name, Title)				
Heather Cart	wright				Amondmont (Must	very lide explanation in Part 2.)
Area Code/Ph	one Number	E-mail				provide explanation in Part 3.)
(510) 272-669	93	heather.cart	wright@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or	r Event Infor	mation				\$18
-	ncy have a ticke		Yes 🛛 No 🗌		f Each Ticket/Pass \$ _	
Event Descript	tion <u>Alameda</u> (County Fair		Date(s)6		07 / 10 / 22
Evont Booonp		Provide Title/Exp	lanation			
Ticket(s)/Pass	(es) provided b	y agency?	Yes 🔲 No 🛛	If no: Alame	da County Fair	Durce
Mee ticket dief	tribution made a	t the behast		Alam	eda County Superviso	or Dave Brown
of agency off		at the beneat	No 🗌 Yes 🛛	S if yes:	Official's Name	(Last, First)
. Recipients						
Use Section A to	o identify the agenc	y's department or	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of	Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
P	Name of Individu	al	Number of		Identify one of the follow	vina
В.	Name of Individu (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	(Last First)	al	Ticket(s)/	Ceremonial Role	Other	Income
B. Molina, Cour	(Last First)	al	Ticket(s)/	If checking "Ceremo. To encourage pror	Other D nial Role" or "Other" describe below. note County-run, spor	Income
	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo.	Other D nial Role" or "Other" describe below. note County-run, spor	Income
	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To encourage pror community events Ceremonial Role	Other D nial Role" or "Other" describe below. note County-run, spor	Income nsored, or supported
	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To encourage pror community events Ceremonial Role	Other Other Other' describe below. note County-run, spor Other Other	Income
Molina, Cour	(Last First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To encourage prof community events Ceremonial Role If checking "Ceremo	Other Other Other' describe below. note County-run, spor Other Other	Income
Molina, Cour	(Last First) tney e of Outside Orga	nization	Ticket(s)/ Pass(es) 4 1 Number of Ticket(s)/	If checking "Ceremo To encourage prof community events Ceremonial Role If checking "Ceremo	Other Other County-run, spon Other	Income
Molina, Cour	(Last First) tney te of Outside Orga de address and de	nization scription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To encourage prof community events Ceremonial Role If checking "Ceremo Describe the pu	Other	Income
Molina, Cour	(Last First) tney te of Outside Orga de address and de	nization scription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo. To encourage pror community events Ceremonial Role If checking "Ceremo Describe the pu rified that the distribution set	Other Other County-run, spon Other	Income

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		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)					
	Heather Cartwright						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693		wright@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes 🗵 No [Face Value c	of Each Ticket/Pass \$_	\$18	
	Event Description Alameda	County Fair		Data(s) 6		07 , 10 , 22	
	Event Description	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No [If no: Alame	da County Fair		
					eda County Supervise		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	Official's Name	(Last, First)	
_					(C		
3.	• Use Section A to identify the agend	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
			Number of				
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
			Number of				
	B. Name of Individu	ıal	Ticket(s)/		Identify one of the follow	wing:	
			Pass(es)	Ceremonial Role	Other	Income	
	Geisner, Ben		-	If checking "Ceremo	nial Role" or "Other" describe below	:	
			5		note County-run, spo	nsored, or supported	
				community events			
				Ceremonial Role	D Other nial Role" or "Other" describe below	Income	
				I checking Ceremo.	markore or other describe below		
	C. Name of Outside Orga	nization	Number of	Decestive the second	blic purpose made pursua	nt to the agency's policy	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	in to the agency's policy	
			la la				
Ā	Verification						
7	I have read and understand FPPC Reg	gulations 18944.1 ar	nd 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.	
			Heather Ca	rtwright	Supervisor's Assista	nt 08.01.2022	
			Print Nar		Title	(Month, Day, Year)	

