**A Public Document** 

| C  | eremoniai kole Even  | ts and fickevr        | ass Distri  | ibutions      | A  | FUDIIC DOC               | ument     |
|----|--|-----------------------|---|---------------|--|--------------------------|-----------|
| 1. | Agency Name  |                       |   |               | Date Stamp   | California               | 802       |
|    | Alameda County   |                       |   |               |  | Form                     | 002       |
|    | <b>Division, Department, or Reg</b>  | ion (if applicable)   |   |               | 1  | For Official U           | se Only   |
|    | Board of Supervisors   |                       |   |               |  |                          |           |
|    | Designated Agency Contact  | Name, Title)          |   |               | 1 .  |                          |           |
|    | Heather Cartwright   |                       |   |               | Amendment (Must Pi   | Twide Explanation in I   | Dart 21   |
|    | Area Code/Phone Number   | E-mail                |   |               |  | ovide Exploritation of P | an J.j    |
|    | (510) 272-6691   | heather.cartwright2   | @acgov.org  |               | Date of Original Filing:   | (month, day, year)       |           |
| 2. | Function or Event Infor  | mation                |   |               |  |                          | 0.75      |
|    | Does the agency have a tick  |                       |   |               | Each Ticket/Pass \$  | \$11                     | 8.75      |
|    | Event Description: Straight  | Jokes No Chaser Co    |   | Date(s)       | 06 2022  | //_                      |           |
|    | Ticket(s)/Pass(es) provided  | Provide Title/ Explai |   | f no: Oaklan  | d Arena  |                          |           |
|    | nekel(s)/Pasa(es) provided   | by agency: Tes [      |   |               | Al   |                          |           |
|    | Was ticket distribution made   | at the behest Yes     | 🗆 No 🔳 🗎  | f yes: Hauber | Official's Name (Last, First)  |                          |           |
|    | of agency official?  |                       |   |               | Onicial's Name (Last, Firsty   |                          |           |
|    | <ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>A. Name of Agency, Department or Unit</li> </ul> </li> <li>B. Name of individual (Last, First)</li> </ul> |                       | Use Section B to i<br>Number<br>of Ticket(s)/<br>Passes |               | ual. Use Section C to identif  | 1111                     | 87.8      |
|    |  |                       | Number<br>of Ticket(s)/<br>Passes                       |               | Identify one of the f  | ollowing:                |           |
|    | Gardley, Kassendra   |                       | 4   | lf chec       | nonial Role  Other  King "Ceremonial Role" or "Other" des attendance at events | scribe below:            | income    |
|    | ·  |                       |   | Cerer         | nonial Role D Other king "Ceremonial Role" or "Other" de                       | ]                        |           |
|    | C. Name of Outside O<br>(Include address and   |                       | Number<br>of Ticket(s)/<br>Passes                       | Describe th   | ne public purpose made pur   | suant to the agency      | 's policy |
|    |  |                       | ¢.  |               | T  |                          |           |
|    |  |                       |   |               |  |                          |           |
| _  |  |                       |   |               |  |                          |           |

### 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 requirements.

|                                      | Heather D. Cartwright | Supervisor's Assistant | 9/5/472             |
|--------------------------------------|-----------------------|------------------------|---------------------|
| Signature of Agency Head on Designee | Print Name            | Title                  | (rhonth, day, year) |
| Comment:                             |                       |                        |                     |



