**A Public Document** 

Ë	eremonial Note Even	to and monour		Buttonio	Data Stamp	California 000	
1.	Agency Name Alameda County			Date Stamp	Form 802		
					For Official Use Only		
	Division, Department, or Reg	ion (if applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Heather Cartwright				Amendment (Mus	st Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filin	g:(month, day, year)	
2.	Function or Event Infor				\$100 tix, \$20 park		
	Does the agency have a tick				Each Ticket/Pass \$		
	Event Description: Oakland	A's Game	D	ate(s)	, 01 , 202 <del>,</del>		
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 🛛 If	no: Oakland	Arena Name of Source		
				yes: Hauber	t, David		
	Was ticket distribution made	at the behest Yes [	🗌 No 🔳 📲	yes:	Official's Name (Last, Fin	st)	
	of agency official?						
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit.	Use Section B to ic	dentify an individu	al. Use Section C to ide	ntify an outside organization.	
		4	Number	Described	- multile numero mode i	numumt to the ensemble rolling	
	A. Name of Agency, Depa	irtment of Unit	of Ticket(s)/ Describe th Passes		e public purpose made pursuant to the agency's policy		
	÷						
		adduct 1	Number				
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the following:		
	-			Cerem	nonial Role 🔲 Other	r 🗋 Income 🗌	
	Eddy, Derek		4 tix, 1 park	lf checi	king "Ceremonial Role" or "Other	" describe below:	
				To promote	e attendance at ever	nts held at a County facili	
					nonial Role 🔲 Other		
				lf check	king "Ceremonial Role" or "Other	" describe below:	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e 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 regulations.

н	eather Cartwright	Supervisor's Assistant	125/1022
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toil-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

1. Agency Name

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 00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Alc 4 1 23 Event Description Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔲 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🛛 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 of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) 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 of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (Include address and description) Pass(es) EDEN United Church of Christ To reward a school or nonprofit 21955 BIRCH Shoet Hayword, CAorganization for its contributions to the community . The members of aben church worship and strike to follow attrist a camping

#### 4. Verification

C.

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	3 28 23
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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California

Form

Date Stamp

**A Public Document** 

1.	. Agency Name				Date Stamp	California 802	
	Alameda County					TOTIL COL	
	Division, Department, or Reg	ion (If Applicable	*			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must pre	ovide explanation in Part 3.)	
	(510) 272-6692	1	risty@acgov.org		Date of Original Filing: _	Month Day Vard	
2	Function or Event Infor		, , , , , ,			(wonut, Day, tear)	
<b>E</b> 1	Does the agency have a ticke		Yes 🛛 No 🗍	Face Value o	f Each Ticket/Pass \$	225	
						//////	
	Event Description			Date(s)		//	
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: _			if no:			
		y agonoy .			Name of Sou		
	Was ticket distribution made a	at the behest	No 🗋 Yes 🔀	If yes: Valle,	Richard- Supervisor D	District 2	
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to Identify the agence	y's department or	al. • Use Section C to Identi	fy an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/         Describe the public purpose made pursuant to the age Pass(es)			to the agency's policy	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
				Ceramonial Role	Other	Income	
	Agulara, astrayo	n	4		a community		
	Mande () - 0		1	volunteer for his or her service			
			+	- to the publ	ic		
				1		Income	
			Number of				
		C. Name of Outside Organization (Include address and description)		Describe the pub	ublic purpose made pursuant to the agency's policy		
	Varifientien						
4.	Verification I have read and understand FPPC Requ	ilations 18944.1 and	d 18942. I have verified	that the distribution set f	orth above, is in accordance with	h the requirements.	
			Gabriela Chris		Supervisor's Assistant	- Level	
			Capitela CIIIS	- 3	oupervisor a Assistant	uneg	

Print Name

(Month, Day, Year)

