### Agency Report of: te and Ticket/Pass Distributions

A Public Document

5	eremonial Role Even	is and mereur	ass Distri	Duuona		A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Heather Cartwright				Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				•
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	nation				¢497.50
	Does the agency have a tick	tet policy? Yes			Each Ticket/Pass \$ .	\$137.50
	Event Description: Los Ang	eles Azules Provide Title/ Explan	ation		, 11 , 202 <del>2</del>	//
	Ticket(s)/Pass(es) provided		🛛 No 🔳 🛛 If	no: Oaklan	d Arena	
				yes: Hauber	Name of Source t, David	
	Was ticket distribution made	at the behest Yes [	] No 🔳 👖	yes	Official's Name (Last, Firs	st)
	of agency official?					
	Use Section A to identify the agen     A. Name of Agency, Depa		Use Section B to id Number of Ticket(s)/ Passes	1		ntily an outside organization.
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of th	e following:
	Serges, Rodrigo		3	ll chec	Ceremonial Role C Other C Inco If checking "Ceremonial Role" or "Other" describe below: o promote attendance at events held at a County fai	
					nonial Role D Other king "Ceremonial Role" or "Other	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
	11					
				1		

#### 4. Verification

Vhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 5/11/1022

Signature of Agency Head or Designee	Heather D. Cartwright Print Name	Supervisor's Assistant	(month, day, year)
Comment:			
Prin	t Clear	FORC Tell Free Helplines 966	FPPC Form 802 (2/2016)

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

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions 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) **Heather Cartwright** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$145 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: SZA 14 2022 03 Date(s). Provide Title/ Explanation If no: \_Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Haubert, David Was ticket distribution made at the behest Yes D 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Α. Passes 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. 3 Wilson, Jadyn To encourage County of Alameda resident and business Ceremonial Role 🛄 Other 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 of Ticket(s)/ C. (include address and description) Passes

#### 4. Verification

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

	Heather D. Cartwright	Supervisor's Assistant	11/11/11/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print



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

١.	Agency Name				Date Stamp	Celificante 802
	Alameda County				1	and the second sec
	Division, Department, or Reg	ion (#Applicable	) <sup>°</sup>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Thie)	44	Ann 1994		
	Gabriela Christy				1	
	Area Code/Phone Number	E-mail				le explânation le Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.org	Date of	f Original Filing:	Month, Chay, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗹 No 🚺	Face Value of Each		
	Event Description	7-1 Provide Thile/Exp		Date(s) 3	4 2028	
	Eaglit Meberhands	Provide Thile/Exp	lanetion			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🖾	if no:	Name of Stores	
	and the District Management			if ves: Valle, Richar		
	Was ticket distribution made a of agency official?	it the denosi	No 🗖 Yes 🖾	If yes: There is a second	Official's Name (Las	, final)
	Recipients		2000 and a constrained			
ð.	Use Section A to identify the agent	y's department or	unit. • Use Section B	to identify an individual. • Us	e Section C to identify	an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Tickel(s)/	Describe the public purpo	es made pursuant to	the agency's policy
			Pase(es)			
						8
	, 		Number of	A Marine and and an and a state of a state of the state o	an agen agen gan agen an	
	B. Name of Individu		Third(e)/ Pess(ee)	identii)	y one of the following	F
				Caramonial Rola 🔲	Other 🛄	Income
	(lones, ARTURO		4	To reward a com	munity	
	Omand Williams		1	volunteer for his	or her service	•
				to the public		ancome E
	Name of Outside Organization		Humber of			
	C. Name of Outside Organ (Include address and de		Ticket(s)/ Fanc(se)	Describe the public purpo	nte persuant te	are stand a bonoy
				HEROLANDICAL STATE		
	Verification					
	Linut Sand dist understand SDDC: Ram	ilailme 18944,1 j <u>u</u> r	d 18942. I have verified			
			Gabriela Christ	y Super	visor's Assistant	3 28 23
	· · · · · · · · · · · · · · · · · · ·				This	(Manth, Desc Year)

# Aganov Boport of

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 04/03/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 145.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗖 23 Event Description: SZA 03 14 Date(s) \_ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes To promote, encourage, reward, or support general Board of Supervisors, District 5 2 employee morale, retention, exemplary service, or staff m Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role income 🔲 Other If checking "Commonial Role" or "Other" describe below: 2 Sanchez, Tamerlane To promote attendance at events held at a County facility Ceremonial Role Other 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(a)/ (include address and description) Passas

#### 4. Verification

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

	Amy Shrago	Chief of Staff	04/03/23	
Signature of Agency Read or Designee	Print Name	Title	(month, dey, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpline: (	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