|    | Agency Name  | to and monopri                 |                         |  | Date Stamp                               | California 002               |
|----|--|--------------------------------|-------------------------|--|--|------------------------------|
| 1. | Agency Name<br>Alameda County<br>Division, Department, or Region (if applicable) |                                |                         |  | Form OUZ                                 |                              |
|    |  |                                |                         |  | For Official Use 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                         |                         |  | ]  | 06/01/23                     |
|    | 510-272-6695   | Amy.Shrago@acgo                | ov.org                  |  | Date of Original Filing:                 | (month, day, year)           |
| 2. | Function or Event Infor  | mation                         |                         |  |  | 100.00                       |
|    | Does the agency have a tic   |                                |                         |  | Each Ticket/Pass \$                      |                              |
|    | Event Description: Oakland   | I A's                          | D                       | ate(s)   | , 12 , 23                                | /                            |
|    |  | FIDVIDE THE Explai             | nation                  | no: Oaklan   |  |                              |
|    | Ticket(s)/Pass(es) provided  | by agency? Yes [               | and the same            |  | Maria of Devices                         |                              |
|    | Was ticket distribution made   | e at the behest Ves            | No 🗖 If                 | yes: <u>Carson</u>                                       | , Keith<br>Official's Name (Last, First) |                              |
|    | of agency official?  | 100                            |                         |  | Official's Name (Last, First)            |                              |
| _  |  |                                | _                       |  |  |                              |
| 3. | • Use Section A to identify the ager   |                                | Use Cection P to it     | dontify an individu                                      | al Also Section C to identify            | an outside organization      |
|    | Use Section A to identify the ager   | ncy's department of unit.      | Number                  | 1  |  |                              |
|    | A. Name of Agency, Dep   | artment or Unit                | of Ticket(s)/<br>Passes | Describe th  | e public purpose made purs               | uant to the agency's policy  |
|    |  |                                | Fd3953                  |  |  |                              |
|    |  |                                |                         |  |  |                              |
|    |  |                                |                         |  |  |                              |
|    |  |                                |                         |  |  |                              |
|    | Name of Ind  | lividual                       | Number                  |  | Identify one of the following:           |                              |
|    | B. Name of Ind<br>(Last, Fil   |                                | of Ticket(s)/<br>Passes |  | identity ene er alte re-                 | g.                           |
|    |  |                                |                         |  | nonial Role 🔲 Other 📕                    | Income 🗌                     |
|    | Guiney, Dennis   |                                | 4                       | If checking "Ceremonial Role" or "Other" describe below: |  |                              |
|    |  |                                |                         | To promote   | e attendance at events l                 | held at a County facili      |
|    |  |                                |                         |  | nonial Role 🔲 Other 🔳                    | Income                       |
|    |  | ć                              |                         | If chec  | king "Ceremonial Role" or "Other" desc   | Whe helow:                   |
|    |  |                                | Number                  |  |  |                              |
|    | C. Name of Outside C (include address and  | )rganization<br>d description) | of Ticket(s)/<br>Passes | Describe th  | ne public purpose made purs              | uant to the agency's policy  |
|    |  |                                | 1 49969                 |  |  |                              |
|    |  |                                |                         |  |  |                              |
|    | 3 <u></u>  |                                | 1                       |  |  |                              |
|    |  |                                |                         |  |  |                              |
| -  |  |                                | 1                       |  |  |                              |

### 4. Verification

Print

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.

| 90                                   | Amy Shrago | Chief of Staff             | 06/01/23               |
|--------------------------------------|------------|----------------------------|------------------------|
| Signatury of Agency Head or Designee | Print Name | Title                      | (month, day, year)     |
| Comment:                             |            |                            |                        |
| Prir                                 | nt Clear   | EDBA Tell Eros Halpling: 9 | FPPC Form 802 (2/2016) |

A Public Document

| -  |  |  |                   |                           |   |                             |          |
|----|--|--|-------------------|---------------------------|---|-----------------------------|----------|
| 1. | . Agency Name  |  |                   | Date Stamp                | California                                | 802                         |          |
|    | Alameda County   |  |                   |                           |   | Form                        | المتعديد |
|    | <b>Division, Department, or Reg</b>                    | ion (if applicable)                                |                   |                           |   | For Official U              | lse 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.cartwr                                     | ight2@acgov       | org                       | Date of Original Filing:                  | (mon <b>th</b> , day, yəar) | )        |
| 2. | Function or Event Infor                                | mation   |                   |                           |   |                             | \$100 ·  |
|    | Does the agency have a tick                            | ket policy?  | Yes 🔳 🛛 No 🗌      | Face Value of             | Each Ticket/Pass \$                       |                             | \$400    |
|    | Event Description: Suga Ag                             | just D   |                   | Date(s)                   | , 16 , 2023                               | 05 17                       | 2022     |
|    |  | Provide Title/                                     |                   | If no: Oakland            | d Arena                                   |                             |          |
|    | Ticket(s)/Pass(es) provided                            | by agency?   | Yes 🔲 No 📗        |                           | Name of Source                            |                             |          |
|    | Was ticket distribution made                           | as ticket distribution made at the behest Yes 🔲 No |                   | If yes: Hauber            | t, David<br>Official's Name (Last. First) |                             |          |
|    | of agency official?                                    |  |                   |                           | Unicial s Name (Last, First)              |                             |          |
| 3. | Recipients   |  |                   |                           |   |                             |          |
|    | <ul> <li>Use Section A to identify the agen</li> </ul> | icy's department or u                              | nit. •Use Section | B to identify an individu | ual. Use Section C to identify            | an outside organiz          | ation.   |

| Α.                | Name of Agency, Department or Unit                                | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy  |
|-------------------|---|-----------------------------------|---|
|                   |   |                                   |   |
| в.                | Name of Individual<br>(Last, First)                               | Number<br>of Ticket(s)/<br>Passes | Identify one of the following:  |
| Cartwright, Delia |   | 4                                 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:<br>To promote County resources, facilities to AC residents |
|                   |   |                                   | Ceremonial Role Other Income Income Income Income   |
| С.                | Name of Outside Organization<br>(include address and description) | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy  |
|                   |   |                                   |   |
|                   |   |                                   |   |