Title

Comment: \_

Schature of Agency Head or Designee

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) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sergio.ardila@acgov.org (month, day, year) 2. Function or Event Information 100 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗋 Event Description: Oakland A's vs. Los Angeles Angels 23 04 01 Date(s) Provide Title/ Explanation Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔳 If no: \_ Name of Source Tam, Lena If yes: Was ticket distribution made at the behest Yes I No Official's Name (Last, First) of agency official? Recipients 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ 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:		
-14		Ceremonial Role Other I Income I Income I 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		
Leadership San Leandro - 120 Estudillo Ave	3	To promote County resources or facilities available to Cou		
The Leadership San Leandro program is base				

#### 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.

	Sergio Ardila	Supervisor's Assistant	(month, day, year)	
Signature of Agency Head or Designee	Print Name	Title		
Comment:				

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#### Agency Report of: ...... Distantia anti-

С	eremonial Role Even	ts and Ticket/P	ass Disti	ributions	A	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago, Chief of Staff					andria Englisher in Revi (1)	
	Area Code/Phone Number	E-mail			Amendment (Must Pro		
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	04/03/23 (month, day, year)	
2.	Function or Event Infor	mation				(monal, aby, your)	
	Does the agency have a tick	tet policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	100.00	
	Event Description: Oakland	Provide Title/ Explai	ation	Date(s)		/	
	Ticket(s)/Pass(es) provided			If no: _Oakland	d A's		
	noner(o)/1 dob(co) provided	by agonoy . Test			Nama of Course		
	Was ticket distribution made at the behest Yes No [			If yes: Carson	, Neilin Official's Name (Last, First)		
	of agency official?				Oliciais Name (Lasi, Filsi)		
	Use Section A to identify the agency's department or unit.     A. Name of Agency, Department or Unit Board of Supervisors, District 5		Number of Ticket(s)/ Passes 4	Describe th	the public purpose made pursuant to the agency's policy te, encourage, reward, or support general		
	B. Name of individual		Number of Ticket(s)/ Passes		morale, retention, exemplary service, or s Identify one of the following:		
(Last; First)		~,	Fasses		nonial Role D Other mining "Ceremonial Role" or "Other" desc	Income 🔲	
					nonial Role 🔲 Other 📗 King "Ceremonial Role" or "Other" desc	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.

	Amy Shrago	Chief of Staff	04/03/23	
Signature of Agency Head 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)	

С	eremonial Role Events and Ticket/Pass Distributions				A	Public Do	
1.	Agency Name Alameda County				Date Stamp	California Form	802
	Division, Department, or Reg	ion (if applicable)	_			For Official	
	Board of Supervisors						
	Designated Agency Contact (	(Name Title)			-		
		realine, nacy					
	Amy Shrago, Chief of Staff Area Code/Phone Number	IT motil			Amendment (Must Pro	vide Explanation in	Part 3.)
		E-mail				05/01/23	
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, yea	1)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$	22	25.00
	Event Description:	Friends		Date(s) 04	<u>, 01 , 23 </u>		
	-	Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [	No 🗌	If no: Coliseu			
	Was ticket distribution made	at the behest Yes	No 🗖	If yes: Carson	Name of Source , Keith Official's Name (Last, First)		
	of agency official?						
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to identify	an outside organiz	zation.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agenc	y's policy
	Board of Supervisors Dist	rict 5	4		e, encourage, reward, o morale, retention, exem		

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors District 5		4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Conter Conter Income
			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

