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. Agency Na	me				Date Stamp	California 802	
Alameda Cou	unty					Form OOZ	
Division, Depa	artment, or Regi	on (If Applicable	9)			For Otticla Use Only	
Board of Sup	ervisors						
	gency Contact (Name, Title)					
Cobriela Chr	lotu						
Gabriela Chr		5 mail			Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org				Date of Original Filing	(Month, Day, Year)	
. Function o							
	ncy have a ticke		Yes 🖾 No 🗋	Face Value o	f Each Ticket/Pass \$.	137.50	
•	tion <u>Carin</u>			Date(s)			
Talatio	Van) areutetat b			If no:			
HCKet(s)/Pass	s(es) provided b	y agency :	Yes 🗋 No 🛛		Name of S		
Was ticket dls	tribution made a	at the behest	No 🔲 Yes 🔀	If ves: Valle	Richard-Supervisor	District 2	
of agency of	ficial?				Official's Name (Last, First)		
	Jse Section A to identify the agency's department or		r unit. • Use Section E Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ide		
			(usajow)				
 B.	Name of Individu	മി	Number of		Identify one of the follo	wing:	
В.	Name of Individu (Last, Fice)	ඩ			Identify one of the folio	wing:	
			Number of Ticket(s)/	To reward volunteer f	a community	Income	
	(Lest, First)		Number of Ticket(s)/	To reward	a community	income	
Quina 1	(Lest, First)	nization	Number of Ticket(s)/	To reward volunteer f to the publi	a community	Income	
Quina j	Jennifere	nization	Number of Tickot(s)/ Pass(es) 4	To reward volunteer f to the publi	a community for his or her servic	income lincome	

Gabriela Christy Supervisor's Assistant Stigheture of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

~		to and monteer				
1.	Agency Name				Date Stamp	
	Alameda County			Form UU Z		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff		Amendment (Must Pr	wide Explanation in Part 3)		
	Area Code/Phone Number	E-mail				03/0 1/23
	51 0-272-6695	Amy.Shrago@acgo	w.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				404.05
	Does the agency have a tick	ket policy? Yes	📕 No 🗖	Face Value of	Each Ticket/Pass \$	131.25
	Event Description:	l II Soul Tour		Date(s) 02	<u>, 11 , 23</u>	//
		nation	lf no: Coliseu	m Authority		
	Ticket(s)/Pass(es) provided	by agency? Yes [No 🗖		Name of Source	
	Was ticket distribution made	ot the helpet way	AL	If yes: Carson	Keith	
	of agency official?		11 you.	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B 1	to identify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s) Passes	of Ticket(s) Describe the public purpose made pursu		suant to the agency's policy
	B. Name of Indi (Lest, Fir		Number of Ticket(a) Passes	ч 	identify one of the fo	ollowing:
	Brown, Aisha		8	Ceremonial Role D Other If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County		scribe below:
				Cerer	nonial Role 🛄 Other 🗔 king "Ceremonial Role" or "Other" de:	Income
	C. Name of Outside Organization (include address and description)		Number		e the public purpose made pursuant to the agency's policy	
	<u> </u>					

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4. Verification

	Amy Shrago	Chief of Staff	03/01/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	nt Clear	FPPC Toll-Free Helpilne:	FPPC Form 802 (2/2016) 366/ASK-FPPC (856/275-3772)	

1.	Agency Name				Date Stamp	California	802	
	Alameda County	Alameda County					Form	002
	Division, Department, or Reg	ion (if applicable)					For Official	Use Only
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Heather Cartwright					Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail				_		
	(510) 272-6691	heather.cartv	vright2@)acgov.o	org	Date of Original Filing:(month, day, year)		n
2.	. Function or Event Information							\$145
	Does the agency have a ticl	ket policy?	Yes 🔳	No 🗖	Face Value of	Each Ticket/Pass \$		\$145
	Event Description: Supercr	OSS Provide Tit	le/ Exolanat		Date(s) 18 _ 2022			
	Ticket(s)/Pass(es) provided			No 🔳	If no: Oakland Arena			
	Was ticket distribution made of agency official?				If yes: Haubert, David			
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:		
Lede	esma, Katelyn	6	Ceremonial Role Cother Control Income Income To promote attendance at events held at a County facility		
			Ceremonial Role Other I income I income I 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		

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. 5/1/1.22

	Heather D. Cartwright	Supervisor's Assistant	1/11/100	
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)	
Comment:				
Pri	nt Clear		FPPC Form 802 (2/2016)	