### 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 regulations

|                                      | Heather D. Cartwright | Supervisor's Assistant | 2/11/2023          |
|--------------------------------------|-----------------------|------------------------|--------------------|
| Signature of Agency Head on Designee | Print Name            | Title                  | (month, day, year) |

Comment:



| Ceremonial Role Events and Ticket/Pass Distributions |  |                       |   | AI                   | Public Document  |                               |
|--|--|-----------------------|---|----------------------|--|-------------------------------|
| 1.   | Agency Name  |                       |   |                      | Date Stamp   | California 802                |
|  | Alameda County   |                       |   |                      |  |                               |
|  | Division, Department, or Reg   | ion (if applicable)   |   |                      |  | For Official Use Only         |
|  | Board of Supervisors   |                       |   |                      |  |                               |
|  | Designated Agency Contact  | Name, Title)          |   |                      | 1  |                               |
|  | Amy Shrago, Chief of Staff   |                       |   |                      |  |                               |
|  | Arry Shiago, Chier of Stan   | E-mail                |   |                      |  | ovide Explanation in Part 3.) |
|  | 510-272-6695   | Amy.Shrago@acgo       | ora   |                      | Date of Original Filing:                                 | 06/01/2023                    |
|  |  |                       |   |                      |  | (month; day, year)            |
| 2.   | Function or Event Infor  | mation                |   |                      |  | 400.00                        |
|  | Does the agency have a ticl  | ket policy? Yes       |   |                      | Each Ticket/Pass \$                                      |                               |
|  | Event Description: Suga  | Provide Title/ Explai | nation  |                      | , 16 , 23 -  | 05 , 17 , 23                  |
|  | Ticket(s)/Pass(es) provided  |                       |   | f no: <u>Coliseu</u> | m Authority  |                               |
|  |  | ,                     |   |                      | Mana of Course   |                               |
|  | Was ticket distribution made   | e at the behest Yes   | No 🗖 🕴  | f yes: <u>Carson</u> | Official's Name (Last, First)                            |                               |
|  | of agency official?  |                       |   |                      | Oniola o Hanie (Luci, Fried)                             |                               |
| 3.   | Content of Agency, Department     A.     Name of Agency, Department  |                       | Use Section B to<br>Number<br>of Ticket(s)/<br>Passes | 1                    | ual. Use Section C to identify                           |                               |
| ł  | B. Name of Indi<br>(Last, Fir  |                       | Number<br>of Ticket(s)/<br>Passes /                   |                      | Identify one of the fo                                   | llowing:                      |
|  |  |                       | F 45505   | Ceren                | nonial Role 🔲 Other 🔳                                    |                               |
|  | Ishii, Emma  |                       | 4   |                      | king "Ceremonial Role" or "Other" desc                   |                               |
|  | ·•····,····  |                       |   | To promote           | e attendance at events                                   | held at a County facili       |
|  | Bun, Chandra   |                       | 4   | If chec              | nonial Role Other king "Ceremonial Role" or "Other" desc |                               |
|  |  |                       |   | To promote           | e allendance al evenis                                   | held at a County facility     |
|  | C. Name of Outside Organization<br>(include address and description) |                       | Number<br>of Ticket(s)/<br>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           | 06/01/23  |  |
|--------------------------------------|------------|--------------------------|---|--|
| 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)<br>866/ASK-FPPC (866/275-3772) |  |