#### 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 Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

**A Public Document** 

1.	Agency Name			Date Stamp	California 802			
	Alameda County					Form OUZ		
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			1			
	Gabriela Christy				Amondment (Must	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				ionde explanation in Part 3.)		
	(510) 272-6692	Gabriela.C	hristy@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	<b>Function or Event Infor</b>	mation				12 75		
	Does the agency have a ticke	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ _	143.75			
	Event Description	planation	Date(s) 4	18123	//			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🔀	if no:	Name of Sa			
	Was ticket distribution made at the behest No I Yes H if yes: Valke of agency official?		, Richard- Supervisor Official's Name (	Last, First)				
-					Chinda e Harro (Eddi, Fridy			
3,	• Use Section A to identify the agence	y's department o	or unit. • Use Section B	to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
						· 		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role		Income		
	FugFugosh, Amaa	Fugfugosh, Amaan						
	( Josef Jane 1997)			To reward a community volunteer for his or her service to the public				
						_		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy			
4	Verification							
	I have readland understand FPPC Real	<i>ilations</i> 18944.1 a	nd 18942. I have verified t	hat the distribution set i	forth above, is in accordance w	ith the requirements.		
			Gabriela Christ	V	Supervisor's Assistan	t 3/28/23		
	Signature of Agency Head or Designed	•	Print Name		Title	(Month, Dey, rear)		

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

.

**A Public Document** 1. Agency Name Date Stamp California 8 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 05/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 143.75 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗌 Date(s) \_\_\_\_\_04 \_\_\_08 Event Description: Burna Boy 23 Provide Title/ Explanation If no: Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🗋 Name of Source 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Boa	Board of Supervisors District 5		To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff
В.	Name of Individual {Last, First}	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Dother I Income I Incom
			Ceremonial Role Other I income I income I 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	05/01/23	
Significate of Agency House or Designee	Print Name	Title	(month, day, year)	
Comment:				
Print	Clear	FPPC Toll-Free Helpline: (	FPPC Form 802 (2/2016) 666/ASK-FPPC (866/275-3772)	

**A Public Document** 

1.	Agency Name					Date Stamp	California	802
	Alameda County						Form	States Street,
	Division, Department, or Reg	ion (if applicable)					For Official L	use Only
	Board of Supervisors							
	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.cartw	right2@	acgov.o	rg	Date of Original Filing:	(month, day, year	)
2.	Function or Event Inform	mation					¢40	4.05
	Does the agency have a tick	et policy?	Yes 🔳	No 🗌	Face Value of B	Each Ticket/Pass \$	\$10	31.25
	Event Description: New Edi	tion			Date(s) 04 / 09 / 2022			<u></u>
		Provide Ind	•		If no:Oakland Arena			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🔳		Mama of Source		
	Was ticket distribution made	at the behest	Yes□	No 🔳	If yes: Haubert	t, David		
	of agency official?					Official's Name (Last, Firsl)	14	
_	Destalación							

#### 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
 В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Stopka, Rylie		6	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County facili
			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

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

	Heather D. Cartwright	Supervisor's Assistant	1/1/425
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

#### Agency Report of: J Tiole - 4/10 Philadeline and

C	eremonial Role Even	ts and Ticket/Pa	ass Distril	butions	<u>A</u>	Public Document
1.	Agency Name				Date Stamp	California 802 Form
	Alameda County					
	Division, Department, or Regi	ion (If applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)	1			
	Sergio Ardila				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergioardila.corzo@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				131.25
	Does the agency have a tick				Each Ticket/Pass \$	101.20
	Event Description: New Edi	tion Legacy Tour	D	ate(s) 04	, 09 , 202 <mark>2</mark>	1 1
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	] No 📰 If	no: Oaklan	Name of Source	
	the state distributed as a second		If	yes: Tam, L	ena	
	Was ticket distribution made	e at the benest Yes L	No 📰 👘	yes	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of Ind     (Last, Fin)	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th		suant to the agency's policy ollowing:
				If chec Cerei	oking "Ceremonial Role" or "Other" des monial Role - Other - Other oking "Ceremonial Role" or "Other" des	scribe below:
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pur	suant to the agency's policy
	Alameda Unified School I	District - 2060 Challe	4	To reward	a school or nonprofit o	rganization for its contrib
	Committed to upholding c	our community's core				

#### 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.

	Sergio Ardila	Supervisor's Assistant	03 23 23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:			<u>a</u>	
Pri	nt Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)	