Agency Name Alameda County Fivision, Department, or Regi Board of Supervisors Designated Agency Contact (Heather Cartwright Frea Code/Phone Number 510) 272-6693 Function or Event Inform Does the agency have a ticke	Name, Title) E-mail	e)		Date Stamp	California Form 802 For Official Use Only
vivision, Department, or Regi Board of Supervisors Designated Agency Contact (Heather Cartwright Irea Code/Phone Number 510) 272-6693 Function or Event Inform Does the agency have a ticke	Name, Title) E-mail	e)			FOIII
Board of Supervisors Designated Agency Contact (Heather Cartwright Trea Code/Phone Number 510) 272-6693 Function or Event Inform Does the agency have a ticke	Name, Title) E-mail	e)			
Tesignated Agency Contact (Teather Cartwright Trea Code/Phone Number 510) 272-6693 Function or Event Inform Does the agency have a ticke	E-mail				
Tesignated Agency Contact (Teather Cartwright Trea Code/Phone Number 510) 272-6693 Function or Event Inform Does the agency have a ticke	E-mail				
rea Code/Phone Number 510) 272-6693 Function or Event Inform boes the agency have a ticke					
rea Code/Phone Number 510) 272-6693 Function or Event Inform boes the agency have a ticke					1
Function or Event Information or Event Information of Events and the agency have a ticke	heather.car			Amendment (Must pr	ovide explanation in Part 3.)
loes the agency have a ticke		twright@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
• •	nation				* 40
	t policy?	Yes 🔀 No 🛛	Face Value of	of Each Ticket/Pass \$	\$18
vent Description Alameda C	County Fair				07 , 10 , 22
vent Description	Provide Title/Exp	planation			
icket(s)/Pass(es) provided b	y agency?	Yes 🗋 No [If no: Alame	da County Fair	
.,					
	it the behest	No 🗌 Yes [If yes:	Official's Name (L	_ast, First)
Recipients	v's department o	ual. • Use Section C to ident	tify an outside organization.		
		Number of Ticket(s)/			
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
		F d 3 5 (8 5)	Ceremonial Role	Other	Income
Wilson, Galen		10	If checking "Ceremo		
					a County facility in orde
			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income (
		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	of agency official? Recipients Use Section A to identify the agence A. Name of Agency, Departme B. Name of Individu (Last, First) Wilson, Galen C. Name of Outside Organ (include address and designment) Verification	Recipients Use Section A to identify the agency's department of A. Name of Agency, Department or Unit B. Name of Individual (Lest, First) Wilson, Galen C. Name of Outside Organization (include address and description)	of agency official? Recipients Use Section A to identify the agency's department or unit. Use Sec A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Lasi, First) Wilson, Galen 10 C. Name of Outside Organization (include address and description) Verification	of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individu A. Name of Agency, Department or Unit B. Name of Individual (use, First) B. Name of Individual (use, First) Wilson, Galen 10 Ceremonial Role (use C	of agency official? Official's Name (I Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify and

С	eremonial Role Even	ts and Ticket/Pa	ass Distr	ibutions	Α	Public Document
1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Regi	ion (if applicable)		T OF ONICIAL USE ONly		
	Board of Supervisors					
	Designated Agency Contact (Name, l lile)				
	Amy Shrago, Chief of Staff Area Code/Phone Number	E-mail	Amendment (Must P	rovide Explanation in Part 3.)		
	510-272-6695	Amy.Shrago@acgo	vora		Date of Original Filing:	07/01/22
_	510-272-0035	Any.onrago@acgo	v.org			(month, day, year)
2.	Function or Event Inform	mation				18.00
	Does the agency have a tick		Each Ticket/Pass \$	18.00		
	Event Description: Alameda	a County Fair Provide Title/ Explan	ation			07 , 10 , 22
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	f no: <u>Alamed</u>	a County Fair	
			Name of Source			
	Was ticket distribution made of agency official?	at the benest Yes	No 🗌 🛛	f yes: <u>Carson</u>	Official's Name (Last, First)	
3.						
	 Use Section A to identify the agen 	cy's department or unit.	Number	Identity an individu	lai. Use Section C to Identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	3					
	B. Name of Indi (Last, Firm		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Johnson, Saundra		4	If chec	nonial Role D Other king "Ceremonial Role" or "Other" de a community for servic	
•					nonial Role D Other C	
	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
	100 Black Men 1632 12th	Street, Oakland, C/	20			
	100 Black Women PO Bo	x 24231, Oakland, (20			

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.

Chief of Staff Tite AmyShrago

of 01/22 (month, day, year)

Comment:

Print



Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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:
		Ceremonial Role Other I Income Income Income
		Ceremonial Role Other Income
		Ceremonial Role Other Income Income
		Ceremonial Role D Other D 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
True Vine Missionary Baptist Church 1125 West Street Oakland CA 94607	10	To reward a school or nonprofit organization for its contributions to the community
West Oakland Health Council 700 Adeline St. Oakland CA 94607	25	To reward a school or nonprofit organization for its contributions to the community.