#### Agency Report of: ما الساد م . . . . 4.100

| Ceremonial Role Events and Ticket/Pass Distributions |  |                            |  | A Public Document             |   |                              |
|--|--|----------------------------|--|-------------------------------|---|------------------------------|
| 1.   | Agency Name  |                            |  | Date Stamp                    | California 802                                  |                              |
|  | Alameda County   |                            |  |                               |   | Form OUZ                     |
|  | Division, Department, or Re  | gion (if applicable)       |  |                               | 1   | For Official Use Only        |
|  | Board of Supervisors   |                            |  |                               |   |                              |
|  | Designated Agency Contac   | t (Name, Title)            |  |                               |   |                              |
|  | Heather Cartwright   |                            |  |                               |   | wide Exploration in Part 31  |
|  | Area Code/Phone Number   | E-mail                     |  |                               | Amendment (Must Provide Explanation in Part 3.) |                              |
|  | (510) 272-6691   | heather.cartwright2        | 2@acgov.org                                  |                               | Date of Original Filing: _                      | (month, day, year)           |
| 2.   | Function or Event Info   | ormation                   |  |                               |   | <b>\$100</b>                 |
|  | Does the agency have a t   | cket policy? Yes           | No 🗆 🛛 🖡                                     | Face Value of                 | Each Ticket/Pass \$                             | \$400                        |
|  | Event Description: Sugal   | Agust D                    | r  | Data(a) = 05                  | 17 , 2022                                       | 1 1                          |
|  | Event Description.   | Provide Title/ Expla       | nation                                       |                               |   |                              |
|  | Ticket(s)/Pass(es) provide   | d by agency? Yes           | 🗆 No 🔳 🛛                                     | f no: Oaklan                  |   |                              |
|  | Was ticket distribution made at the behest Ves D No If yes: Haube    |                            |  |                               | Name of Source<br>t, David                      |                              |
|  |  |                            |  | Official's Name (Last, First) |   |                              |
|  | of agency official?  |                            |  |                               |   | *                            |
| 3.   | Recipients • Use Section A to identify the ag                        | ency's department or unit. | Use Section B to i                           | dentify an individ            | ual. Use Section C to identify                  | an outside organization.     |
|  | A. Name of Agency, De  | partment or Unit           | t Number<br>of Ticket(s)/ Describe<br>Passes |                               | e public purpose made purs                      | uant to the agency's policy  |
|  | B. Name of Ir<br>{Lest,  |                            | Number<br>of Ticket(s)/<br>Passes            |                               | Identify one of the fo                          | llowing:                     |
|  |  | noty                       | F85805                                       | Com                           | nonial Role 🔲 🔹 Other 🗖                         | income                       |
|  | Vella, Malia   |                            | 2  |                               | king "Ceremonial Role" or "Other" des           |                              |
|  |  |                            |  | To promote                    | attendance at events                            | held at a County facili      |
|  |  |                            |  |                               | nonial Role Other Chief Role" or "Other" des    | Income                       |
|  | C. Name of Outside Organization<br>(include address and description) |                            | Number<br>of Ticket(s)/<br>Passes            | Describe th                   | e public purpose made pure                      | suant to the agency's policy |
|  |  |                            |  |                               |   |                              |

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regularements 71.1

|                                      | Heather D. Cartwright | Supervisor's Assistant | 5/11/212           |
|--------------------------------------|-----------------------|------------------------|--------------------|
| Signature of Agency Head or Designee | Print Name            | Title                  | (month, day, year) |
| Comment:                             |                       |                        |                    |

ommenii.



| C  | eremonial Role Even  | ts and Ticket/P                 | ass Distri                        | butions             | Α   | Public Document                |
|----|--|---------------------------------|-----------------------------------|---------------------|---|--------------------------------|
| 1. | Agency Name  |                                 |                                   |                     | Date Stamp  | California 802                 |
|    | Alameda County   |                                 |                                   |                     |   |                                |
|    | Division, Department, or Reg   | ion (if applicable)             |                                   |                     |   | For Official Use Only          |
|    | Board of Supervisors   |                                 |                                   |                     |   |                                |
|    | Designated Agency Contact  | Name, Title)                    |                                   |                     |   |                                |
|    | Sergio Ardila  |                                 |                                   |                     | Amendment (Must P   | rovide 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                          |                                   |                     |   | 400                            |
|    |  |                                 |                                   | Each Ticket/Pass \$ |   |                                |
|    | Event Description: Suga   A  | gust D<br>Provide Title/ Explai | nation                            |                     | <u>, 17 , 23</u>  | //                             |
|    | Ticket(s)/Pass(es) provided  |                                 |                                   | no: Oaklan          | d Arena   |                                |
|    |  |                                 |                                   | yes:                | Name of Source  |                                |
|    | Was ticket distribution made of agency official?   | eat the behest Yes [            | 🗌 No 📕 🦷                          | yes:                | Official's Name (Last, First)                               |                                |
|    | Use Section A to identify the agency's department or unit.     A. Name of Agency, Department or Unit |                                 | Number<br>of Ticket(s)/<br>Passes | 1                   |   | suant to the agency's policy   |
|    | B. Name of Individual<br>(Last, First)   |                                 | Number<br>of Ticket(s)/<br>Passes |                     | Identify one of the f                                       | ollowing:                      |
|    | Jensen, Karin  |                                 | 3                                 |                     | nonial Role D Other<br>king "Ceremonial Role" or "Other" de | Income                         |
|    |  |                                 |                                   | To promote          | e County resources or                                       | facilities available to Col    |
|    |  |                                 |                                   |                     | nonial Role D Other C                                       |                                |
|    | C. Name of Outside C<br>(include address and   |                                 | Number<br>of Ticket(s)/<br>Passes | Describe ti         | ne public purpose made pur                                  | suant to the agency's policy   |
|    |  |                                 |                                   |                     |   |                                |

### 4. Verification

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

|                                      | Sergio Ardila | Supervisor's Assistant    | 07/19/23               |
|--------------------------------------|---------------|---------------------------|------------------------|
| Signature of Agency Head or Designee | Print Name    | Title                     | (month, day, year)     |
| Comment:                             |               |                           |                        |
| Prin                                 | t Clear       | EBBC Tell Free Helpines 9 | FPPC Form 802 (2/2016) |

1. Agency Name California Date Stamp 8 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) \_05 26 2022Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: \_\_\_\_\_ Was ticket distribution made at the behest Yes D 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.