California 1. Agency Name Date Stamp 8 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 05/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 131.25 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: New Edition Date(s) \_04 09 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? 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 4 employee morale, retention, exemplary service, or staff Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income 🔲 Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

A Public Document

#### 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	05/01/23	
Signature of Agency read or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	nt Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

cy Name					
cy Name		Date Stamp	California 802		
eda County					Form 002
in, Department, or Re	<b>gion</b> (If Applicab	le)		1	For Official Use Only
of Supervisors					
ated Agency Contact	(Name, Title)			1	
ela Christv					
				Amendment (Must pr	ovide explanation in Part 3.)
272-6692	Gabriela.Cl	hristy@acgov.or	g	Date of Original Filing: .	(Month, Day, Year)
unction or Event Information					(monal, Day, roay
		Yes 🕅 No 🗌	Face Value of	of Each Ticket/Pass \$	118.50
Event Description			Date(s)	14,23	//
s)/Pass(es) provided I	Yes 🗌 No 🛛	If no:	Nome of Sa	1000	
	at tha babant		Valle		
Was ticket distribution made at the behest No C of agency official?			If yes:	Official's Name (L	ast, First)
Name of Agency, Departn	ient or Unit	Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuant	to the agency's policy
	Jal	Number of Ticket(s)/		Identify one of the followi	ng:
		Pass(es)			income
			Ceremonial Role	Other Cher Cher Cher Cher Cher Cher Cher C	Income
		Number of Ticket(s)/ Pass(es)			to the agency's policy
hinatown Chambref (	ommeroe	4	— To reward a :	school or nonprofit	
chect site 290 a	alland ca	4	or Semization	IOT Its contribution	to
			— the communi	ty	
	Department, or Reginated Agency Contact         I of Supervisors         nated Agency Contact         ela Christy         Code/Phone Number         272-6692         tion or Event Information         he agency have a tick         Description         (s)/Pass(es) provided I         cket distribution made         ency official?         Dients         ection A to identify the agen         Name of Agency, Departm         Name of Individu         (Lest. First)         Name of Outside Orgat         (include address and det)         Name of Outside Orgat         (include address and det)	Department, or Region (If Applicable of Supervisors         Instead Agency Contact (Name, Title)         ela Christy         Code/Phone Number         272-6692         Cabriela.Cl         tion or Event Information         he agency have a ticket policy?         Description         MSC         Provide Title/Explored         (s)/Pass(es) provided by agency?         cket distribution made at the behest ency official?         Dients         ection A to identify the agency's department or Unit         Name of Individual	In Department, or Region (If Applicable)         I of Supervisors         nated Agency Contact (Name, Title)         ela Christy         Code/Phone Number         272-6692         Gabriela.Christy@acgov.or         tion or Event Information         he agency have a ticket policy?         Provide Title/Explanation         (s)/Pass(es) provided by agency?         Yes         No         Yes         Name of Agency, Department or Unit         Number of         Ticket(s)/         Pass(es)         Name of Individual         (Lest. Firet)         Name of Outside Organization <tr< td=""><td>I of Supervisors         nated Agency Contact (Name, Title)         ela Christy         code/Phone Number       E-mail         272-6692       Gabriela.Christy@acgov.org         tion or Event Information       he agency have a ticket policy? Yes INO       Face Value of Description         Description       MSC       Date(s)       Provide Title/Explanation         (s)/Pass(es) provided by agency? Yes INO If no:       If yes: Valle ency official?       Section A to identify the agency's department or unit.       • Use Section B to identify an individe a individe to identify an individe Ticket(s)?         Name of Agency, Department or Unit       Number of Ticket(s)?       Describe the put Pass(es)         Name of Individual (Lest, Fixe)       Ceremonial Role (r checking "Ceremonial Role</td><td>an, Department, or Region (If Applicable)         i of Supervisors         rated Agency Contact (Name, Title)         ela Christy         Code/Phone Number         E-mail         272-6692         Gabriela.Christy@acgov.org         tion or Event Information         he agency have a ticket policy?         Provide Title/Explanation         Provide Title/Explanation         Provide Title/Explanation         SylPass(es) provided by agency?         Yes         No         Yes         No         Yes         Valle, Richard-Supervisor E         Official?         Name of Supervisor S         Name of Agency, Department or unit         Number of         Name of Agency, Department or Unit         Number of         Rest(es)         Describe the public purpose made pursuant         Pass(es)         Caremonial Role       Other         If checking Commonial Role       Other      &lt;</td></tr<>	I of Supervisors         nated Agency Contact (Name, Title)         ela Christy         code/Phone Number       E-mail         272-6692       Gabriela.Christy@acgov.org         tion or Event Information       he agency have a ticket policy? Yes INO       Face Value of Description         Description       MSC       Date(s)       Provide Title/Explanation         (s)/Pass(es) provided by agency? Yes INO If no:       If yes: Valle ency official?       Section A to identify the agency's department or unit.       • Use Section B to identify an individe a individe to identify an individe Ticket(s)?         Name of Agency, Department or Unit       Number of Ticket(s)?       Describe the put Pass(es)         Name of Individual (Lest, Fixe)       Ceremonial Role (r checking "Ceremonial Role	an, Department, or Region (If Applicable)         i of Supervisors         rated Agency Contact (Name, Title)         ela Christy         Code/Phone Number         E-mail         272-6692         Gabriela.Christy@acgov.org         tion or Event Information         he agency have a ticket policy?         Provide Title/Explanation         Provide Title/Explanation         Provide Title/Explanation         SylPass(es) provided by agency?         Yes         No         Yes         No         Yes         Valle, Richard-Supervisor E         Official?         Name of Supervisor S         Name of Agency, Department or unit         Number of         Name of Agency, Department or Unit         Number of         Rest(es)         Describe the public purpose made pursuant         Pass(es)         Caremonial Role       Other         If checking Commonial Role       Other      <

