**A Public Document** 

1	Agency Name			Date Stamp	California 002	
••	Alameda County			Date Ottemp	Form 802	
	Division, Department, or Region (if Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy			Amendment (Must pi	ovide explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	(510) 272-6692 Gabriela.Chris	sty@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				75	
		Yes 🛛 No		f Each Ticket/Pass \$		
	Event Description Monster am Monster	tram-P	HPrif Date(s) 01	, 07, 2023	/	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	🔀 lf no:	Name of So		
		_				
	Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes:	Richard- Supervisor I	Last. First)	
_						
3.	• Use Section A to Identify the agency's department or up	ual. • Use Section C to ident	ify an outside organization.			
		Number of Departies the sul				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Alameta county behavioral health	8	To provide opportun	lities to those who	are Recteving services	
	Thurnoug evening bet aviolated and		from can't agen	cies w/ the agenc	19's Jouls to	
			For the porticul			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
			Ceremonial Role If checking "Ceremon	Other D jal Role" or "Other" describe below:	Income	
				Other Dial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)			t to the agency's policy	
4.	Verification I have read and understand FPPC Regulations 18944.1 and					

С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form <b>OUZ</b>
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago, Chief of Staff					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	02/01/23
-						(month, day, year)
2.	Function or Event Infor	mation				75.00
	Does the agency have a tick	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$	75.00
	Event Description: Monster	Jam		Date(s) 01	<u>, 07 , 23 </u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗌	If no: <u>Colise</u>		
				If yes: <u>Carson</u>	Name of Source	
	Was ticket distribution made	e at the benest Yes	No 🗖	II yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
-	• Use Section A to identify the ager	cy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to identify	an outside organization.
			Number	Described in		
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe tr	ne public purpose made pure	tuant to the agency's policy
	Board of Supervisors, Dis	trict 5	4	To promote	e, encourage, reward, c	or support general
				employee i	morale, retention, exem	plary service, or staff
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	bllowing:
	(Last, Fir	st)	Passes			
					nonial Role 🛄 Other 📕 king "Ceremonial Role" or "Other" des	income
					nonial Role Other king "Ceremonial Role" or "Other" des	
	Name of Outside O	monization	Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe t	he public purpose made purs	suant to the agency's policy
	-					
			1			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.

	Amy Shrago	Chief of Staff	02/01/23
Signature of Agency dead or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear		FPPC Form 802 (2/2016)

ame ounty partment, or Reg upervisors Agency Contact nristy Phone Number 6692 or Event Infor ency have a ticke iption Harle ss(es) provided b istribution made	(Name, Title) E-mail Gabriela.C mation et policy? <u>M Cloc</u> Provide Title/Ex	hristy@acgov.org Yes X No C		Each Ticket/Pass \$	(Month, Day, Year)		
partment, or Reg upervisors Agency Contact hristy hone Number 6692 or Event Infor ency have a ticket iption Harle ss(es) provided b	(Name, Title) E-mail Gabriela.C mation et policy? <u>M Cloc</u> Provide Title/Ex	hristy@acgov.org Yes X No C Hotters planetion	Face Value of	Date of Original Filing:	For Official Use Only ide explanation In Part 3.) (Month, Day, Year)		
apervisors Agency Contact Phone Number 6692 or Event Infor ency have a ticke iption HaRA ss(es) provided b	(Name, Title) E-mail Gabriela.C mation et policy? <u>M Cloc</u> Provide Title/Ex	hristy@acgov.org Yes X No C Hotters planetion	Face Value of	Date of Original Filing:	(Month, Day, Year)		
Agency Contact hristy Phone Number 5692 or Event Infor ency have a ticket iption HaRle ss(es) provided b	E-mail Gabriela.C mation et policy? EM Cloc Provide Title/Ex		Face Value of	Date of Original Filing:	(Month, Day, Year)		
nristy Phone Number 6692 or Event Infor ency have a ticke iption HaRl9 ss(es) provided b	E-mail Gabriela.C mation et policy? EM Cloc Provide Title/Ex		Face Value of	Date of Original Filing:	(Month, Day, Year)		
Phone Number 6692 or Event Infor ency have a ticke iption HaRle ss(es) provided b	Gabriela.C mation et policy? EM GIDOC Provide Title/Ex		Face Value of	Date of Original Filing:	(Month, Day, Year)		
692 or Event Infor ency have a ticke iption <u>Harl</u> a ss(es) provided b	Gabriela.C mation et policy? EM GIDOC Provide Title/Ex		Face Value of	Date of Original Filing:	(Month, Day, Year)		
or Event Infor ency have a ticke iption HaRle ss(es) provided b	mation et policy? EM Clock Provide Title/Ex		Face Value of	Each Ticket/Pass \$			
ency have a ticke iption <u>HaRk</u> ss(es) provided b	et policy? EM C1000 Provide Title/Ex	planation			50		
iption <u>Harla</u> ss(es) provided b	Provide Title/Ex	planation			50		
iption <u>Harla</u> ss(es) provided b	Provide Title/Ex	planation					
ss(es) provided b	Provide Title/Ex	planation	Date(s)	17 7014			
	by agency?			15 2005 _			
	by agency r		If no:				
istribution made			a no	Name of Source	æ		
	at the behest	No 🗌 Yes 🛛	If ves: Valle, I	Richard- Supervisor Dis	strict 2		
official?				Official's Name (Las	ıt, First)		
Number of			B to identify an Individual. • Use Section C to identify an outside organization.				
		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		_					
Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:		
RA, (NRGGO	RY	4		community or his or her service	Income		
			to the public	0	Income		
			-				
			Describe the public purpose made pursuant to the		o the agency's policy		
me of Outside Orga ude address and de		Number of Ticket(s)/ Pass(es)	Describe the publi	lic purpose made pursuant to			
					ne or Outside Organization Tiskstic)		