| A. Name of Agency, Department or Unit |   | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy  |
|---------------------------------------|---|-----------------------------------|---|
| <br>B.                                | Name of Individual<br>(Last, First)                               | Number<br>of Ticket(s)/<br>Passes | Identify one of the following:  |
| Stopka, Rylie                         |   | 4 tix                             | Ceremonial Role Other income<br>If checking "Ceremonial Role" or "Other" describe below:<br>To promote attendance at events held at a County facili |
|                                       |   |                                   | Ceremonial Role Other I Income I Income I Income I  |
| <b>C</b> .                            | Name of Outside Organization<br>(Include address and description) | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy  |
|                                       |   |                                   |   |

### Verification

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11 1

|                                      | Heather Cartwright | Supervisor's Assistant | 2/5/ W23           |
|--------------------------------------|--------------------|------------------------|--------------------|
| Signature of Agency Head or Designee | Print Name         | Title                  | (month, day, year) |

Comment:



| 1. Agency Name  |                                     |                                     | Date Stamp  | California 802                  |
|---|-------------------------------------|-------------------------------------|---|---------------------------------|
| Alameda County  |                                     |                                     |   | Form OUL                        |
| Division, Department, or Region (If Applicable  | )                                   |                                     |   | For Official Use Only           |
| Board of Supervisors  |                                     |                                     |   |                                 |
| Designated Agency Contact (Name, Title)   |                                     |                                     |   |                                 |
| Gabriela Christy  |                                     |                                     |   |                                 |
| Area Code/Phone Number E-mail   |                                     |                                     |   |                                 |
| (510) 272-6692 Gabriela.Ch  | risty@acgov                         | org                                 | Date of Original Filing: _                        | (Month, Day, Year)              |
| 2. Function or Event Information  |                                     |                                     |   |                                 |
| Does the agency have a ticket policy?   | Yes 🔀 No                            | Face Value o                        | f Each Ticket/Pass \$                             | 100                             |
| Event Description Oakland A's vs. Houston   | Astros                              |                                     |   |                                 |
| Provide Title/Expl  | enation                             | Date(s)                             |   |                                 |
| Ticket(s)/Pass(es) provided by agency?  | Yes 🔲 No                            | If no: Oaklan                       | Id Athletics<br>Name of Sou                       |                                 |
|   |                                     | Valle                               |   |                                 |
| Was ticket distribution made at the behest<br>of agency official?                               | No 🗌 Yes                            | if yes: Valie,                      | Richard- Supervisor D                             | ast, First)                     |
|   |                                     |                                     |   | -                               |
| <ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or to</li> </ul> | unit. • Use Sec                     | tion B to identify an individu      | ai. • Use Section C to identi                     | fy an outside organization      |
|   | Number of                           | 1                                   | lic purpose made pursuant                         | State of the state of the state |
| A. Name of Agency, Department or Unit   | Ticket(s)/<br>Pass(es)              | Describe the pub                    | ne purpose made pursuant                          | to me agency's policy           |
|   |                                     |                                     |   |                                 |
|   |                                     |                                     |   |                                 |
|   |                                     |                                     |   |                                 |
|   |                                     |                                     |   |                                 |
| B. Name of individual<br>(Last, First)  | Number of<br>Ticket(s)/<br>Pass(es) |                                     | identify one of the following                     | ng:                             |
|   | / under                             | Ceremonial Role                     | Other   | Income                          |
|   |                                     | If checking "Ceremon                | ial Role" or "Other" describe below:              | _                               |
|   |                                     |                                     |   |                                 |
|   |                                     |                                     |   |                                 |
|   |                                     | Ceremonial Role                     | L Other L<br>lel Role" or "Other" describe below: | Income                          |
|   |                                     |                                     |   |                                 |
|   |                                     |                                     |   |                                 |
| C. Name of Outside Organization   | Number of<br>Ticket(s)/             | To reward a sch                     | ool or nonprofit                                  | i the agency's policy           |
| (include address and description)   | Pass(es)                            | organization for                    | its contributions to                              | A die allestey a holiey         |
| City of Hayward Clean up Event Weekes   |                                     | the community                       |   |                                 |
| Park 27182 Patrick Ave Hayward, Ca  | 3                                   |                                     |   | ,                               |
| The Annual Earth Day Citywide   |                                     |                                     |   | lunteers come together          |
| Clean-Up & Community Fair is a litter   |                                     | to collect litter and a             | abandoned debris in va                            | arious neighborhoods            |
| 4. Verification   |                                     |                                     |   |                                 |
| Thave read and understand FPPC Regulations 18944.1 and  | 18942. I have ve                    | rified that the distribution set fo | orth above, is in accordance with                 | h the requirements.             |
|   | Gabriela C                          | hristy                              | Supervisor's Assistant                            | 4/25/2023                       |
| Signature di Agency Head or Dasignee  | Print Nam                           | 0                                   | Title   | (Month, Day, Year)              |
| ANNUAL EARTH DAY CITYWI   | DE CLEANI                           | UP & COMMUNITY F                    | AIR   |                                 |
| Comment:  |                                     |                                     |   | FPPC Form 802 (4/12)            |