#### **Gabriela Christy** Supervisor's Assistant 23 Print Name Strature of Agency Head or Designee Tille (Month, Day, Year)

A Public Document 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 05/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 118.75 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No Date(s) \_\_\_\_/ Event Description: Muse 14 , 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 I 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; Sanchez, Aurora 4 To promote attendance at events held at a County facility 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 of Ticket(s)/ Ċ. (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.

	Amy Shrago	Chief of Staff	05/01/23	
Signature of Agency need or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	t Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 166/ASK-FPPC (866/275-3772)	

1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Reg	lon (if applicable)			1	For Official I	Jse Only
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail				05/02/23	
	510-272-6695	Amy.Shrago@acgov.org			Date of Original Filing:	(month, day, yea	7
2	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes 🔳 No	Face Val	ue of	Each Ticket/Pass \$		00.00
	Event Description: Oakland	A's Provide Title/ Explanation	Date(s) _	04	<u>, 15 , 23 </u>	//	
	Ticket(s)/Pass(es) provided	•			Manage of Courses		
	Was ticket distribution made	at the behest Yes 🔳 No		arson	, Keith Official's Name (Last, First)		

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#### 3. Recipients

of agency official?

• 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:		
Кар	lan, Stacey	5	Ceremonial Role Conternation of the Conternation of the Ceremonial Role" or "Other" describe below:		
Dolf	î, Bridget	7	Ceremonial Rote D Other M income Income T If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County facility		
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	05/02/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

### 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.

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:
			Ceremonial Role D Other I Income I Income I Income
Berł	hane, Rahel	4	To promote attendance at events held at a County facility
			Ceremonial Role Other Income
			Ceremonial Role Cither Cither income
			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
		1	