Print

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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:
		Ceremonial Role Other Income Income frequencies of "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other I Income I Income I Income I Income II Income III Income II Income II Income II In
		Ceremonial Role Other 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
Albany Senior Center 846 Masonic Ave., Albany CA 94706	20	>
All Of Us or None 4400 Market St. Oakland, CA 94608	25	
Beebe Memorial Cathedral 3900 Telegraph Ave. Oakland CA 94609	10	
Berkeley Daytime Drop-In Center 2218 Acton St. Berkeley CA 94702	15	

Print



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
	1	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income
		Ceremonial Role Other Income Income
×		Ceremonial Role D Other D Income Income If checking "Ceremonial Role" or "Other" describe below:
		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
Berkeley Youth Alternatives	10	To reward a school or nonprofit organization for its contributions to the community
Beth Eden Baptist Church 118310th St. Oakland CA 94607	10	To reward a school or nonprofit organization for its contributions to the community.
Bonita House 6333 Telegraph Ave., Suite 102 Oakland Ca 94609	10	To reward a school or nonprofit organization for its contributions to the community.
BOSS 1918 University Ave. #2A Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.

Print

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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:
		Ceremonial Role Other I Income I Income I Income
v		Ceremonial Role Other I Income
		Ceremonial Role Cother Income Income
		Ceremonial Role Other 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
Catholic Charities 433 Jefferson St. Oakland 94612	10'	To reward a school or nonprofit organization for its contributions to the community
Downtown Oakland Senior Center 200 Grand Ave. Oakland CA 94612	20	To reward a school or nonprofit organization for its contributions to the community.
Emeryville Citizens Assistance Program 3610 San Pablo Ave. Emeryville CA	10	To reward a school or nonprofit organization for its contributions to the community.
Ecology Center 2530 San Pablo Ave. Berkeley CA 94702	, 10	To reward a school or nonprofit organization for its contributions to the community.

Print



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:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income
		Ceremonial Role Other Income
		Ceremonial Role 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
Emeryville Senior Center 4321 Salem Street Emeryville, CA 94608	20	To reward a school or nonprofit organization for its contributions to the community
Emeryville Parks and Rec 4300 San Pablo Ave. Emeryville CA 94608	40	To reward a school or nonprofit organization for its contributions to the community.
First AME 530 37th Street Oakland CA 94609	10	To reward a school or nonprofit organization for its contributions to the community.
Hidden Genius Project 519 17th St. Ste 240 Oakland CA 94612	10	To reward a school or nonprofit organization for its contributions to the community.

Print



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:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income
-		Ceremonial Role Other Income Income
		Ceremonial Role Other 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
Berkeley Juneteenth Cultural Celebration	50	To reward a school or nonprofit organization for its contributions to the community
Options Recovery Services 1931 Center St. Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.
Pacific Center for Human Growth 2712 Telegraph Ave. Berkeley CA -94705	10	To reward a school or nonprofit organization for its contributions to the community.
Positive Communication Practices 2627 57th Ave Oakland CA 94605	10	To reward a school or nonprofit organization for its contributions to the community.

Print



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 43595	Ceremonial Role Ceremonial Role Other Income Income
	3	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other D Income
•		Ceremonial Role D Other D 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
Prescott Joseph Resource Center 920 Peralta Street, Oakland CA 94607	51	To reward a school or nonprofit organization for its contributions to the community
Progressive Missionary Baptist Church 3301 King St. Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.
South Berkeley Senior Center 2939 Ellis Street Berkeley CA 94703	20	To reward a school or nonprofit organization for its contributions to the community.
Temescal Telegraph BID 490 43rd St. Oakland CA 94609	50	To reward a school or nonprofit organization for its contributions to the community.

Print

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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
		2
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role C Other I Income Income I Income I Income I Income II Income III Income II Income II Incom
		Ceremonial Role Cother I Income Income I Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other 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
Albany Senior Center 846 Masonic Ave., Albany CA 94706	20	
All Of Us or None 4400 Market St. Oakland, CA 94608	25	
Beebe Memorial Cathedral 3900 Telegraph Ave. Oakland CA 94609	10	
Berkeley Daytime Drop-In Center 2218 Acton St. Berkeley CA 94702	15	