Comment:

**A Public Document** 

1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Reg	ion (if applicable)			1	For Official U	Jse Only
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Amy Shrago, Chief of Staff				Amendment (Must Pro	J vide Explanation in	Part 3.1
	Area Code/Phone Number	E-mail				02/01/23	
	510-272-6695	Amy.Shrago@a	acgov.org		Date of Original Filing: _	(month, day, year	)
2.	Function or Event Inform	mation					
	Does the agency have a tick	ket policy? γ	(es 🔳 No 🗋	Face Value of	Each Ticket/Pass \$		50.00
	Event Description: Harlem	Globetrotters		Date(s)	<u>, 13 , 23 </u>		
		Provide Title/ E	Explanation				
	Ticket(s)/Pass(es) provided	by agency? Y	/es 🗌 No 🔲	If no: _Coliseu			
	Was ticket distribution made of agency official?	e at the behest y	/es 🔳 No 🗖	If yes: <u>Carson</u>	Name of Source , Keith Official's Name (Last, First)		
-							_

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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.

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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Hou	rula, Matlena	4	Ceremonial Role Cother Income Income Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for service to the public
			Ceremonial Role Conter Conternation Income
<b>C</b> .	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	02/01/23
Signature of Agency Harto or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

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C	eremonial Role Even	ts and lick	et/Pass	Distributions	4	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					TORIN COL
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Board of Supervisors			÷.		
	<b>Designated Agency Contact</b>	(Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chri	sty@acgov	.org	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	f Each Ticket/Pass \$	45
		Provide Title/Explai		Date(s)	1, 14, 2023	//
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no:				Name of Sou	Ima
	Was tisket distribution made at the behast war Valle			Richard- Supervisor		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle, of agency official?				Official's Name (L	ast, First)
3. Recipients						
J.	Use Section A to identify the agency's department or unit.     Use Section B to identify an indiv			ction B to identify an individu	al. • Use Section C to ident	ify 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		
	Alameda County behavioral health		в			who are Rectainsy
			the agency's	guals for he por	onsistent with ticular population	
	B. Name of individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Other D	Income
	8				Other International Control of the c	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4.	Verification I have read and understand FPPC Reg	ulations 18944.1 and	18942. I have v		forth above, is in accordance wi	- 1 - 1 - 0

	Gabriela Christy	Supervisor's Assistant	3 20 2023
Signature of Agency Head or Designee	Print Name		(Month, Day, Year)

Comment: \_\_\_\_\_

**A Public Document** 

Alamada Caustri				Date Stamp	California 802	
Alameda County					Form UUZ	
Division, Department, or R	legion (If Applicable	)		1	For Official Use Only	
Board of Supervisors						
Designated Agency Conta	ct (Name, Title)			-		
Gabriela Christy				<u> </u>		
Area Code/Phone Number	E-mail			Amendment (Must provid	de explanation in Part 3.)	
(510) 272-6692	Gabriela.Ch	risty@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inf	ormation				(	
Does the agency have a tio	cket policy?	Yes 🖾 No 🗖	Face Value o	of Each Ticket/Pass \$	eo	
Event Description Har	Provide Title/Exp	tratters lanation	Date(s)	15,23	//	
Ticket(s)/Pass(es) provide	d by agency?	Yes 🔲 No 🛛	lf no:	Name of Source		
Was ticket distribution mad of agency official?	de at the behest	No 🗌 Yes 🛛	If yes: Valle,	, Richard- Supervisor Dis Official's Name (Las	t, First)	
3. Recipients • Use Section A to Identify the ag	• Use Section A to Identify the agency's department or unit. • Use Section B to identify an individ				an outside organization.	
A. Name of Agency, Depar	A. Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's policy			
B. Name of Indiv	R Name of Individual			Identify one of the following		
D. (Last, First)	C. (Last, First)					
			Ceremonial Role If checking "Ceremon	Other Intel Role" or "Other" describe below:	Income	
			Ceremonial Role	Dither nial Role" or "Other" describe below:	Income	
C. Name of Outside Outside Outside Outside address and		Number of Ticket(5)/ Pass(es)	organization	school or nonprofit a for its contributions to	agency's policy	
La Familia - 29301 50 #3100 Hayword, ca		<sup>e</sup> A	the commun	uty		
	A way the south sour	build realence	e vellness, ar	nd ronomic power	2_	
V	portnecessary					
V	port necessary					
' we provide underserved r communities will the tools to pr		1		forth above, is in accordance with t	he requirements.	
We provide underserved r communities where hads to pr 4. Verification		1	at the distribution set	forth above, is in accordance with t Supervisor's Assistant	the requirements.	