Print

Clear

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Agency Name				Date Stamp	California 802
Alameda County					Form <b>OUZ</b>
<b>Division</b> , Department,	or Region (if applicable)				For Official Use Only
Board of Supervisors	1				
Designated Agency Co	ontact (Name, Title)				
Heather Cartwright				Amendment (Must	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	Information				\$100 tix, \$20 park
Does the agency hav				Each Ticket/Pass \$ _	\$100 LX, \$20 park
Event Description:	akland A's Game	D	ate(s)/	, 16 <u>,</u> 202 <del>,</del>	/
	Provide Title/ Explai	nation			
Ticket(s)/Pass(es) pro	ovided by agency? Yes [		no: Oakland	Mama of Course	
Mine Alekat dintrikutio	- mode et the heheet av	If	yes: Haubert	t, David	
of agency official?	n made at the behest Yes [	No 🛄 👖	yes	Official's Name (Last, First,	)
3. Recipients • Use Section A to identify	the agency's department or unit.	Use Section B to id	lentify an individu	ual. Use Section C to ident	tify an outside organization.
	icy, Department or Unit	Number of Ticket(s)/ Passes			ursuant to the agency's policy
	e of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
·				nonial Role Other king "Ceremonial Role" or "Other" of	
				nonial Role C Other of the Othe	
	utside Organization ress and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
Colbait Equipment	Inc -7275 National Blvd, St	18tix, 4park	To promote	County tourism on a	a local, statescale
Woman-owned sm	all business,specializing in				

#### 4. Verification

Print

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. ula-la

	Heat	her Cartwright	Supervisor's Assistant	T185/W22
Comment:	ificy Head or Designee	Print Name	Title	(month, day, year)
	Print	Clear	ć	FPPC Form 802 (2/2016)

**A Public Document** 

	eremonial Role Even	is and nekeur	ass Distri	bullona	<u></u>	Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors				,	
	Designated Agency Contact (	Name, Title)			1	
	Sergio Ardila				Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation			Tic	cket-100 Parking-20
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	chot foor anding 20
	Event Description: Oakland	A' s vs. Chicago C	ubs	Date(s)		//
	Ticket(s)/Pass(es) provided	,	No 🖬 🕴	f no: _Oaklan	d Coliseum	
	nekel(s)/1 ass(es) provided	by agency: Tes			Name of Source	
	Was ticket distribution made	at the behest Yes	🗆 No 🔳 🕺	f yes: Tam, Lo	Official's Name (Last, First)	
	of agency official?				Onicial's Name (Last, 1 1134)	
	A. Name of Agency, Depa	rrtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the f	
	Karen Halfon		18T 4P	lf chec	nonial Role D Other	
					nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made pur	suant to the agency's policy

### 4. Verification

I have read and understand PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the experimentation of the second set of the second second set of the second set of the

	Sergio Ardila	Supervisor's Assistant	7/19/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Clear

#### Comment:

С	eremonial Role Even	AI	Public Do	cument			
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	
	Division, Department, or Region (if applicable)				]	For Official L	Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Heather Cartwright				Amendment (Must Pro	J ovide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail			]		
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing: _	(month, day, year	1)
2.	. Function or Event Information \$100 tix, \$20 park						
	Does the agency have a tick		No 🗖 F	ace Value of	Each Ticket/Pass \$	φ100 UX, φ20	park
	Event Description: Oakland	A's Game	D	ate(s)	<u>, 18 , 202<del>,</del></u>		
Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Sourse		
	Was ticket distribution made	at the behest Voc C	T No 🖬 If	yes: Hauber	t, David		
	of agency official?	Latino bonoot Tes L		,	Official's Name (Last, First)		
-							
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. • l		dentify an Individu	ual. Use Section C to identify	an outside organiz	zation.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agenc	y's policy

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Cother Cother Income Income It checking "Ceremonial Role" or "Other" describe below:
0			Ceremonial Role Other 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
Gillig	-451 Discovery Drive Livermore, CA 945	18tix, 4park	To promote attendance at events heldto maximize poten
To ir	nprove quality of life through transformati		

#### 4. Verification

Print

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

	Heather Cartwright	Supervisor's Assistant	145/1073
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