A Public Document

.7	Agency Name				Onte Stamp	California 201
-	Alameda County					For Olicial Use Only
Ď	Division, Department, or Reg	on (VApplicable	9			For Cause the Unity
E	Board of Supervisors					
Č	Designated Agency Contact	(Name, Title)			-	
6	Gabriela Christv				17 American Antonio	wide explanation in Part 3.)
7	tree Code/Phone Number	E-mali				
(	(510) 272-8692	Gabriela,Ch	risty@acgov.o	ng	Date of Original Filing:	(Month, Dey, Your)
Ž. 1	Function or Event Infor	mation				2.00
C	Joes the agency have a ticke	at policy?	Yes 🗹 No 🗆	Face Value	of Each Ticket/Pass \$ _	
E	Event Description	A		Date(s)	12,03	
		Provide Titls/Bip	departien			
٦	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🖾	lif no:	Name of So	
v	Nas ticket distribution made	at the behast	No 🖸 Yee 🛛	Miner Valle	, Richard- Supervisor	District 2
	of agency official?			i n Aero-	Official's Hante (	
ī i	Recipients					
	- Une Section A to identify the agent	sy'a department of		en 18 to identify an individ	iual. • Use Section C to Idea	tily an outside organization.
7	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made purquan	to the spency's policy
	Past(et)					
			( mates)			
			( major)			
	B. Name of Individu (ant Red)		Number of Trintiny Passies)		identity one of the folion	ing:
			Number of Totes(s)	Coremonial Rick- National State		
-			Number of Totes(s)	Febeliky Overse Ceremonial Role	Cither Ci një Rab' er "Other" desembe beleve	liscome
		nizijon	Number of Totes(s)	Ceremonial Role Rebeating Common	Cother Charles Solver	Income
	C. Name of Cutside Orga (Include address and de	nization ecription)	Number of Ticket(s)/ Pass(sc) Number of Ticket(s)/ Pass(sc)	Ceremonial Role Rebeating Common	Other     O	Nectron (
- Tiba	Kame of Cutaide Orga	nizetion ecription) CR Promoten	Number of Ticket(s)/ Pass(sc) Number of Ticket(s)/ Pass(sc)	Careponial Role Februity Cores To reward a s organization :	Other     O	Nectron (
( 1.154 2.5	C. Kame of Outside Organ (Include address and de Incio Vasquez heath Cent 31 MISCION BUP Ha-	nizobou scriptica) CR Promoten jwitch. CA	Number of Ticlicity Pass(se)	Caremonial Role Rebeating Common To reward a s organization i the communit	Other	Nectron (
( 1.154 2.5	C. Kame of Outside Organ (Include address and de Incio Vasquez heath Cent 31 MISCION BUP Ha-	nizobou scriptica) CR Promoten jwitch. CA	Number of Ticlicity Pass(se)	Caremonial Role Rebeating Common To reward a s organization i the communit	Other	Income
Tiba 25 25	C. Name of Outside Organ (include eddness and da uncio Vasquez heath cent issi Mission BIVP Hay re addicated to promotion velt being of our commu Verification	ntzellon ecription) cc Promotise jwerd.ch Stre health niff by prom	Number of Ticlicity Passion) Number of Ticlicity Pass(a) Pass(a) Pass(a) Pass(a)	To reward a s organization to the communit	Cother C	lacome Income
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Tiba 25 25	C. Name of Outside Organ (include eddness and da uncio Vasquez heath cent issi Mission BIVP Hay re addicated to promotion velt being of our commu Verification	ntzellon ecription) cc Promotise jwerd.ch Stre health niff by prom	Number of Ticlicity Passion) Number of Ticlicity Pass(a) Pass(a) Pass(a) Pass(a)	Companied Rale Robothy Cover To reward a s organization of the communit	Cother C	income in

# Agency Report of:

FPPC Toll-Free Helpiine: 868/ASK-FPPC (856/275-7772)