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) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number 06/01/23 Date of Original Filing: . Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information 100.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🔳 No 🗋 Date(s) \_\_\_\_ / Event Description: Oakland A's 26 23 Provide Title/ Explanation If no: \_Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔳 Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes INO 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 Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Carter, Shomari 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)/ C. (include address and description) Passes

#### 4. Verification

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

|                                      | Amy Shrago | Chief of Staff | 06/01/23           |
|--------------------------------------|------------|----------------|--------------------|
| Signature of Agency Head or Designee | Print Name | Title          | (month, day, year) |
| Comment:                             |            |                |                    |
|                                      |            |                |                    |

Clear

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A Public Document

| _  |  |                    |                         |                           |                                      |                      |             |
|----|--|--------------------|-------------------------|---------------------------|--------------------------------------|----------------------|-------------|
| 1. | Agency Name  |                    |                         |                           | Date Stamp                           | California           | 802         |
|    | Alameda County                                       |                    |                         |                           |                                      | Form                 | 002         |
|    | Division, Department, or Reg                         | on (if Applicable  | )                       |                           |                                      | For Official I       | Use Only    |
|    | Board of Supervisors                                 |                    |                         |                           |                                      |                      |             |
|    | Designated Agency Contact (                          | Name, Title)       |                         |                           |                                      |                      |             |
|    |  | ······             |                         |                           |                                      |                      |             |
|    | Gabriela Christy                                     | P**                |                         |                           | Amendment (Must pro                  | ovide explanation in | Part 3.)    |
|    | Area Code/Phone Number                               | E-mail             | rictu@acaay.org         | 7                         | Date of Original Filing: _           |                      |             |
|    | (510) 272-6692                                       |                    | risty@acgov.org         | 1                         |                                      | (Month, Day, Yea     | <i>ir</i> ) |
| 2. | Function or Event Inform                             |                    |                         |                           | f Each Ticket/Pass \$                | 125                  |             |
|    | Does the agency have a ticke                         |                    | Yes 🛛 No 🗌              | Face value o              | r Each Ticket/Pass 5                 |                      |             |
|    | Event Description                                    | 204401             | <del>r</del> pa         | _ Date(s) 🚄               | 128,23                               | /                    | /           |
|    |  | Provide Title/Expl | anation                 |                           |                                      |                      |             |
|    | Ticket(s)/Pass(es) provided by                       | y agency?          | Yes 🗌 No 🗵              | if no:                    | Name of Sou                          | Irce ·               |             |
|    | Was ticket distribution made a                       | t the behast       |                         |                           | Richard- Supervisor D                |                      |             |
|    | of agency official?                                  |                    | No 🔲 Yes 🛛              | If yes:                   | Official's Name (L                   | ast, First)          |             |
| 2  |  |                    |                         |                           |                                      |                      |             |
| э. | • Use Section A to identify the agency               | y's department or  | unit. • Use Section     | B to Identify an individu | ual. • Use Section C to ident        | ify an outside orga  | nization.   |
|    | A. Name of Agency, Departme                          |                    | Number of<br>Ticket(s)/ |                           | lic purpose made pursuant            |                      |             |
|    |  |                    | Pass(es)                |                           |                                      |                      |             |
|    |  |                    |                         |                           |                                      |                      |             |
|    | ÷  |                    | +                       |                           |                                      |                      |             |
|    |  |                    |                         |                           |                                      |                      |             |
|    | D Name of Individua                                  |                    | Number of               |                           |                                      |                      |             |
|    | B. Name of Individua<br>(Last, First)                | 31                 | Ticket(s)/<br>Pass(es)  |                           | Identify one of the followi          | ng:                  |             |
|    |  |                    |                         | Ceremonial Role           | Other                                |                      | Income      |
|    | Gomez, Jennife                                       | e.                 | 2                       | If checking "Ceremon      | ial Role" or "Other" describe below: |                      |             |
|    | eren al l'Ocurre o                                   |                    | d.                      |                           |                                      |                      |             |
|    |  |                    |                         |                           |                                      |                      |             |
|    |  |                    |                         | Ceremonial Role           | Other describe below:                |                      | Income      |
|    | Contradoz, Som                                       | 01                 |                         | n checking Ceremon        | La TARE OF OURE GESCIDE DEION.       |                      |             |
|    | conficte of Optic                                    | - •                |                         |                           |                                      |                      |             |
|    | Name of Outside Organ                                | ization            | Number of               |                           |                                      |                      |             |
|    | C. Name of Outside Organ<br>(include address and des | cription)          | Ticket(s)/<br>Pass(es)  | Describe the put          | blic purpose made pursuant           | to the agency's po   | olicy       |
|    |  |                    |                         |                           | D.                                   |                      |             |
|    |  |                    |                         |                           |                                      |                      |             |
|    |  |                    | 1 1                     |                           |                                      |                      |             |
|    |  |                    |                         |                           |                                      |                      |             |
|    | 1  |                    |                         |                           |                                      |                      |             |
| 4. | Verification   |                    |                         |                           |                                      |                      |             |