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\sim	eremonial Role Lven	to and mekeur	a55 DISt	Induions	A	Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (if applicable)				ĺ	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff				Amandmant (14	
	Area Code/Phone Number	E-mail			Amendment (Must Pro	
	510-272-6695	Amy.Shrago@acg	iov.org		Date of Original Filing:	07/01/22 (month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick		📕 No 🗋		Each Ticket/Pass \$	168.00
	Event Description: Alameda	Provide Title/ Expl	Pass	Date(s)	, 07 , 22	07 10 22
	Ticket(s)/Pass(es) provided		🔲 No 🔳	If no: _Alamed	a County Fair	
					Name of Course	
	Was ticket distribution made of agency official?	e at the behest Yes	🔳 No 🗖	If yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depa		• Use Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify e public purpose made purs	
	BOS District 5		7	To promote employee r	e, encourage, reward, o norale, retention, exem	or support general aplary service, or staff 📳
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Carson, Keith		1	lf check	nonial Role DOther Marking "Ceremonial Role" Other Marking "Ceremonial Role" or "Other" desc ge County of Alameda	Income cribe below: resident and busines
	2			Ceren	nonial Role DOther D king "Ceremonial Role" or "Other" desi	Income
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	Describe th	e public purpose made purs	suant to the agency's policy
					×	

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ant

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	07/01/22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	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)			1		
	Amy Shrago, Chief of Staff				Amondmont (Must 6	Provide Evelopeting in Det 31
	Area Code/Phone Number	E-mail		Amendment (Must Provide Explanation in Part 3.)		
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	07/01/22 (month, day, year)
2	Function or Event Infor	mation				(monur, day, your)
4.					Each Ticket/Pass \$	15.00
	Does the agency have a tic					
	Event Description: Alameda	a County Fair - Parkir Provide Title/ Explar		Date(s)	0722	07 , 10 , 22
	Ticket(s)/Pass(es) provided			f no. Alamed	la County Fair	
		by agonoy: Tes L	and the second sec		Name of Source	
	Was ticket distribution made at the behest Yes Mon View Vestigation View View View View View View View View			, Keitn Official's Name (Last, First)		
	of agency official?				Unicial's Name (Last, First)	
3.	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		the public purpose made pursuant to the agency's policy	
	BOS District 5		7	employee	e, encourage, reward, morale, retention, exe	or support general mplary service, or staff
	B. Name of Individual (Last, First) Kinnon, Kristy		Number of Ticket(s)/ Passes 2		Identify one of the	following:
				Ceremonial Role Other Monoral Inco		
	Carson, Keith		1	If cheo	monial Role D Other sking "Ceremonial Role" or "Other" d age County of Alamed	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
				1.40		

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	07/01/22
		Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)

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 Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Month Income
1	To reward a community volunteer for service to the public
	Ceremonial Role Other Month Income Income It checking "Ceremonial Role" or "Other" describe below:
1	To reward a community volunteer for service to the public
	Ceremonial Role D Other M Income Income It checking "Ceremonial Role" or "Other" describe below:
2	To reward a community volunteer for service to the public
	Ceremonial Role D Other I Income Income Income
1	To reward a community volunteer for service to the public
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 1 1 2 1 1 2

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A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 07/01/22 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 18.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🔳 No 🗖 Event Description: <u>Alameda County Fair</u> 06 07 22 07 10 22 Date(s). Provide Title/ Explanation If no: _____Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes Mo 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 Α. of Ticket(s)/ Passes **BOS District 5** To promote, encourage, reward, or support general 25 employee morale, retention, exemplary service, or staff Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Carson, Keith To encourage County of Alameda resident and business Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

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

	Amy Shrago	Chief of Staff	07/01/22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 666/ASK-FPPC (866/275-3772)

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:
		Ceremonial Role Other Income Income
Kinnon, Kristy	11	To reward a community volunteer for service to the public
		Ceremonial Role D Other M Income
Connor, Brandy	10	To reward a community volunteer for service to the public
		Ceremonial Role Other March Income
Swift, Julie	6	To reward a community volunteer for service to the public
		Ceremonial Role D Other I Income
Horula, Matlena	6	To reward a community volunteer for service to the public
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
		· · · · · · · · · · · · · · · · · · ·

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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
N		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Lieu, Jennifer	4	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for service to the public
		Ceremonial Role Other Other Income If checking "Ceremonial Role" or "Other" describe below:
Fredotovich, Selesia	6	To reward a community volunteer for service to the public
		Ceremonial Role Other March Income Income Income
Royalty, Chelsea	3	To reward a community volunteer for service to the public
		Ceremonial Role Other Income Income Income Income
Thompson, Stephanie	3	To reward a community volunteer for service to the public
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
		· ·

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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:
(2004)		Ceremonial Role Other More Income
Music, Richard	10	To promote County-run attendance at events held at a C
	9	Ceremonial Role Other Motion Income
Tiffany, Star	3	To reward a community volunteer for service to the public
		Ceremonial Role Other Monthan Income
Butler, Dunnin	2	To reward a community volunteer for service to the public
		Ceremonial Role Ceremonial Role Other Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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