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Agency Report of: Ceremonial Role Events and Ticke	t/Pass Distril	butions A	Public Document
1. Agency Name		Date Stamp	dentifitarentire
Alameda County Division, Department, or Region (# eppliceble)			For Official Use Only
Board of Supervisors Designated Agency Contact (Name, Title)			
Sergio Ardila Area Code/Phone Number E-mall	-		ovide Explenation in Part 3.)
(510) 272-6693 sergioardila.com	rzo@acgov.org	Date of Original Filing: .	(month, day, year)
2. Function or Event Information	distation of a		
Does the agency have a ticket policy?	Yes 🐨 No 🗖 📑	ace Value of Each Ticket/Pass \$	\$145.00
Event Description: SZA - SOS Tour	D	ate(s) 03 / 14 / 23	
a rumor men	Explanation	Online Areas	
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🖺 🕅	hiame of Source	
Was ticket distribution made at the beheat	Yes 🔲 No 🗉 🛛 If	yes: Tam, Lena Officiel's Name (Last, First)	an un Billio Statution autoritation (2011 and 2012)
of agency official?		autor o Hanna famada a sa	
3. Recipients • Use Section A to identify the agency's department or vi	nit. • Use Section 8 to k	ientify an Individual. Use Section C to Identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Tisket(a)/ Passes	Describe the public purpose made pu	
B, Name of individual	Number of Ticket(s)f	identify one of the	loliowing:
(Lest, F#3t)	Passes	Ceremonial Role 🔲 Other	Income 🖸
Zhong, Steven	1	If checking "Commonial Role" or "Other" da To promote County resources or	ecribé balow;
Li, Cul	1	Ceremonial Role Other I If sheating "Commonial Role" or "Other" of To promote County resources on	inconi
C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	Describe the public purpose made pu	
4. Verification			
I pave lead and understand SPPC Regulations 1 Avith the fequirements	18944.1 and 18942.		forth above, is in accordence
Sergio A		Supervisor's Assistant	03,23,23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
PONT	$\mathbb{C}(\omega_{1})^{*}$	FFPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 856/ASK-FPPC (868/275-3772)

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#### Agency Report of: d Tieket/Dees Distributions

A Public Decument

C	eremonial Role Even	ts and lickevp	ass disti	ributions		A Public I	Document
1.	Agency Name				Date Stamp	Califor	
	Alameda County					Form	
	Division, Department, or Region (if applicable)				1	For Of	ficial Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				1		
	Heather Cartwright				Amendment (M	ust Provide Explana	tion in Part 3 )
	Area Code/Phone Number	E-mail					ion in Part 5.y
	(510) 272-6691	heather.cartwright2	@acgov.org	3	Date of Original Fill	ng:(month, day	y, year)
2.	Function or Event Infor	mation					\$200
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass S	\$	φ200
	Event Description: MANÁ	Provide Title/ Explar	zelion	Date(s)	<u>, 18 , 202</u> ‡	/	/
	Ticket(s)/Pass(es) provided		No 🖬	If no: Oaklan	d Arena		
		oy ugonoy	1.000		Alama of Course		
	Was ticket distribution made	at the behest Yes	No 🔳	If yes: Hauber	Official's Name (Last, F	Size #1	
	of agency official?				Childai's Name (Lasi, I	nay	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the a	igency's policy
	B. Name of Individual (Last, First) Ramirez, Javier		Number of Ticket(s)/ Passes		Identify one of the following:		
			3	lf chec	nonial Role D Oth <i>King "Ceremonial Role" or "Oth</i> e attendance at eve		Income 🗖 County facility
	3				nonial Role D Oth king "Ceremonial Role" or "Oth		
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	) pursuant to the a	gency'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. 51. h.

	Heather D. Cartwright	Supervisor's Assistant	7/11/4123
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) ;/ASK-FPPC (866/275-3772)

Agency Re		nts and Ticket/	Pass Distril	outions	A	Public Do	cument
1. Agency Na					Date Stamp	Weillitetentis	
Alameda Co							· · · · · · · · · · · · · · · · · · ·
Division, Dep	partment, or Rep	gion (If epplicable)				For Official	Use Only
Board of Su Designated	ipervisors Agency Contact	(Name, Title)					
Sergio Ardil Area Code/P	a hone Number	E-mail			Amendment (Must F	Provide Explanation h	n Part 3.)
(510) 272-6	693	sergioardila.corzo	@acgov.org		Date of Original Filing:	(month, day, you	27)
2. Function	or Event Info	mation	11.00				
Does the ag	jency have a tio	ket policy? Yes			Each Ticket/Pass \$		200
Event Desci	notion: MANA	MEXICO LINDO Y	QUERIDO D	ate(s)	, 18 , 23		
	uss(es) provideo	Provide Title/ Exp	innation I No Ti If	no: Oaklan	d Arena		
Nine iiekot d	lietzikution med	e at the behest yes	n we lf	yes: Tam, L	ena		
of agency			ILI NO I "		Officiel's Name (Last, First)		1
						-	
<ol> <li>Recipien</li> <li>Use Section</li> </ol>	<b>ts</b> A to identify the age	uncy's department or unit.		lentify an Individ	lual. Use Section C to ident	ify an outside organ	zation.
A. Na	ame of Agency, Dep	partment or Unit	Number of Tisket(s) Passes	Describe t	he public purpose made pu	muant to the agen	cy's policy
		4 1 4	Number		9.1	ferthered and	
В.	Name of In (Last, F		of Ticket(s) Passes		identify one of the	loxoaud:	
Alvarez, F	Alvarez, Fablola		3	li che	moniai Role 🔲 Other J sking "Caramonial Role" or "Other" a © County resources Of	ieser/bo bolosc	Income C
							KI
					anonist Role 🔲 Other   eting "Commonist Role" or "Other" o		fncome L
C. (	Name of Outside ( Include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	visuant to the agend	y's policy
. Verificatio	n						
I have read a	nd understand F	PPC Regulations 189	44,1 and 18942.	l have verified	I that the distribution set	forth above, is in	accordance
WRD-ING REQUI	CERENCS.	Sergio Ardi			ervisor's Assistant	A2 ·	12 22
Signature of A	gency Head of Desig		Print Name		THe		h, day, year)
-							
Comment						1	
	1	inclusion and	Company and				802 (2/2016)
		RIDE	Clean		FPPC Toll-Free Helpline	: 855/ASK-PPPC (8	86/275-3772