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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 Regi	i on (if applicable)				For Official Use Only
	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				03/01/23
	510-2 72-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				445.00
	Does the agency have a tick		Each Ticket/Pass \$ _	145.00		
	Event Description: Monster	Energy AMA Superc	12000		<u>, 18 , 23</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🗖 🛛 If	no: Coliseu	m Authority	
				yes: Carson	Name of Source , Keith	
	Was ticket distribution made at the behest Yes No I if yes: Carson of agency official?			Official's Name (Last, First)		
	• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes	T		rauant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Jelks, Fatimah		4	lf chec	nonial Role Other] king "Ceremonial Role" or "Other" o	
				+		M
					monial Role 🔲 Other sking "Geremanial Role" or "Other" of	
		C. Name of Outside Organization (Include address and description)		Describe ti	he public purpose made pu	revent to the agency's policy

4. Verification

	Amy Shrago	Chief of Staff	03/01/23	
Signature of Agency Mead or Designee	Print Name	Tide	(month, day, year)	
Comment:				
Pri	nt Clear	FPPC Toll-Free Heipilne: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)	

1. Agency Name Alameda County					Date Stamp	California 802
	vision, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
G	abriela Christy					
	ea Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(5	10) 272-6692	Gabriela.Chr	isty@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2. Fi	unction or Event Inform	nation				
	es the agency have a ticke	• •	Yes 🖾 No 🗋	Face Value of	f Each Ticket/Pass \$ _	42.50
Ev	vent Description Disruey	on \cc Provide Title/Expla	nation	Date(s)	123,23	2,24,28
Tic	cket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🖾	If no:	Name of Sc	
		-				
	as ticket distribution made a f agency official?	t the behest	No 🗋 Yes 🛛	If yes: Valle,	Richard- Supervisor	Last, First)
	ecipients Jae Section A to identify the agency	/'s department or u	init. • Use Section	B to identify an Individ	aal. • Use Section C to iden	tify an outside organization.
A	Name of Agency, Departme	nt or Unit	Number of Tickst(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
-						
8	Name of Individua	9	Number of Ticket(s)/ Pass(es)		identify one of the follow	ving:
_			Pass(co)			
				Ceremonial Role If checking "Ceremon	Other Other Actor of "Other" describe below:	Income 🗍
				if checking "Coromou Ceremonial Role	ual Role" or "Other" describe below:	income
	Name of Outside Organ (include address and dea		Number of Ticket(a)/ Pass(es)	If checking *Ceremon Ceremonial Role If checking *Ceremon	Lat Role" or "Other" describe below:	income
Un Aque	(include address and dea tion city Family Center - & Union City, CA-94587	cription) 1755Unipple	Ticket(s)/ Pass(es)	If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the put	La Role" or "Other" describe below: Describe rolling and the second sec	Income Income
Un Aque	(Include address and dea tion Gity Family Center - d Union Cut, CA-94587 rovides an innovative co	cription) 1755Unipple	Ticket(s)/ Pass(es)	If checking *Ceremon Ceremonial Role If checking *Ceremon Describe the put	Uar Role" or "Other" describe below: Uar Role" or "Other" describe below: Idel Role" or "Other" describe below: bill: purpose made pursuar shool or nonprofit or its contributions t	income

Gabriela Christy Supervisor's Assistant 3/26/23 Signature of Agency Heed or Designee Primi Name Title (Month, Day, Year)

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California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Arry Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 03/01/23 **Date of Original Filing:** 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 62.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🔳 No 🗖 Date(s) 02 / 23 , Event Description: Disney on Ice 23 Provide Title/ Explanation If no: _Coliseum Authority 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?

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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:
Imar	ni, Kenya	4	Ceremonial Role Other Income Income Income To promote attendance at events held at a County facility
			Ceremonial Role C Other C Income C
C.	Name of Outside Organization (include address and description)	Number of Ticket(e)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

	Amy Shrago	Chief of Staff	03/01/23	
Signature of Agency ridate or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	t Clear	FPPC Toll-Free Helpine: 8	FPPC Form 802 (2/2016) 86/ASK-FPPC (866/275-3772)	