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

|                                      | Gabriela Christy | Supervisor's Assistant | 10/27/2023         |
|--------------------------------------|------------------|------------------------|--------------------|
| Signature of Agency Head or Designee | Print Name       | Title                  | (Month, Day, Year) |

Comment:

A Public Document California Date Stamp Form 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 06/01/23 Date of Original Filing: \_ Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 100.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🔳 No 🗌 Date(s) \_\_\_\_\_05 Event Description: Oakland A's 28 23 Provide Title/ Explanation If no: \_Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 📗 Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes Mon O Official's Name (Last, First) • 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)/ Passes

| B. Name of Individual<br>(Last, First)                               | Number<br>of Ticket(s)/<br>Passes | Identify one of the following:   |
|--|-----------------------------------|--|
| Garcia, Micaela  | 3                                 | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
|  |                                   | M  |
| Shoneker, Jake   | 8                                 | Ceremonial Role Other III Income III   |
|  |                                   | To promote attendance at events held at a County facility                                    |
| C. Name of Outside Organization<br>(include address and description) | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy                             |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |

### 4. Verification

1. Agency Name

Alameda County

510-272-6695

of agency official?

Recipients

3.

Α.

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

| · · ·                                | Amy Shrago | Chief of Staff             | 06/01/23  |  |
|--------------------------------------|------------|----------------------------|---|--|
| Signature of Agency Head or Designee | Print Name | Title                      | (month, day, year)                                    |  |
| Comment:                             |            |                            |   |  |
| Prir                                 | nt Clear   | FPPC Toll-Free Helpline: 8 | FPPC Form 802 (2/2016)<br>366/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<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy                         |
|-----|---|-----------------------------------|--|
|     |   |                                   |  |
|     |   | *                                 |  |
|     |   |                                   |  |
|     |   |                                   |  |
| В.  | Name of Individual<br>(Last, First)                               | Number<br>of Ticket(s)/<br>Passes | Identify one of the following:   |
|     |   |                                   | Ceremonial Role Other Modern Income  |
| Wad | e, Raphael  | 7                                 | To promote attendance at events held at a County facil                                   |
|     | χ.  |                                   | Ceremonial Role Other Income<br>If checking "Ceremonial Role" or "Other" describe below: |
|     |   |                                   |  |
| 0   |   | G                                 | Ceremonial Role Other Income<br>If checking "Ceremonial Role" or "Other" describe below: |
|     |   |                                   | Ceremonial Role Other Income   |
| С.  | Name of Outside Organization<br>(include address and description) | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy                         |
| 2   | E.  |                                   |  |
|     |   |                                   |  |
|     |   |                                   |  |
|     |   |                                   |  |
|     |   |                                   |  |

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#### Agency Report of: Distal 4.5

- In His

| C  | Ceremonial Role Events and Ticket/Pass Distributions   |   |  |                     | A  | Public Document             |
|----|--|---|--|---------------------|--|-----------------------------|
| 1. | Agency Name  |   |  | Date Stamp          | California 802   |                             |
|    | Alameda County   |   |  |                     |  |                             |
|    | Division, Department, or Regio   | on (if applicable)                      |  |                     | 1  | For Official Use Only       |
|    | Board of Supervisors   |   | ,  |                     | 1  |                             |
|    | Designated Agency Contact (A   | Designated Agency Contact (Name, Title) |  |                     | 1  |                             |
|    | Heather Cartwright   |   |  | Amendment (Must Pri | Wide Explanation in Rod 21                                       |                             |
|    |  | E-mail                                  |  |                     |  | onoexpranauon in Part 3.)   |
|    | (510) 272-6691   | heather.cartwright2                     | @acgov.org   |                     | Date of Original Filing: _                                       | (mon <b>th, d</b> ay, year) |
| 2. | <b>Function or Event Inform</b>  | nation                                  |  |                     |  |                             |
|    | Does the agency have a ticke   | et policy? Yes                          | No⊡ F  | ace Value of        | Each Ticket/Pass \$  | \$100 tix, \$20 park        |
|    | Event Description: Oakland A   | A's Game                                |  | oto(s) 05           | <u>, 29 , 202</u>  | , ,                         |
|    | Event Description.   | Provide Title/ Explan                   | ation  |                     |  | /                           |
|    | Ticket(s)/Pass(es) provided b  | y agency? Yes [                         | 🛛 No 🔳 🛛 If  | no: Oaklan          |  |                             |
|    |  |   |  | yes: Hauber         | Name of Source<br>t. David                                       |                             |
|    |  |   |  | yes:                | Official's Name (Last, First)                                    |                             |
|    | of agency official?  |   |  |                     |  | ,                           |
|    | 3. Recipients • Use Section A to identify the agency's department or unit. • U A. Name of Agency, Department or Unit B. Name of Individual (Last, First) |   | Use Section B to ic<br>Number<br>of Ticket(s)/<br>Passes |                     | ual. Use Section C to identify                                   |                             |
|    |  |   | Number<br>of Ticket(s)/<br>Passes                        |                     | identify one of the fo   | - Income                    |
|    |  |   |  |                     | nonial Role 🔲 🔹 Other 🔲<br>king "Ceremonial Role" or "Other" des | Income 🗌                    |
|    | C. Name of Outside Organization<br>(include address and description)   |   | Number<br>of Ticket(s)/<br>Passes                        | Describe th         | e public purpose made purs                                       | uant to the agency's policy |
|    | Rental Housing Association   | n-1264 A Street, H                      | 18tix,4park  | To promote          | attendance at events   | held at a County facility   |
|    | To provide property owners   | s/operators with ad                     |  |                     |  |                             |