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rFPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/A8K-7PPC (866/275-3772)

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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 04/03/23 **Date of Original Filing:** 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 200.00 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes No 🗖 Event Description: Mana 03 18 23 Date(s) 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 No 🗌 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. Use Section C to Identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income 🔲 Other If checking "Ceremonial Role" or "Other" describe be Simpson, Sam 4

A Public Document

			Ceremonial Role Other Other describe below:
C.	Name of Outside Organization (include address and description)	Number of Tickat(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	04/03/23	
Sign ture of Agency Hund or Designee	Print Name	Title	(month, day, year)	
Comment:				
Print	Clear	SDDC Toll-Erro Holpline:	FPPC Form 802 (2/2016)	

	ency Name				Date Stamp	California en a	
-	Agency Name Alameda County				Form 802		
	Alameda County Division, Department, or Region (# Applicable)					For Official Use Only	
Boa	Board of Supervisors						
Des	Designated Agency Contact (Name, 78%)						
Gal	briela Christy						
	Area Code/Phone Number E-mall (510) 272-8692 Gabriela.Christy@				Amendment (Must provide explanation in Part 3.)		
(51			nisty@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Fu	nction or Event Infor	mation			u	65,50	
Doe	s the agency have a ticke	t policy?	Yes 🗹 No 🗋		of Each Ticket/Pass \$	03150	
Eve	nt Description			Date(s) 🧾	25,28		
	•	Provide Title/Expl	enetion				
Tick	et(s)/Pass(es) provided b	y agency?	Yes 🚺 No 🗵	if no:	Name of Sou	109 、	
Was	a ticket distribution made a	at the behest	No 🗋 Yes 🔀	M year. Valle	, Richard- Supervisor L	District 2	
	agency official?			a yes.	Official's Name (L	ad, Rwij	
3, Re	cipients			an a	stypologi de		
+ Us	e Section A to identify the agent	y's department or		B to identify an individ	kul. • Use Section C to ident	ily an outside organization.	
Α.			Describe the public purpose made pursuant to the agency's policy				
	Pass(se)						
			1				
B.	Name of Individu pant /mg	al	Number of Ticket(c)' Paceter)		identity one of the follow!	ngi	
8.		ei	Ticket(a)	Ceremonisi Role E descring "Ceremo	Identify one of the followi Other C definite balance	ng: Income	
		ei	Ticket(a)	Il discting "Careton Carecnoniai Role	Other     Other     control of the second seco	- C. And a construction of the second s	
B. C.		Itation	Ticket(a)	E describy Connec Corcoronial Role E describy Connect TO TRYWOOD on a	Cother C	Frecome	
C.	past /mg	Nization scription)	Ticket(c)/ Paca(ca) Number of Ticket(c)/ Paca(ca)	E describy Connect Coremonial Role Ecteding Conserv To reward a s Organization f	Chool or nonprofit	Frecome	
C.	Nems of Outside Organ (Include address and de Chinithuw Chamb	nization scription) V of (course,	Ticket(c)' Paca(co) Number of Ticket(c) Paca(co)	E describy Connec Corcoronial Role E describy Connect TO TRYWOOD on a	Chool or nonprofit	Frecome	
C. akian	past /mg Name of Outside Orga (Include address and da	ntration scription) r of course.	Ticket(c)/ Paca(ca) Number of Ticket(c)/ Paca(ca)	E describy Connect Coremonial Role Ecteding Conserv To reward a s Organization f	Chool or nonprofit	Income	
C. akian 1880 91 ADVDC 4. Ver	Nerre of Outside Organ (Include address and de Chingtown Chamb M Steel with Arman Ate for Astan Ameri Ification	ntration scription) r of course, therei, ffr Cans	Ticker(c)/ Precision)	E describy Connect Garemonial Role Schooling Conserv To reward a so organization f the community	Coher Constitutions to and Rob' or 'Other' describe below: Chool or nonprofit for its contributions to y	Income	
C. akian 1880 91 ADVDC 4. Ver	Nerre of Outside Organ (Include address and de Chinistown Chamb Mored interservat ate for Astan Americ	ntration scription) r of course, therei, ffr Cans	Ticker(c)/ Precision)	E describy Connect Coremonial Rote If obsoring Connect To reward a so Organization f the community Shot the distribution.ed	Coher Constitutions to and Rob' or 'Other' describe below: Chool or nonprofit for its contributions to y	Income	

# Agency Report of:

Comment:

Ceremonial Role Eve	ents and Ticket/Pa	iss Di	stributions		A Public Document		
1. Agency Name					California 802		
	Alameda County Division, Department, or Region (#Applicable)				For Official Use Only		
Board of Supervisors	Board of Supervisors						
Designated Agency Conta	Designated Agency Contact (Name, Title)						
Gabriela Christy	Gabriela Christy				Amendment (Must provide explenation in Part 2)		
Area Code/Phone Number	rea Code/Phone Number E-mail						
(510) 272-6692	Gabriela.Christy@a	cgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Inf		_	mark Malve a	5	(00		
Does the agency have a ti				f Each Ticket/Pass \$			
Event Description	Event Description Oakland A's JS. La Angels. Date(s).			20,23	///		
Ticket(s)/Pass(es) provide	Ticket(s)/Pass(es) provided by agency? Yes I No X			If no:			
Mee ticket distribution mas	o at the behast 🔐 🗖	N/ 57		Richard-Supervisor			
of agency official?	Was ticket distribution made at the behast No I Yes I If yes: Valid				(Lest, First)		
	Number of			an B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy			
8. Name of Indiv (Ant Fing)	idual Numb Ticke Pane	t(s)/	Ceremonist Role	Identify one of the follow	ning:		
Farmer, Omare	3		To reward a c	a community for his or her service			
					tnoome		
C. Name of Cutside On (include address and		t(s)	Describe the put	olic purpose made pureum	it to the agency's policy		

4. Verification I have visid and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution sat forth above, is in accordance with the requirements.

Gabriela Christy Supervisor's Assistant Signature of Americy Head or Dibigace Print Name Title (Month, Day, Year)

1.	Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors				Date Stamp	California Form	802	
					-	For Official	Use Only	
	Designated Agency Contact (Name, Title)				-			
	Amy Shrago, Chief of Staff				Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number				04/03/23			
	510-272-6695	Amy.Shrago@acg	ov.org		Date of Original Filing:	(month, day, yea	u <b>r)</b>	
2.	Function or Event infor							
	Does the agency have a tic	ket policy? Yes	and the second second		ace Value of Each Ticket/Pass \$100.00			
	Event Description:	A's		Date(s)	$e(s) \frac{03}{30} \frac{30}{23}$			
		Provide Title/ Expla	nation	If no:Oakland A's				
	Ticket(s)/Pass(es) provided	by agency ? Yes		Name of Source				
	Was ticket distribution made	at the behest Yes	🔳 No 🗖	If yes: Carson, Keith Official's Name (Last, First)				
	of agency official?	Unicats traine (Last, Citst)						
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit of			Describe th	he public purpose made pursuant to the agency's policy			
	Board of Supervisors, District 5		4		), encourage, reward, norale, retention, exe			
	B. Name of Indi (Lest, Fir		Number of Ticket(s)/ Pasaes		Identify one of the	following:		
					nonial Role 🔲 Other 🛛 king "Ceremonial Role" or "Other" d		Income	
					nonial Role 🔲 Other 🕯 king "Ceremonial Role" or "Other" o		income 🗌	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s) Passes				y's policy	

#### 4. Verification

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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 nequirements.

Amy	y Shrago	Chief of Staff	04/03/23	
Righature of Agency Helts or Designee	Print Name	Title	(month, day, year)	
Comment:				
Print	Clear	EDDC Toll Stat Malalina	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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