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4	Agency Name				Date Stamp	California
	• •				Dute cramp	Form 802
	Alameda County Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors	Blome Title			c .	
	Designated Agency Contact (	Name, I me)		-		
	Heather Cartwright				Amendment (Must	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 Inform	mation				\$400 tim \$200 mode
	Does the agency have a tick		No 🗖 🛛 🦷	ace Value of I	Each Ticket/Pass \$ _	\$100 tix, \$20 park
	Event Description: Oakland	A's Game	r	Date(s)	, 29 <sub>/</sub> 202 <del>,</del>	
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	No 📰 🛙	no: Oakland		
				yes: Hauber	Name of Source t, David	
	Was ticket distribution made	at the behest Yes	] No 📰 👖	yes:	Official's Name (Last, First,	)
	of agency official?					
3.	Recipients					
<b>v</b> .	Use Section A to identify the agen	cy's department or unit. • I	Jse Section B to i	dentify an Individu	al. Use Section C to ident	tify an outside organization.
			Number	1		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the agency's policy
				1		
				1		
			Number			
	B. Name of Indi (Last, Fin		of Ticket(s)/ Passes		Identify one of the	following:
t	· · · · · · · · · · · · · · · · · · ·			Cerem	nonial Role 🔲 Other	
				If check	idng "Ceremonial Role" or "Other" o	
				Cerem	nonial Role 🛄 Other	
					ung "Ceremonial Role" or "Other" o	
	Name of Outside O	ranization	Number			
ŝ	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the agency's policy
				T		a hald to must the sector
	Modesto Customs-1226 K	ansas Ave,Modestr	4tix, 1park	l o promote	attendance at event	s heldto maximize poten
	Car Restorations, Upholst	Auto Olaca				
	Lar Resignations Thomas	erv Allin Glass				

#### 4. Verification

(have read and understand ERPC 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	4/5/0025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

A Public Document Date Stamp California 1. Agency Name 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 \$100 tix, \$20 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗌 Event Description: Oakland A's Game Date(s) 04 29 2022 Provide Title/ Explanation If no: \_\_\_\_Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Haubert, David If yes: Was ticket distribution made at the behest Yes D 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.

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:
Krause, Sheri		2 tix	Ceremonial Role Other Income Income Income Income To promote County resourcesavailable to County resign
			Ceremonial Role D Other I Income 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 EEPC 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	4/5/000	
Signature of Agency Head or Debignee	Print Name	Title	(montil, day, year)	
Comment:				



### Agency Report of: C

Ceremonial Role Ever	its and licket/P	ass Distri	butions	A	Public Document
I. Agency Name				Date Stamp	California Form 802
Alameda County			Form OUZ		
Division, Department, or Reg	jion (if applicable)		For Official Use Only		
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)	1			
Sergio Ardila					Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	rmation			т	icket-100 Parking-20
Does the agency have a tic	ket policy? Yes		ace Value of	Each Ticket/Pass \$	icket-100 Parking-20
Event Description: Oakland	d A's vs. Cincinnati Re	eds D	ate(s) 04	, 30 , 23	1
	Provide Title/ Explai		-		//
Ticket(s)/Pass(es) provideo	l by agency? Yes [	🗆 No 🔳 If	no: Oaklan	A Collseum Name of Source	
		े । ह	yes:	ena	
Was ticket distribution mad	e at the behest Yes	🗌 No 📕 👖	yes	Official's Name (Last, First)	
of agency official?					
A. Name of Agency, Dep		of Ticket(s)/ Passes			
		Number			
B. Name of Inc (Last, F		of Ticket(s)/ Passes		Identify one of the	following:
Andrew Park		18T 4P	If chec	nonial Role D Other	escribe below:
					facilities available to Cou
				nonial Role DOther Cother Cother d	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	ne public purpose made pu	rsuant to the agency's policy
					2
		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 equipment.

	Sergio Ardila	Supervisor's Assistant	7/19/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment				