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9		to and monour				
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form UUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Heather Cartwright					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				\$62.50
	Does the agency have a ticl				Each Ticket/Pass \$ _	ψ02.50
	Event Description: Disney of	on ice: Road Trip Adv Provide Title/ Explan	entures C	Date(s)	24 202	02 _ 25 _ 202
	Ticket(s)/Pass(es) provided	•	No 🔳 🛙	no: Oakland	Arena	
	Hover(a)/Pasa(ea) provided	by agency: Tes L			Mamo of Source	
	Was ticket distribution made	at the behest Yes	No 🔳 🕴	fyes: Haubert	Cofficial's Name (Last, First)	n
	of agency official?				Umciars Name (Last, First,)
3.	• Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency, Department or Unit • Use Section A to identify the agency's department or Unit		Jse Section B to i Number of Ticket(s)/ Passes	1		tlfy an outside organization. ursuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	
				1 · · · ·	nonial Role 🔲 Other 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	e public purpose made pa	ursuant to the agency's policy
	Tri-Valley Seek&Save-PC) Box 701,Livermore	20	To reward s	school/non-profit for i	ts contributions to the con
	To support At-Risk/Low-ir	ncome single moms				

4. Verification

Indive read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 5/.10.00

	Heather D. Cartwright	Supervisor's Assistant	1 nun
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FBBC Toll Free Melaline, 066	FPPC Form 802 (2/2016)

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 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) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall 03/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 62.50 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Date(s) 02 / 24 / Event Description: Disney on Ice 23 Provide Title/ Explanation If no: _Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔲 Name of Source Carson, Keith Was ticket distribution made at the behest Yes No If ves: 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes

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B .	Name of Individual (Lest, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Osorio, Vickie		4	Ceremonial Role Other Income Income Income To promote attendance at events held at a County facility
			Ceremonial Role 🔲 Other 🗌 Income 🛄 If checking "Ceremonial Role" or "Other" describe below:
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

4. Verification

Amy Shrago		Chief of Staff	03/01/23
Signature of Agency Have of Designae	Print Name	Title	(monin, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Heloline: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)

1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUL
	Division, Department, or Reg	lon (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1		
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				03/01/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				62.50
	Does the agency have a tick	ket policy? Yes	📗 No 🔲	Face Value of	Each Ticket/Pass \$	02.00
	Event Description: Disney of	on Ice		Date(s) 02	, 25 , 23	
		Provide Title/ Explai	nation	If no: Coliseu		
	Ticket(s)/Pass(es) provided	by agency? Yes [Mount of Courses	
	Was ticket distribution made	at the behest . Yes	No 🗖	If yes: Carson	, Keith	
	of agency official?	1683			Officiel's Name (Last, First)	
3.	Kecipients Use Section A to identify the agen A. Name of Agency, Depa		Use Section 8 to Number of Ticket(s)/	1	ual. Use Section C to identify	
			Passes			
~	Social Services Agency		4		e, encourage, reward, o norale, retention, exem	or support general aplary service, or staff
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		identify one of the fo	pllowing:
	Morsky, Jenni		4		nonial Role D Other Making "Ceremonial Role" or "Other" dea	
				To promote	attendance at events	held at a County facili
	Forti, Lisa				nonial Role	
			4		-	held at a County facility
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes		ne public purpose made pun	

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4. Verification

	Amy Shrago	Chief of Staff	03/01/23
Sign fure of Agency He of Oesignee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toil-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/276-3772)

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1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (if applicable) Board of Supervisors				For Official Use Only	
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Prov	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	2. Function or Event Information					\$62.50
	Does the agency have a ticket policy? Yes 📰 No 🔲 Face Value of I				Each Ticket/Pass \$	402.JU
	Event Description: Disney on Ice: Road Trip Adventures Date(s) 02				//	
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 🛛 If	no: Oakland	Arena	
			- If	yes: <u>Hauber</u>	t, David	
Was ticket distribution made at the behest Yes I No If yes: <u>Official's Name (Last, First)</u> of agency official?						
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to id	lentify an individu	al. Use Section C to identify a	an outside organization.
	A. Name of Agency, Department or Unit Of Ticket(s)/ Describe the Passes			e public purpose made pursu	ant to the agency's policy	

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other I Income Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income I
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
Live	more Valley Joint Unified School District	14	To reward school/non-profit for its contributions to the con
LVJ\	VUSD is that each student will graduate		

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.

	Heather D. Cartwright	Supervisor's Assistant	11/000
Sigheture of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			· · · · · · · · · · · · · · · · · · ·

Clear

Print

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

California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 03/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 62.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🔳 No 🗋 Event Description: Disney on Ice Date(s) ____ / 26 23 Provide Title/ Explanation If no: Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🗍 If yes: Carson, Keith Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: B. (Lest, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; 4 Kafele, Rachel To promote attendance at events held at a County facility Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: 4 TenBruggencate, Karina To promote attendance at events held at a County facility Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(a)/ (include address and description) Passos

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4. Verification

Amy Shrago		Chief of Staff	03/01/23	
Signature of Agency Hand or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpilne: 8	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	