### 4. Verification

/ have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance / with the requirements. 11 1000

|                                      | Heather Cartwright | Supervisor's Assistant | 4/ 57 1024         |
|--------------------------------------|--------------------|------------------------|--------------------|
| Signature of Agency Head of Designee | Print Name         | Title                  | (month, day, year) |
| Commont                              |                    |                        |                    |



| C  | eremonial Role Even  | ts and Ticket/P   | ass Distri                        | butions                       | Α  | Public Document              |
|----|--|---|-----------------------------------|-------------------------------|--|------------------------------|
| -  | Agency Name  |   |                                   |                               | Date Stamp   | California 802<br>Form       |
|    | Alameda County   |   |                                   |                               |  |                              |
|    | Division, Department, or Region (if applicable)                                      |   |                                   |                               | 1  | For Official Use Only        |
|    | Board of Supervisors   |   |                                   |                               |  |                              |
|    | Designated Agency Contact (Name, Title)  |   |                                   |                               |  |                              |
|    | Sergio Ardila  |   | Amendment (Must Pr                | ovide Explanation in Part 3.) |  |                              |
|    | Area Code/Phone Number   | E-mail  |                                   |                               |  |                              |
|    | (510) 272-6693   | sergio.ardila@acgo                                      | v.org                             |                               | Date of Original Filing:                                     | (month, day, year)           |
| 2. | Function or Event Information  |   |                                   |                               |  |                              |
|    |  |   |                                   |                               | Each ficket/Fass o   |                              |
|    | Event Description: Oakland A's vs. Atlanta Braves Date(s) 05                         |   |                                   | <u>, 30 , 23 </u>             | //   |                              |
|    | Provide Hiller Explanation Ocklop  |   |                                   |                               |  |                              |
|    | Ticket(s)/Pass(es) provided  | by agency? Yes  | ncy? Yes 🗌 No 🔳 If no:Oakland Co  |                               |  |                              |
|    | Mas ticket distribution mode   | ticket distribution made at the behest Yes T No If yes: |                                   |                               |  |                              |
|    | Was ticket distribution made at the behest Yes ☐ No ■ If yes:<br>of agency official? |   |                                   | yoo                           | Official's Name (Last, First)                                |                              |
|    | of agency officials  |   |                                   |                               |  |                              |
|    | A. Name of Agency, Dep   | artment or Unit   | Number<br>of Ticket(s)/<br>Passes | Describe th                   | ne public purpose made pure                                  | suant to the agency's policy |
|    | B. Name of Ind<br>(Last, Fin   |   | Number<br>of Ticket(s)/<br>Passes |                               | Identify one of the f  | ollowing:                    |
|    |  |   |                                   |                               | monial Role Dther c  |                              |
|    |  |   |                                   |                               | monial Role Dther c<br>cking "Ceremonial Role" or "Other" de |                              |
|    | C. Name of Outside C (include address and  |   | Number<br>of Ticket(s)/<br>Passes | Describe t                    | he public purpose made pur                                   | suant to the agency's policy |
|    | Oakland Chinatown Chamber of Commerce  |   | 18T 4P                            | To promote                    | e County resources or  | facilities available to Cou  |
|    |  |   |                                   |                               |  |                              |

### 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. 7 /11/172

| Sergio Ardila                        |            | Supervisor's Assistant | 7/14/15            |  |
|--------------------------------------|------------|------------------------|--------------------|--|
| Signature of Agency Head or Designee | Print Name | Title                  | (month, day, year) |  |
|                                      |            |                        |                    |  |

Clear

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Comment:

